



KIWAKKUKI - Women fight against HIV/AIDS, An encouraging example for social work in Tanzania

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For 20 years, AIDS has continued its relentless spread across the globe. By the end of the year 2000, the United Nations' Joint Programme on HIV/AIDS¹ reported that 36.1 million men, women, and children around the world were living with HIV and 21.8 million had died of it. Though AIDS is now found in every country, it has most seriously affected sub-Saharan Africa – home to 70 % of all adults and 80 % of all children living with HIV, and the continent with the least medical resources in the world.

Today, AIDS is the primary cause of death in Africa and it has had a devastating impact on villages, communities and families. In many African countries, the number of newly infected persons is increasing at a rate that is threatening to destroy the social fabric. Life expectancy is decreasing rapidly in many of these countries as a result of AIDS related illnesses and socioeconomic problems. Of the approximately 13.2 million children orphaned by HIV/AIDS worldwide, 12.1 million live in Africa.²

This article examines the influence of HIV/AIDS on the society of Tanzania. We focus on the Nongovernmental Organization (NGO) KIWAKKUKI, where women social workers have been tackling this problem for the last ten years. First, we give some basic data about Tanzania and the extent of the HIV/AIDS epidemic. We then take a closer look at the Town of Moshi and the living conditions there before we turn to the effects of HIV/AIDS in the area around Moshi called the Kilimanjaro Region. Next, we introduce the organization KIWAKKUKI by elaborating on the origin, the intentions, the structure, the finances etc. We close with the issue of social work and HIV/AIDS and the role women have played in the fight against it. Having spent a five months internship working for KIWAKKUKI as an integral part of our social work studies we gained valuable insights into their work.

Basic Data about Tanzania

Tanzania is among the poorest countries in the world. About 33 million inhabitants live in an average density of 34 inhabitants per square kilometre (see Kiwakkuki 2001a). However, the distribution is very unequal: 10 % of the population is living in the capital Dar Es Salaam, 26 % in other urban areas and the rest in regions where the density is fairly low. The North-Eastern part of Tanzania, called Kilimanjaro Region, is one of the four big centres with the most inhabitants. The average age is 49.4 years for women and 52.3 years for men. 45 % of the population is younger than 15 years, 52 % is between 15 and 64 years of age, and 3 % are 65 years or older (see Gabriel 2000).

¹ UNAIDS: Case Study: Ancient remedies, new disease: Involving traditional healers in increasing access to AIDS care and prevention in East Africa, Geneva 2002.

² UNAIDS: Case Study: Ancient remedies, new disease: Involving traditional healers in increasing access to AIDS care and prevention in East Africa, Geneva 2002.

“The government has admitted that Tanzania is now the East African Country with the highest number of people infected with Hi-Virus” (Kigwangallah 2003). In many regions of Tanzania, there are hardly any families left which haven’t lost one or several members through AIDS. The president of Tanzania, Hon Benjamin W. Mkapa, has declared HIV/AIDS a “(n)ational disaster” (Kiwakkuki 2002a). Therefore, “(m)ost AIDS cases fall within the age group of 20–49 with the highest number of reported cases in the age group of 25–34 for and 30–39 females and males respectively. The main mode of transmission remained heterosexual, accounting for 78 % of all cases, mother to child transmission ranking second at 5 % and for the remaining cases the modes of transmission were not stated. Of all cases diagnosed during the year 2001, 48 % were married, while 32 % were single individuals. The marital status of the remaining cases were: divorced (6 %), separated (5 %) and cohabiting 2 %. In about 7 % of cases, the marital status was not stated.”³ Family and clan structures are being destroyed, and much needed employees are no longer available because they die.

Agriculture is Tanzania’s most important source of income (50 % of the GNP) (see Europress Surveys 2003: 8). 90 % of the 15 million workers earn their money in this sector (see Gabriel 2000: 184). In a few years, this might turn into a disaster for the economy because there will not be enough workers any more – and the gross national product has already gone down. Another huge problem is the fact that parents die. In the Kilimanjaro Region alone, about 50.000 children have already been orphaned by AIDS until the year 2000 (see KCMC Research 2000). They live by themselves or with their grandparents – with hardly any sources of income.

In the families, the gender roles are clearly defined: Women take care of children, household and garden, and men are responsible for the income of the family. The inhabitants of villages are mainly farmers who have to struggle hard in order to make a living. Therefore, many men go into the cities to look for a job. Most of them come to visit their families only once or twice a year. Often, they return infected with HIV/AIDS, because they had had sexual intercourse with other women, but the wives usually do not dare to refuse sexual contact with their husbands. Prostitution is one of the very few options for women to gain financial independence from their husbands, and to be able to feed their children as well as to pay their school uniforms (which cost \$10, about 1/5th of a teacher’s average monthly income). Women’s household chores include gathering the firewood, cooking, carrying water (sometimes over long distances), and doing the laundry by hand. They also transport heavy loads of home grown fruits and vegetables on their heads for hours to sell them on the market.

Living Conditions in the Town of Moshi

Moshi is the capital of Kilimanjaro Region. It is an industrial centre with about 150.000 inhabitants (2000) (see Gabriel 2000: 179). Most of them are Africans, but a minority is of Indian descend, and they run most of the businesses. There is a widening gap between rich and poor people, and the division, which is in existence since colonial times, is still visible: areas with villas for white people, business quarters for Indian people, and townships for African people. Owing to the coffee trade, Moshi used to be a rich town until about late 1980s. Nowadays coffee prices are down (over 60 %) on the world market (see Gabriel 2000: 339). That is why most of the farmers are now specializing on growing bananas. The formerly rich town Moshi has fallen into a state of dilapidation. The unemployment rate is very high,

³ National AIDS Control Programme: HIV/AIDS/STI Surveillance REPORT < January- December 2001, Report Number 16, page V.

and many people who migrated from rural areas to Moshi are looking for jobs. Even people with a university degree are in the same situation. As a result, the streets are full of people doing small business: tour guides (e.g. for a safari to the Serengeti or for climbing the Kilimanjaro); people with little “shops” (wooden shelves carried on the head draped with objects of divers nature for sale); women selling vegetables and fruits; tailors, watchmakers, shoemakers, who cannot afford to rent a shop of their own, offering their services on the street, etc. All of them try to survive by earning some money day by day.

In Moshi, there are two main hospitals and many NGOs dealing with all kinds of social problems, e.g. Nafgem (Network against female genital mutilation), street children homes, KWIECO (human rights) and KIWAKKUKI, which will be introduced later.

HIV/AIDS in the Kilimanjaro Region and Moshi

The first case of AIDS in the Kilimanjaro Region was reported in 1984. Since then, more than 9.097 cases have been reported – in a population of 2.03 million – in this area (see Ministry of Health 2001: V). In the whole country, 144.498 cases were registered in 2001 – in a population of about 32, 8 million (ebd.) mating that only one in five AIDS cases is reported, a total of 71.000 cases are estimated to have occurred in the year 2001 and a cumulative total of 722.490 AIDS cases since the beginning of the epidemic in Tanzania” (see Ministry of Health 2001: V). Yet, the denial of the disease is still widespread within the local communities.

As a response to the dramatic spreading of the HI-virus in the Kilimanjaro Region, a small group of women founded the nongovernmental organization KIWAKKUKI in Moshi in 1990. Twelve years later, KIWAKKUKI is one of the biggest organizations in the country with about 1.600 volunteers, 13 women employed and 32 grassroots working groups.

The Nongovernmental Organization KIWAKKUKI

KIWAKKUKI is the Kiswahili acronym for “Kikundi cha Wanawake Kupambana na UKIMWI (Women’s group against HIV/AIDS in Kilimanjaro)”. KIWAKKUKI’s envisions “a community that understands the problem and consequences of HIV/AIDS and takes appropriate measures to eradicate it” (see Ministry of Health 2001: V). The mission statement says, that the purpose is “to sensitize and educate the community in Kilimanjaro Region on HIV/AIDS and facilitate the provision of services to those infected and affected in order to control the spread of HIV/AIDS and its effects.” (ebd.)

KIWAKKUKI’s main Goals, Ideas and Programmes

KIWAKKUKI’s main goal is to help people to help themselves, to motivate people to become independent and to support them on their way. It is a membership organisation, which acts as an initiator of network-building in the Kilimanjaro Region. It regularly organises reflection sessions, monthly and quarterly meetings for all members. In the management committee and its sub-committees information on HIV/AIDS education is shared and the progress of programmes discussed. These programmes include four phases: planning, empowering, monitoring and evaluating. The main and basic ideas of KIWAKKUKI are to educate people on HIV/AIDS prevention, to help restore dignity, self-respect and a purpose of life to the individuals and to families affected by HIV/AIDS. These ideas have been implemented in a great amount of activities and a well-organized network. The activities take place in the Head Office in Moshi and also wherever KIWAKKUKI is needed in Kilimanjaro Region. KIWAKKUKI doesn’t have a specific target group, its work includes everybody regardless of age and sex. The tasks of KIWAKKUKI are divided into three main areas:

1. general prevention for everybody,
2. supportive aid, counseling and testing for infected people, and
3. orphans' support.

The head office, the *Moshi AIDS Information Centre*, is open every day and clients can drop in to watch videos or puppet shows or to participate in discussions led by volunteers. Mostly, the videos are about sex education, particularly about HIV/AIDS and its ways of transmission. People also get information about the activities taking place at KIWAKKUKI. 24.684 people were thus educated at the Moshi AIDS Information Centre in the year 2002.

KIWAKKUKI's *Voluntary Counseling and Testing Centre* offers one-to-one counseling, family counseling, pre-marriage counseling, supportive counseling (about medical and material support) and education on HIV/AIDS. The systematic counseling has proved to have a positive affect on living with HIV/AIDS because it helps to reduce the number of infections but also the social stigma coming along with it. In average, 52.8 women and 16.0 men (2001) are being counseled every month (see Kiwakkuki 2001b). Up to date, KIWAKKUKI has not provided HIV testing itself, which has led to the result that after pre-counseling and referring clients to hospitals for the testing, many did not return for post counseling. In 2002, 314 out of 559 people did not return, 120 out of 559 people were tested positive, 116 negative (2002) (see Kiwakkuki 2002b). In order to avoid loosing clients, KIWAKKUKI opened a Testing Centre in November 2002.

Members of KIWAKKUKI, who are in infected with HIV, have initiated their own support centres where they get together, learn skills, engage in income generating activities and get counseling and simple treatment. There is also a self help group especially for infected children. This so called *Centre of Hope* is located in the courtyard of the head office and takes place once a month.

A group of volunteers, called *Information and Education Team*, regularly run seminars about HIV/AIDS in schools, at workplaces and in community groups all over the Kilimanjaro Region. Currently, one of the main activities of KIWAKKUKI is to develop an independent network for neighborhood support. Volunteers who are trained as home visitors offer neighborly support to families and individuals affected by HIV/AIDS (*Home visiting Volunteers*).

A short time after the foundation of KIWAKKUKI the number of children, whose parents had died because of HIV/AIDS, increased: by 2000, 50.000 orphans lived in the Kilimanjaro Region (see KCMC research 2001). Already in 1994, KIWAKKUKI had started its *Orphan Support Programme*, which included handing out clothes as well as food donated by members. In 1997, the first donor (Terre des Hommes) decided to support 350 children financially for three years, and the first orphan department officer was employed. Today, six donors are supporting 2.000 children (e.g. Social Action Trust Fund, Terre des Hommes, Spain Family and Friends). According to their individual needs the children receive money for a school uniform (\$10), a schoolbook and exercise books (\$4) as well as for school lunch (\$5). All together the expenses amount to \$19 per year. The working groups in the villages decide which orphan is the most neediest one and will be supported by KIWAKKUKI.

KIWAKKUKI's main objective for the future is to sensitize the village people to take care of the orphans in a 'community of the orphans' in order to avoid big orphanages. The villagers would have to raise money for school tuition and accommodation, and they would have to secure the integration of the children into the village community. Children, who are brought up in a big orphanage and have not been the member of a community, often have problems in organizing their lives when they have to leave the orphanage at the age of 18. Up to date,

KIWAKKUKI has financed ten houses for orphaned children, which were built by volunteers of the community in question.

KIWAKKUKI's Structure

The *Annual General Meeting*, the highest decision making body, elects ten members to the *Management Committee* called the KIWAKKUKI Council, which meets once a month (in the near future, this will change to quarterly meetings) and monitors the programmes. The Council elects the *Executive Committee*, which comprises the Chairperson, the Treasurer, an Executive Coordinator and an Accountant. It supervises the day-to-day management of the organization by working closely with the Executive Coordinator who supervises thirteen employees and will be the head of the planned District Coordinators.

The District Coordinator will coordinate the employees' work, monitor the working groups in the villages, council them through the programme implementation and eventually link them to the current head office in Moshi. A *Board of Trustees* was appointed by the KIWAKKUKI Council to enable KIWAKKUKI to maintain a legal status.

At KIWAKKUKI Head Office five main centres are responsible for Accounting, Home Based Care, Orphans, VCT (Voluntary Counseling and Testing) and Health Education. Each centre is headed by a programme officer, supported by approximately 1.600 volunteers. Besides, a labor technician, drivers, an office attendant, a secretary and two security guards work at KIWAKKUKI. The Executive Coordinator represents, coordinates and monitors all activities of KIWAKKUKI.

In order to improve the present structure KIWAKKUKI intends to found more grass roots groups, particularly in areas where KIWAKKUKI is not (yet) operating. Also the cooperation between grass roots groups and the management will be improved, for instance by more reports between the groups. The grass roots groups are not represented in the present KIWAKKUKI management structure. Structurally, they are distant, which inhibits the communication. The group members feel the necessity to decentralize KIWAKKUKI's programme management at the district level in order to improve the lobbying and advocating activities at the district councils and support grass roots groups in their home districts.

One of the main objectives of the reorganizing of KIWAKKUKI is to create a structure with representatives at the district level as well as at the level of the head office (see Kiwakkuki 2002c).

KIWAKKUKI's Financial Situation

KIWAKKUKI is a Nongovernmental Organization (NGO), which means that it receives no financial support from the Government. On the one hand the income of KIWAKKUKI consists of five main donors – the foundations Novib, Oxfam Ireland, Farm Faith and Social Action Trust Fund, and Women Front Norway, and several smaller ones – and on the other hand it consists of membership fees, bank interest and several others sources.

The total income increased from \$121.000 in the year 2000 to \$161.000 in the year 2001 (see Kiwakkuki 2002c). To raise KIWAKKUKI's funds members sold T-shirts, sweaters, khangas (traditional materials) and books. Furthermore, KIWAKKUKI participated in the Kibo Breweries celebration (which is part of Guinness International). Students who volunteered at KIWAKKUKI also added to the income.

All in all, KIWAKKUKI raised \$11.000 in the year 2001 and the total income of KIWAKKUKI amounted to \$161.000. The total expenditure grew from \$110.000 in the year 2000 to \$123.000 in the year 2001 (ebd.).

The main expenditures are

- a) salaries and related expenditures,
- b) school sponsorships, and
- c) travelling expenses to seminars and workshops

a) In the year 2002, KIWAKKUKI decided to employ more staff in order to do the work more efficiently. The strategy is to develop the capacity of the supporting staff by special training according to their professions. Another idea is to enable five district coordinators to monitor and evaluate working groups in their area. The strategy is to build up the capacity of working groups, members and other volunteers. Another reason, why more people are being employed, is the need for more experts to teach at outreach visits, train the increasing number of grassroots groups, and to help members to work independently from the main office, as well as to quite generally spread their knowledge. That is why the expenditure for salaries and related expenditure rose from \$12.000 in the year 2000 to \$23.000 in 2001, and \$42.000 are planned for the year 2003 (ebd.).

b) In the Kilimanjaro Region, the number of orphans has been growing rapidly. In 2002 KIWAKKUKI found a new donor, who supports another 1.000 orphans. That is why the expenditure of school sponsorship rose from \$22.000 in the year 2000 to \$30.000 in 2001.

c) KIWAKKUKI's expenditures for travel, seminars and workshops decreased because the number of many meetings was reduced. The members decided that the time would better be spent with more important work. Every year an annual report is published with detailed results, challenges and future plans for each programme. The organization also documents financial statements for every year, which is controlled by a certified accountant. The business and strategic plan evaluates the last years and plans for the following. Therefore, it is not possible for employees of KIWAKKUKI to use money for non intended objectives.

Women and Social Work

Due to self-initiative and the tremendous need many social projects developed in the Kilimanjaro Region. Social welfare is under severe pressure on account of the lack of money (only twelve social workers are in charge for a population of 2.03 million inhabitants). This causes a problematic dependency on sponsor from the western world. Therefore, NGOs like KIWAKKUKI have taken on responsibility in areas of governmental social welfare. NGOs play a decisive role in the basic care – in the psychological as well as in the social sense. Many of the NGOs were founded and are managed by women. Especially elderly women often work on a voluntary basis. Their main motivation is to improve the women's plot and therefore they support other women to be able to live independently from men.

The NGOs work on a variety of social and economic problems. To improve the situation some offer seminars about gardening, animal keeping, hygiene, and family planning. Others create employment by income generating activities like opening e.g. mewing machines or they support people by lending money to open a little shop or to buy animals for breeding. The *Revolving Fund*, for instance, was founded in 1997 by KIWAKKUKI (see Kiwakkuki 1996). It is a small credit system, which supports active female members. The main objectives of the Revolving Fund are:

1. to give loans to individuals or groups to improve the community's standard of living;
2. to prevent the spreading of HIV/AIDS to women by giving them money for IGA (Income Generating Activities) instead of depending on commercial sex prostitution;

3. to help women, who are at risk, with loans to become independent from their husbands;
4. to create income generating activities for the organization;
5. to charge reasonable interest rates for loans; and
6. to create a good – and sustainable – savings and credit system.

In order to take part in the Revolving Fund the members have to found an ‘economic group’. After paying the basic fees, each member pays a certain amount of money every month. After six months the group is allowed to take a loan (1.5 times the saved amount). The group has to pay the money back within ten months (including 2 % interest for KIWAKKUKI). The Revolving Fund enables women to improve their standard of living and to be financially independent from their husbands. It enables women to start their own business, to build a house or to pay school fees. The members are free to decide about the amount of their saving and feel save in an environment which they know and trust. The increasing number of groups participating in the Revolving Fund shows the success of this project.

During our internship we were particularly impressed by the commitment and dedication of the KIWAKKUKI women, and how they strive and struggle to fulfil their vision of an AIDS-free society. Through their courageous initiative, their continuous vocational training and their permanent self-evaluation this small group of women has managed to practice modern social work for the last ten years. Today, KIWAKKUKI is one of the oldest and the biggest organizations in the battle against HIV/AIDS in Tanzania.

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