



KIWAKKUKI ANNUAL REPORT 2009

Contact Information:

Address: P.O.Box 567, Moshi, Tanzania

Tel/Fax +255 27 2751504 Mobile: +255 0767851504

Email/Website: kiwakkuki@gmail.com www.kiwakkuki.org

Current registration Number: SO.8488 of 1995

List of abbreviation:

KIWAKKUKI:	Kikundi cha Wanawake Kilimanjaro Kupambana na UKIMWI (Women Fights Against AIDS in Kilimanjaro)
PLHIV:	People Living with HIV
HIV:	Human Immunodeficiency Virus
AIDS:	Acquired Immunodeficiency Syndrome
OVC:	Orphans and Vulnerable Children
CHAT:	Coping Health and Treatment in Tanzania
CSO:	Civil Society Organization
MKUKUTA:	National Strategies for Poverty Reduction
USA:	United States of America
KCMC:	Kilimanjaro Christian Medical Centre

WILDAF:	Women in Law....
KWIECO:	Kilimanjaro Women Information Exchange Consultation.
AJISO :	Akina mama Jiendeleze Sote..
KANCO:	Kenya AIDS Network Contous..
ECD:	Early Childhood Development
SAFAIDS:	Southern Africa HIV and AIDS Information Dissemination Service
OD:	Organizational Development
SACCOS:	Saving Credit
CBOs:	Community Based Organizations

Table of contents

1.0 EXECUTIVE SUMMARY	3
2.0 THE OVERALL GOAL OF KIWAKKUKI:	5
3.0 STRATEGIC ISSUES AND AIMS:.....	5
Strategic Aim 1:.....	5
Strategic Aim 2:.....	6
Strategic Aim 4:.....	7
Strategic Aim 5:.....	7
Strategic Aim 6:.....	7
Strategic Aim 7:.....	8
4.0 CHALLENGES.....	8
5.0 WAY FORWARD FOR 2010	8
6.0 LESSONS LEARNT	8
7.0 APPRECIATION.....	9

Executive Summary

The year 2009 was a third year for the implementation of the 2007- 2011 Strategic Plan. KIWAKKUKI continued with her role of being an *agent of community change* through mainstreaming and empowering the groups that have been marginalized by development processes. KIWAKKUKI's Main target groups include children, elderly, women, PLHIV, youth, leaders and communities at large. These beneficiaries were not only reached by basic services but were sensitized to participate by advocating for increased access to those services, increased understanding of reasons behind their position, increased control of resources, increased responsibility, taking and commitment for their own decisions. This was facilitated by a one programme approach which offered a holistic model from HIV prevention to care, support and impact mitigation for those infected and affected by AIDS. Some of the key achievements were based on the increased commitment and improvement of services offered by 560 members who underwent *capacity building in various fields* such as home based care, management of village community banks, working with the media, gender concepts, stress management and leadership. 320 members attended forums for sharing vision, mission, outputs and outcomes at the members' meetings. 2,137 out of 3,978 paid their annual fees. Most of the time these women donated their time energy, skills, resources and conducted community sensitization for. This practice has been going on for more than 15 years. Track was kept of the proportion of activeness of the grassroots groups indicating for Moshi municipal it was 10/15, Moshi Rural 35/66; Hai 17/42; Rombo 7/29; Mwanga 13/19; and for Same 16/25.

Also the community members went on making informed decisions after getting accurate information at the information centers and in the outreach education service. whereby a total of 5,004 males and 6,680 females were reached. 1,464 males and 4,026 females decided to undergo voluntary counseling and testing at the institutional based and mobile services which came out of the communities felt need. Those who were tested managed to make self risk reduction plans with the support of counsellors.

1,264 male and 2,480 female AIDS patients went on with *positive living* through supportive ongoing home visits which monitored their progress, adherence to medication and identified psychosocial needs. Moreover 906 male and 855 female OVC enjoyed access to their basic rights to education 16 were provided with permanent shelter while 420 received psychosocial support and 2,000 got food and nutrition support. 159 OVC who completed primary 7 joined secondary school and 72 who completed ordinary secondary school joined high school 14 males and 8 females who completed high school joined different colleges 30males and 17 females who finished vocational training or other colleges got employment to sustain economic wellbeing.

Furthermore, through *life skills* training to 300 primary school males and 300 females also 51 males and 49 females at secondary school/college level through 14 health clubs 60 male and 60 females. These were concertized to support themselves and their peers to be able to build their self esteem, self awareness, self confidence, control of body desires and choices. Other skills

were valuing their bodies, being assertiveness to say “no” to risky behaviours and seeing value in waiting instead of rushing into premarital sex.

On top of all this, *household poverty* was addressed by the establishment of Village Community Banks among 30 beneficiaries’ and 145 members to increase their economic participation. This has become one of KIWAKKUKI’s best practices of integrating prevention and impact mitigation to improve access to health care and control of resources. KIWAKKUKI also built coalitions with other service providers to facilitate provision of holistic care and support such as health care, human rights, judiciary whereby several referrals were made.

In the area of *Organizational Development*, KIWAKKUKI completed office manuals for Human Resource, code of Conduct, Financial and Accounting to ensure smooth decision making systems. Also 28 leaders and staff attended leadership training short listed good governance issues for implementation. Furthermore, team building activities were strengthened in planning, support to districts through mentoring meetings, formation of small committees to support team work and fortnight management team meetings. A participatory internal evaluation was conducted at the end of the year. Also established were databases for PLHIV, grassroots groups, OVCs and Income Generation Activities. An external evaluation was conducted on the “Life and Living Project revealed good progress and improved community mobilization for their own development.

KIWAKKUKI initiated new *research* known as Coping and AIDS in Tanzania (CHAT) to be able to determine how the research population was coping with living or not living with HIV to be able inform further evidence based advocacy and support to different people presenting for HIV testing.

Basically, activities conducted aimed at *sustainability* since the knowledge and services offered addressed sustainable access to health care, increased household income, health promotion and advocacy work. One more floor was added on the office complex to cater for Youth Life Skills and Prevention and early treatment activities. It will also generate funding through office and hall rental for workshops, meetings and a resource centre. Same district also completed phase one of their Centre of Hope and office building. Moreover, two classrooms for vocational training were completed in Moshi Municipality.

Some of the challenges and constraints included non attainment of some strategic issues such as building strong CSO coalitions for sharing profiles and possible joint advocacy work. Also the establishments of a basket fund as well as a reserve fund were not initiated. Moreover, the current growth of the organization requires a shift in leadership styles and staff re establishment for decentralization by devolution and this call for external support for a review of strategy.

All in all, KIWAKKUKI contributed to the reduction in HIV prevalence in Kilimanjaro from 7.3 % in 2004 to 1.9% in 2008/09.

This report covers activities which were implemented from January to December 2009 as per Annual Work plan depicting areas of programme outcomes, areas of which KIWAKKUKI which could have had better outcomes, ways of improving the undesirable situation and lessons learnt.

2.0 The Overall Goal of KIWAKKUKI:

To contribute towards improved community capacity to respond and cope with the causes and effects of HIV&AIDS by 2011.

The strategic orientation assessment led to the identification of 6 strategic issues that are guiding KIWAKKUKI to implement her interventions and projects.

3.0 Strategic issues and Aims:

1. Community HIV /AIDS Education and Support by addressing: Voluntary Counseling and Testing, Care and support to Orphans, Vulnerable Children, their caretakers and PLHIV and Home based Care for AIDS patients.
2. Collaboration, Networking and Partnership Building.
3. Research, Documentation and Publication of best practices and Most Significant Change stories.
4. Policy and Advocacy.
5. Institutional Capacity Building
6. Fundraising and Resource Mobilization
7. Administrative Issues

For each of the Strategic Issues are Strategic Aims which facilitated the implementation process as narrated below.

Strategic Aim 1:

To increase community knowledge, for adoption of healthy behaviour, desirable attitudes towards sexual relationships as well as capacity to prevent and manage the effects of HIV and AIDS by increasing the number of PLHIV and OVC who have access to the continuum of care and increased control and improvement of their health.

- Conducted community awareness raising sessions on HIV and AIDS to promote community behaviour change to the community on potential risks and life skills. Youth awareness sessions took place for that in school and out of school. For the rest of the community misleading myths and misconceptions around HIV and AIDS prevention care and support at Information Centres and high risk areas.
- Planned to reach 10,000 clients 6,672 males and 10,510 females reached with information at Information Centres and high risk areas. Condom demand was 3,128 males and 4,422 females. Decrease in stigma: 2,041 males and 1,838 females tested their sero status. Average prevalence: 2% for males and 4.4% for females.
- Put children at the centre through interventions that enabled them to access basic rights of primary and secondary education, vocational training, facilitating their resilience through being listened to, being allowed to play and participate in household decisions, building their secure futures and protection and identity through succession and inheritance planning, memory work, birth registration, provision of shelter and psychosocial care. Knowledge on child rights was also disseminated to children and communities. The children of Tanzania deserve a positive future!

- Provided supportive counseling and care to bed ridden patients through integrated home based care thus restoring hope for patients, widows and widowers. Also there was improved access to health care for PLHIV: 271 males and 1,161 female patients visited to promote supportive counselling, adherence to medication and positive living. Food and nutrition support to 514 males and 1,129 females reached. 50 HBC providers were provided with bicycles to enable coverage of more clients and motivate their volunteerism.
- Conducted impact mitigation interventions by addressing household poverty through revolving micro finance/credit facilities. Families were brought together for breaking stigma and discrimination.
- Improved household economy and promotion of women and youth economic development through provision of soft loans and establishment of more Village Community Banks: 120 PLHIV and 299 OVC caregivers and 300 out of school youth who formed 10 groups. Women organized themselves in economic groups and conducted different income generated activities. Contribution to national policies: MKUKUTA,

Strategic Aim 2:

To have improved sharing of resources, access to information, holistic support services and possible joint ventures.

- Formed alliances with local government and Faith Based leaders at different levels to build their capacity in finding their own solutions for identified service gaps. KIWAKKUKI organized community consultation sessions in the 3 districts of Moshi Rural, Moshi Municipality and Hai to facilitate responsibility taking, openness and community decision making.
- KIWAKKUKI went on with partnerships with research institutions, human rights organizations to facilitate access to basic rights to OVC's and widows. These included Duke, University (USA) University of Bergen (Norway), KCM College (Tanzania). Others were health facilities such as, Mawenzi Regional hospital, district hospitals and health centres by filling in gaps of access to health care. KIWAKKUKI also worked with other service providers such as human rights organizations like, WILDAF, KWIECO, and AJISO.
- 90 referrals for males and 228 for females were made Working with the Media: KANCO; Advocacy against Gender based violence; Research Skills: Duke University and KCMC; Monitoring and Evaluation for patients in Palliative Care
- There was a brainstorming session on coalition building for the FOKUS partners in Tanzania in order to build synergy and come out with a joint goal of enhancing the position and status of women in Tanzania.
- The coalition for organizations dealing with ECD issues also picked pace through regular meetings and strategy review to accommodate the simultaneous review of the Bernard van Leer Foundation.
- Also reviewed was the implication on partners of a planned merge of the Oxfam development organizations in Tanzania.

Strategic Aim 3: To gather, document and disseminate best practices, lessons learnt, and new experiences in the area of HIV and AIDS.

- Testimonies and stories of change among youth who changed their behaviour, beneficiaries who accessed basic rights and those who were trained to do income generation activities were collected and documented.
- Evidence based reporting through studies conducted by KIWAKKUKI in collaboration with other researchers from Duke University and KCMC. Some of the results were presented at the 17th International AIDS Conference held in Mexico.

Strategic Aim 4:

To influence changes in practices regarding attitude, behaviour and policy issues on HIV and AIDS.

- KIWAKKUKI has always aspired to be a strong lobbyist by working in coalitions, networks and gathering evidence based information to be used to inform gaps in service provision and to inform policy reviews. An annual advocacy event was organized to address non violence for women & girls in collaboration with WILDAF and other Human rights advocates in the Northern Zone in the campaign to commemorate the 16 Days of Gender Based Violence. As a member of the Tanzania AIDS Forum participation through the forums advocacy activities was enhanced. Also links were established with SAFAIDS a network organization based in Pretoria coordinating a campaign for Sexual and reproductive Health Rights.

Strategic Aim 5:

To have good systems, policies and regular Organizational Development Interventions in place to steer a new Strategic Direction of KIWAKKUKI.

- KIWAKKUKI went on with the institutionalizing the Human Resource, Code of Conduct and Finance and Accounting manuals to ensure that they were reflecting policies, vision and mission of KIWAKKUKI.
- Worked on governance issues in the areas of constitutional review which was approved at the 17th Annual General meeting at the end of May 2009. Training on leadership and good governance was offered to the KIWAKKUKI leaders and Management.
- Improving Democracy and Organizational Development through a bottom up constitutional review which also observed inclusion of PLHIV and OVC. KIWAKKUKI went on with its transformation process in responding to fundamental OD issues raised in staff forums, management meetings, constitutional reviews and audit reports. There was a development of Operational Manuals for Office Administration and Financial Management. Also designed in a participatory manner was a leadership and good governance training for the senior staff and council members as well as establishment of small committees for discussing various administrative issues. Major organizational responsibilities were to improve the policy environment for staff delivery capacity. An internal evaluation was conducted at the end of the year.
- All these added to the credibility of the organization.

Strategic Aim 6:

To strengthen funding base for sustainability of KIWAKKUKI.

- Sustainability was enhanced by the increased capacity of members and staff, improved access to health care leading to better and sustainable health, orphans school sponsorship for sustainable future and the management of Village Community Banks and SACCOS.
- KIWAKKUKI is not self sustaining, but has good public image with existence of working systems that make it marketable enough to sustain multiple donors.

Strategic Aim 7:

To have a smooth administration of the interventions.

- KIWAKKUKI has been a social entrepreneur which aims at building the organization while simultaneously binding staff together, building professionalism in the organization, fostering team spirit and participation and creating synergy. The plan for basket funding will eventually make administration even further.

4.0 Challenges

1. Low sharing of the KIWAKKUKI vision, mission, and values among members.
2. Poor networking strategy causing poor synergy and risks of duplication and competition.
3. Poor Monitoring and Evaluation Skills leading to poor collection of data and inadequate documentation.
4. District strengthening teams not fully functional due to lack of resources.
5. Basket Fund and reserve fund not established as per Strategic Plan requirement.
6. Low male participation continued thus perpetuating imbalances in gender division of labour.

5.0 Ways Forward for 2010

1. Initiate training on Vision, Mission and Values to members,
2. Identify a few partners to work with as a coalition or consortium.
3. Involve community in Project cycle from Design to Implementation to Monitoring and Evaluation using KIWAKKUKI CBOs as immediate community partners.
4. Enhance monitoring and Evaluation Skills to be able to document KIWAKKUKI's best Practices.
5. Review Staff Establishment to improve support at district level.
6. Raise community capacity to lobby for government resource allocation for health and education interventions.
7. Initiate Basket Funding for Administration.
8. Train members and staff in Gender Mainstreaming.
9. Use evidence based information as material for Lobbying and Advocacy.
10. Work on establishment a KIWAKKUKI Fund Reserve for Sustainability.

6.0 Lessons learnt

- Women's grassroots groups are the best approach to reach difficult to reach areas by sensitizing and enabling them to respond by participating in different community development and decision making processes. This influenced collective response
- Youth economic empowerment projects help avert future care and treatment costs.

- There has been increased awareness on HIV and AIDS thus increased responsibility.
- Sustainable achievement is earned through the work of several stakeholders.
- Mobile services are the best answer to scarcity of services.
- CBOs of PLHIV have increased community response with HIV and AIDS services.
- Good to scale up research as a tool for evidence based and for Lobbying and Advocacy.

7.0 Appreciation:

Lots of thanks to all stakeholders of KIWAKKUKI who supported the realization of the objectives for 2010. These are grassroots members, leaders, Board of Trustee members, staff and development partners.

We have acknowledged the contribution of each of our development partners as follows: Oxfam Ireland for organizational capacity building, HIV prevention among school children and adults and supporting the elderly who are caring for OVCs. Bernard van Leer Foundation for organizational capacity building and supporting Early Childhood Development activities. Child Foundation of Netherlands for supporting children's access to education, shelter; HIV prevention and care as well as enabling the construction of one more head office floor; Women's front of Norway for facilitating grassroots' women's work and institutional support; Duke University for enabling KIWAKKUKI to collect evidence based data to inform service and policy through research; School for All Norway for enabling children's access into education; Health link of the UK for supporting Memory work and Child rights. Action Medeor Germany for capacity building of service providers, prevention among youth and supporting impact mitigation work for AIDS patients. Antares Foundation of Netherlands for supporting stress management among staff and volunteers., Cives Mundi of Spain for supporting all the programme components. World Food programme for food and nutrition support to AIDS patients and OVC. Terre des Hommes Netherlands for supporting children's education and healthcare. Malfrid and several other friends for supporting our cause. God bless you all!