

# Integration of **economic strengthening** to support the youngest children affected by HIV



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5-8-2014

Presentator: Martine Weve, senior policy advisor HIV and livelihoods

# Role of Economic Strengthening

- **Orphans & Vulnerable Children**
  - Family strengthening
  - Access to health care, food security
  - Access to education (early childhood education)
- **Care & Treatment**
  - Socioeconomic determinants of ART adherence
  - Food security and nutrition
- **PMTCT**
  - Socioeconomic determinants of ANC attendance and MNCH
- **Prevention**
  - Structural drivers of HIV transmission
  - Socioeconomic determinants of sexual risk behaviour



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# Economic empowerment

The goal of economic strengthening programmes of OVC guardians is to **reduce the economic vulnerability** of families and empower them to provide for the essential needs of the children in their care.

- **Consumption support** (cash transfers, food supply)
- **Money management** interventions for savings, access to consumer credit, and fostering knowledge and behaviours for better family financial management
- **Income promotion** using low-risk activities to diversify and stimulate growth in household income



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# Importance of segmentation

Category families	Food security	Expenses	Income	Assets	Entry point
In destitution	Severe	Little/none	Little/none	None	Consumption support
Struggling to make ends meet	Moderate	No lumpsum	Fluctuating	Fluctuating	Money management
Prepared to grow	Mild	Some lumpsum	Fluctuating	Consistent	Income promotion



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# Do children benefit?

- Money is a means to an end
- How beneficiaries spend their money is what matters
- Improved household welfare  $\neq$  individual welfare
  - Role of gender
  - Role of age
- Spending decisions are messy
  - Competing priorities
  - Time inconsistencies
- Supply-side factors



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# Economic empowerment as an entry point.

- Economic strengthening is a necessary, but potentially insufficient intervention to achieve impacts for children affected by HIV/AIDS
- Critical to integrate with other complementary interventions to maximize OVC-related outcomes.
  - Early childhood education
  - Health activities: PMTCT, Nutritious food, Child Health Care
  - Care and support: good parenting, child rights.



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# Examples of integration

- Saving platforms
- Village health cooperatives
- Community based approach



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# Saving groups

## Implications for beneficiaries (USAID research on their saving programmes)

- Increased savings, assets, income
- Increased food security
- Improved mental outlook
- Increased expenditures on education
- Increased expenditures on health

## Implications for donors and governments

- Reduce reliance on direct subsidies (e.g., school fees, transport)
- Free up resources to enrol /support more beneficiaries
- But there will always be a need for subsidies and safety nets



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# Saving groups as platform for integration

- Community outreach for clinics/service providers (e.g., HTC)
- Discussion groups (e.g, parenting, nutrition, GBV/IPV)
- Peer support (e.g., positive living, mothers)
- Collective action (e.g., ARV collection)
- USAID: early childhood development training



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# Village Health Cooperative

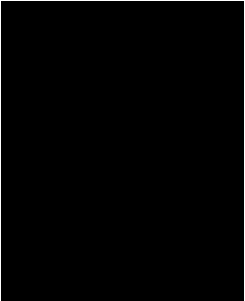

- Formation of village health cooperative to promote health seeking behaviour and economically empower women (20-30 women)
- Awareness and training in maternal and child health.
- Group based business (e.g. beekeeping)
- Group fund is used for health consumption (e.g. travel expenses) and family enterprise development.
- Linkages with health services



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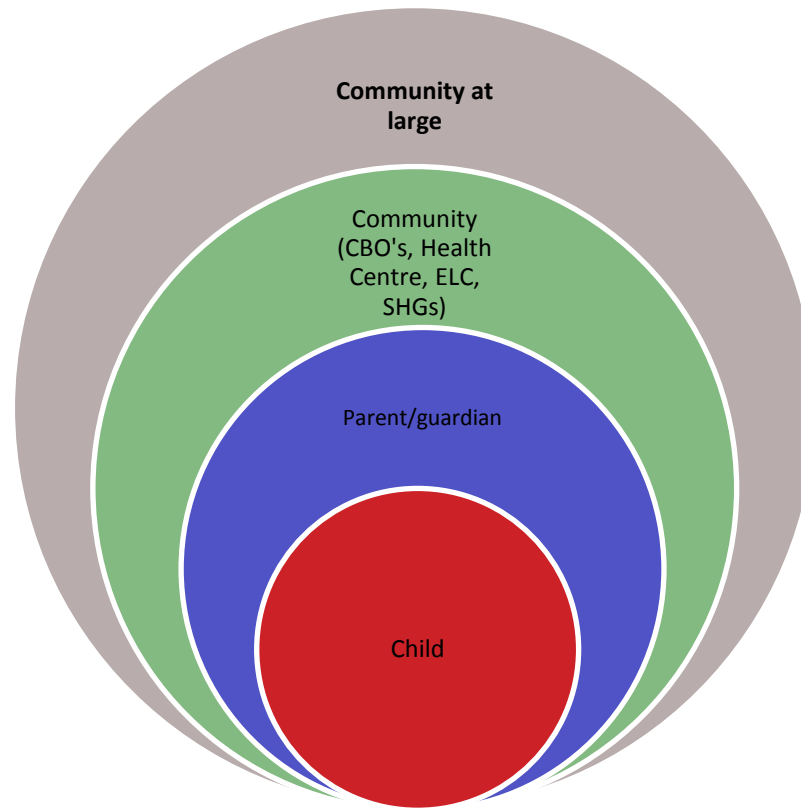
Discussing  
needs with  
health care  
providers



“now days, I have  
a friend who  
shares with while  
travelling for ANC  
from my village”.



# Community Based OVC Support



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# Nature of the Support

**Community Based:** All the activities are managed by community committees and families

**Temporary:** Direct Supports are given for short period of time until guardians or children become self-supporting.

**Saving oriented :** Guardians/children are encouraged to deposit some amount of the financial subsidy in the bank.

**Emphasis on Education of OVC:** Committees and guardians make sure that the child is attending his/her education properly.

**Emphasis on health:** guardians ensure proper diet for children.



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# CBO strengthening

- CBO income generating activity (e.g. grain bank) to support OVCs.
- Home visits to OVCs
- Linkages with all stakeholders: guardians, ELCs, schools and health centres.
- Community awareness: PMTCT, SRHR, HIV, child rights, education.



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# Economic empowerment of guardians and PLHIV

- Education on OVC care and support
- Access to basic business skills and financial means for income generating activities.
- Temporary direct child assistance to OVC (clothing, medical care, school material, financial subsidy), administered by the community.
- Urban gardening for nutritious food support

In total 15,533 caregivers, 43,803 OVC supported.



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# Women SHG approach

- Creation of SHGs
- Training on Savings, Leadership, group dynamics.
- Weekly discussion (and/or training) on community issues:
  - HIV and AIDS (PMTCT promotion)
  - Early childhood education
  - Gender based violence.

Total 8112 women, 451 SHGs, 37 CLAs 26,953 children benefitting





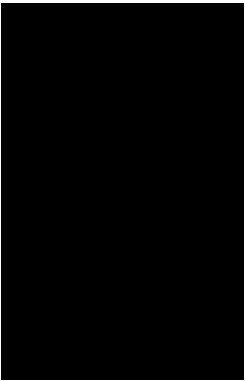
# Case of Enibra Cluster Level Association



- 12 SHG form the CLA
- Set up own ELC
- Provide counseling to HIV positive children and parents.



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Saving and Credit for income generation and job creation



Grain bank to address food shortages mainly during lean periods

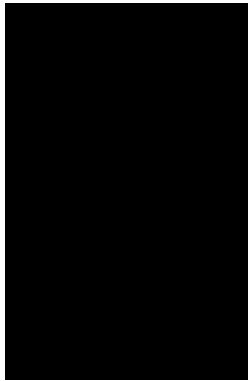


Promotion of Urban agriculture for household food security, nutrition and income generation



Self-Help Group for social and economic empowerment of marginalized women





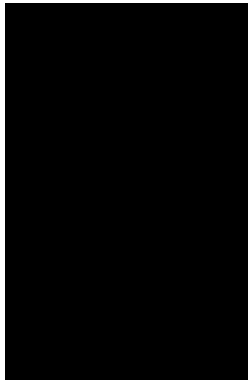
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**THANK YOU!!**

**Martine Weve,**

**Senior policy advisor HIV and livelihoods**

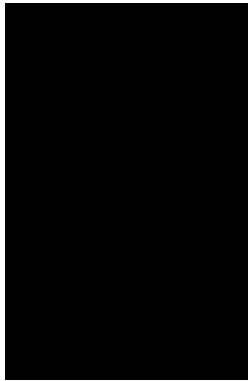
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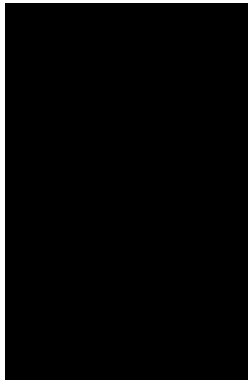




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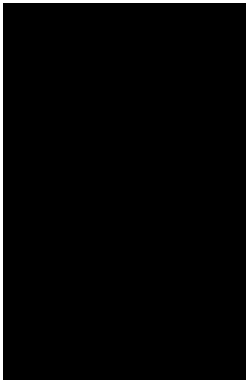


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## Linking social protection with Universal Access outcomes: indicative instruments & populations

Adapted from Edstrom, J. *IDS* 2010

	HIV Prevention for those most vulnerable to HIV infection	Treatment for people living with HIV	Care & Support for people living with and affected by HIV
<b>Financial protection</b> <ul style="list-style-type: none"> <li><i>Social assistance</i> protection for very poor</li> <li><i>Livelihoods support</i> for poor and vulnerable</li> </ul>	Transfers for the very poor to support HIV prevention  Income generation or micro-credit to reduce HIV risk for poor key population groups	Transfers to poor PLHIV for better HIV treatment access & adherence  Economic empowerment for PLHA to prolong & improve life	Transfers to mitigate the impact of AIDS on individuals & households  Income generating activities, livelihoods strengthening, micro-finance for affected
<b>Access to affordable quality services</b> <ul style="list-style-type: none"> <li><i>E.g., Social Health Protection</i> for vulnerable</li> </ul>	Social insurance to prevent HIV risk (social security, public finance of RH, MH & HIV prevention services etc.)	Social health protection to ensure access to health care & to prevent erosion of savings	Preventive insurance measures appropriate for those affected (pension schemes, funeral clubs etc.)
<b>Laws, policy, regulation</b> <ul style="list-style-type: none"> <li><i>Social justice</i> for the marginalised</li> </ul>	Legal reform, policy process, and protection regulation to reduce HIV risk (decriminalisation)	Protection of rights to health, treatment and work to improve life for PLHA (anti-discrim)	Legal protection for affected (widow's and orphans' property rights, birth registration etc.)

The contents of this brief were extracted from a longer paper, *HIV-Sensitive Social Protection: What Does the Evidence Say?* by Miriam Temin, UNICEF, forthcoming 2010.

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