

# Health Care Providers' views on HIV and AIDS Service in Tanzania







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2013

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## LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Virus
HIV	Human Immuno- Deficiency Virus
PLHIV	People Living with HIV
SPSS	Statistical Package for Social Sciences
TACAIDS	Tanzania Commission for AIDS
CTC	Care and Treatment Center
VCT	Voluntary Counseling and Testing
HBC	Home Based Care
WEO	Ward Executive Officer
CDO	Community Development Officers
THMIS	Tanzania HIV&AIDS and Malaria Indicator Survey
CD4	Cluster Difference 4

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Executive Director

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## EXECUTIVE SUMMARY

The HIV & AIDS sector is of undeniable importance to service users especially the PLHIV. HIV & AIDS services can be found in district hospitals, health centers and most dispensaries across Tanzania. Nevertheless, the HIV&AIDS sector is constrained by various challenges in providing services. The aim of the monitoring study was to assess the availability of HIV&AIDS services and examine the challenges that health care service providers face in order to contribute towards improving the availability of HIV & AIDS medicines and supplies for people living with HIV & AIDS (PLHIV).

A structured questionnaire was used to collect data and the study was descriptive. The population of the study was health care workers who provide HIV&AIDS services at health facilities in the wards of six districts where Sikika operates, namely Kinondoni, Temeke, Ilala (Dar Es Salaam Region); Kibaha (Coastal Region); Mpwapwa and Kondoia (Dodoma Region). The target was to have one health care worker from each facility to be interviewed and a maximum of 38 health care workers were interviewed. Permission to conduct the monitoring study was obtained from the municipal medical office and the coded data was analyzed using SPSS.

The results show that 69% of the respondents were female and 31% were male. Work experience ranged from 1 year to more than 10 years, with the majority (71%) falling under the 1-5 years category. About 11% of the respondents confirmed that their facilities were not compliant to the National Guideline for the Clinical Management of HIV&AIDS, which requires each health facility to have a counseling room and a counselor. This led to problems of lack of privacy for patients.

Out of 38 health care workers interviewed in 3 regions, approximately 63% reported not to have CD4 count machines in their centres. This is an issue for citizens as well as health care workers that is not adequately addressed. Out of 38 health care workers only 22% indicated to have got viral load machines in their laboratory. About 55% of the respondents reported that their facilities did not have the full blood picture test. 94% percent of respondents confirmed to have gloves in their laboratories, which is a basic requirement in order to conduct hygienic laboratory and hospital services.

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The shortage of human resources, not only for HIV & AIDS services, but also for the health sector in general, is an issue that also needs priority attention. About 53% of health care workers interviewed use both logbooks and computers for recording inventory, while 37% of the health care workers used logbooks only. Merely 6% of health care workers use strictly computers for recording and inventory purposes. Also, 71% didn't prepare or share reports with service users on income and expenditure for HIV&AIDS for their centres.

On the basis of the findings, it is recommended that in order to improve provision of HIV&AIDS services, the needs of PLHIV and centers that provide HIV services must be included in annual plans and must be budgeted for. For example counseling rooms were inadequate; therefore it is advised that there should be a budget allocation for building of counseling rooms to ensure privacy and confidentiality. The government must put more effort into recruiting and retaining health care workers. Sharing of income and expenditure information through notice boards should be encouraged to improve transparency.

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# 1. INTRODUCTION

Service provision for HIV&AIDS is of particular importance due to the prevalence of the disease in Tanzania. The HIV&AIDS sector has enjoyed a large contribution of its budget from donors whereby for 2012/2013 financial year, almost 97% of all budget allocation for HIV&AIDS is donor funded for the purpose of contributing to more effective national response (United Republic of Tanzania, 2009). Despite the contributions to the sector, several constraints have been previously identified that hinder HIV&AIDS interventions. These include but not limited to poor coordination within the sectors of health and HIV&AIDS, continuing gaps in health coverage and lack of commitment to strengthen the health care system (COWI & EPOS, 2007).

Sikika's objective is to advocate for increased access to medicines, supplies and information on HIV & AIDS to citizens especially in rural areas. Sikika is engaged in day to day monitoring of health and HIV&AIDS provision in a total of six wards in three regions of Dar Es Salaam, Coastal and Dodoma. Monitoring of health and HIV&AIDS care provision has unveiled challenges faced by not only citizens, but by health care workers as well. Challenges that Sikika has come across during our frequent engagement with the facilities, have included availability of HIV&AIDS services in general such as inadequate human resources for HIV & AIDS, limited counseling and laboratory testing services.

Sikika carried out a monitoring study on the availability of HIV&AIDS services that involved health care workers because through our interaction with service providers, we had a theory based on the challenges identified. Above that, it is important to find out from those who provide the services, what were the priority issues that need to be addressed in order to improve services for people living with HIV & AIDS and to improve the national response.

The aim of the monitoring study was to assess the availability of HIV&AIDS services and produce findings which would contribute towards better health care facilities, and having available HIV & AIDS medicines and supplies that were accessible to people living with HIV & AIDS.

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

This report starts by introducing the study, followed by explaining the methodology that was used to conduct the study. Thereafter, the findings are presented where the results of the analysis are discussed in detail. The summary of the study is given in the conclusion and finally recommendations are given on how the situation could be improved.

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## 2. METHODOLOGY

### 2.1. Study design

The study was descriptive in design.

### 2.2. Study Population

The population of the study was health care workers at the health facilities that provide HIV & AIDS services 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 Coastal Region, as well as Kondoa and Mpwapwa in Dodoma Region. From the population, a sample was selected where relevant data was collected.

### 2.3. Sampling

In the wards where Sikika operates, each health care facility that offered CTC and VCT services was visited. The study targeted health care workers at the care and treatment centers (CTCs) and voluntary and counseling centers (VCTs) in health facilities in six districts. Due to the sensitivity of the matter, interviewers consisted exclusively of PLHIV. Obtaining interviewers who were PLHIV was done as follows; For Dar Es Salaam and Coastal regions, twenty PLHIV were randomly selected from the list of PLHIV that the Ward Executive Officers (WEOs) and the Community Development Officers (CDOs) have in each ward. For Dodoma region, the personnel in charge of the health facilities assisted in identifying twenty PLHIV for data collection purposes. Sikika trained the twenty PLHIV of each ward on data collection and selected five for each ward to be involved in the data collection exercise after examining their capabilities in interviewing, reading and writing. Personnel in charge of facilities assisted in identifying the health care workers who were interviewed. One health care worker in each facility was interviewed by one PLHIV. The study comprised of a sample of forty-five wards from six districts where a maximum of 38 health care workers agreed to be interviewed. For Dar es Salaam, 8 facilities were visited in each district but for Kinondoni district out of 8 facilities, only four respondents agreed to be interviewed. For Kibaha, Kondoa and Mpwapwa, the required sample was 5 for each district but 3 and 4 respondents agreed to participate in Kibaha and Mpwapwa respectively.

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## **2.4. Data Collection**

Data was collected using a structured questionnaire and it was self-administered. Prior to the monitoring study, a pretesting of the questionnaire was done for five health care workers in the health facilities where Sikika does not conduct its activities. This was done in order to clarify the understanding of the questionnaire and the appropriateness of the questions. After the pretesting of the questionnaire, improvements to the questionnaire were made, such as the removal of repetitive questions.

## **2.5. Ethical Consideration**

Permission to conduct the monitoring study was sought and obtained from the municipal and district medical officers. Prior to data collection permission was also obtained from the health facilities to conduct the monitoring study. The interview was done at a place where the respondent was comfortable and the issue of privacy was adhered to. Before interviewing them, respondents gave their informed consent to participate in the study and anonymity was assured. Before the interview started, introductions were made and the purpose of the study was explained verbally. The respondents were also informed that the data information provided and collected was only for the purpose of the study. The respondents were also informed that, on completion of the monitoring study, the results and the findings would be made available to the respondents.

## **2.6. Data entry and analysis**

A template was formed based on the variables and categories for close-ended questions soon after designing a questionnaire that was used for data analysis. The template was tested after 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.

## **2.7. Limitations**

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

### 3. FINDINGS AND DISCUSSION:

#### 3.1. Demographic characteristics

The demographic characteristics of respondents included level of health facility visited, gender of respondents, and work experience of respondents.

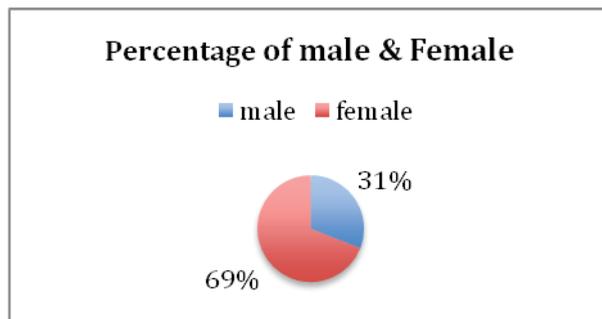
##### 3.1.1. Health Facilities Visited

Table 1: Respondent's Level of the Health Facility

		Health Centre	Dispensary	District hospital
Gender	Male	6	4	3
	Female	6	16	3
Total		12	20	6

##### 3.1.2. Gender of respondents

Figure 1: Gender of Participants Interviewed



Female comprised majority of respondents (69%) than male (31%).

Most health care workers at CTCs are nurses and the majority of them are female. Probably this is because of the notion that the nursing profession is for females. Previous researchers have pointed out that, because of sex role stereotypes found in nursing, women dominate the nursing occupation. Male nurses face aggression at the workplace and receive support mainly from their families. Males perceive inadequate pay, a constraint on this profession (Egeland & Brown 1998; Andrews, Stewart, Morgan, D'Arcy, 2011). According to Bodilenyane & Motshegwa (2012), the nurses feel that they are inadequately

paid and this discouraged hard work. The feeling is that the benefit from the profession is much lower than the cost of the nursing profession itself. Moreover, the findings of this monitoring study revealed that dispensaries had more female health workers compared to health facilities and district hospitals.

### 3.1.3. Work Experience

In terms of work experience, 71% of respondents had 1 to 5 years working experience, 7% of respondents had 6 to 10 years working experience and 11% of respondents had more than 10 years, while 11% of the respondents had less than a year's working experience.

Table 2: Work Experiences

		Less than a year	1-5 years	6-10 years	10 years & more	Total
<b>Gender</b>	Male	2	9	1	1	13
	Female	2	18	2	3	25
<b>Total</b>		4	27	3	4	38

It was discovered that those that had more than a year's work experience were more confident and showed a better understanding of aspects regarding the services they deliver. They also attended more training than those with less than a year's experience. From the information that Sikika has gathered, it seems that newcomers attend less training than health care workers that have been there longer. It was also noted that there were instances where one person got an opportunity of attending all the on job training offered in the facility while others have been to none.

From the findings, it has been observed that most health care workers (71%) have 1-5 years work experience, which is quite reasonable for delivering health services. Facilities also have personnel who have been in service for more than 5 years and some up to 10 years of service; these health care workers could be used to impart knowledge to newcomers. Attendance of training by health care workers should rotate depending on the relation to ones work. If one person gets a chance of attending almost all on job training that become available while others are not availed with these chances then this should raise an alarm. This situation could become problematic because if an instance occurs where the

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person that received all the training happens to stop working at a particular health facility then the health facility could lose all of the skills, knowledge and experience gained from the training if the employee has not been able to sufficiently impart this on his/her fellow employees at the health facility.

### **3.2. Health and HIV&AIDS Services Provided**

Respondents were asked about the availability of services offered at their health facilities. The services included counseling, HIV testing, CD4 count services, viral load machines in the laboratories, chemistry compound (CCP), full blood picture, and the availability of ARVs. Below are their views:

#### **3.2.1. Counseling**

According to the National Guidelines for the Clinical Management of HIV & AIDS of 2009, having one confidential room specifically for counseling services and one VCT counselor are minimum criteria for counseling services in a hospital that offers HIV&AIDS services. Out of 38 health care workers interviewed in six districts, 87% of them indicated to have got counseling services in their centers. The remaining percentage indicated that their health facilities didn't have counseling services. The facilities that confirmed having counseling services available commended the assistance of NGOs that took a lead role to provide HIV&AIDS services. For example in Mpwapwa and Kondoa the presence of Tunajali is highly appreciated by health care workers and citizens. For Kibaha and Dar Es Salaam districts, healthcare workers and citizens mentioned Pathfinder and Management and Development for Health (MDH) as major contributors in the delivering of HIV&AIDS services in the districts.

**Table 3: Availability of Counseling Services at each Health Facility**

	<b>FREQUENCY</b>	<b>PERCENT</b>
<b>AVAILABLE</b>	34	89
<b>NOT AVAILABLE</b>	4	11
<b>TOTAL</b>	38	100

Out of the health care workers whom affirmed to provide counseling services, (81%) said that their facilities have a special room for counseling services; while the remaining percentage indicated not to have a special room for counseling services at their centres, meaning that these health facilities provided counseling services without a special counseling room for the patients hence confidentiality is not always ensured.

In a report done by Sikika on Citizen's view of HIV&AIDS services (2011), patients complained that they had to share a room with others while being counseled, meaning that there is limited privacy and confidentiality in their sessions. This shows that although for the most part health centers have one counseling room available for patients, this one room is not enough. Patients are forced to share the room, bringing about a lack of privacy for patients using counseling services.

### **3.2.2. Elisa Machine**

The Elisa test is a screening test that is used to diagnose whether a patient has the HIV virus. It is used in the unlikely case that the rapid test algorithm produces inaccurate results. About 91% of the health care workers interviewed indicated not to have Elisa machine in their laboratory. According to the National Health Laboratory Strategic Plan, only regional level health facilities are required to have these machines, so it is understandable that the number of facilities with this machine available is so low.

### **3.2.3. CD4 Count Machine**

Out of 38 health care workers interviewed in 3 regions, 63% mentioned not to have CD4 count service at their facilities. About 37% of the health care workers confirmed to have the CD4 count service at their facilities. Of the 4 district hospitals whose representatives were interviewed, all 4 had the CD4 count machine available. Of 9 health care workers interviewed at the health centers,

55% confirmed the availability of the CD4 count machines at their centers. Out of 19 health care workers interviewed at dispensaries, only 15% indicated the availability of the CD4 count machine at the respective health facilities. These dispensaries were already providing the same services as the health centres and were in the process of being upgraded to become health centres. The availability of CD4 count machines at the facilities did not necessarily mean that these machines were working all the time. According to the Sikika report on Citizen’s views of HIV&AIDS services (2013), it is noted that, “Out of 56 health facilities visited, 68% offered CTC services and the CD4 count machines were only available at 13 health facilities, approximately 23%. Of the available 13 CD4 count machines, only 38% were working” p13. According to National AIDS Control Program (2009), the CD4 count test is important for PLHIV in order to determine the need for treatment, risk of complication and development of opportunistic infections. It is therefore crucial that this service is available at all times in health facilities that are supposed to have them.

**Table 4: Availability of CD4 Count Test at Health Facilities**

	<b>FREQUENCY</b>	<b>PERCENT</b>
<b>AVAILABLE</b>	14	37
<b>NOT AVAILABLE</b>	24	63
<b>TOTAL</b>	38	100

### **3.2.4. The viral load machine**

The viral load machine is used to test the severity of a virus, and is used as a test for HIV, Hepatitis B and C, among other viruses. Of the 38 health facilities visited only 22% had viral load machines in their laboratory. More than three quarters of all health facilities visited didn’t have viral load machines in their laboratory.

### **3.2.5. Full Blood Picture (FBP)**

This is a test that measures the number of different components of blood, such as red and white blood cells and platelets. It is used to provide a general picture of the health of a patient. 21 health facilities didn’t have full blood picture (FBP) service in their laboratory, which is almost 55% of the facilities visited.

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### **3.2.6. Gloves**

About 94% percent of all health care workers interviewed had gloves in their laboratories. This is a basic requirement for all health facilities since gloves are instrumental for overall cleanliness and in order to prevent the spread of infection. Although a very small percentage (6%) indicated that they didn't have gloves in the centers, it is still an issue that needs to be carefully considered because gloves are a basic and crucial requirement at health facilities.

Generally speaking, as far as HIV & AIDS services provision is concerned, despite the health care workers confirming having HIV testing services in facilities, there are still challenges faced by service users when these tests are available. The study on Citizen's view of HIV&AIDS services of 2011 indicated that, when asked to elaborate on the availability of HIV testing at their respective health facilities, citizens also stated challenges that are experienced with testing services in the health facilities. Complaints were mainly that tests were only taken during the morning hours. Also, sometimes a patient arrived early and was kept in a queue at the health facility and up to the afternoon when he would be told to have to come back the following day. Citizens also complained that there had been several cases of misplacing patients' results, as well as big delays in the receipt of laboratory results (Sikika, 2013).

### **3.2.7. ARVs**

Out of 38 health care workers interviewed in the three regions, only one health care worker complained of not receiving adequate ARV's from their distributor to provide to their patients. This is a 97% success rate. The health care workers also said that if indeed there happened to be a shortage; they would take the following steps:

- Provide two weeks dose for all people living with HIV in order to prevent shortage.
- Communicate the shortage to district officers for assistance.

From these results, it seems that the availability of ARVs at health facilities is not a significant problem, this corresponds with information that we got from citizens indicating that patients that were on anti-retroviral treatment didn't have difficulty receiving ARVs at their health facilities.

### 3.2.8. Expired Medicines

The health care workers were asked whether they faced the challenge of having expired medicines at their respective facilities, of which 63% reported that they did.

**Table 5: Health Care Workers Experience Expired Medicines**

	FREQUENCY	PERCENT
<b>YES</b>	24	63
<b>NO</b>	14	37
<b>TOTAL</b>	38	100

When asked about how they deal with the issue of expired medicines at their respective facilities, the most popular answer was that the expired medicines were sent to the district hospital. District hospitals sent the medicines back to MSD. 63% of health care workers is a large amount of hospitals that face this issue, and even though it is expected that once in a while there may be instances where expired drugs are found at health facilities, an improvement of inventory management could considerably reduce the percentage of hospitals that face this problem.

### 3.3. Shortage of HIV & AIDS Service Providers

Of the health care workers interviewed, 68% indicated that they had shortages of health workers at HIV&AIDS centers at their respective hospitals. Only 32% of health care workers interviewed were of the view that they had enough HIV&AIDS workers at their hospitals. This is only about a 1/3 of the amount interviewed. According to the study on Citizen's view of HIV&AIDS services (2011), when citizens were asked if they felt there were enough health workers at the health facilities that they visited, 45% of them responded to the negative. These two results show that the lack of health care workers at the facilities is a significant issue that needs to be addressed both in the eyes of the health care workers and the citizens themselves.

**Table 6: Number of Health Facilities Facing shortage of HIV service providers**

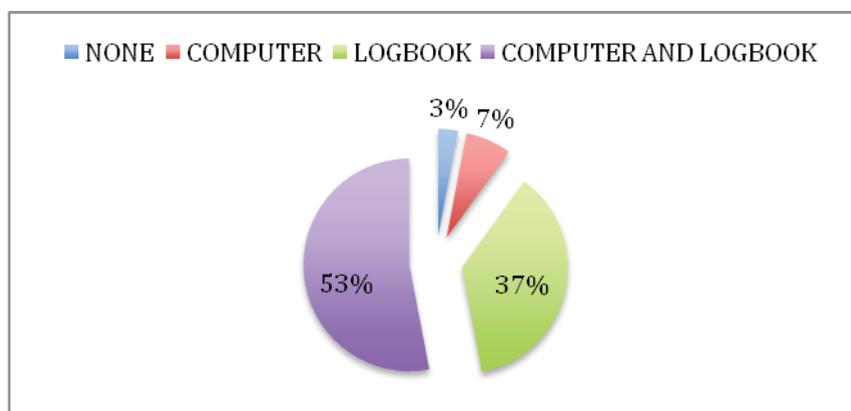
	FREQUENCY	PERCENT
SHORTAGE	26	68
NO SHORTAGE	12	32
TOTAL	38	100

The common reasons given by health care workers for why there was a shortage of workers at health facilities included failure by government to employ new workers, the distribution of workers from the government was not accurate enough and many health workers did not want to work far away from town.

### 3.4. Record Keeping

Keeping records of events taking place at facilities such as inventory and stock levels is of high importance. Out of the 38 health care workers interviewed, 53% preferred to use both computers and logbooks for recording purposes, while 38% of the health care workers preferred to use logbooks only. Only 7% of health care workers use strictly computers for recording purposes, leaving one health care worker that didn't use either logbooks or computers.

**Figure 2: Record keeping for health facilities**



It is somewhat of a concern that 38% health care workers only use logbooks, but more of a concern that there was one health care worker who does not use either a logbook or computer. It is not clear how this health facility records inventory and other things. Also it is not clear as to whether there is an overlap

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between what is recorded using computers and what is recorded in logbooks. These can easily lead to inaccuracies in stock level at health facilities.

### **3.5. Ways to Obtain Needs of PLHIV**

Sikika was interested to know how health care workers go about getting information concerning the needs of people living with HIV; the health care workers said that they use the following methods:

- We get help from TUNAJALI (a PEPFAR sponsored NGO that provides home based care in Dodoma)
- We communicate with District AIDS Control Coordinator (DACC)

None of the health facilities reported communicating directly with the service users by any means, such as surveys, suggestion boxes, etc. According to TACAIDS 2010, it is important to develop good working relationships between service providers and stakeholders to ensure effective participation and meaningful involvement to achieve goals set; although this is not clearly specified in the HIV&AIDS guidelines. Perhaps the government should think of introducing the aspect of engaging service users to provide their needs to health service providers and make it a policy, which should appear in the policy documents and national HIV&AIDS guidelines. If service users don't participate and provide information regarding what their needs are, then meaningful citizen participation may not be possible.

### **3.6. Income and Expenditure**

When interviewed, (71%) of the respondents reported that they didn't prepare reports on income and expenditure for HIV&AIDS activities at their centers. This is a significant statistic as it shows that there were no records showing how much money most of these health facilities receive and how that money is used to improve HIV&AIDS services. Out of these, 25 facilities i.e., 64% do not provide income and expenditure reports. This statistic points to the possibility that there is considerable information gap about how funding is being used to improve HIV&AIDS services in Tanzania.

This trend seems not to improve as we go up in levels of health facilities. Only 33% out of the 6 district hospitals interviewed provided income expenditure

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reports. Only 25% out of 12 health centers did so, and only 30% of 20 dispensaries did so. This is inadequate and uncovers a lack of transparency at health facility level, particularly regarding how funds are used in prevention, and the care and treatment of HIV&AIDS.

### **3.7. Ways Of Providing Information To Citizens**

Only 36% of health care workers use the notice board at their facilities as a means of providing information to the citizens.

Of the 38 health care workers interviewed, 63% of them indicated that they preferred to use village meetings as their main means of providing information to the citizens. About 9% of health care workers reported that they preferred to provide awareness to individuals or groups of people who were able to visit the hospital for treatment, etc.

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## 4. CONCLUSION

The results of our monitoring activity show a number of issues regarding the state of service provision for HIV&AIDS. These all need to be considered seriously in order to maximize the effectiveness of the National Response to the HIV&AIDS epidemic.

HIV&AIDS services provided in health facilities have been shown to face some challenges. For counseling services some facilities do not have special rooms for the service. In some cases even when the service is available, the issues of confidentiality and privacy have been overlooked, as patients have to share the counseling room with more than just a counselor.

The limited availability of CD4 count services was pointed out as a challenge as well. Several other types of equipment such as Full Blood Picture and the Viral Load Machine were in a short supply in most facilities.

Health care workers did not mention availability of ARVs in most facilities as a challenge. Most health facilities (71%) did not prepare income and expenditure reports. It is therefore difficult to know how HIV&AIDS funds had been utilized. Logbooks and computers were mainly used for record keeping. Some health facilities used both methods at once. One facility did not use any of these methods of record keeping.

All issues brought forward, need to be addressed in order to improve health services for the benefit of all Tanzanians. If these issues could be effectively taken care of, it would go a long way towards improving interventions to fight the HIV & AIDS epidemic and reduce the prevalence of HIV to the point that it would no longer be a threat to our nation.

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## 5. RECOMMENDATIONS

According to the National Guidelines for the Clinical Management of HIV&AIDS, there should be a counseling room and counselor for each health facility. Either more counseling rooms must be built or confidential areas be found where counseling services could be conducted privately. Since our findings show 13% of health care workers interviewed don't have counseling services, we strongly urge that the guidelines should be followed accordingly and that counseling services should be provided through a counselor. Councils in conjunction with the director of curative services should make sure that these needs are planned and budgeted for in order for the problem to be solved. At the same time though, NACP should update the guidelines to relate with the demand of services by citizens.

The absence of CD4 counting machines is an issue for citizens as well as health care workers. The guidelines state that district hospitals are the ones that must have these machines, but it is apparent that this is not enough to health care workers for the people that need this test. For this reason we urge the National AIDS Control Program to update the national guidelines to include all care and treatment centers, which are the facilities that specifically offer HIV & AIDS services. Moreover the updated guidelines should be properly implemented to provide the best services possible to people living with HIV & AIDS.

The shortage of human resources, not only for HIV & AIDS services, but for the health sector in general, is an issue that also needs priority attention. Without an adequate workforce, health services run the risk of being overwhelmed by the demand for services by citizens. The Tanzania government through the Presidents' Office responsible for Public Service Management must increase efforts to recruit and retain health workers that would provide quality health care services to those who need it. In addition, health facilities must ensure that training of staff is organized so that not only one health worker attends all the training. If this happens there could be the issue of losing all of the knowledge and skills gained from training if the one worker decides to leave, or dies.

The lack of transparency by health facilities concerning the amount spent on improving HIV services is another challenge that has been identified. Health facilities must start making use of notice boards by showing financial records that provide citizens with this information. This would give citizens a better idea

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about how the facilities worked towards providing better services. It would also allow them to gain confidence in how health facilities work for them; in addition it would motivate them to provide more input and suggestions regarding how money can be better spent to improve services according to the specific needs of those citizens.

A significant number of healthcare providers stated that they use village meetings to provide feedback concerning income and expenditure, but the number that do so (59%) could definitely be improved upon in order to reach more people and make them aware of the services available at health facilities; and the work being done to improve them.

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# ANNEX

## DODOSO LA KUTATHIMINI UTOLEWAJI WA HUDUMA ZA VVU NA UKIMWI (WATOA HUDUMA)

### 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 yatumika katika kuimarisha majadiliano na serikali juu ya uboreshaji wa huduma za VVU na Ukimwi kwa wananchi

### 1. (a) Taarifa za jumla za kituo cha huduma za afya

1.1. Ngazi ya kituo ulichotembelea (weka tiki kwenye sehemu husika)

( ) Hospitali ya wilaya                      ( ) Kituo cha afya  
( ) Zahanati                                      Nyingine (taja) \_\_\_\_\_

1.2. Jina la Kituo cha huduma \_\_\_\_\_  
Wilaya \_\_\_\_\_ Kata \_\_\_\_\_

### 1. (b) Taarifa za mhojiwa:

Jinsia: ME ( )                                      KE ( )

Kada: \_\_\_\_\_

Muda uliofanya kazi katika kituo hiki:

( ) Chini ya mwaka                                      ( ) Miaka 1-5  
( ) Miaka 6-10    ( ) Zaidi ya miaka 10

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## 2. Huduma za VVU na UKIMWI zinazotolewa kituoni

2.1 Je, ni huduma zipi zinapatikana katika kituo hiki? (Tafadhali weka tiki kwenye sehemu husika)

- Ushauri nasaha
- Kupima VVU
- Huduma na Tiba
- Vipimo vya CD4,
- Viral load
- CCP (Chemistry compound)
- Full Blood Picture (FBP)
- Huduma za dawa za kupunguza makali ya VVU na UKIMWI

1.2 Je, kituo hiki kina wataalam wangapi wa ushauri nasaha

.....

1.3 Je, kituo hiki kina chumba maalumu kwa ajili ya kutoa ushauri nasaha?

Ndio  Hapana

1.4 Je, ni vifaa tiba vipi vinapatikana maabara (tafadhali weka tiki)

- Gloves
- Elisa machine
- SD Biotec HIV test kits.
- Stock levels for Determine (confirmatory)
- Uni-Gold (tie-breaker)

1.5 Kituo chenu kina idadi ya wagonjwa wangapi wanaotumia hudumia hii mpaka sasa?

.....

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2.6 (a) Je watoa huduma wa VVU na UKIMWI katika kituo hiki wamepata mafunzo maalumu ya jinsi ya kuhudumia WAVIU

Ndio ( )

Hapana ( )

2.6 (b) Kama ndio, taja aina ya mafunzo waliohudhuria

i. ....

ii. ....

iii. ....

iv. ....

v. ....

2.7 Je, kituo hiki kina upungufu wa watoa huduma wa VVU na UKIMWI

Ndio ( )

Hapana ( )

1.8 Je watoa huduma wangapi wa VVU na UKIMWI wanahitajika kukidhi mahitaji ya kituo

.....

1.9 Je, nini kinasababisha upungufu wa watoa huduma wa VVU na UKIMWI katika kituo chako?

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

### 3. Upatikanaji wa dawa za kupunguza makali ya UKIMWI (ARV)

1.1 Je, katika kipindi cha mwaka wa fedha 2010/11, ni mara ngapi kituo kimekosa dawa za kupunguza makali ya UKIMWI (ARV) kulingana na mahitaji ya wateja?

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Tafadhali bainisha muhula/miezi

( ) Hatujawahi kukosa

( ) Mara moja

( ) Mara mbili

( ) Mara tatu na zaidi

1.2 Kama kulikua na upungufu, kituo kilichukua hatua gani kukabiliana na upungufu?

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

1.3 (a) Je, kituo chenu kinatoa dawa za magonjwa nyemelezi mfano (TB) kwa wanaoishi na VVU na UKIMWI?

Ndio

( )

Hapana ( )

3.3 (b) Kama **ndio**, taja aina za dawa zinazopatikana

1. ....
2. ....
3. ....
4. ....

1.3 (c) Taja dawa zisizopatikana

1. ....
2. ....
3. ....
4. ....

---

#### 4. Mipango na usimamizi wa huduma za afya na UKIMWI

1.1 Je, mnatumia njia gani kuweka kumbukumbu ya dawa na vifaa vilivyopo?

- ( ) Kompyuta                      ( ) Daftari maalum [Log book]
- ( ) Kompyuta na daftari maalum [logbook]

#### 5. Njia za kupata mahitaji ya dawa na mahitaji ya wagonjwa

5.1 Je, ni njia gani inatumika kupata mahitaji ya dawa na mahitaji ya wagonjwa wa VVU na UKIMWI?

.....

.....

.....

.....

.....

5.2 Je, ni kiwango gani cha dawa/vifaa vya kutolea huduma kinatakiwa kibaki kabla ya kituo kuagiza dawa na vifaa tiba?

.....

.....

.....

.....

.....

5.3 (a) Je, kituo kimeshawahi kuwa na tatizo la kuwa na dawa zilizomaliza muda wake?

Ndio ( )                      Hapana ( )

5.4 (b) Kama **ndio**, je ni hatua gani mlichukua?

.....

.....

.....

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## 6. Upatikanaji wa taarifa za VVU na UKIMWI kwenye kituo cha huduma

6.1 Je, kituo kinatoa taarifa za mapato na matumizi za VVU na UKIMWI?

Ndio ( ) Hapana ( )

6.2 Je, taarifa za mapato na matumizi ya kituo hiki hutolewa na huwasilishwa kwa wananchi?

Ndio ( ) Hapana ( )

6.3 Je, taarifa juu ya vipimo, dawa na vifaa vya kutolea huduma za VVU na UKIMWI vilivyopo katika kituo hiki hutolewa kwa wananchi?

Ndio ( ) Hapana ( ) Sijui ( )

1.4 Je, ni njia gani mnatumia kutoa taarifa za dawa na huduma kuhusiana na VVU na UKIMWI kwa wananchi?

( ) Ubao wa Matangazo ( ) Mikutano ya jamii

Njia nyingine (taja)

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

6.5 Je, watumiaji wa huduma za VVU na UKIMWI wanapataje taarifa ya dawa

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

Jina la Msahili: .....

Muda wa kumaliza usahili: .....



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