

# **Combating HIV/AIDS, Malaria and other diseases**

## **A case study from the mining communities of the Lake Zone in Tanzania**

Presented at the millennium development goals and small scale mining: A conference for forging partnerships for action

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# TANZANIA

## Background

Area 945,087 sq km

Pop: 35 million

Urban pop: 36%

GDP per capita: 4.6

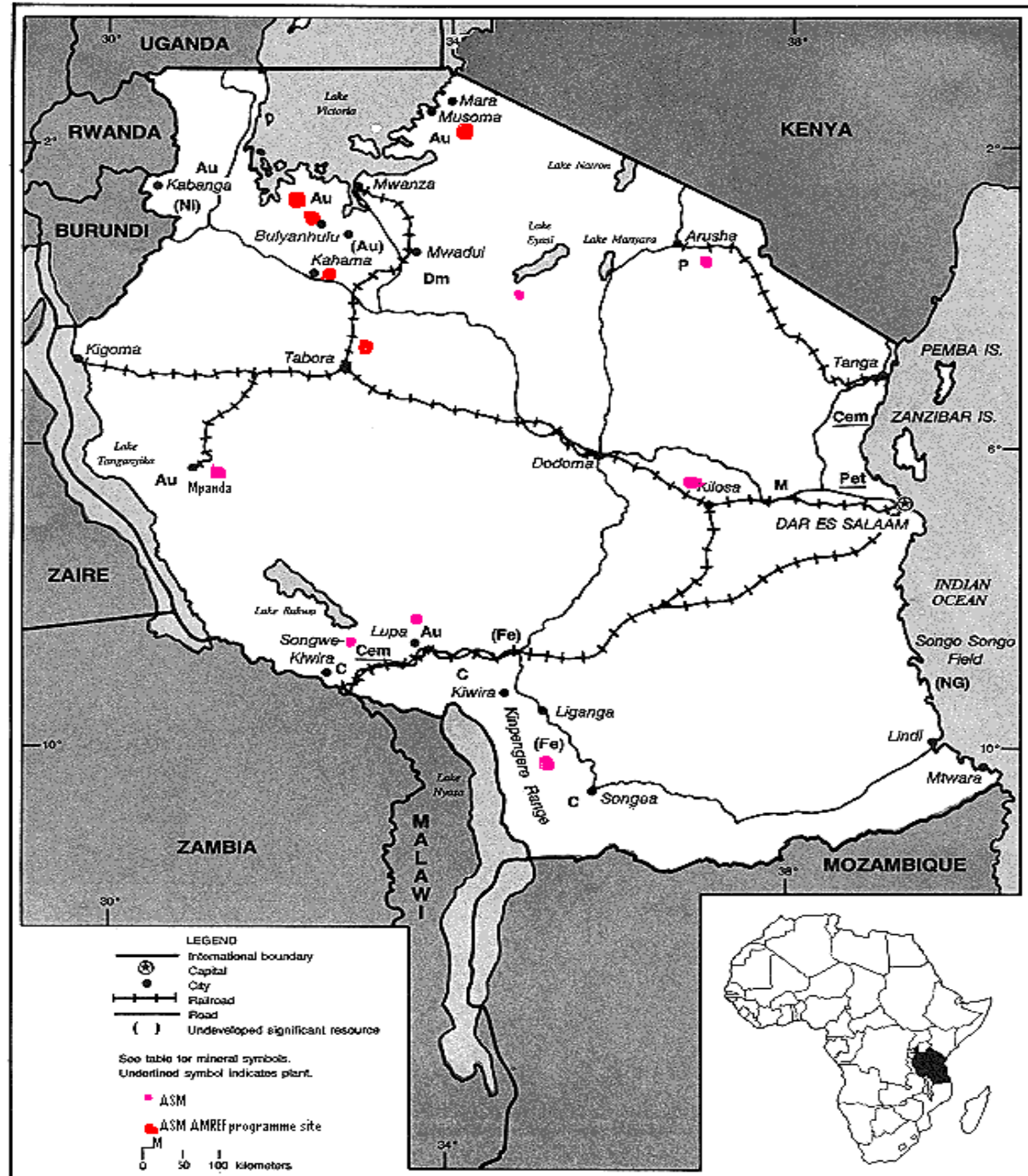
GDP growth rate: 6%

Literacy rate: 78%

IMR: 99.8/ 1000 live births

ANC attendance: 96%

MMR ratio: 1500/ 100,000 live births







# **HIV/ AIDS**

- **Reported number of AIDS cases increased from 3 in 1983 to 157,173 cases in 2002.**
- **1.6 million living with HIV/AIDS (2003)**
- **HIV/AIDS prevalence: 10%**
- **Prevalence in rural areas < urban (4-6% v.s. 13-15%)**
- **In known high transmission areas, HIV prevalence is much higher (>15-35%)**
- **Orphans: 2.5 million (14% of all children)**



# **AMREF Mine Health Programme Description:**

- Promoting healthy behavior in the mine workforce
- Facilitating community participation in the prevention of HIV/STIs/malaria
- Implementing focused interventions targeting FRFWs
- Promoting access and utilization for quality VCT services
- Strengthening of the district health systems
- Documenting and sharing lessons learnt for replication and scale up of the package

# HIV Prevalence

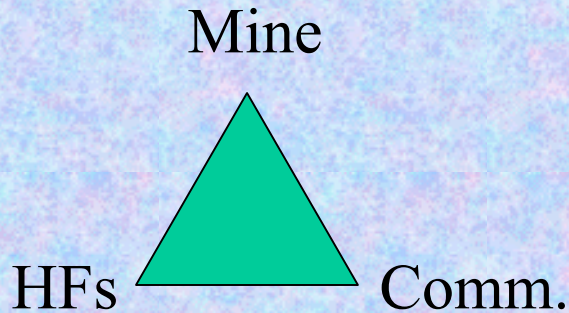
## Bulyanhulu

## Geita

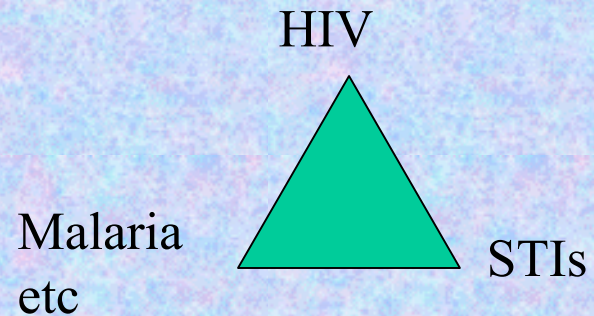
	N	HIV+ %	N	HIV+ %
<b>National Miners</b>	103	<b>8.7</b>	104	<b>3.9</b>
<b>Male Community</b>	101	<b>13.9</b>	101	<b>18.8</b>
<b>Female Community</b>	103	<b>19.4</b>	102	<b>15.7</b>
<b>Female Bar/Hotel</b>	101	<b>44.6</b>	105	<b>39.1</b>

# 4 Key Triangular Relationships

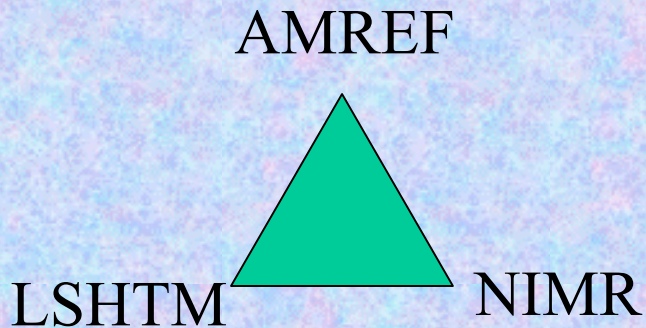
## Spheres of Operation



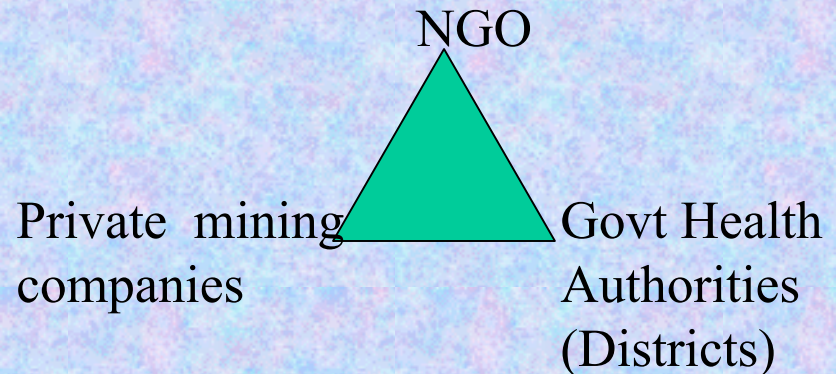
## Comprehensive program



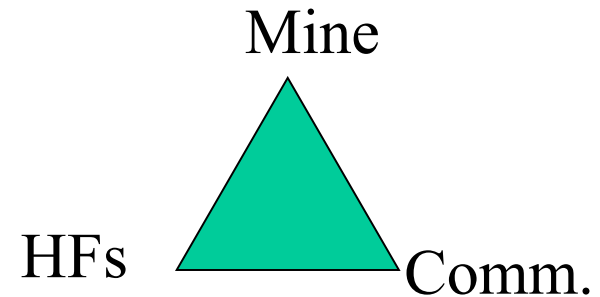
## Collaborative Team



## Public/NGO/Private Partnership



# 1. Spheres of Operation



- **Mine Site** – targets the mineworkers and their families
- **Local community** – includes high-risk groups
- **Health facilities** – works with health workers at the local and district level



# Mine Site interventions

- **Mineworker Peer Health Educators (PHEs)**
  - Representatives selected & trained
  - Monthly support & supervision meetings
  - Regular inputs into Mine *Toolbox* and Safety meetings
- **HIV/STI/TB Awareness programme**
  - Intensive initial series of workshops in Kiswahili & English
  - Ongoing workshops
  - Material integrated into Mine Induction programme
- **HIV/AIDS Policy Development support**

# AMREF Mine Health Programme



**Working in partnership with mining communities,  
local communities & district health authorities**



# Core Group interventions

- **Food & Recreational Facility PHEs**
  - Community - based male & female condom distributors
  - Small group sessions with peers & male clients
- **Outreach SRH services**
  - Tokens for free VCT/STI/FP services distributed by PHEs to high risk women and their male clients
- **Locally appropriate Health Learning Materials**
  - Production and distribution of locally appropriate information materials- leaflets, brochures etc.



**Food & Recreational Facility workers during training**





A peer health education session- in class and on site (ASM)



# UKWELI KUHUSU MALARIA

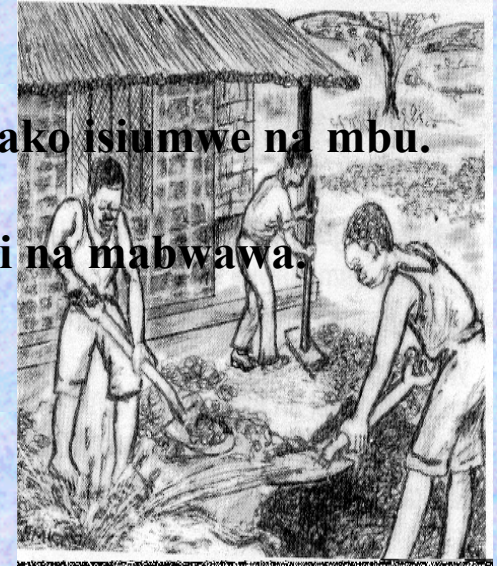


1. Malaria huenezwa na mbu ambao huuma wakati wa giza.

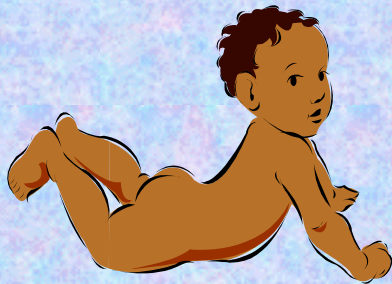
2. Kuinga ni rahisi kuliko kutibu! Jikinge na ikinge familia yako isiumwe na mbu.

3. Mbu huzaliana kwenye maji yaliyosimama, katika vidimbwi na mabwawa.

- Funika vyombo vya kutunzia maji,
- Funika mashimo, makopo, vifuu n.k
- Tumia mfuniko kwenye choo cha shimo

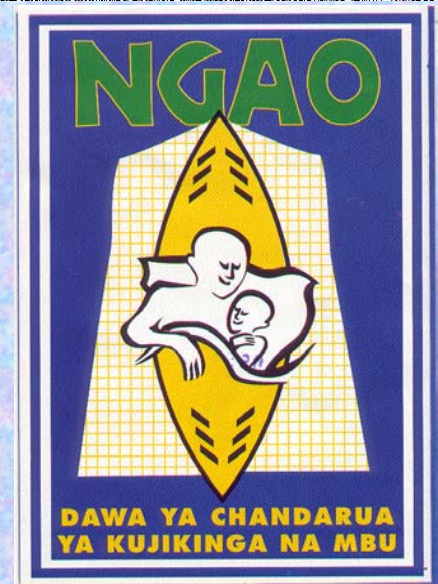


4. Malaria ni ugonjwa hatari hasa kwa watoto wadogo na kina mama waja wazito.



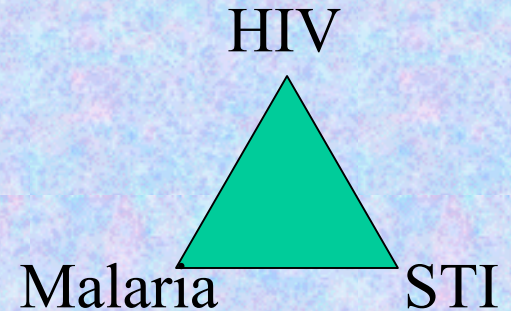
5. Kila mmoja anatakiwa kutumia chandarua na sio baba na mama tu.

Chandarua moja haitoshi kwa kaya!





## 2. Comprehensive program



- Program addresses not only HIV/AIDS, but a range of health issues, including STIs, Malaria, TB and water and sanitation issues.
- Many health problems are interrelated
- This results in: increased effectiveness of interventions and increased community appreciation for the program

# Health Facility interventions:

## ● Capacity Building of selected health units

- Partnership with district health authorities
- Health worker training
- Quarterly support and supervision

## ● Sexual and reproductive health Information centers

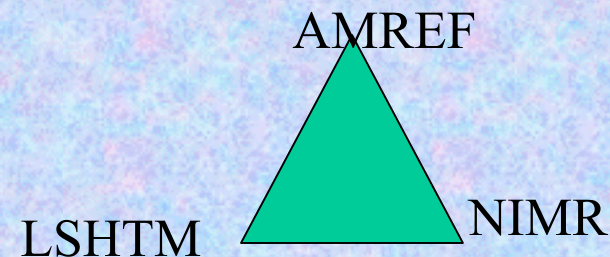
- Stand alone sites in collaboration with district council
- One stop shop:
  - Voluntary counseling and testing
  - Syndromic STI management
  - Family planning
  - Post test support and home based care
  - Basic medical care and follow up



# AMREF Geita SRH Information Centre

- **Average of 470 clients per month**
- **Total of:**
  - **40.8% VCT**
  - **41.0% STI treatment**
  - **9.8% Family planning**
  - **8.4% other**
- **2,305 HIV tests were performed (av. 192 a month)**
- **Average prevalence is 9.5%**
- **Women (58.6%) and Men (41.4%)**

# 3. Collaborative Team

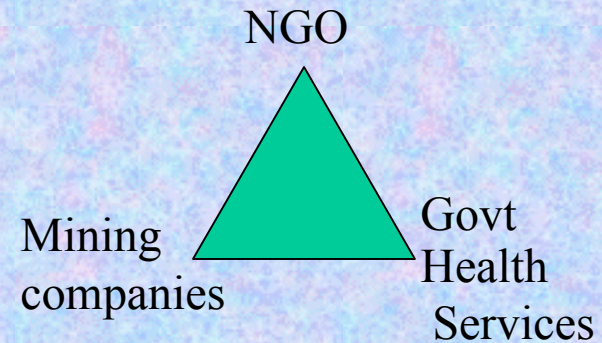


- **AMREF**
  - Implementing NGO providing expertise in community health
  - Design and implementation of workplace interventions
  - Technical guidance in the facilitation of various components of the workplace intervention package
  - Forging partnerships at all levels (national, district, community)
- **NIMR**
  - Provides expertise in data management
  - Provides expert analytical and laboratory capacity
- **LSHTM**
  - Provides expertise on technical health issues, particularly in research related issues
  - Provides expertise in Monitoring and Evaluation



## 4. Partnership between private mining companies, NGO, and government health services

- Mining Companies
  - Main source of funding (Donor with long term interest in the comm.)
  - Complement programme services with provision of health services on the mine site
  - Participate in programme development
  - Top management support for the project
- Government Health Services
  - Provides health care services
  - Advises on planning of project service
- NGO
  - Lead implementer for mine health activities
  - provide strategic guidance for Programme development
  - provide technical guidance for monitoring and evaluation



# Challenges in programme implementation

1. Deeply rooted high risk sexual behavior in many parts of the target community
2. Integrating ASM activities within a community HIV/ AIDS programme funded by a large scale mining company
3. Low acceptance of male and female condoms
4. Fatalism among many exacerbated by not knowing of HIV status
5. Stigma attached to HIV, which prevents people coming forward for testing
6. Tight work schedule on mine sites which makes it difficult for health education sessions conducted by PHEs or AMREF Project Officers to be well attended
7. Poor referral health system



# Future Plans

- Broaden ASM activities to a comprehensive programme geared to the needs of the ASM
- Continuing to ensure high quality services
  - HIV Information Centre (quality of counseling, testing etc)
  - PHE scheme (quality of messages given)
- Move beyond awareness raising and focus on individual and collective behavior change
- Progress Survey
- Care and support program: tiered approach
  - Basic care for the sick- HBC and outreach services
  - Treatment of opportunistic infections
  - Strengthening referral networks – linking VCT, TB care to care and treatment centers

# Acknowledgement:

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# THANK YOU !