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Loaning Health: The Effectiveness of Microfinance as an HIV/AIDS Intervention Method in Kibera Slums

Lara Berlin
SIT Study Abroad

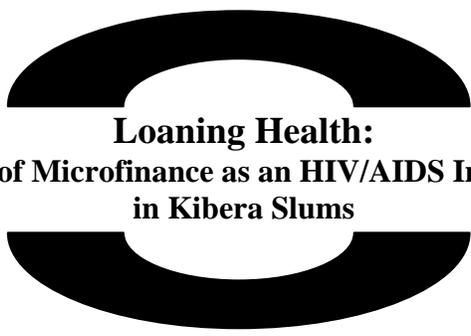
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Loaning Health:
The Effectiveness of Microfinance as an HIV/AIDS Intervention Method
in Kibera Slums

Lara Berlin
SIT Kenya: Development, Health,
and Society
Spring 2006
ADs: Odoch Pido and Jamal Omar
Advisor: Dr. Jama

Table of Contents

Acknowledgments.....	2
Abstract	3
Background and Introduction.....	4
Statement of the Problem.....	6
Objectives.....	8
The Setting.....	9
Literature Review.....	11
Methodology.....	16
Limitations and Recommendations.....	17
Discussion and Analysis.....	19
<i>The Status of HIV/AIDS</i>	19
<i>The Plague of Poverty</i>	22
<i>A Woman's Place</i>	25
<i>Commercial Sex Work</i>	27
<i>Microfinance – The Cure or The Disease?</i>	29
<i>Microfinance as an HIV/AIDS Intervention</i>	33
<i>Suggestions from Kibera</i>	36
Conclusions.....	38
Appendix.....	41
Sources Consulted.....	46

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Abstract

Three of the major societal issues facing Kenya are poverty, gender inequalities, and HIV/AIDS, each of which acts as a catalyst for the others. In the last twenty years, microfinance has been used as an intervention method combating poverty and women's disempowerment. As such, this study examines the effectiveness of using microfinance as an HIV/AIDS intervention method in the Kibera slums of Nairobi, Kenya. The research is primarily based upon interviews with Kibera residents and members of microfinance organizations. The findings indicate that most Kibera residents believe microfinance is the best method of reducing the spread of AIDS, especially when it is focused on female sex workers. However, there are also limitations and pitfalls of microfinance that need to be addressed if it is to be truly effective.

Background and Introduction

Currently, HIV/AIDS is ravaging many African countries, including Kenya. In 1999, Kenya's former President Moi declared HIV/AIDS a natural disaster, followed by current President Kibaki's declaration of "total war" against AIDS. As of 2005, the prevalence rate of HIV/AIDS in Kenya was 6.3%.¹ However, within that, women have a much higher prevalence rate. Women between the ages of 15 and 49 have an HIV/AIDS prevalence rate of 8.9%, while for men it is only 4.7%.² This difference can be attributed to many factors, including in social, biological, cultural, economic, and political areas. For instance, women tend to be unable to negotiate safer sex, tend to be poorer than men, and tend to be less educated, all of which are risk factors for HIV/AIDS.

As HIV/AIDS is a predominant issue in Kenya, there have been many attempts to intervene through a variety of methods. Such methods include HIV/AIDS and safer sex education in schools and in the community, installation of VCT centers, distribution of condoms, initiation of programs to care for AIDS orphans, and increased accessibility to free ARVs. Although all of these measures are important, they have been criticized that they do not solve the underlying problems that foster the spread of HIV/AIDS, two of which are poverty and unequal gender dynamics.

Microfinance is a method that has been put into wide use within the last couple of decades in order to combat these two major issues. Originally begun in Bangladesh with the Grameen Bank in 1982³, microfinance programs have spread all around the world. These programs aim to provide small loans to poor women in order to provide them with the means to begin income-generating activities. The premise is that these activities will

¹ NACC, 2005

² NACC, 2005

³ Harper, 1998

not only pull them out of poverty, but the women will also gain economic and social empowerment, especially in relation to men. Often the women receiving the loans form small community groups in order to provide both support and incentive for one another. Although there has been worldwide support for the implementation of microfinance programs, there has also been a substantial amount of criticism of them as well. Critiques include that they create dependency, have interest rates that are too high, do not actually empower women, and do not reach the poorest of the poor. Nonetheless, many still put faith in microfinance as the best way to bring people out of poverty.

Although both microfinance and HIV/AIDS intervention programs have been in existence for quite some time, it is only recently that they have begun to join forces. Currently in Kenya there are just a few organizations that are using microfinance as an HIV/AIDS intervention method. Such programs include the Kenya Voluntary Women's Rehabilitation Center (K-VOWRC), Kibera Community Self-Help Programme (KICOSHEP), African Medical and Research Foundation (AMREF), Women Fighting AIDS - Kenya (WOFAK), and Ushirika wa Usafi. The problems that these programs address are directly related to the concerns of this research project.

Statement of the Problem

There are four main issues that this research project addresses: HIV/AIDS, poverty, unequal gender dynamics, and microfinance. Although each one of these issues is distinct and carries its own problems in society, they are also all inter-related and merge in this research project. Thus, they must be analyzed both separately and together.

The first issue is that of HIV/AIDS. As stated above, HIV/AIDS is one of the largest disasters to fall upon the African continent, and Kenya specifically. In Kenya, approximately 300 people die per day due to HIV/AIDS.⁴ The impact of AIDS is far reaching, as it is a disease that is communicable, currently carries a lot of stigma, and affects all areas of one's life, including family, friends, work, and overall health. Thus, a lot of work needs to be done to attempt to reach the root causes of the spread of HIV/AIDS in order to quell the catastrophe.

One of the root causes, and the second issue that this research project addresses, is poverty. Currently in Nairobi, 70% of the population lives in the slums. Furthermore, in Kenya as a whole, 50% of the population lives under the poverty line of \$1/day.⁵ Thus, poverty is an endemic problem in Kenya. Poverty, in turn, impacts general well-being, especially social empowerment and health. When one is poor, s/he must rely on whatever means possible to make a living, often causing people to enter into risky businesses, such as prostitution. This work, then, increases the chances of contracting diseases such as HIV/AIDS, as well as diminishes one's own self-worth. This is especially true for women, who, due to culture, have very little economic leverage in society, and are, on average, much poorer than men.

⁴ Ngugi, SIT lecture, March 2006

⁵ CIA, 2006

Hence, the third main issue that this research project investigates is unequal gender dynamics. Not only are women often denied access to property and capital without reliance on a man, but they are also de-valued within social relationships. In terms of sexual relations, women often do not have the social power to control the sexual interaction, specifically when it comes to using safer sex practices. Because many women are poor and rely on men for survival, they are silent about protecting themselves in the sexual arena, as well as other arenas. Furthermore, 70% of HIV-positive women contracted the disease from their own husbands, as they were not allowed to voice concerns and stand up for themselves within the relationship.⁶

One problem currently is that there are not enough programs designed to address all three of these aforementioned issues. However, microfinance is beginning to be introduced as an attempt to get to the root of these problems. Yet microfinance is not without its problems as well. One such problem is that at times women do not properly use the loans they receive and then must borrow money from family and friends to pay the loan back, causing them to just be in more debt. Another problem is that the microfinance organization may remain solely a banking service and not actually do anything to change the social dynamics and gender inequalities that promote poverty. Also, it may be that although the women receive education about money management and safer sex practices, the education is not enough to change the culture of gender relations and they are not able to practically apply their newly received knowledge. All of these issues are addressed in this research project.

Thus, this research project is important as it examines the effectiveness and sustainability of a method, namely microfinance, to mitigate the deeply engrained societal issues of HIV/AIDS, poverty, and gender inequalities.

⁶ Ngugi, SIT lecture, March 2006

Objectives

The broad objectives of this research project revolve around investigating the sustainability of using microfinance as an HIV/AIDS intervention method. The more specific objectives of this research are as follows:

- ❖ To study a cross-section of women connected with the microfinance programs;
- ❖ To examine if the microfinance loans are truly alleviating poverty;
- ❖ To investigate if women feel empowered in cross-gender relations due to the microfinance programs and corresponding education;
- ❖ To observe the role of personal choice in the application of the microfinance and HIV/AIDS intervention programs, specifically with reference to how these women have chosen to change, or not to change, their lives;
- ❖ To gather information in order to provide recommendations as to how such microfinance and HIV/AIDS intervention methods can be improved in order to enhance their sustainability.

The Setting

This research project was carried out in Nairobi, Kenya. Nairobi, originally the base of the British colonial regime, is now a large and dynamic city. It holds a population of between 3 and 4 million, 70% of whom live in the slums. The residents are comprised of representatives from every tribe in Kenya (there are over 42), as well as people from all over the world. Nairobi is the home to a wide variety of businesses, governmental offices, NGOs, informal sectors, and universities. In fact, Nairobi is one of the most influential cities in Africa, as it is home to large international organizations, such as UN-HABITAT and UNEP.

Nairobi is also a city of paradox and disparity. While traveling through Nairobi, at one point you can be in a slum full of extremely poor people, and five minutes later you have arrived in the richest area of Kenya where the president has his estate. This disparity can be found throughout the city, as unemployed college graduates line the railing around the Hilton, one of the fanciest hotels in the city, hoping to find some sort of work. Perhaps as a result of this disparity, Nairobi has come to be known as one of the most dangerous cities in Africa, as robberies and muggings are daily occurrences. Many blame this on the corrupt and ineffective government, as well as the far-reaching poverty.

The largest slum within Nairobi is called Kibera. In fact, Kibera is the largest slum in East Africa, as it holds over 1 million people (1/4 of the population of Nairobi) in a 2 sq. km. area.⁷ Kibera is divided in nine villages, each with its own village leader. This slum consists of a sea of tin and mud one-room shacks, averaging about 3 m by 3 m for 5 dwellers. The streets are lined with informal businesses such as vegetable and used-clothing kiosks, as well as mud and refuge. There is approximately 1 pit latrine for every 50 to 500 people, resulting in wide use of “flying toilets” (placing bodily waste in a bag and throwing it). Approximately 80% of the youth in Kibera are unemployed, and many lack the funds to attend secondary education.⁸ Furthermore, health is a huge problem in

⁷ CSG Kibera, 2006

⁸ Carolina for Kibera, 2006

the area, due to lack of sanitation, education, ability to protect oneself from diseases, and ability to receive medical attention. In fact, it is estimated that 20% of the population of Kibera is HIV-positive.⁹ Although this research project examines organizations that work throughout Nairobi, the focus of this research is in Kibera slum. The majority of the information gathered was through organizations and the general population of Kibera, especially around Laini Saba. See Appendix B for a map of Kibera.

Literature Review

⁹ Carolina for Kibera, 2006

In examining relevant literature, there is very little available that addresses microfinance as an HIV/AIDS intervention method. As such, the majority of the pertinent literature relates to either HIV or microfinance, especially in relation to poverty and/or gender dynamics. Hence, this research project is among the first to begin to analyze the integration of microfinance and HIV/AIDS intervention.

The most relevant article to this research project is Dorothy McCormick and Kaendi Munguti's study, "Microfinance and Behaviour Change Among Nairobi's Commercial Sex Workers" (2003). In this article, the authors investigate the effectiveness of the Kenya Voluntary Women Rehabilitation Center's (K-VOWRC) program to help commercial sex workers in Nairobi find alternative employment through peer support, counseling, and small business loans. The premise is that through microcredit loans and counseling, these women will stop sex work, and, thus, reduce their risk of contracting and spreading HIV/AIDS.

McCormick and Munguti gathered their information largely through surveys and interviews with the sex workers who received the loans, as well as from a control group. Their conclusions were primarily based on statistical analysis of the responses of the sex workers versus those of the controls. They found that the majority of those in the K-VOWRC program are socially benefiting through reduced or ceased sex work, improved health, greater self-respect, reduced drug use, and improved economic status. However, there are many problems with the running of the loans, as many women aren't returning the money due to lack of ability or incentive. Thus, these authors conclude that although microfinance with the sex workers has been extremely beneficial socially, there are economic aspects that still need to be improved.

McCormick and Munguti's study is very similar to the currently discussed research, as it addresses using microfinance with sex workers in Nairobi in order to improve health status and general well-being. The current research, like this study, examines the effectiveness of this method of intervention. However, there are a few key differences between McCormick and Munguti's study and this research. First of all, the method of

gathering data is different, as this research relies far more on interviews and qualitative data as opposed to statistical analysis of surveys. Secondly, this research project addresses the specific impact of microfinance on AIDS, which is not a paramount focus of McCormick and Munguti's study. Finally, in addition to looking at specific programs and loan groups, this study also incorporates an analysis of people's general impressions of microfinance, AIDS, poverty, and gender dynamics. Thus, whereas McCormick and Munguti's study was highly focused on one organization, the presently discussed research is more of a generalized analysis of microfinance as an HIV/AIDS intervention method in Nairobi.

Julia C Kim and Charlotte H Watts have also written an article addressing microfinance as an HIV/AIDS intervention method, entitled "Gaining a Foothold: Tackling Poverty, Gender Inequality, and HIV in Africa" (2005). Although this article is not based on a study, it examines the "triple threat facing Africa": poverty, gender inequalities, and HIV and AIDS. In their analysis, Kim and Watts demonstrate how there is a need to empower women and fight poverty before substantial progress with HIV/AIDS can be made. They claim that one way in which to do this is to mainstream AIDS in development programs, such as microfinance initiatives. Although they recognize the limitations of microfinance, they claim that it can be a strategic entry point for AIDS intervention. However, they also propose that in order for such interventions to be successful, they must be accompanied by larger-scale, societal and governmental reforms to support such micro initiatives.

Kim and Watts' article is very important in the discourse of HIV/AIDS and microfinance. They draw on information from all over Africa in order to come to their conclusions about the prospects of using microfinance as an HIV/AIDS intervention method. Many of their observations, such as the limitations of microfinance, the "triple threat," and the importance of corresponding macro reforms, relate very strongly with and enhance this research project. However, Kim and Watts provide a more abstract sense of the situation surrounding gender, poverty, and HIV/AIDS, as opposed to a focused examination of a certain location. Furthermore, they provide a recommendation for a path of action

instead of an evaluation of the effectiveness of that action. Thus, this research project, as it is both location-specific and evaluative, provides a different lens to the issue of microfinance and HIV/AIDS.

Another article which addresses HIV/AIDS and microfinance is Joan Parker's "Discussion Paper: Microfinance and HIV/AIDS" (2000). The majority of this article focuses on the effect of HIV/AIDS on microfinance initiatives, as opposed to the other way around. Parker observes that in AIDS affected areas, people are less likely to pay back loans, as they fall sick, are unable to go to work, and must pay for hospital fees for themselves and/or family members. Thus, in addition to the incorporation of AIDS prevention messages in microfinance organizations, Parker advocates for AIDS mitigation methods for areas already infected. This article is an example of the body of literature about how AIDS negatively affects the economy, specifically in relation to microfinance initiatives. Although this is an important area of research, and one in which the majority of research which incorporates microfinance and AIDS dwells, it does not have a direct relation to the topic of this research project. After all, this research project examines how the economy affects AIDS, not the reverse.

There is a fairly substantial body of literature about the effect of microfinance on women's empowerment, stability, family relations, etc. One such study, "Vulnerability, Risks, Assets, and Empowerment - The Impact of Microfinance on Poverty Alleviation," by Wright, et al., (1999), analyzes the social and economic impacts of the Uganda Women's Finance Trust (UWFT), a microfinance institute in Uganda. Through interviews and surveys, they discovered that "social intermediation combined with financial services contributes to reduced vulnerability and increased empowerment for women clients" (43). They also concluded that microfinance services helped reduce the vulnerability of the poor by giving them a basis of savings which helped them cope with shocks and emergencies. Similar to this research project, this study investigates financial and social impacts, especially regarding women's empowerment, of microfinance institutions. They do mention health briefly. However, like the previously mentioned article, it focuses on how poor health adversely affects loan repayment. Thus, the

presently discussed research, unlike Wright's study, will look at microfinance specifically related to HIV/AIDS, as opposed to just general effects on women. Furthermore, although Uganda is a neighboring country to Kenya, it is possible that the role of microfinance, as well as the HIV/AIDS situation, is different than how it is in Kenya.

In her article, "Passing the Buck? Money Literacy and Alternatives to Credit and Savings Schemes" (2002), Helen Pankhurst argues both for and against using credit and savings schemes. Her arguments for microfinance include that it accesses those who are usually left out of the credit loop, it utilizes both individual and group resources, and it increases women's self-esteem. However, her arguments against microfinance far outweigh her reasons for it. Her position against microfinance is based on her views that microfinance is merely a banking service and does not address the underlying issues of poverty, vulnerability, and unequal gender dynamics. These observations relate directly to the topic of this research project. The limits of microfinance that Pankhurst discusses inform the research project's questions about the sustainability of the microfinance programs. However, whereas Pankhurst's article addresses microfinance in general, this research specifically targets microfinance used as an HIV/AIDS intervention method. Furthermore, this research will rely on fieldwork with a specific cohort of people in order to gather information about one particular microfinance program. Thus, this research will utilize Pankhurst's general observations in order to engage with a specific situation.

In addition to abstract literature about microfinance, there is also a growing body of literature on how poverty and unequal gender dynamics promote the spread of HIV/AIDS. One such article is Mohga Kamal Smith's "Gender, Poverty, and Intergenerational Vulnerability to HIV/AIDS" (2002). In this article, Smith observes, "Women's limited economic options and relative powerlessness may force them into sex work in order to cope with household economic crisis" (63). Smith's commonly accepted theory that sex work, as well as other HIV/AIDS risk activities, must be situationally placed and examined in light of other societal pressures is the perspective taken by this research project. The microfinance programs around which this research

revolves also assumes that both poverty and gender dynamics promote HIV/AIDS. However, once again, this article remains in the more abstract level, whereas the current research examines a specific field situation in order to analyze these deeper issues. Furthermore, this research looks into the role of human agency more than was allowed for in Smith's article.

One book that engages with the role of human agency with the larger societal issues of poverty and gender issues is Alexander Irwin's *Global AIDS: Myths and Facts: Tools for Fighting the AIDS Pandemic* (2003). Irwin claims that many factors influence people's ability to make free choices regarding their behaviors. Such factors include economic insecurity, gender and racial inequalities, labor migration, and armed conflict (20). With specific regard to sexual relations, Irwin claims that two of the most influential factors are poverty and gender inequalities. The current research utilizes this idea of individual choice and human agency within the context of larger societal issues. However, whereas Irwin's abstract analysis focuses on human agency within the status quo, this research investigates the role of agency in light of attempts to reduce poverty and relieve inequalities in gender relations.

Methodology

In order to carry out this research, the author used a combination of individual interviews, group interviews, participant observation, focus groups, and secondary research. In terms of the interviews, two methods were used: personal interviews carried out by the author and interviews carried out by assistants who are residents of Kibera. The purpose

of having two types of interviews was to be able to access the community as a foreigner and as a resident. The motivating belief was that this would provide a wider array of information. For the indirect interviews, information was received from 16 interviews, carried out by 5 young men in Kibera (all approximately 20 years old). They were trained on how to conduct interviews and were provided with a list of questions that the researcher wanted answered (please see Appendix). Of the 16 interviewees, 7 were female and 9 were male, ranging in age from mid-20s to mid-50s. All were residents of Kibera. Personally, the author individually interviewed 13 people: 4 NGO workers/managers, 2 residents of Kibera, and 7 sex workers in Kibera. She also ran a focus group meeting with 30 members of a microfinance organization. The members were both male and female, ranging in age from mid-30s to mid-60s, and residents of Laini Saba in Kibera.

Another key point of gathering information was from participant observation. The primary researcher attended 5 microfinance group meetings through AMREF and K-Rep, and one HIV/AIDS therapy session through AMREF. By observing how the groups run, the application and effectiveness of the microfinance structures and theories was investigated. Group dynamics between members of the groups were also observed, especially regarding money repayment and gender issues.

Finally, the author visited a variety of HIV/AIDS organizations, microfinance institutes, and libraries. At each of these places fliers, articles, books, and any other relevant information were gathered. Through these visits, as well as through online research, the author was able to compile secondary and background research about microfinance and HIV/AIDS.

Limitations and Recommendations

Although this research was done to the best of the author's capacity, there were a number of limitations that hindered the depth and extent of the findings. The paramount limitation was the amount of time given to complete the research project. Three weeks was only enough to scratch the surface of this immense topic. If given more time, the

author would have gathered information about more of the organizations present in Kibera working with microfinance and HIV/AIDS. She also would have spent time with a number of the other loan groups of commercial sex workers, in order to get a more holistic view of the experience of these women.

Another direction that this research could have been taken would have been to include a quantitative analysis of loans dispersed, loan repayment, number of women receiving loans, how those loans are used, number of women who have left sex work, prevalence of HIV/AIDS awareness, etc. Due to the relatively small amount of respondents in this research project, a proper statistical analysis could not be done. However, given a larger sample of people, a quantitative analysis could have been possible. Furthermore, most of the people interviewed in this study were connected with some type of an organization, making them not a random sample. To get a true look at the opinions of typical residents of Kibera, a more random sample would have been necessary.

Another limitation was language. The author is competent in Kiswahili and was able to conduct interviews and focus groups in Kiswahili, but she undoubtedly lost some of the subtleties of the answers that she would have understood in English. It's also possible that when she did conduct interviews in English, the respondent was not as comfortable with the language and, therefore, could not express all of his/her ideas.

In order to combat the language and race barrier, five young men from Kibera were employed to interview random members of the community (this is where a random sample was used). However, as the author was not there to observe their interviews, she is not sure of their methodology or the way in which they asked the questions. It is possible that their style of interviewing influenced the answers they received. It is also possible that the fact that they are Kenyan and are male affected the information gathered, especially in reference to their interviews with women.

If this research were to be continued, one suggestion would be to compare members of loan groups with a control group of non-members. That way one could better see the

difference, if there is one, between the two groups. More participant observation and quantitative analysis is in order as well.

Finally, one other major limitation was access. Due to the fact that this research project was conducted by a student, the author was denied access to many organizations or individuals with whom she wanted to speak. If she wasn't denied access, then the meeting was postponed or cancelled so many times that it became impossible to reach the person. Furthermore, the author is not familiar with Kibera well enough to know where all of the organizations are and what each organization does. Thus, her access to the organizations and the Kibera community members was contingent on other people presenting that information to her.

However, this research is very important in order to inform the way forward for poverty and AIDS intervention methods. Thus, given more time and access, this research could contribute substantially to the development aid discourse.

Discussion and Analysis

Through this research project, the opinions of Kibera residents and organizations about HIV/AIDS, poverty, gender, and microfinance were examined. Although often the discussion of these topics overlapped, for the purpose of clarity, they will be sub-divided for discussion here. The sub-sections will be as follows: The Status of AIDS, Plague of Poverty, A Woman's Place, Commercial Sex Work, Microfinance – The Cure or The Disease?, Microfinance as an HIV/AIDS Intervention, and Suggestions from Kibera.

The Status of AIDS

HIV/AIDS is a paramount problem in Kibera, to the point where every person has been affected in one way or another by the pandemic. Those effects range from a close family member dying, to caring for a deceased neighbor's children, to being sick themselves, to adapting to the changed socio-economic atmosphere. As one male informant in Kibera states:

“HIV/AIDS has affected our community adversely by providing an unwanted atmosphere which hinders people's life/way of living. Many people die in our community.”

Many respondents mentioned that part of this change in atmosphere is due to the fact that so many people are dying. The amount of death and depopulation has had a plethora of effects. One such effect is a sense of hopeless and inevitable infection, which leads to apathy, inaction, and increased chances of spread of the disease. This apathy is a contributing factor in the negative atmosphere referred to above. Another effect is that many families are left with a single parent or parent-less. The amount of children to care for, be they orphans are not, is beginning to become unmanageable. As one man in Kibera said:

"As death increases due to AIDS, orphans also increases in our community, hence the amount of money enough to feed the orphans is not easy to get."

Another woman, Mary, in Kibera echoed this sentiment when she explained her own situation. As a single mother with four kids of her own, Mary was already having difficulty making ends meet. When her neighbor died from AIDS, she acquired four more children to care for, as she couldn't leave them homeless to wonder the streets. Now, with eight children and no formal employment, she is having incredible difficulty providing food, housing, and school fees for her children. Most times, she has to

sacrifice at least one of those expenses and find work wherever possible, even if it's risky for her health.

Mary's situation is not uncommon. The lack of support for orphans or single mothers due to the AIDS pandemic has been catastrophic for the community of Kibera. According to Bob from Ushirika wa Usafi, an organization in Kibera that works with sanitation, orphans, and microfinance, women are the most affected by the HIV/AIDS situation. This is due to the fact that, in Kibera, women are responsible for caring for the family, paying for food, and educating the children. When the family grows or if a member of the family gets sick, it is the woman's burden to deal with the added responsibility.

Yet the HIV/AIDS pandemic does not only affect women and children. It is a disease that has spread through Kibera and affected all who live or work there. Because of the enormity of it, a large number of NGOs or CBOs have come to Kibera to try to help the situation. Despite the fact that the disease is so well known, and known on a very intimate level, it continues to spread. The majority of people interviewed in Kibera claim that at one point or another, they have received HIV/AIDS education from school or an organization within Kibera. This education usually consists of learning how the disease is transmitted, how to protect oneself (often through the ABC method of "abstain," "be faithful," and "condoms"), where to get tested, and how to use ARVs. Hence, the problem does not seem to be just ignorance, although a few informants did state that ignorance contributes to the spread of the disease. Rather, there seem to be deeper socio-cultural, economic, or personal factors. As one program officer of a microfinance organization said, "It is people's attitudes that perpetuate the spread of AIDS."

However, it is not only attitude, as an attitude that is socially ingrained must have social origins. According to respondents in Kibera, the following are some of the larger issues that perpetuate the spread of AIDS, which the author has categorized into 4 main areas:

Poverty	Gender Inequalities	Ignorance	Social Influence
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	& Sex		
Unemployment	Rape	Unawareness/Denial of Personal HIV Status	Peer Pressure
Prostitution		Not Taking HIV/AIDS Seriously	Lack of Guidance
Ladies' Greed for Money	Adultery	Misuse of Condom	Cultural Practices

Of these influences, this study examines poverty and gender inequalities most closely, both of which are claimed (by members of the community and in the literature) to be major factors in the spread of HIV/AIDS. Before moving on to analyze these issues more closely, it is important to mention that the relationship between AIDS, gender inequalities, and poverty is not unidirectional. In other words, while it is recognized that poverty spreads AIDS, it must also be understood that AIDS spreads poverty. The same observation holds true for the relations between gender inequalities and AIDS, as well as poverty and gender inequalities. Thus, all of the factors examined in this study are inter-related and should be treated as such. It is for this reason that the UN has deemed poverty, gender inequality, and AIDS the “triple threat facing Africa.”¹⁰

The Plague of Poverty

“We must stop the colonialist mentality and not die with poverty.”
– Chairman, Ushirika wa Usafi

It is widely agreed that poverty is the biggest problem that the residents of Kibera encounter. They face the challenges of poverty everyday as they strive to gather enough money to pay for food, shelter, water, electricity, school fees, and medical expenses. Some residents eat only one meal a day, while others choose not to go to the hospital when they are sick. Since the government made all primary education free, it has been

easier to send the small kids to school. However, buying uniforms and books can be enough of a deterrent, as there just is not enough money. Furthermore, because secondary school is not free, many students enroll but have to drop out early because they do not have the school fees.

The crisis with diseases, especially HIV/AIDS, has not helped the situation. As stated above, there exists a dynamic relationship between poverty and HIV/AIDS. From one perspective, AIDS has increased the amount of poverty. In fact, the concern about resource allocation for HIV/AIDS instead of for other activities was prominent in many respondents' opinions of the HIV/AIDS crisis. The following are examples of responses from Kibera community members to the question "How has AIDS affected your community?":

"People of our society use a lot of money to treat AIDS victims, hence it increases poverty."

"It increases the medical expenses as a number of people are often sick. Death from AIDS in families increases poverty in the community if the bread-winners were infected."

"It leads to poverty because one uses his/her money to treat the victims."

"HIV/AIDS has affected the community by resulting in death which creates depopulation in the community. Once the population has decreased, labor has also been minimized, resulting in low production which might create hunger."

Thus, as seen from these statements, AIDS contributes to poverty in a number of ways. First of all, as money and resources are allocated to prevent AIDS or care for AIDS victims, they are not being used for other necessities such as food, clothing, and education. As a result, the families who are using their resources to care for the sick are often left without the economic means to take care of themselves. This leaves them far more vulnerable and subject to the harshness of poverty.

¹⁰ Kim, 2005

Further problems enter when the person who is sick is the one who usually provides the money for the family. Not only are the resources of the family utilized for the care of the sick person, but the resources continuously dwindle as the source of main income is no longer available. Hence, the family is forced to find other means of income (even if it is risky) or else cut out other important expenditures such as school fees or rent, or perhaps even both. Either way, the family is thrown into the gauntlet of poverty, debt, and deprivation of basic necessities.

Finally, the poverty induced by disease extends further than the individual or the family. In fact, the tentacles of poverty reach out into the entire community. As people become sick and die, the workforce and the economy are affected. Fewer people are able to provide either labor or employment opportunities, causing the force of the economy to dwindle. Furthermore, the stability of the economy declines, as disease is somewhat unpredictable and can affect workers at unexpected times, affecting the productivity of the market. Also, as members of families become sick and resources are used to care for them (as addressed above), those families have less money to spend in the market. Thus, sales reduce, which affects the sellers and the producers of those products. Therefore, HIV/AIDS acts as a catalyst for the deterioration of the market and the continuation of the downward spiral into poverty.

From the other perspective, however, poverty is the catalyst for the perpetuation of AIDS. For one thing, poverty is often accompanied by alcohol or drug use, both of which can result in risky behavior. For instance, one member of Ushirika wa Usafi mentioned that in the slums of Nairobi, many people drink chang'aa, the local brew beer. However, after drinking chang'aa, people "forget what is good and what is bad," resulting in unprotected sex, rape, or other such activities. Also, using drugs impairs decision-making capability, as well as puts one at risk of infection through contaminated needles. A variety of respondents claimed that this type of activity is at least partly due to the lack of guidance for youth in a poverty-stricken community in which people are just striving to survive.

Poverty also prevents proper nutrition and healthcare for the sick, which although debatable if it spreads AIDS, certainly contributes to its severity. Because AIDS is a disease that attacks the immune system, one must take every precaution to ensure that other illnesses do not enter the body. These precautions include a balanced and nutritious diet, exercise, and regular health care, all of which require economic capability. Most members of Kibera are not able to afford proper nutrition or medical attention. So, the stage of HIV advances severity much faster than it would for a person who had the means to care for her/himself.

Most importantly, poverty causes people, especially women, to turn to risky methods of making money, such as sex work. The majority of respondents in Kibera and in organizations throughout Nairobi claim that the biggest issue spreading AIDS is poverty because it forces women into sex work in order to provide for their families. However, before delving into the commercial sex work and its relation to poverty and AIDS, it is important to examine the other main contributing factor in promoting sex work: the role of women in the community.

A Woman's Place

“If we are to contain the HIV epidemic we must tackle its root cause – gender inequality.”¹¹

It is no secret that the relationship between men and women in Kibera is not equal. As one Kibera man said, “Women’s roles never change, they remain the same throughout in their families. Men remain in power of governing their family while women support indirectly by performing kitchen duties.” In fact, the general consensus by those interviewed in Kibera is that men are in charge of income generating and have the final

say in decision-making, while women are in charge of the house and the children. It is commonly believed that while men will use any available money for buying alcohol or engaging in other leisure activities, women will use the money to contribute to the household. However, if there is a lack of food or supplies in the house, even if it is because of the man's failure to contribute money, it is the woman's fault. As was agreed in a focus group discussion with the members of Ushirika wa Usafi, "Ukifanya vibaya, ni ya mama. Ukifanya vizuri, ni ya baba," or "If you do badly, it's because of the mother. If you do well, it's because of the father." This is not to say that women never generate their own income or that men never help their families, but for the most part, the gender roles are fairly delineated.

The implications of these gender roles are far reaching. One such result is that women's autonomy is severely limited, for they must depend on men for money and support. As Ann, who works for Women Fighting AIDS- Kenya (WOFAK), explained, women are dependent upon men to support them in their livelihood and basic survival needs. Thus, when a women discovers that she is HIV-positive, she often will not tell her husband for fear of being thrown out and having no where to go. Women are not socially allowed to be self-dependent, which hinders their ability to stand up for themselves or to have control over the influences in their lives. This lack of control is manifested especially in the bedroom, contributing to the spread of HIV/AIDS. This same observation was noted by the Kenya National AIDS Control Council (NACC): "Examples of how gender and sexuality renders females vulnerable to HIV transmission include the fact that women are often not in a position to say "no" to sex, to enforce the faithfulness of their partners, or to insist on condom use."¹² The reason they are not "in a position" to decide their own sex lives is because they are socially and economically dependent and disempowered. Also, according to Ann, many women in the slums are not aware of their rights, and, thus, do not know that they are justified in demanding better treatment.

¹¹ Gupta, 2002, p. 184

¹² NACC, 2003

Some women, however, have decided that they would rather face the challenges of being single and living without a man than living with one. Michelle is one such woman. She recognizes that women have less power than men in the community, causing women to have no say sexually and to be easily influenced. However, she claims that she has control over her life and will not let men control her. For that reason, she is now a single mother, as she would no longer accept her husband's beatings, harassment, and disrespect. She, unlike many other women, has been able to keep a business running – she sells water in Kibera – and seems to be managing decently well. She has recently joined a microfinance group through AMREF in Kibera in order to enhance her business.

However, many women are not so fortunate in their lone ventures. According to a group of women in Kibera, it is very difficult to be a single mother because you are constantly taken advantage of by men, are burdened with all of the responsibilities of the household, and have very few options for ways to make a living. Because of these societal challenges, all of the interviewed women in the group, who are single mothers themselves, were forced to turn to sex work in order to provide for their families.

Commercial Sex Work

“In settings where limited educational or economic opportunities exist, pressures of poverty lead women and girls to trade sex for survival.”¹³

The most common answer for how poverty leads to the spread of HIV/AIDS was that it forces women into sex work. When asked if sex work is common in Kibera, every single respondent answered, “yes.” However, most of the time it was also explained that many sex workers would not admit to being a sex worker, for it carries a stigma and a sense of shame. As Sandy, a sex worker in Kibera, stated: “No one wants to have a harlot in the

¹³ Kim, 2005, p. 769

family.” Customers can be secretive about their exploits, as well. A group of 18-20 year-old boys in Kibera shared that men will talk amongst themselves about which women are good in bed, but they will never explicitly say that a woman is a prostitute. Nonetheless, giving or receiving sex for money appears to be a common practice in Kibera.

So, if women are so ashamed of this activity, why do they engage in it? The undisputed response from residents of Kibera was poverty. Most people agreed that although a few women “have it in their blood” to engage in prostitution, most do not do it by choice, but rather out of pure necessity. As discussed in the previous section, women have very little authority or ability within the community. Whether married or not, they are socially conditioned to rely on men for sustenance. Thus, when a woman is single and has no other means of providing for herself or her family, she must sell the only thing that she has – her body – to the men upon which she has become dependent.

Yet engaging in sex work comes with a lot of risks and costs. First of all, it leaves the woman very vulnerable to her customer. According to Sandy, at times the police will come, demand payment as a bribe to prevent them from taking the women to jail, and then sleep with the women as their “entitlement.” Less abrasive, but perhaps even more risky, is the lack of control the women have over whether or not protection is used. According to Winnie, another sex worker in Kibera, if the customer does not want to use a condom, then she has no choice but to agree because she needs the money in order to feed her four children at home. She has been educated about HIV/AIDS and knows the risks of unprotected sex, but feels that she is unable to deny the business, even at the risk of infection.

Emily, a sex worker and an HIV/AIDS peer educator in Kibera, is of a different opinion about condom use. According to her, the HIV/AIDS education is completely applicable, even in the context of sex work. She claims that if a client does not want to use a condom, then the woman will use a female condom, for she knows the importance of protection. She says that through the peer education program, both male and female

condoms are made available to the women and the women follow the AIDS advice. Although this might be true in some instances, Emily's opinion about the ease with which a woman can ensure protection seems to be a minority view.

The second major risk of sex work is pregnancy. Of the group of interviewed sex workers, they each had anywhere from 2 to 8 children, most, if not all, of whom are functionally father-less. When asked if the father would ever take responsibility for the child, Sandy just laughed, saying "You don't understand sex work, do you? How can you go back to a paying customer with a child and tell him to pay for it?" Thus, the women are left with more mouths to feed, still no money, and, hence, a need to continue the sex work, which may result in yet another pregnancy or disease.

Furthermore, a common worry among the interviewed sex workers is that their daughters will learn from their example and become sex workers themselves. Sandy's mother was a sex worker. When Sandy was old enough to have to provide for herself, she became a sex worker as well. Now she has a daughter who is in her early teens, and Sandy is very afraid that if she doesn't change her lifestyle soon and provide a proper example and resources for her children, her daughter will become a sex worker, too. As none of the interviewed women enjoyed or was proud of their work, they certainly would never wish it upon their daughters.

Finally, perhaps the most dangerous risk of engaging in sex work is the possibility of contracting and/or spreading HIV/AIDS. It is impossible to track with whom each customer has had sexual relations and whether or not one is being exposed to the disease. Thus, with each client, especially those who demand to have sex without protection, there is added risk of getting HIV. Then, as the woman continues her work and sleeps with more men, she, knowingly or not, continues to spread the disease. As stated earlier, the female respondents claimed that they were aware of this risk, but they had no choice but to continue their work because they had no other way of earning money and providing for their families. They all agreed that if they were given another way by which to earn money, they would choose to stop sex work completely.

Microfinance – The Cure or The Disease?

There are a number of microfinance organizations in Kibera, ranging from large corporations such as K-Rep to tiny, community-based initiatives. The organizations examined most closely in this study are the African Medical and Research Foundation (AMREF), Ushirika wa Usafi, Women Fighting AIDS – Kenya (WOFAK) and K-Rep. For a description of each of these organizations, please see Appendix D.

According to employees of both AMREF and Ushirika wa Usafi, the goal of the microfinance programs is to try to reduce the prevalence of poverty within the community. It is believed that through helping people either start or continue small businesses, they will pull themselves out of the rut of poverty. As the annual report from the microfinance department of AMREF states:

“The project has continued to disburse loans to enable community members attain financial sustainability in their businesses. Provision of loans also aims at helping the businesses to operate at their full capacity. This has greatly improved the standards of living of participating clients while ensuring their physical and emotional health.”¹⁴

These loans range anywhere from 3,000 KSh to 80,000 KSh, depending upon one’s savings and demonstrated need and capability. For AMREF, these loans are accompanied by business and money management training, so that the recipients have proper knowledge about how to most effectively utilize the money. According to one employee of AMREF, the belief is that the profits of increased business will extend into the household, thus relieving poverty not only for the individual recipient, but also for their family and social network.

However, the intricacies of savings, loan allocation, and loan repayment in the context of real life makes microfinance practices more complicated in their application than in theory. For many people, the loan money is used to pay for more pressing needs, such as food, medical expenses, or school fees, as opposed to investing in businesses. According

to Adam, a young man in Kibera, his mother took out a loan a few years ago and used it to pay for his school fees. However, now he has had to drop out of school in order to find some work to help his mom pay off the debt they are in because of the loan. According to him, paying back this loan is currently one of their biggest problems.

Ann, from WOFAK, shared that their loan program is not successful at all because so many people have difficulty paying back the loans. According to her, the recipients of the loans get sick, are poor, and are single parents, making them extremely vulnerable to various life influences. More often than not, they need the money to help them just survive and are not able to invest it in businesses. Thus, they have difficulty refunding it. The people who are better about paying back the loans are those who already have established businesses. Yet WOFAK does not want to exclude the poorest people who do not have those resources. Thus, WOFAK is currently unsure about how to make microfinance work better, if there is a way at all.

The problem of favoring those who pay back faster over those who have fewer resources and must pay slowly was discussed by the women in one of AMREF's loan groups. This loan group is specifically for commercial sex workers. However, according to them, they received a loan a number of years ago, were able to pay it back, but have been waiting for over a year for the second loan. Sandy explained that microfinance has become a competition, which it is not supposed to be. The people who have the ability, usually men or women who have men to support them, to pay back the loans faster get larger and more frequent loans. Meanwhile, the people, especially single women, who have very few resources and pay back the loans slower, are ignored. When this issue was brought up with an employee of AMREF, he viewed the situation as a necessary reward system in which the more successful and reliable groups are rewarded with more loans and perhaps even taken to conferences in order to meet other microfinance groups. Thus, the same situation can be viewed as either rewarding good work or unfair favoring of those who already have more capabilities.

¹⁴ AMREF, 2004

Yet even when everyone is given the same amount, there are still challenges within microfinance. For the Ushirika wa Usafi group, the biggest challenge is lack of funding. Because the group has so many members (over 120), and has a small budget, they can only afford to give each member a loan of 3,000 KSh. Unfortunately, 3,000 KSh is a very small amount and does not give the members the ability to use it for anything substantial. One woman in the group explained that if she wanted to sell sodas, 3,000 KSh would allow her to buy 3 crates and then the money would be finished. So, the loan would not have any lasting effects. Furthermore, when a loan is that small and does not give one the opportunity to expand a business, it is very difficult to make a substantial profit in order to be able to pay back the loan easily. Because of that difficulty, members of Ushirika wa Usafi claim that some women are scared to take that small loan. All of the members agreed that the small loan just brings more problems and that one really needs a loan of at least 10,000 or 20,000 KSh.

Despite the challenges that are faced by numerous microfinance organizations and recipients, the loans have helped the lives of many people. Of 16 residents of Kibera surveyed, 13 of them said that microfinance is a successful way of eradicating poverty, while 3 of them said that it was a somewhat successful method. None of the respondents said that it was not successful at all. Some of the responses to the question, “Do you think microfinance is a successful way of getting rid of poverty?” include:

“Yes, since the loan you received, you have to do with it something that can make you live different. I have seen many people using micro-finance as a way of escaping poverty and definitely they have succeeded.”

“Yes, microfinance is a successful way of getting rid of poverty. Like for now all of our children are now employed and we really help our parents. On the other hand, if our father could not take loan then we could not go to school and we would now be living as a poor family.”

“Microfinance is a successful way of getting rid of poverty because many people are assisted and once assisted they become independent and they can now do their own activities earning a living.”

“The [microfinance] organization is eradicating poverty but not as much as I would expect or may hope. This is because at least every woman in my organization who is a member has been given a loan to start business even though we are many.”

Even the Ushirika wa Usafi group, who felt as though the loans weren't very effective due to the small amount available, claimed that every small bit helps. They explained that women can very rarely get a loan from the bank, so microfinance loans are the best method by which a woman can get financial aid. Even if the amount is small, it provides an incentive and a way for a woman to enter or continue business. In fact, every resident of Kibera interviewed claimed that if given the opportunity, they would choose to receive a loan, even with some of the difficulties associated with one. This is because they believe that a loan can really give them opportunities to expand their businesses and get out of poverty, which they would not be able to do without some financial assistance.

Microfinance as an HIV/AIDS Intervention Method

“The social and economic empowerment of women is therefore essential if women are to protect themselves and their families and share responsibility for the containment of HIV.”¹⁵

Given that microfinance has both benefits and drawbacks, can it be effective as an HIV/AIDS intervention method? The idea of using microfinance as a preventative measure for HIV/AIDS is still fairly new and very few organizations have begun to utilize this method. Currently, most organizations either do separate microfinance and HIV/AIDS initiatives, or are using microfinance to help people living with HIV/AIDS (PLWHAs). Therefore, it is very difficult to examine the actual impacts of using microfinance as an HIV/AIDS prevention through quantitative means. As such, the observations and conclusions reached here are based on the opinions and perceptions of members of microfinance/AIDS organizations as well as of Kibera community members.

¹⁵ NACC, 2003

As shown in the previous sections, the majority of informants believe that microfinance is an effective way of reducing or eradicating poverty. They also believe that poverty is one of the key social influences in the spread of HIV/AIDS. This is due to the fact that when one is poor, one is more likely to engage in sex work or other risky behavior in order to survive. Perhaps the best measure, then, is to gauge the impact of microfinance on the lives of women who have engaged in sex work due to poverty.

The group of women who were interviewed belong to two microfinance loan groups together – one through AMREF and one through K-Rep. They are also the Laini Saba group of the Vunja UKIMWI Women's Group – Kibera, which has 10 groups in 10 of the villages of Kibera, and works with combining microfinance and HIV/AIDS education through peer education and home-based care. According to them, microfinance is the best way of mitigating the spread of HIV/AIDS. They say that they only engage in sex work because they have no other means of making money to provide for their families. However, when they are working, “they don't have time to think about men.” Furthermore, they are able to generate income in a less risky way.

One woman, Lisa, used to engage in sex work because she needed the money. However, two years ago she was able to completely stop her sex work because she got a loan and was able to start her own sewing business. She is now a peer educator about HIV/AIDS and thinks it is really important that the members of her community learn about the risks of infection. According to her, microfinance has been extremely helpful and successful. Another way in which it has been beneficial is with the companionship and support derived from the loan groups. Lisa finds strength in the group of women who support and help one another. The only problem is if a business fails and one has to go into debt in order to pay off the loan. However, she believes that even with this downfall, microfinance is the best solution to the current problem of poverty and AIDS.

Not all of the women have had such success with the microfinance programs, though. According to Sandy, microfinance is an extremely good idea and at first she was very hopeful. When she received her first loan, she was able to start a business and stop her

sex work. However, due to mismanagement of the loan programs, she has been waiting for her second loan for over a year. Because the loan has not come, she has had to return to sex work in order to make enough money. She claims that microfinance is the best way in which to reduce AIDS, but that if it is not run properly and if the managers do not understand the plight of the single mother, than it can never be successful.

Other women have shared that although they would like to stop sex work, it is a slow cessation process. They agree that working in other jobs helps to provide them with resources and to keep their minds off of men, but the income is not steady enough at first to be able to stop the sex work completely. As Florence, a member of the group and a sex worker, says, “If I have money, I don’t do it [sex work]. If I don’t have money, I do.” Thus, in order to have a true impact, microfinance would have to help the women reach a place in their business in which they are able to make a sufficient amount of money in a steady fashion.

According to other respondents (non-sex workers), microfinance definitely has the potential of reducing HIV/AIDS. One way in which it can do this is by changing the role of women. Out of 12 respondents, 9 people (6 female, 3 male) said that microfinance has the ability to change the role of women in the community, while 3 people (all male) claimed that it could not. Some of the responses are as follows:

“Women are given loans which enable them in starting their own businesses. Once businesses grow they become important beings who are relied on in the community.” (female)

“The role of women remains that one forever. However rich she is, she has to manage her house, provide some basic needs to the child and perform other activities such as kitchen practices and birth being the main one.” (male)

“Yes, microfinance has brought up a change mostly to the women in the community whereby you may find women are strictly engaged in business than any other activities that women do (prostitution), therefore you will find men and women living in harmony in the community.” (male)

“Exactly, microfinance has played a major way of changing the role of women in the community and the power relationship between men and women. For instance, my mother used to make alcohol at rural area and everyday they had quarrels with my father, especially when they are all drunk. And she made this alcohol in order to sell is so as to get money to buy food for my young brothers and sisters. But since my elder brother took the loan and invested in the partnership, he supplies some money to them and for now my mother does not make alcohol and no more quarrels at home.” (male)

“Yes, microfinance does change mostly to the young ladies of my age who usually do sex so as to get money. But we see microfinance changing this situation whereby through this microfinance these ladies are able to depend on their own through their business they start which also reduces the chances of HIV/AIDS spread.” (female)

“Yes, microfinance does change [the role of women] in the community. For instance, through micro-finance I got education and I’m now working and I’m also married to a husband who’s also working and we have one child. So nobody feels superior than another that is either working or educated. Everyone is equal to another but if one of us in the house was not working or educated, definitely we could have quarrels about that.” (female)

Thus, as the majority of respondents agree that microfinance can empower women in the community in a variety of ways, and as it was shown earlier that gender inequalities increase the spread of HIV/AIDS, microfinance aimed at women can contribute to the reduction of HIV/AIDS in Kibera.

Another way in which microfinance is seen to aid the AIDS situation, as discussed by the Ushirika wa Usafi group, is through providing opportunities and examples to the youth. If the youth see their parents using loans and working hard at legitimate, non-risky jobs, then they will follow that example. Also, according to one respondent, if the parents are able to provide their children with the resources to get an education, then it keeps them off of the streets and makes them more likely to get a good job in the future. For many parents, it is the microfinance loans that allow them to provide for their children.

Therefore, despite the various drawbacks to microfinance and the barriers to making it a truly effective method, most people agree that microfinance is one of the best ways in which to reduce poverty, gender inequalities, and the spread of HIV/AIDS.

Suggestions from Kibera

People's general approval of microfinance does not mean that they lack suggestions about how to improve the situation. The main suggestion revolves around the management and the funding of microfinance organizations. The major complaint of the members of Ushirika wa Usafi and AMREF does not have to do with receiving loans, but rather in not receiving them or not receiving enough money. Some of the members of loan groups have suggested that the microfinance program is not run properly, making it difficult to get subsequent loans. They claim that if they were able to get a loan, then it would greatly help their lives, make them stop sex work, and they would still be able to pay back the loan. Thus, the only barrier for them is in the politics of the organization, which is preventing them from getting the money.

As discussed earlier, the complaint from the Ushirika wa Usafi group is that the amount of the loans is too small. Thus, they are not actually able to enhance their businesses very much. The suggestion from the members, then, is to increase funding to these organizations so that they can adequately provide for their members.

The primary place from which they believe the funding should come is the government. According to them, most of their problems originate from the lack of support from the government. They have not received any money from the Community Development Fund, and they believe that a large portion of the money donated from outside of the country is being swallowed by the government. Hence, the government is not helping the poor at all. As one member of Ushirika wa Usafi stated, "Maskini wanalisha maskini," or "The poor feed the poor," despite the fact that "feeding" them is the government's responsibility. Therefore, these people would most like to see an increase in participation on the part of the government.

One final suggestion for dealing with the difficulty with accountability and paying back the loans is to initiate group projects and employ women to work on them. That way

they are not individually responsible for properly allocating their loan and do not have the risk of falling into debt. Instead, they begin to be employed at a steady, decently paying job. It is suggested that these projects would also help reduce the amount of sex work, give women some community authority, provide money for medical expenses to care for the sick, and reduce the spread of HIV/AIDS.

Conclusions

HIV/AIDS is a rampant problem that is affecting the lives of every community member of Kibera. It has taken the lives of many, leaving orphans and single mothers to care for themselves. However, there is a vicious cycle of poverty, gender inequality, and HIV/AIDS, in which each one contributes to the spread of the other. This interconnected relationship makes it very difficult to break out of the web and combat all three of these issues.

One strand of this web is that both poverty and gender inequalities promote the use of commercial sex work as a source of income for women with no other options. Sex work, however, is not only demeaning for the women, but also increases the likelihood of contracting and spreading HIV/AIDS. Most respondents agree that it is necessary to stop this trend in order to reduce the impact of this pandemic disease.

According to the majority of the respondents, microfinance, even if it is not directly linked to HIV/AIDS education, can be used as an AIDS intervention method though diminishing poverty and unequal gender dynamics. This is especially true if the microfinance targets women, specifically sex workers, and gives them an opportunity to get out of poverty and obtain a more equal stance with men in the community.

Microfinance can help non-sex workers, too, as it gives them an opportunity to generate

income, provide for their families, prevent risky behavior, and provide guidance for their children.

Yet, microfinance is not without its problems. Many times the loans are difficult to pay back, throwing people into more debt than they were in before. Furthermore, often there is not enough money available in the loans to make a significant difference in the lives of the recipients. It is also necessary for the loans to keep coming if the difference they make is to be sustainable. However, that means that the recipients become dependent on the loans in order to better their lives. If the loans stop or the organization leaves, the recipients are often forced to return to their former state of poverty and all of its implications.

Thus, there are a few changes that microfinance initiatives must take into consideration in order to make their services most effective. First of all, they must ensure that they can support the number of members affiliated with their organization. If there are too many recipients of loans, the amount of money that each person receives becomes too little to actually create any change. Second of all, they must be sure to treat their members equitably, not favoring the fast payers over the slower payers. It is important that those running the microfinance organizations understand the life situations of their customers, so as to be able to best serve them. By putting the slower payers at a disadvantage solely because they are in a situation that makes them incapable of paying faster only hinders those clients' socio-economic advancement. Thirdly, the microfinance institutions must ensure that the recipients of loans are putting the money towards business ventures. If the money is spent on other expenditures such as school fees, then it may become very difficult for the customer to return the loan and, as a result, make them go into debt and be worse off than before. Furthermore, the organizations can begin to organize group income-generating activities and employ community members, as opposed to giving each person an individual loan, so as to ensure proper allocation of resources and a steady income. Finally, the microfinance organizations must include training in business and money management, as well as social and health issues such as HIV/AIDS education. This inclusion of education will allow the recipients of loans to maximize the

effectiveness of the money, as well as obtain knowledge about how to best protect themselves in other aspects of life.

Yet, the changes do not depend solely on microfinance organizations. The government must also begin to take responsibility for its poor if any type of intervention method is to succeed. Many of the limitations of microfinance organizations stem from the lack of funding from the government. Also, most of the poverty in slums such as Kibera could be at least partly remedied through government intervention with services and employment opportunities. Although microfinance can provide a sufficient substitution for income earning opportunities, it is ultimately the government that can be most effective in providing these services.

Therefore, while microfinance is considered to be one of the best options for helping people to earn an income, stop risky behavior, empower themselves, and reduce the spread of HIV/AIDS, other methods must be put in place to make up for the problems facing microfinance initiatives. Only when these changes, both inside and outside of microfinance organizations, are implemented can microfinance be truly effective as an HIV/AIDS intervention method.

Appendix

Appendix A - Glossary of Terms

AIDS – Auto Immune Deficiency Syndrome

AMREF – African Medical and Research Foundation

ARV – Anti-Retroviral (HIV/AIDS therapy medication)

CBO – Community-Based Organization

HIV – Human Immunodeficiency Virus

NGO – Non-Governmental Organization

UKIMWI – “Ukosefu wa Kinga Mwilini” – “AIDS” in Kiswahili

WOFAK – Women Fighting AIDS - Kenya

Appendix B - Map of Kibera¹⁶

¹⁶ Carolina for Kibera, 2006

Appendix C - List of Questions Given to the Guys from Kibera to Ask Community

Members:

- 1) Have you ever heard of microfinance?
 - a. If so, what is it?
 - 2) Have you or any of your family members used microfinance?
 - a. If so, how did you/they use the loan?
 - b. Was it difficult to pay back the loan?
 - c. Which organization gave you the loan?
 - 3) Do you think that microfinance is a successful way of getting rid of poverty?
 - 4) Does microfinance change anything about the role of women in the community and the power relationship between men and women?
 - 5) How has AIDS affected your community?
 - 6) Have you ever received HIV/AIDS education?
 - a. If so, where?
 - 7) What are the main things or social issues that help the spread of AIDS?
 - 8) Have you heard of any organization that uses microfinance as an HIV/AIDS intervention?
 - 9) Do you believe it was successful?
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Appendix D - Descriptions of Organizations

Ushirika wa Usafi

This organization was founded in 1997 by members of the Kibera community. Ushirika wa Usafi primarily works with sanitation in the community by digging drainage ditches for rain water and providing bathing and toilet facilities. However, soon after the organization was founded, they realized that the members of the organization were having a lot of difficulty earning an income and providing for their families. Thus, they began a microfinance program for the members. They give loans of approximately 3,000 KSh per person. There are currently 120 members in the microfinance program, while there are 300 members total in Ushirika wa Usafi. In addition to sanitation and microfinance efforts, the organization also supports a group of orphans, most of whom have been orphaned by AIDS. Although the microfinance sector is not directly linked with HIV/AIDS education, Ushirika wa Usafi does work with both dimensions separately.

African Medical and Research Foundation (AMREF)

AMREF is primarily a medical organization that provides a variety of health services to African communities. These services include counseling, VCT services, pharmacies, and dispersal of information. In 2002, AMREF-Kibera began a microfinance program in order to decrease poverty, which is seen as one of the lead contributing factors in health problems. The microfinance program currently has 48 groups with approximately 20 people per group. Their loans come with a 15% interest rate. In addition to giving loans, they provide a week of

business training for loan recipients. For certain groups, such as the group of sex workers, health education is also included. Each member is responsible for having a savings fund, which determines the amount one is eligible to receive in a loan. The goal of the microfinance sector of AMREF is to decrease poverty in Kibera while making the people self-dependent.

Women Fighting AIDS – Kenya (WOFAK)

WOFAK was founded in 1993 by a group of HIV-positive women who came together to provide support for one another due to the lack of support in the community. Since then they have grown immensely and provide a number of services to people living with HIV/AIDS, including therapy, medical care, home visits, nutritional support, community education, orphan support and care, and economic empowerment activities. These economic empowerment activities consist of forming the members into groups of 5 and giving them each loans to start their own businesses. The program also includes business training. Unfortunately, the income generating activities program in WOFAK has not been very successful, as they have a very low repayment rate.

K-Rep

K-Rep has two divisions: K-Rep Bank and Kenya Development Agency (KDA). While K-Rep is a profit-seeking agency, KDA is an NGO which researches pilot development programs. Currently, KDA is working with many groups of ex-commercial sex workers in Kibera. They give them microfinance loans in order to help them start small businesses outside of the sex industry.

Sources Consulted

Articles

- Gupta GR. How men's power over women fuels the HIV epidemic. *BMJ* January 2002; 324: 183-4.
- Kim, Julia C. and Charlotte H Watts. "Gaining a foothold: tackling poverty, gender inequality, and HIV in Africa." *BMJ* October 2005; 331: 769-772.
- McCormick, Dorothy and Kaendi Munguti. "Microfinance and behaviour change among Nairobi's commercial sex workers." *Small Enterprise Development* June 2003; 14 (2): 56-65.
- Pankhurst, Helen. 2002. "Passing the Buck? Money Literacy and Alternatives to Credit and Savings Schemes." In *Gender, Development, and Poverty*, edited by Caroline Sweetman. Oxford: Oxfam.
- Smith, Mohga Kamal. 2002. "Gender, Poverty, and Intergenerational Vulnerability to HIV/AIDS." In *Gender, Development, and Poverty*, edited by Caroline Sweetman. Oxford: Oxfam.
- Wright, Graham, Deborah Kasante, Germina Ssemogerere, and Leonard Mutesasira. "Vulnerability, risks, assets and empowerment; the impact of microfinance on poverty alleviation." Final report on MicroSave-Africa and Uganda Women's Finance Trust. 1999.

Books

- Harper, Malcom. *Profit for the Poor: Cases in Microfinance*. London: Intermediate Technology Publications, 1998.
- Irwin, Alexander, Millen, J. and Fallows, D. *Global AIDS: Myths and Facts: Tools for Fighting the AIDS Pandemic*. Cambridge: South End Press, 2003.

Other Sources

- AMREF. "Kibera CBHC Project Microfinance Component: Annual Report June 2003 – May 2004." AMREF: Nairobi, 2004.

Carolina for Kibera. Map of Kibera. Obtained May 2006. website:
<http://cfk.unc.edu/misc/map1.html>

CIA. The World Fact Book: Kenya. Last updated May 2006. United States Government.
Obtained May 2006. website:
<http://www.cia.gov/cia/publications/factbook/geos/ke.html#Econ>

CSG Kibera. "What is Kibera? : Basic Information." Obtained May 2006. website:
<http://www.csgkibera.org/>

NACC. "Mainstreaming Gender into the Kenya National HIV/AIDS Strategic Plan 2000
– 2005: The Popular Version." The Gender and HIV/AIDS Technical Sub-
Committee of the NACC. Office of the President: September 2003.

NACC. "National HIV/AIDS Monitoring and Evaluation Framework." NACC, Republic
of Kenya: July 2005.

Ngugi, Elizabeth. HIV/AIDS lecture for SIT Health Seminar. Professor, University of
Nairobi. March 2006.

Parker, Joan. "Discussion Paper: Microfinance and HIV/AIDS." Development
Alternatives, Inc. and USAID Microenterprise Best Practices Project: May 2000.

UNAIDS, WHO. AIDS Epidemic Update: December 2005. Geneva: UNAIDS, 2005.

World Bank. Country Brief – Kenya. Last updated: March 2006. Obtained: May 2006.
website: <http://www.worldbank.org>