



**OLA Dispensary
Bugisi, Tanzania
HIV and AIDS Outreach**

Tanzania

Tanzania is East Africa's (Uganda, Kenya and Tanzania) biggest country with a population of approximately 39 million. There is a large rural population (approx. 70%) in the country who depend on subsistence farming for their livelihood. Tanzania continues to rank among the world's poorest countries on the UNDP Human Development Index. Approximately 50% of the population live below the poverty line. Life expectancy is gradually reducing and latest figures suggest approximately 44% of the population are malnourished.



Shinyanga Region is one of 26 administrative regions in the country and is located in North Central Tanzania. It has a population of 2.8 million and is divided into eight districts. Shinyanga Rural District is one of these districts with a population of 277,515 people.



Over the past number of years the drought suffered in East Africa has increased the poverty levels in the area. In a situation where people are already vulnerable, due to harsh living conditions with difficult climate situations, the impact of AIDS is devastating. No statistics can witness to this devastation. In the past number of years in Shinyanga, where subsistence farming is the means of survival for the majority, the impact of an ever-increasing AIDS problem has led to extreme poverty and suffering not only for the patient and his/her immediate family, but for the wider community that struggle to cope with the 'burden' of long-term illness and the young deaths which inevitably leave many orphans needing ongoing care and support.



The OLA Dispensary in Bugisi, Shinyanga, plays its part in addressing many of the problems associated with this devastating disease.

Access to Quality Health Care



There remain many obstacles in accessing quality health care in Tanzania and in Shinyanga region in particular, including health care charges and other "unofficial" costs. For example, many of the rural population live far from their nearest health facility and there is an inadequate and sometimes unaffordable transport system. In many of the public health facilities there is a poor quality and standard of care. The shortage of skilled health professionals is an ongoing problem and is further aggravated in an attempt to meet the increased health care demands induced by HIV and AIDS. Altogether, many poor women in rural areas fail to access quality primary care when they need it most, and many more fail to obtain the necessary referral for more skilled care. There

appears to be an absolute shortage of resources at the primary health facility level, which in turn impacts negatively on the quality of care delivered.

Due to widespread poverty, cash is not readily available to pay for treatment in the primary health facilities. This is particularly the case for those living with HIV or already suffering the range of illnesses associated with AIDS. Since HIV and AIDS is still widely viewed as an incurable illness, money spent on treatment is viewed as a waste. Thankfully over the past two years the Government have been introducing schemes where Anti-retroviral (ARV) treatments are becoming more accessible to those in more remote Regions like Shinyanga.

HIV and AIDS in Tanzania

HIV/AIDS is considered to be one of the most impoverishing forces facing Tanzanians, mainly affecting individuals in the prime of their productive and childbearing years with consequent repercussions for their families. The pandemic threatens to undermine the well-being of Tanzanians in almost every aspect; in health and education, livelihood and food security, political and economic development.



Official national figures report a HIV prevalence of 11 per cent in Tanzania's adult population. This figure decreases to 6.5 per cent in the adult population in the Shinyanga Region according to National statistics. In a 2004 project however, which set up new Voluntary Counselling and Testing (VCT) centres in five of the eight districts in Shinyanga Region, early figures suggested that 20 – 25 per cent of those testing were positive. While acknowledging various influential factors such as the possibility that those testing are from high risk groups, these figures together with observation of the number of unreported suspected AIDS deaths, suggest prevalence in the Shinyanga Region could actually be higher than the national average.

The first Voluntary Counselling and Testing (VCT) unit in Shinyanga Rural District has been in operation since April 2004. This unit is located in Bugisi Dispensary, under the auspices of the Roman Catholic Church, and administered by the OLA Sisters in the parish. Statistics from this VCT Unit suggest a very high prevalence

with reported figures for the first two years reflecting an incidence of 24 per cent positive. The 2008 figures suggest approximately 12% prevalence.

Bugisi Parish



Bugisi is a Roman Catholic Parish within Shinyanga Rural District, Shinyanga region, currently administered by the SMA Fathers. The parish consists of a collection of thirty five villages with an approximate population of 75,000 people. The direct catchment area for the dispensary includes the three surrounding villages all in close proximity to the dispensary, with a total population of approximately 7,000 people. However patients from all of the thirty five villages in the parish attend for treatment.

Bugisi area has an ethnic mix with the majority of the local population from the Sukuma ethnic group, Tanzania's largest ethnic group. However there is also a sizeable Arab population in the area and many of the smaller ethnic groups are represented.

Approximately seventy five per cent of the population in the area are subsistence farmers with small business enterprises, teachers, cattle traders, health facility staff, making up the remaining twenty five per cent.



OLA Dispensary Bugisi

The OLA Dispensary located in Bugisi has been run by the OLA Sisters since 1994. It provides primary health care for the surrounding population. There is a vibrant weekly antenatal clinic including ultrasound, high quality maternity care, a focus on Mother and Child Health (MCH) and there is an ambulance service for urgent transfers to the nearest District and Regional Hospitals around one hour by car.



There is a daily outpatient clinic, a twenty four bed inpatient facility, a three bedded isolation unit, a recently renovated Labour Ward as well as a Maternity Unit and Laboratory Facilities. A new purpose-built drug store was constructed in 2008.

For a number of years now the Dispensary has had regular eye clinics with a local ophthalmic specialist attending for consultation and minor eye surgery in the Dispensary. This has been a great success and has restored vision for so many patients who previously had little hope of treatment.





Bugisi Dispensary offers high quality antenatal and maternity care. In the latter half of 2008, the antenatal attendance trebled in comparison to figures for the same period in 2007. A number of factors have influenced this rise including a lack of drugs in the local government clinics and the compulsory HIV testing for all pregnant women introduced by the government in 2008. There were over 400 births in Bugisi Dispensary in 2008 alone.

Since April 2004, Bugisi Dispensary offers a Voluntary Counselling and Testing service for HIV testing. Prior to the establishment of this VCT unit, Counselling was offered by a trained counsellor but those wishing to test were referred to the nearest VCT unit approximately 60 kilometres away in the Regional Town of Shinyanga. Since a 2004 Diocesan HIV and AIDS project, which saw the beginning of VCT services in Bugisi Dispensary, four Counsellors have been trained in VCT – two male and two female. However currently only one of these counsellors is working in Bugisi. Two staff will attend VCT training in May 2009.



Bugisi has felt the impact of the HIV and AIDS epidemic in a similar way to all societies devastated by the growing prevalence of the disease. Impacts are felt across the spectrum from the personal and household level to the national level across all sectors, health, education, economic, social etc. Perhaps where the impact of HIV and AIDS is at its most marked is in its combined impact on the subsistence lifestyle of many households of AIDS sufferers and carers. As the labour force within the household is depleted, both by the illness of the young adult and by the time spent in caring for the patient, they are forced to shift to less labour intensive crops which in turn impacts on their own food and nutrition intake increasing their vulnerability and susceptibility to all diseases. This vicious cycle of poverty has been exacerbated in the past number of years with poor annual rainfall levels leading to a reduced harvest and a general shortage of food.



The Catholic Diocese of Shinyanga (CDS) has partnered with many NGO's and FBO's in the fight against HIV and AIDS. There have been previous HIV/AIDS projects conducted in the area by CARE International and Catholic Relief Services. These focussed on awareness campaigns, education and care for orphans, setting up of testing facilities and promoting

home-based care in the villages.

Throughout 2008 CDS partnered with 'Balm In Gilead' and BAKWATA in a pilot project to set-up a mobile HIV testing unit. Balm In Gilead is an American not-for-profit, non-governmental organization whose mission is to improve the health status of people of the African Diaspora by building the capacity of faith communities to address life-threatening diseases, especially HIV and AIDS. Bakwata is a Tanzanian Muslim NGO. Together they spearheaded a National Campaign of testing throughout the month of August. In Bugisi catchment area alone over 2,300 were tested during that period with approximately 12 – 13% positive.



Some areas within the wider catchment area of the Dispensary have benefited from many HIV and AIDS education and awareness programmes since the first known cases were recorded in the country in 1984. However some of the more remote villages have been neglected and the level of stigma and discrimination reported in these villages is high. Bugisi Dispensary, using the strong network of religious leaders in all thirty five villages, has an ongoing education programme which aims to dispel myths, reduce fear by teaching the facts ,thus reducing stigma and discrimination related to HIV and AIDS.

Strategies used in fight against HIV and AIDS

A number of strategies have been employed over the past number of years to mitigate against the spread of HIV and AIDS in Tanzania. The Government body, the Tanzania AIDS Commission (TACAIDS) coordinates all responses to HIV and AIDS and the Catholic Church works in close partnership with the this Commission and with the Ministry of Health (MoH).



Projects on the whole are community based with awareness campaigns, setting up of Home Based Care facilities and support networks, counselling and testing, support groups for those living with HIV encouraging local community involvement. There is a wide range of responses needed in the fight against HIV and AIDS ranging from Education and Awareness for all age groups,

Counselling and Testing – whether it is at the clients initiative or is initiated by the local health professionals, Care and Treatment of those who are HIV positive or who are already suffering symptoms of AIDS, Support for those living with HIV (PLWHA) and Care of Orphans and Vulnerable Children (OVC). There is a concerted effort to involve community



leaders in planning and implementation of new activities and in the support of ongoing activities to address this range of necessary responses. A number of Government strategies in the past number of years have impacted on Bugisi Dispensary's ability to respond and cope with the needs.

Until recently, testing for HIV could only be carried out with the consent of the client following counselling. There was a high emphasis on patient confidentiality and their right to consent for testing – possibly putting this right before their responsibility to society to prevent the spread of HIV. They had the right to refuse to be tested regardless of what their level of risk was. However in the recent past this has changed with the introduction of the PITC initiative which is the Provider Initiated Testing and Counselling. If a patient presents for treatment and there is a strong possibility from their history they may be positive, the treating health profession can test and follow this up with counselling. This has probably increased the detection rates.



A second initiative which has certainly impacted on the numbers attending for testing is the decision by government to introduce compulsory testing for all pregnant women. Many women therefore come to Bugisi as it offers both ante-natal services and VCT onsite. Detection of HIV positive status among pregnant women can prevent mother to child transmission (PMTCT) ensuring the child is protected during birth, the period during which the child is most susceptible to infection.



The Tanzanian Government source funds from the Global Fund and other partnerships in the fight against HIV and AIDS. Bugisi Dispensary Staff have availed of training provided by government to up skill staff and increase the capacity to cope with the problems associated with the HIV and AIDS pandemic. In 2008, three clinic staff were trained in the administration of ARV's, in

preparation for Bugisi becoming a designated Care and Treatment Centre (CTC). This Centre was inaugurated on World AIDS day, December 1st 2008.

The Tanzanian Government implement approaches to tackle all modes of transmission. There are a number of ways of becoming infected;

1) by sharing needles and/or syringes (primarily for drug injection) with someone who is infected; to counteract this awareness campaigns have been organised targeting those likely to be sharing needles/razors – such as Local Healers or those likely to be carrying out traditional circumcisions; All Health professionals and patients are also made aware of the importance of using a sterile needle.

2) less commonly (and now very rarely in countries where blood is screened for HIV antibodies), through transfusions of infected blood or blood clotting factors. This is being targeted through testing of all donated blood prior to transfusion where possible.

3) Babies born to HIV-infected women may become infected before or during birth or through breast-feeding after birth. This has been targeted through the new 2008 initiative to have compulsory testing for all pregnant women.

4) The main mode of transmission in Tanzania is through heterosexual contact with an infected person. This accounts for approximately 95% of HIV positive cases in Tanzania. To counteract this TACAIDS adopt the **ABC** methodology in promoting behavioural change to prevent the spread of HIV. **A**= Abstain from sex until a commitment is made between partners who have both tested and are negative; **B** = Be faithful to one partner (or in the case of polygamous marriages, Be faithful to partners who have tested and are negative); **C** = use a Condom especially if one is positive or has many sexual partners; Various Behaviour Change Programmes such as **Stepping Stones** have been introduced to Youth Groups and Secondary School Students. Bugisi Dispensary has coordinated the Stepping Stones programme in local villages and in a local Secondary School.

Bugisi Dispensary HIV and AIDS Outreach Programme

While the Dispensary is the hub for coordinating all HIV and AIDS activities in Bugisi and surrounding areas, much of the work is done in the villages through the HIV and AIDS outreach. The Dispensary itself has a VCT Unit where those presenting at the Dispensary can receive confidential counselling and testing. They have recently also opened a Care and Treatment Centre where ARV drug

regimes can be supervised once the patients have been selected and begin the treatment. The initial part of the treatment is carried out at a Government clinic and the follow-up and monitoring is now coordinated from Bugisi Dispensary.

At village level, HIV and AIDS awareness activities continue to be a focus, together with home based care (HBC). The HBC involves training and



supervision of Home Based Carers as well as some hands-on community nursing. Another feature of the village based activities is the support of Groups formed to provide support for those living with HIV and AIDS (PLWHA). Yet another aspect of the community based work is the provision of nutritional support to those in need.

Outreach does not just address needs related to HIV and AIDS but is an opportunity for the Dispensary staff and outreach workers to raise awareness of various health issues and to target the vulnerable who may not seek medical attention. Vaccinations are carried out through weekly outreach programmes to five surrounding villages.



Mobile HIV testing was a new initiative in 2008 and it is hoped it will continue throughout 2009. A recent addition to the Bugisi Dispensary and Outreach is the mobile ultrasound service.

Bugisi Dispensary and the OLA Mission and Charism



The OLA Mission Statement refers to ***“going beyond the boundaries of country and religion to bring the Good News of the Reign of God to the poorest persons.”*** One OLA approach has always been to incarnate this Good News in very practical, much needed services. Bugisi Dispensary with its location among the poorest in Tanzania, offering a quality health service brings this Mission Statement to life.

Primary Evangelization, bringing the Good News to those who have never heard it is also an OLA priority as summed up in our Mission Statement - ***“We feel called to respond in a special way to those who have never heard God’s word.”*** The service offered by Bugisi Dispensary addresses this commitment to Primary Evangelization in two ways. Shinyanga Diocese could still be referred to as an area of Primary Evangelization in traditional terms, since many have not heard of the message of Christ and therefore witnessing to the Gospel of Christ in this milieu is primary evangelization. In a second and more tangible expression, Bugisi Dispensary embodies the message of **God’s Word** in offering ***the fullness of life*** through health initiatives to followers of all faith traditions in the area. This is done not only by the service offered but by the way in which the service is delivered.

The following quote from an external consultant assessing the OLA work in Tanzania captures the essence of this approach.

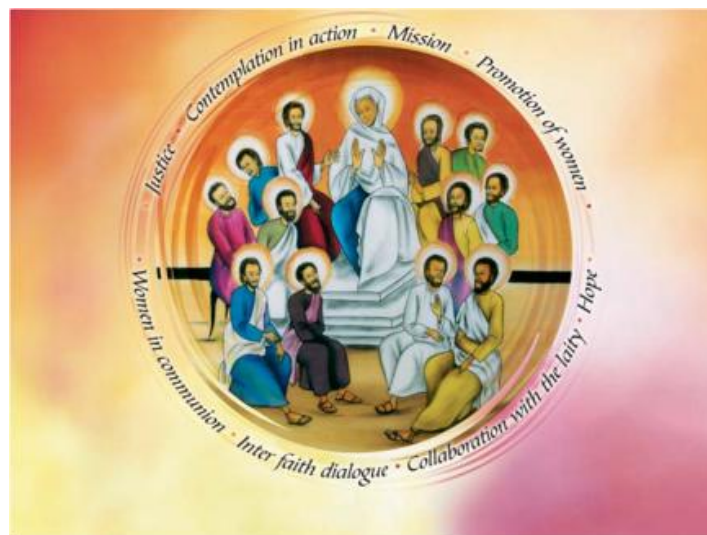
“The OLA Sisters enjoy their reputation for the positive and respectful manner in which they relate to people, with characteristics that show gentleness, care and consideration. It is the wider things that go beyond the call of duty that seem to drive the OLA Sisters. The actions of the OLA Sisters bear witness to their religious commitment, and it is this that reflects their evangelical dedication as missionaries.”

The source and strength of the OLA work in Bugisi Dispensary is rooted in our Christian faith and in our passion and commitment to faithfully collaborating

with Christ in the spread of God's Kingdom on earth. The health ministry in Bugisi is a continuation of the healing ministry of Jesus Christ.

The Dispensary aims to provide and sustain health care services for the poor, neglected and marginalized in Tanzanian society. The approach to health care is permeated with the Gospel values of love and compassion for the poor and vulnerable, and an utmost respect for the dignity of the person.

Personal and community prayer and contemplating the life and witness of Jesus Christ are the foundations upon which the health service provided by Bugisi Dispensary is based. Above all the Christian value of Hope is an essential component of the ministry in Bugisi Dispensary, offering hope to many and especially to those living with HIV. This is summed up in the OLA Mission Statement



***“Drawing strength and inspiration from our Cenacle spirituality
We are signs of HOPE for all peoples to whom we are sent.”***

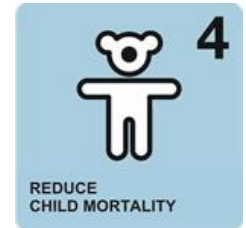
Bugisi Dispensary and the Millennium Development Goals (MDG's)

It is not difficult to see how the work coordinated through Bugisi Dispensary contributes to the MDG targets in rural Tanzania. The Dispensary offers a much needed service in an area of the country that is quite remote and because of this remoteness can sometimes be neglected in terms of public health facilities.



The service offered by the Dispensary contributes to target 1c of the MDG's which aims to reduce by half the prevalence of underweight children and the proportion of the population below minimum level of dietary energy consumption. The Dispensary contributes to achieving these targets through education programmes conducted at outreach clinics and through the practical support of nutritional supplements prepared and provided to those most at risk of malnutrition.

All targets of Goal 4a are addressed by the work carried out at the dispensary. Target 4.1, to reduce by two thirds the mortality rate of under fives is addressed through the high quality of primary health care on offer in the dispensary and the ongoing MCH clinics both onsite and in the village outreach



programmes. The high quality of care on offer to both mother and child and the educational programmes conducted during outreach contributes to Target 4.2 which aims to reduce the infant mortality rate. By collaborating with the Government in delivering immunisation on a weekly basis to surrounding villages and by participating in annual campaigns, the work of the dispensary contributes to target 4.3 which aims to increase the proportion of one year olds immunised against measles.



One of the mainstays of the service provided in Bugisi Dispensary is the high quality antenatal service. 2008 saw an increase in antenatal attendance and in births – although not all of those attending regularly for antenatal care actually come to the dispensary for the birth. In providing such a quality service, the

Dispensary contributes to Target 5a which aims to reduce by three quarters the maternal mortality ratio and increase the number of births attended by skilled professionals.

By offering a good quality primary health service, the Dispensary actively contributes to achieving this goal in many ways. Malaria is probably the most common disease treated at the dispensary and the provision of such a service reduces



the numbers of deaths caused by malaria. The Dispensary also administers treatment on the government subsidized scheme to those suffering from TB. These activities contribute to Target 6c of Goal 6 which aims to halt and begin to reverse the incidence of malaria and other major diseases.

For many years the Dispensary has engaged in activities to prevent the spread of HIV. Many awareness campaigns have been carried out which all contribute to Target 6a which aims to halt and begin to reverse the spread of HIV and AIDS. With the introduction of a VCT Unit in 2004, the subsequent support and follow-up of those who began ARV treatment at the Regional Hospital from 2006 and the recent opening of the CTC in December 2008, the dispensary contributes to Goal 6b which is to achieve by 2010 universal access to treatment for HIV and AIDS for all those who need it.

OLA Sisters and Volunteers who have worked in Bugisi Dispensary and HIV & AIDS Outreach Programme since 1994.

Sr Lucy Dumenu (Ghana)
Sr Dolores Kearney (Ireland)
Sr Josephine Obi (Nigeria)
Sr Deanna Donohue (Ireland)
Sr Kathleen Costigan (Ireland)
Sr Mary T Barron (Ireland)
Marc Le Bont (Netherlands)
Herma Klandermanns (Netherlands)