Saving for Individual Success and Community Stability in DRC

The HIV epidemic in the Democratic Republic of the Congo (DRC) is considered generalized, with a nationwide prevalence of about 1.1% according to UNAIDS. Nationally, women continue to be more at risk than men, with a prevalence reaching 2.8% among women 15-49 years old. People living with HIV (PLHIV) face a number of challenges both in the community and in their own homes, from wide spread discrimination to lack of care and support services. This was true for Aimée Kasongo and Sarah Masengo, who live in Lubumbashi’s Kenya ward, in DRC.

In August 2014, World Food Programme (WFP) announced that they would be resuming their previously-halted food assistance program to vulnerable and malnourished populations in Lubumbashi. This represented a strategic opportunity for LIFT II, which works with 18 Nutrition Assessment, Counseling and Support (NACS) sites in Lubumbashi, to extend the continuum of care by linking PLHIV to economic strengthening and food assistance services, with the aim of improving economic and health outcomes, such as adherence to ART and retention in care.” LIFT II, through local partner CARE/DRC, negotiated with WFP in Lubumbashi to target clients identified through the NACS facilities as the best way of reaching people like Aimée and Sarah. The Famika health facility in Lubumbashi and the LIFT II team helped the two women enroll in one of the more than 90 savings groups that have been initiated in Lubumbashi with technical support from LIFT II since October 2014. These groups are a part of a bi-directional referral system that facilitates linkages of HIV, TB and Option B+ clients from NACS facilities to economic strengthening, livelihoods and food security (ES/L/FS) services available in their communities.

Aimée and Sarah initially sought out the Famika healthcare facility to learn their HIV status. Upon learning that they were HIV+, both women were deeply saddened. Aimée struggled with how to cope with her diagnosis on her own while Sarah, pregnant at the time of her diagnosis, became so despondent that she contemplated suicide. Both Sarah and Aimée struggled with how to tell their friends and family of their status and experienced fear of being rejected by their community because of the prejudice against those with HIV. They also worried that they would be unable to support themselves and their families while receiving treatment. Sarah especially struggled with food security throughout her pregnancy, a situation compounded by her HIV status and depression surrounding it.

However, with the help and support of the Famika staff, Dr. Emmanuel Kalombo and Dr. Vicky Mwambuyi, Aimée and Sarah began to learn how to live with their diagnosis. Thanks to the unflagging support of the Famika clinic staff, Aimée and Sarah began working to thrive in spite of their HIV+ status. Aimée felt that the support of the clinic staff especially helped her “worry less about what is being said because I have finally learned to live with my diagnosis.”

The prospect of achieving financial stability, however, remained daunting. Aimée was the first to enroll in a LIFT II-supported savings program, despite initially feeling overwhelmed by the prospect of saving money while still learning to navigate her treatment regime. As she participated in the support groups at the Famika center she began to see that saving was not just possible but vital to helping her family flourish. Aimée began to forgo unnecessary purchases in order to save money for her family and she found that the discipline of saving also helped her stick to her treatment plan. She was so successful with the program that she reached out to Sarah to invite her to join when she saw her friend struggling with the same issues she had experienced.

Once she learned “how one can ensure stability by managing money with savings” Sarah not only began to participate whole-heartedly but also followed Aimée’s example by reaching out to other women she knew who were striving to save for their future. Sarah has since become a mentor to and promoter of the savings program in her community. She has used the knowledge she gained in her support group to work with her friends and neighbors to more openly discuss life with HIV while planning for the future. Aimée continues to work with her community to advocate for greater acceptance of PLHIV and to encourage more of her neighbors to participate in the savings program that she credits with helping her become self-sufficient.

Working with the LIFT II Savings program has allowed Sarah and Aimée to provide stability for themselves and their families. They have also become advocates in their community helping others enroll in the referral networks.

The Livelihoods and Food Security Technical Assistance II (LIFT II) project was launched in 2013 by USAID as a follow-on to the LIFT project (2009-2013). LIFT II’s primary goal is to build the continuum of care for people living with HIV and other vulnerable households by increasing their access to high quality, context appropriate, market-led economic strengthening, livelihoods and food security opportunities to improve their economic resilience and lead to better health. LIFT II is implemented by three core partners—FHI 360, CARE and World Vision.

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