Nigerian women in SILC group

Michael Stulman for CRS

"The introduction of SILC really help (sic) me a lot because as [a] member of the group I contributed money and also received loan which I used to start a small business which improve my financial status. We were able to pay our children's school fees from the income we generated."

—(Sensemaker, Female caregiver)

This study was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of CRS and do not necessarily reflect the views of USAID or the United States Government.

OVC CAREGIVERS & SAVINGS GROUPS, NIGERIA

Caregiver Participation in Savings and Internal Lending Communities Improves the Vulnerable Household Wellbeing and Increases HIV Testing

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BACKGROUND

Nigeria has a high HIV burden with 3.2 million people living with the virus.¹ The country has the second-largest population of people living in poverty worldwide with 86 million people living under the international US\$1.90-a-day poverty line.² Caregivers' inability to meet the basic needs of orphans and vulnerable children (OVC) in their care negatively affects household wellbeing and increases vulnerability to HIV.

Funded by PEPFAR through USAID, the CRS-led Sustainable Mechanism for Improving Livelihoods and Household Empowerment (SMILE) project was designed to improve the wellbeing of 500,000 OVC and 125,000 caregivers in four states: Benue, Kogi, Edo and Nasarawa and the Federal Capital Territory. CRS uses an informal, savings-led microfinance methodology, Savings and Internal Lending Communities (SILC), to enable households to:

- Protect their assets
- Improve cash flow
- Increase income
- Improve social cohesion and cultivate new bonds of friendship

SILC groups are comprised of 15-30 people from the same community who agree to add their weekly savings to the group's fund and also to contribute to a social fund to help members in difficulty. The purpose of this study was to determine if OVC caregivers participating in SILC had better outcomes than non-participating caregivers.

METHODS

A mixed method study was conducted among primary caregivers and OVC enrolled in the project using a quantitative household survey (2,105 caregivers and 3,038 children) and the Sensemaker methodology (475 caregivers). Sensemaker is a participatory data collection methodology designed to explore complex processes from multiple perspectives.

For the survey, data multivariate logistic regression was used to assess associations between participation in SILC and wellbeing outcomes while controlling for potential confounders. Sensemaker Analyst software was used to visualize patterns in respondents' experiences.

RESULTS

Between 2015 and 2017, 1,148 SILC groups were formed, comprised of 24,794 members (17,985 women and 6,809 men), which included SMILE participants and other community members. By 2017, the groups accrued total assets worth approximately USD 406,000.

CHILDREN OF SILC PARTICIPANTS ARE MORE LIKELY TO ADVANCE IN SCHOOL

OF SILC

PARTICIPANTS

WHO PARTICIPATE IN SILC HAVE BETTER ACCESS TO FOOD

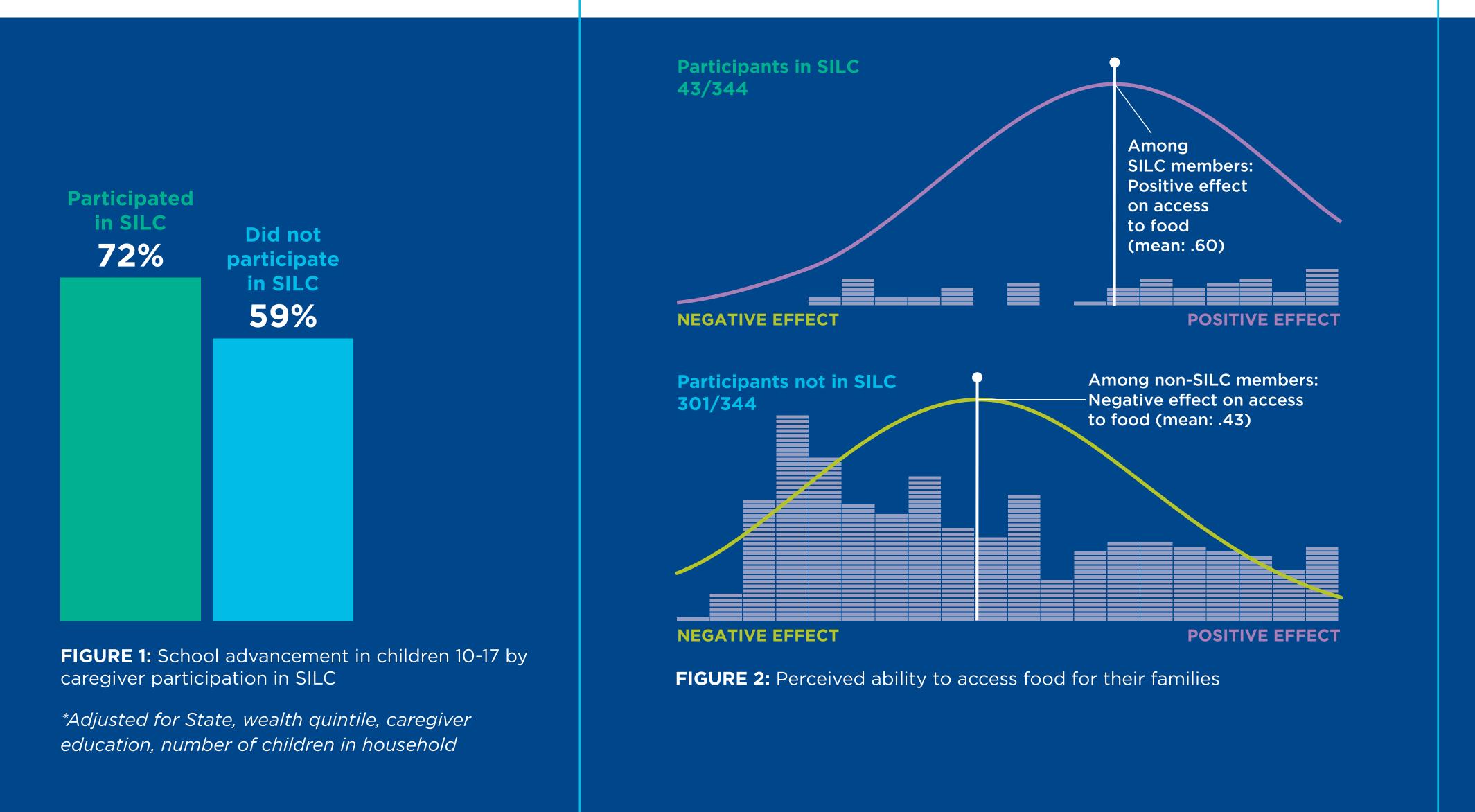
From Sensemaker analysis, more SILC participants
 (67%) perceived greater access to food for their families
 compared to non-SILC participants (30%, p<0.05).</p>

"The best thing that happened to me in last one year is SILC."

—(Sensemaker, Female caregiver)

SILC MEMBERS ARE MORE LIKELY TO KNOW THEIR HIV STATUS

- More SILC participants (85%) have ever tested for HIV and know their status than non-SILC participants (72%; p<0.001).
- While there was a statistical association between caregiver participation in SILC and knowledge of female children's HIV status, there was no association between SILC participation and knowledge of male children's HIV status.

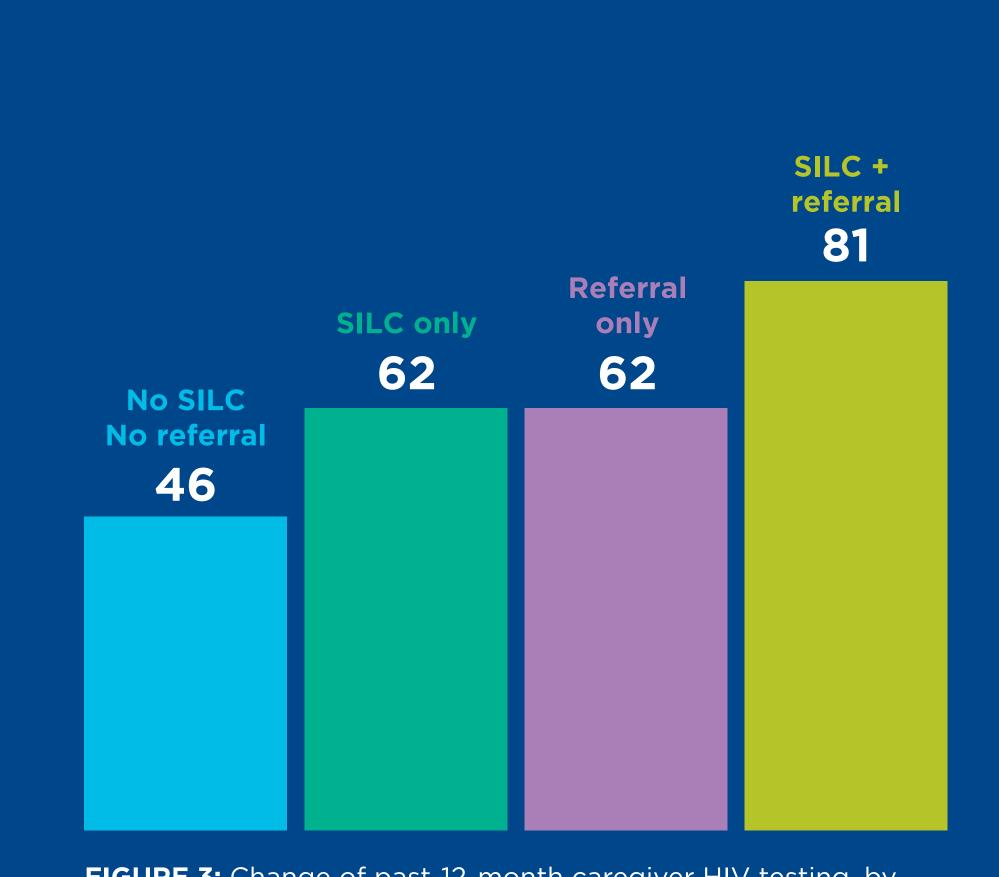


OF NON-SILC

PARTICIPANTS

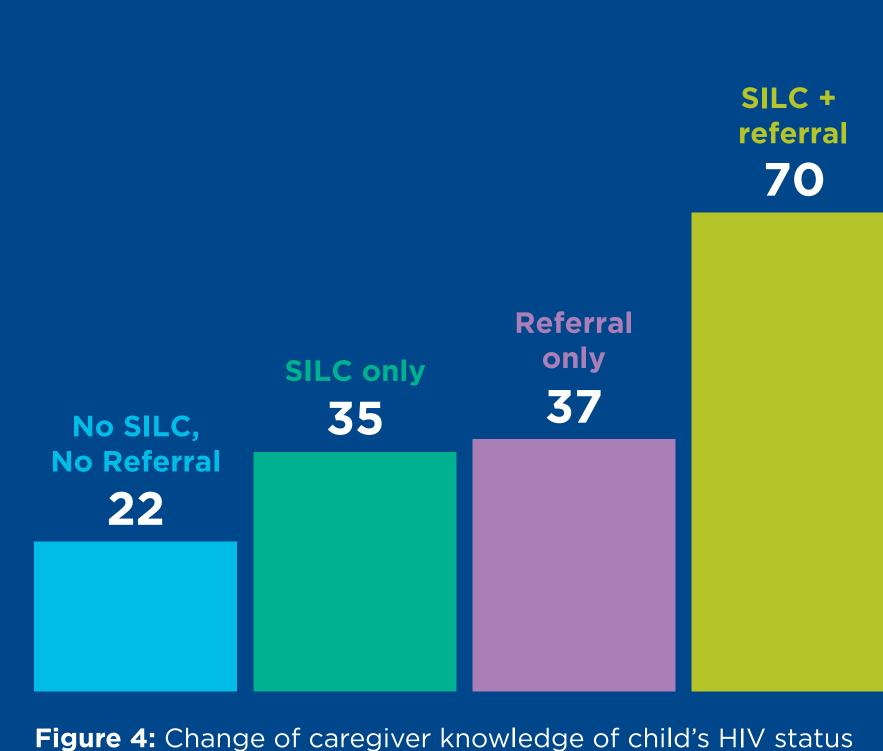
ARE ABLE TO PROVIDE

FOOD TO THEIR FAMILIES





*Controlled for participation in health education activities, wealth quintile, state of residence, urban/rural residence, caregiver education level, caregiver HIV knowledge, and caregiver attitudes towards PLHIV and child sex.



*Controlled for participation in health education activities, wealth quintile, state of residence, urban/rural residence, caregiver

education level, caregiver HIV knowledge, and caregiver

attitudes towards PLHIV and child sex.

CONCLUSION

SMILE's SILC intervention underscores the importance of savings groups to support caregiver and child wellbeing. SILC participation improved the ability of caregivers to support their children's education and perceived access to food. Our data suggest that SILC combined with referral increased the uptake of testing by caregivers as well as their knowledge of their children's HIV status, thereby contributing towards meeting the UNAIDS 90-90-90 targets.

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