

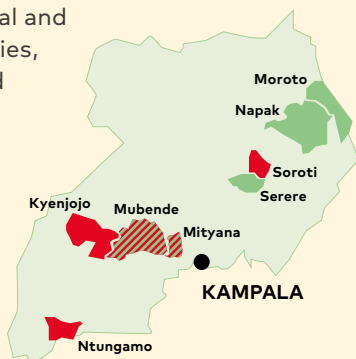
Towards an AIDS free generation



Village Saving and Loans Associations intervention under Towards an AIDS free Generation Programme in Uganda

Towards an AIDS free Generation in Uganda Programme

The four-year Aidsfonds-initiated Towards an AIDS Free Generation (TAFU) Programme aims to reduce the number of new HIV infections among infants and increase the number of children living with HIV (0-14 years) on treatment. To address social and economic barriers, including stigma and poverty, the community-based programme capacitates community groups to take lead in reaching all children; strengthens collaboration between community structures and health facilities, and builds on national and district level strategies, policy guidelines and service delivery systems. In 8 districts in Uganda we test and further develop our community intervention model.



Village Saving and Loans Associations under TAFU Programme

The Village Saving and Loans Associations (VSLAs) in TAFU are membership associations owned and managed by members united to meet the needs of children living with HIV under their care. The VSLA aims at promoting self-responsibility in seeking for health among caregivers of children living with HIV, while building solidarity for income generation and addressing other needs of children and their caregivers. Besides economic empowerment the VSLAs seek to achieve personal growth, social organizing, and life skills. In addition, VSLAs provide space for health education and psychosocial support for caregivers. Therefore, VSLAs under TAFU have a unique potential of breaking multiple barriers in the care for children living with HIV beyond economic ones.

Caregivers form VSLAs of 20-30 members each. They receive a 3-day training on group membership and leadership, roles and responsibilities, savings, loans, and record keeping. Unique to VSLAs under TAFU is the focus on the needs of children living with HIV and how these can be met. To achieve this, the

groups are actively linked with the health system, and community structures such as village health teams and other community resource persons are included in VSLA training and in the weekly group meetings. Staff of partner organisations provide support and guidance during the VSLA-meetings.

During the weekly VSLA meetings, caregivers or children in need of support are identified and support mobilized. The VSLA groups also provide space for health education, experience sharing and for members to support each other. Health education and experience sharing related to addressing challenges in the care for children living with HIV such as nutrition, medication adherence and responding to stigma.

Health education in VSLAs is conducted by expert clients or VHTs who double as group members or operating in the same area.

Six VSLA groups initiated under TAFU in Mubende, Mityana and Serere Districts were assessed (2 from each district). Four groups were active, group membership ranged from 20-30 and the number of children in HIV care ranged from 2 to 10 per group. In all groups, caregivers credited group support in form of transport to attend antenatal care and give birth at health facilities as well as overcoming HIV related stigma owing to experience sharing during group meetings as key factors that enabled adherence to the eMTCT programme leading to HIV free babies.

The main activities of VSLAs and how they help to achieve TAFU objectives

The TAFU programme seeks to identify children living with HIV, link and retain them in care. It also aims to ensure that HIV exposed children are protected from HIV infection by ensuring their mothers enroll and are retained in eMTCT Programme. Findings revealed that VSLAs contribute to achieving these intentions in the following ways:

A. VSLA members identify and refer children suspected to be living with HIV to testing and care centres.

"The problem is that convincing a parent is very difficult as they don't want to have their children tested but we keep on talking."

– Focus Group Discussion Kabo

B. Group meetings are used to identify children who missed health facility appointments or are sick. VSLA members especially those who doubled as VHTs conduct home visits to assess the situation and provide the necessary support. Group members provide support and encouragement to colleagues facing stigma and discrimination. Thus VSLA were a vehicle to strengthening care for self and children.

"Our role is that when we hear that any of the children under care has fallen sick we visit the family, find out whether the child has gotten drugs, check if the viral load is getting down, and in case of transport challenges we encourage them to get money from the group."

– FGD Ogata VSLA

C. Borrowing from the group enables caregivers to meet health and education needs of children, and retain them in HIV care.

"I was able to save the life of my young one. Seprine had run out of stock and I had to travel to the nearby town to purchase some. So this money helps us in times of emergencies."

– FGD Bulera

D. Participation in VSLA groups promotes use of eMTCT services and credit enables women to visit health facilities for drug refills and to deliver at health facility.

"I have given birth to two HIV negative children. I only got to know from my group that a positive mother can give birth to a negative child."

– FGD Basoka Kwavula

E. Increased knowledge about paediatric HIV through health education and HIV talks by group members.

"Whenever there is a community meeting we talk about how to care for children living with HIV, to avoid discriminating them and to support them adhere to their treatment ... some caregivers come to us later and we guide them where to go for testing."

– FGD Kabo

These findings show that VSLA had helped to **reduce economic challenges, limited knowledge and stigma** as major barriers in accessing HIV services by children and mothers. This in turn led to: **increased enrollment and retention of children and mothers in ART and increased support for children.**

The key success elements of VSLAs initiated under TAFU

- ✓ **Whole group training** enabled members to understand their roles and the processes for saving and acquiring loans which was a critical building block for transparency in running group activities. This in turn increased trust among members.
- ✓ **Integrating community resource persons such as VHTs and expert clients in VSLA groups** was another success factor. The resource persons helped in conducting health education (in VSLA groups and communities), identification and referral of children and women suspected to be living with HIV to testing and care centres.
- ✓ **Having people living with HIV in VSLA groups facilitated experience sharing** regarding living positively and care for children living with HIV. In this way VSLA groups also function as peer support groups and were critical in enabling caregivers to overcome HIV stigma and increasing adherence to clinic appointments and treatment.
- ✓ **Provision of top-up funding to groups** increased the money available for group members to borrow and meet their health care and education needs of children in a timely manner. Indeed, most study participants had borrowed money to meet basic needs and praised their groups for providing such loans at low interest rates.
- ✓ **Provision of VSLA kits** to groups including savings boxes, record books and stamps (for documenting group and individual member participation as well as savings and credit transactions). Providing these kits at the start of groups in Serere, was critical in ensuring effective group management and increased chances for success.

To maximise the benefits of VSLAs to children living with HIV and their caregivers it is important to:

- ✓ **Consciously mobilize groups with target children in mind** (prioritize caregivers of target children in forming groups). These should be close to each other preferably from the same village or neighbouring villages to avoid challenges related to long distances and related costs in participating in group activities.
- ✓ As more children are identified and enrolled in HIV care, their **care givers should be linked to the nearest VSLAs** or where numbers are adequate and VSLAs do not exist/are not suitable, such care givers should be **mobilized to form their own VSLAs**.
- ✓ **VSLAs should be linked to health facilities and community resource persons to maximise opportunities for health education.**
- ✓ **Linkage with local government structures** especially community development department and other organisations should be prioritised to **provide opportunities for groups to access additional support.**