



# HIV EDUCATION AND TESTING CAMPAIGN

TANZANIA

## GLOBAL DEVELOPMENT VIEW

Compassion’s work in Tanzania began in 1999. Currently, 75,234 children participate in 337 child development centres. Compassion partners with local churches, helping them provide Tanzanian children with a long-term programme of physical, educational, social-emotional and spiritual development. Compassion staff have identified the most pressing needs in the country and incorporated these as priorities in the overall strategy for holistic development in Tanzania.

Our HIV/AIDS programmatic strategy focuses on three aspects of intervention which are prevention, treatment and rehabilitative care. In Tanzania, we currently have 843 registered children, 220 siblings, and 2,760 caregivers who are living with HIV/AIDS and receiving support to access appropriate care and treatment services. Among these, 646 children are on antiretroviral treatment [ART].

The HIV prevalence in Tanzania has progressively declined from 7 percent to 5.3 percent among adults aged 15-49 years.<sup>i</sup> Despite this decline, women continue to be heavily burdened with HIV, particularly because they experience great difficulty in negotiating safer sex due to gender inequality. Statistics from the Tanzania HIV and Malaria Indicator Survey 2011-12, shows that women aged 23-24 were almost three times more likely to be HIV positive as compared to their male counterparts.<sup>ii</sup> The infection of the HIV virus is attributable to heterosexual transmissions [80 percent] and 18 percent from mother to child transmissions [MTCT].<sup>ii</sup> Under-five mortality rates are particularly high among untreated HIV infected infants and young children, who end up dying even before the diagnosis of their HIV status.

In the Northern base of Tanzania, Kilimanjaro has one of the highest numbers of people living with HIV, followed by Arusha and Manyara. These regions also have low uptake and coverage of HIV testing services and hence no knowledge of HIV status among children, youth and adults.

UNAIDS is the global leader in the response to HIV/AIDS and the joint United Nations Programme on the issue. The vision for UNAIDS focusses on zero new HIV infections, zero discrimination and zero AIDS-related deaths.<sup>iii</sup>



This RESPOND Initiative supports three key AIDS-related Sustainable Development Goals<sup>iv</sup> pictured below.



“Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment.”<sup>iv</sup>



“Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV.”<sup>iv</sup>



“Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV.”<sup>iv</sup>

## TANZANIA

The United Republic of Tanzania was formed when previous German colony Tanganyika joined with Zanzibar Island in 1964, and it now has a population of over 49 million people.<sup>v</sup> Tanzania's economy relies heavily on agriculture and tourism. The country boasts Africa's highest mountain, Kilimanjaro, the world's largest tropical lake, Lake Victoria, and UNESCO World Heritage Site, the Serengeti National Park. It is renowned for its equatorial climate and beautiful tropical beaches.

Swahili and English are Tanzania's official languages, however over 120 different languages are known to be spoken in the country, making it the most linguistically diverse country in East Africa.<sup>vi</sup> This means that local context from one community to the next can be greatly varied, posing challenges to the provision of social services such as schools and clinics.

Tanzania is not a wealthy country. Almost 68 per cent of its population, over 33 million people, live in extreme poverty, on less than \$1.25 a day.<sup>i</sup> In contrast to its western neighbour The Democratic Republic of Congo, Tanzania has very little exportable wealth. Agriculture accounts for almost a quarter of the country's GDP and employs approximately half the working population, however a lack of technology and infrastructure prevents the sector from coming close to reaching its potential.<sup>vii</sup>

Education in Tanzania is compulsory until the age of 15. Although primary school attendance is high, with a gross enrolment of 93 per cent of primary aged children, poverty prevents many children from attending or completing secondary school, and even more from tertiary education.<sup>j</sup> For children who are able to complete secondary school, the lack of



infrastructure such as classrooms, libraries and computers means that the quality of education is often low.

The government has committed to reforming the health sector to ensure quality healthcare is available to all. Currently urban areas have the best access to medical services and health insurance is purchased by those who can afford it. 1.5 million people suffer from HIV/AIDS and 1.2 million children in Tanzania have been orphaned by the virus.<sup>viii</sup>

Malaria fatalities are also high, and UNICEF estimates that approximately 28 per cent of Tanzanian children are still in need of an insecticide-treated mosquito net to sleep under.<sup>iv</sup>

Female Genital Mutilation still has a prevalence rate of 14.6 per cent in Tanzania, and almost 37 per cent of those under 18 are married before they are adults.<sup>ix</sup> Awareness and education about these issues are becoming more widespread, but cultural change is slow and requires great sensitivity.

## PLANNED INITIATIVE

PROJECT	106 projects in Kilimanjaro, Arusha and Manyara
INITIATIVE	HIV Testing and Education Campaign in Northern Tanzania
RESPOND NUMBER	TZ-018939
BENEFICIARIES	40 expectant mothers and babies, 12,200 children and young people and 2,460 adults
FUNDING	£73,707
START DATE	July 2016

The main objective of this RESPOND Initiative is to strengthen the prevention and control of HIV/AIDS specifically in Kilimanjaro, Arusha and Manyara by increasing HIV testing and counselling [HTC] for early diagnosis, promoting behavioural change through enhanced knowledge and improving access to affordable care and treatment.

## OBJECTIVES AND TIMELINE



### **HIV Testing and Counselling (HTC)** [September 2016 – December 2016]

The Ministry of Health and Social Welfare (MOHSW) in Tanzania recommends a five year re-testing frequency among high risk populations. We will scale up the re-testing of our existing children, young people and their caregivers to ascertain their HIV status. We will also conduct tests for newly registered beneficiaries in all of the 106 projects, expectant mothers and infants in the three regions. Each individual will undergo confidential counselling to learn about their HIV status and we will ensure that they exercise informed consent and choice before the testing. No testing will be done without counselling. Compassion Tanzania has a strategic partnership with district health departments. Government health professionals will be responsible for conducting these tests and providing the counselling at the premises of each project.



### **HIV/AIDS information, education and communication** [July 2016 – December 2016]

We will improve the skills and knowledge of 55 Compassion project staff on HIV prevention, care and treatment enabling them to increase awareness about the modes of HIV transmission, prevention, testing and adherence to antiretroviral treatment [ART]. We will also equip each of the 106 projects with relevant and updated resources which will be used in providing HIV education in the community. Additionally, the resources will include information on nutrition for people living with HIV/AIDS, and management of opportunistic infections. Our education and awareness campaigns aim to promote positive behavioural choices and reduce stigma.



### **Treatment and care of HIV positive beneficiaries** [Ongoing]

This is an ongoing component of our programme and involves responding to the medical and psychosocial needs of infected beneficiaries through medical treatment, counselling and social support. We make referrals to Care and Treatment Clinics [CTCs] and support attendance to regular appointments including provision of transportation where required. We ensure access to affordable antiretroviral treatment [ART], monitoring of immunological and virology status and support to get medical treatment of opportunistic infections. Additionally, we provide nutrition support, individual and family counselling.

## REPORTING

Our health specialists and project staff will routinely and systematically monitor the progress of the initiative and prepare quarterly activity progress reports. A completion report detailing the evaluation of the initiative will be compiled in February 2017.

## BUDGET

ITEM	FUNDS REQUIRED	LOCAL CONTRIBUTION	GRANT REQUESTED
Developing and printing publicity material	£2,031	-	£2,031
Comprehensive and integrated HIV/AIDS prevention, care and treatment educational resources	£812	-	£812
Training course for 55 Compassion project staff	£7,586	-	£7,586
HIV education, re-testing and counselling for existing beneficiaries	£38,276	£345	£37,931
HIV testing and counselling of new beneficiaries	£8,077	£414	£7,663
Youth peer educators	£644	-	£644
Monitoring and evaluation	£2,712	£413	£2,299
Administration	£14,741	-	£14,741
<b>TOTAL</b>	<b>£74,879</b>	<b>£1,172</b>	<b>£73,707</b>

## FINAL REMARKS

Thank you for taking the time to consider this application. Scientific breakthroughs and lessons learned have scaled up the response to HIV/AIDS. The global effort championed by UNAIDS is to end the AIDS epidemic as a public health threat by 2030. This initiative will empower communities in Northern Tanzania to reduce HIV infections and enable those affected to have dignified and rewarding lives.

If you have any further questions, please do not hesitate to contact Marsha Jones on 07830 791 899 or at [MarshaJ@compassionuk.org](mailto:MarshaJ@compassionuk.org).

<sup>i</sup> United Republic of Tanzania, *Global AIDS Response Country Progress Report* (2014). Available from: [www.unaids.org/sites/default/files/country/documents/TZA\\_narrative\\_report\\_2014.pdf](http://www.unaids.org/sites/default/files/country/documents/TZA_narrative_report_2014.pdf)

<sup>ii</sup> Tanzania Commission for AIDS, Tanzania HIV/AIDS and Malaria indicator Survey 2011-12. Available from: [www.tacaids.go.tz/index.php?option=com\\_content&view=article&id=138&Itemid=158](http://www.tacaids.go.tz/index.php?option=com_content&view=article&id=138&Itemid=158)

<sup>iii</sup> UNAIDS, *UNAIDS Vision and Mission*, Available from: [http://data.unaids.org/pub/Outlook/2010/20101013\\_unaidsmission\\_en.pdf](http://data.unaids.org/pub/Outlook/2010/20101013_unaidsmission_en.pdf)

<sup>iv</sup> UNAIDS, 2016-2021 Strategy, *On the Fast-Track to end AIDS*. Available from: [www.unaids.org/sites/default/files/media\\_asset/20151027\\_UNAIDS\\_PCB37\\_15-18\\_EN\\_rev1.pdf](http://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15-18_EN_rev1.pdf)

<sup>v</sup> UNDP, Human Development Reports, *Tanzania*. Available from: [hdr.undp.org/en/countries/profiles/TZA](http://hdr.undp.org/en/countries/profiles/TZA)

<sup>vi</sup> Ulrich Ammon; Norbert Dittmar; Klaus J. Mattheier (2006). *Sociolinguistics: An International Handbook of the Science of Language and Society*. Walter de Gruyter. pp. 1967-. ISBN 978-3-11-018418-1.

<sup>vii</sup> National Bureau of Statistics, Tanzania Ministry of Finance, July 2014. *Statistical Abstract 2013*.

<sup>viii</sup> UNICEF, *Country Statistics: Tanzania*. Available from: [www.unicef.org/infobycountry/tanzania\\_statistics.html#0](http://www.unicef.org/infobycountry/tanzania_statistics.html#0)

<sup>ix</sup> UNICEF, *Country Statistics: Tanzania*. Available from: [www.unicef.org/infobycountry/tanzania\\_statistics.html#0](http://www.unicef.org/infobycountry/tanzania_statistics.html#0)