The report would not have been possible without the cooperation received from the many stakeholders and study participants who took part in the data collection process. Special thanks are due to the Government of the United Republic of Tanzania, specifically to the Dodoma regional authorities for their support and positive reception of the report. Given the wide range of contributions to this publication, its contents and conclusions may not necessarily reflect the views of every one of the contributors, or institution they represented.

Acknowledgements

The report would not have been possible without the cooperation received from the many stakeholders and study participants who took part in the data collection process. Special thanks are due to the Government of the United Republic of Tanzania, specifically to the Dodoma regional authorities for their support and positive reception of the report. Given the wide range of contributions to this publication, its contents and conclusions may not necessarily reflect the views of every one of the contributors, or institution they represented.

Copyright of Embassy of Switzerland in Tanzania

Credits

Writer: Flora Kessy
Editor: Loy Nabeta
Illustrator: Samuel Mwamkinga
Layout: Laurent & Augustine Tanzania
Introduction

The Embassy of Switzerland in Tanzania acting through the Swiss Agency for Development Cooperation (SDC) commissioned this study in 2013/2014 as a starting point in trying to address the lack of rigorous research into Dodoma’s current context and a potentially heightened risk for HIV and STI infections.

Since June 2004, SDC in collaboration with the Government of Tanzania has supported three development programs in Dodoma region, with HIV as a transversal theme. The study’s objective is to contribute to improved understanding of the local contexts under which future projects are designed and implemented.

Background

Once a small, quiescent town, Dodoma has over the last six years grown into a booming city, experiencing major transformations in its social, political, economic and cultural make-up along the way. Four key developments have had significant bearing on life in the region. These include:

1. The establishment of Kibaigwa, the biggest maize market in Eastern and Central Africa, which attracts traders from across Tanzania, as well as neighboring countries.
2. The good road network which has enhanced Dodoma’s position as a central transit point for people and merchandise on their way to other regions within Tanzania and to neighboring countries.
3. An increase in the number of higher learning institutions with associated growth in the student population.

This study focused on the ‘Dodoma Corridor’, which extends from Kibaigwa maize market to Dodoma town, covering wards on both sides of the highway leading to Singida, Mwanza and Iringa. Study participants were drawn from 10 wards in three districts and they included People Living with HIV (PLH), health officials, civil society organizations working on HIV, SDC project staff, extension officers, agro-processors, and agro-input dealers.

Others were parliament officials, higher learning officials, religious leaders, guest house managers and bar managers, taxi drivers and truck drivers. Farmers, traders and market porters also participated.

This study was undertaken using various data collection methods such as key informant interviews with people with firsthand knowledge of the subject matter, such as health officials, civil society organizations, and people with firsthand knowledge of the subject matter, such as health officials, civil society organizations.
organizations working on HIV/AIDS, focus group discussions, questionnaire-based household surveys, and in-depth interviews, as well as reviews of earlier studies and reports. Descriptive statistics examined patterns in the quantitative data, while content analysis was used in analyzing qualitative data gathered from the interviews and discussion.

Qualitative and quantitative data were triangulated in addressing the study questions.

Findings

The study probed perceptions on the influence of identified contextual factors, especially the increase in higher learning institutions, the Parliament seasons, and Kibaigwa maize market.

Participants perceived mobile populations in the Dodoma corridor, comprising of businesspeople, students, drivers, government officials, politicians and commercial sex workers, as a major risk factor for HIV. They compared local trends with those reported in Chalinze, Mikumi, Makambako.
and Tunduma where high-risk behaviors have generated higher-than-average HIV infection rates.

**HIV Risk Factors**

These contexts were associated with increased HIV risk behaviors and vulnerability of Corridor population in various ways.

**Social and economic aspects**

**The student factor:** Participants highlighted several factors contributing to the vulnerability of students. These included:

- Poverty;
- Late loan disbursement

by the Higher Education Students’ Loans Board (HELSB);

- The absence of conducive campus accommodation which increases students’ cost of living;
- Peer pressure; and
- The lack of experience with large amounts of pocket money for the well-to-do students.

Mushrooming guesthouses and nightclubs: There were seen as providing a conducive environment for transactional sex.

Generalized poverty in the corridor: Locals faced with poverty find themselves forced to engage in transactional sex with the ‘rich’ mobile population in order to survive.

**Agricultural marketing chain:** Participants viewed this as detrimental to poor farmers arriving from the villages with low bargaining power and low HIV knowledge.

**Cost of living:** The high overall cost of living in the Corridor fuelled by the ‘rich’ mobile population, is said to be forcing the poor into commercial sex.

**Behavioral and cultural aspects**

**Negligent behavior:** Trends include alcoholism, promiscuity, using sex to bribe (usually law enforcers or small and medium-size enterprise loans officials) and cross-generational sex.

**The susceptibility of drivers:** Participants felt this was of special concern, as they tend to have a lot of free time while waiting on busy bosses.
The Impact of HIV on Project Beneficiaries

A total of 152 people living with HIV (125 female) aged between 20 and 68 years (average age: 41) participated in household interviews on the impact of HIV on project beneficiaries. On average, participants had lived with the virus for 4.5 years (ranges: 1-16 years).

Similar to the current picture of the pandemic since the advent of anti-retroviral treatment, findings showed that people are living longer and relatively healthier lives and are participating in normal economic activities. Thus, 76% of PLH assessed their health condition as good.

On the other hand, 27% (or 41 PLH) reported failing to attend to their activities in the prior month due to own HIV-related illness. The average number of productive days lost due to own illness was 10 (with ranges from 1-20 days).

Nevertheless, PLH still struggle to cope with illness. While the majority (78%) of those who sought treatment from public facilities in the previous month received free treatment, the average cost for those who paid for treatment was Tsh17,250 (with ranges between Tsh500 and Tsh50,000). This cost included the cost of accessing health services, transport and buying nutritional foods.

To cover the cost, most (83%) used proceeds from selling their agricultural produce; 49% sold off assets like goats and chicken; 22% sold their land while 17% sought external support (grants).

Out of 152 participants, only 14 (9%) were members of the Community Health Fund (CHF). National CHF coverage stands at 8%. Non-members gave various reasons but the majority (61%) attributed their lack of membership to lack of funds to pay for the membership premium.

Mirroring other studies\(^1\), discrimination lingers as 41% of participants reported that community members still discriminate against PLH while 52% of participants do not.

\(^1\) NBS and ICF Macro (2011)
The ‘Do No Harm’ Principle

- Implementers should mainstream HIV in all project activities.
- Analyze project plans to ensure activities don’t inadvertently result in increased vulnerability to HIV among beneficiaries by:
  - Increasing incomes while promoting inequality;
  - Excluding PLH;
  - Increasing mobility of stakeholders between high prevalence and low prevalence beneficiary communities.

Against the study findings, mainstreaming of HIV as a crosscutting issue in all development projects is prudent, along with six key actions:

Project implementors

Establishing project specific baselines and tracking progress with specific indicators. This would provide clear understanding of the effectiveness of mainstreaming efforts and project impacts on HIV vulnerability.

Adapting approaches encompassing Sexual and Reproductive Health (SRH) so other risks related to unprotected sex are also addressed.

The orientation of development

Recommendations
partners on the ‘Do No Harm’ principle to benefit their own project planning.

The engagement of HIV focal persons by all development partners to coordinate their HIV activities while also facilitating collaboration with other initiatives.

Nurturing partnerships between development actors in the HIV arena as not all actors have the capacity to act on pertinent related issues that they encounter.

Ensuring PLH are included among project beneficiaries. For example, rather than exclude PLH households from accessing water due to lack of money to pay user fees, HIV focal persons would explore available social inclusion mechanisms including pro-poor financing options.

Including vulnerable groups in projects oriented towards income generation in order to enhance their productivity.

Vigilantly monitoring and acting on any project activity that appears to create or aggravate inequality.

Regional government

MAINSTREAM HIV ENGAGE FOCAL PERSONS NURTURE PARTNERSHIPS

BEetter HIV CONTROL

Study participants also recommended the following measures:

- Renewed behavior change campaigns targeting young people and covering a broad spectrum of topics.
- Close follow-up by officials and students’ bodies on late loan disbursements by HELSB.
- Providing on-campus accommodation for college students.
- Improving accessibility of Voluntary Counselling and Testing (VCT) centers and availability of condoms.
- Supporting income-generating activities for PLH.