Chuma na Uchizi: Impacts of Integrated HIV and Livelihoods Programs

2013-2016

Background:

Zambia faces many challenges, including inadequate healthcare, education, financial services, employment, infrastructure and HIV and AIDS with an estimated 1,177,614 people living with HIV (PLHIV) in 2015. In addition to the struggle with one of the highest rates of HIV prevalence among individuals aged 15-49 representing 14% of Zambia's population, 83% of the population lives on less than $2 USD per day. Many PLHIV are also living in poverty and have limited access to healthcare, proper nutrition, and antiretroviral (ARV) medications. PLHIV are not only more likely to suffer economic shocks due to their health conditions but are also more likely to suffer from loss or reduction in income when they become ill. Because HIV increases health expenditures related to HIV treatment, economically poor PLHIV are more likely to lack access to health services, food and nutritional supplements, and financial resources to pay for costs related to treatment. Inadequate access to economic and financial resources, such as income and food, increases the risk of PLHIV to default from or sub-optimally adhere to their treatment, which consequently, increases risk of mortality and morbidity.

Chuma na Uchizi was a pre- and post-test quasi-experimental research project. Chuma na Uchizi's primary research objective was to test the effectiveness of an asset-building intervention on the wellbeing of PLHIV.

Project Award:

$50,000 US Dollars

Principal Investigator(s):

Gina Chowa, PhD

Co-Principal Investigator(s):

Rainier Masa, PhD

Research Partner(s):

Lundazi District Health Office

Implementation Partner(s):

Ministry of Health in Zambia
Lundazi District Hospital
Lumezi Mission Hospital
Zambia National Commercial Bank (Zanaco)

Funding Partner(s):

UNC Center for AIDS Research
University of North Carolina at Chapel Hill

Research Core(s):

Economic Security
Financial Inclusion

Study Design:

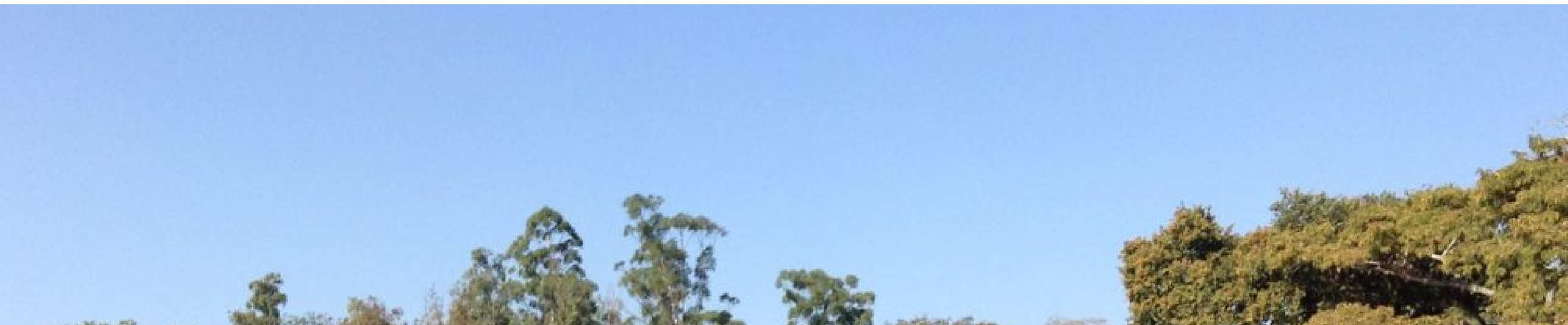
Antiretroviral therapy (ART) adherence, access to food, dietary intake, income and expenditures, and psychosocial outcomes (e.g., self-efficacy and hope for the future) were measured to evaluate the effects of the intervention. Two comparable hospitals were selected; one hospital was the treatment site and the other hospital was the control site. At each of the hospital study sites, patients were randomly selected and offered the opportunity to participate in the study. Each health center recruited 50 subjects, for a total study sample size of 100. Treatment group participants received an asset transfer (worth $200 USD) that was intended to help participants generate additional income through the operation of a microenterprise. The asset(s) were given as a grant, not a loan. In addition to the asset transfer, treatment group participants received microenterprise and money management training using an existing participatory training curriculum. Topics included savings, accessing and using small loans, developing a business plan, marketing, costing, and record keeping. Topics were offered in a participatory workshop based on adult learning principles. Treatment participants were also offered a low-cost savings account provided by the local ZANACO branch. Both treatment and control group participants were receiving ART adherence counseling. The objective of the adherence counseling was to encourage and support participants in taking their HIV medications as prescribed. Control group participants received ART adherence counseling only as this comprises a treatment-as-usual condition, which means that if participants refuse to be in the study, they would still receive ART adherence counseling.

Findings:

Results show encouraging and positive impacts of Chuma na Uchizi on economic, psychosocial, and adherence outcomes. Eight months after baseline and three months after the end of intervention activities, treatment participants (in Lumezi Mission Hospital) were less likely to be food insecure, less likely to report higher levels of perceived stress, and more likely to take their medications as prescribed compared with control participants (in Lundazi District Hospital). Treatment participants reported using the grant to start a new income-generating activity or recapitalize their existing microbusinesses. A common income-generating activity among treatment participants was retail or small-scale buying and reselling of goods.

Next Steps:

Given the results of the pilot study, GSDI plans to expand the intervention to more districts in Eastern Province to investigate scalability and long-term impact of an integrated HIV and livelihood program on economic and health outcomes.



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