PILOT PROGRAM PROPELS CREDIT UNION STAFF TO THE

AFYA credit union and SACCO staff members participating in two weeks of intensive training are now known as peer leaders (December, 2005).

HIV/AIDS IN KENYA

Imagine you manage a credit union branch in a rural community in Kenya. The reality of HIV/AIDS in your country is hard to miss-people are dying in record numbers and the government has declared a state of emergency. Your credit union members are dying; you worry about the future of the credit union because you are paying out costly death benefits every month and losing savers and borrowers. Other credit union members are taking in orphaned children and must borrow more to provide their new charges with adequate food, shelter and school fees. Still other credit union members are getting sick and can no longer work. They come to the credit union to withdraw savings and seek emergency loans. They can no longer make loan payments. Furthermore, your own staff members are affected themselves, taking in children, getting sick and even dying. These people are your friends, your family, your neighbors, and you don't know how to help.

In 2004, a United Nations AIDS Report on the Global AIDS Epidemic showed that in Kenya—a country where an estimated 1.2 million adults and children were living with HIV—150,000 died leaving 650,000 children orphaned in 2003 alone.

Credit unions are poised to play a critical role in helping their members through the devastating HIV/AIDS epidemic. In 2005, World Council of Credit Unions (WOCCU) partnered with JHPIEGO, an international public health organization, to develop and conduct the training program and certification process of the peer trainers. Through this small pilot program, funded by the U.S. Agency for International Development (USAID) and World Council's Cooperative Development Program (CDP), WOCCU created a replicable and scalable tool to

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reach credit union members through the strong and trusted networks of sub-Saharan Africa's Savings and Credit Cooperatives (SACCOs).

Through the CDP, World Council launched a pilot program designed to address the impact of the pandemic in credit unions. Working with JHPIEGO and AFYA SACCO, a Kenyan credit union with branches all over the country, including some extremely rural settings, WOCCU is facilitating a peer leadership program. Credit union staff members volunteer to be trained and later conduct training of other staff members and credit union members on HIV/AIDS prevention and treatment options. In a complementary program, WOCCU is working with AFYA to strengthen its operations so it will remain strong despite the financial obstacles created by members taking in orphans, getting sick, losing their jobs and dying. WOCCU

is also developing specialized credit union products and services tailored for the HIV/AIDS environment.

When Dionne Mulumba, 24, stepped into the airy conference room at the Jacaranda Hotel in the Westlands section of Nairobi, Kenya, she began giggling almost immediately and didn't stop for nearly a week. Part of a group of 14 from her credit union, AFYA SACCO, Mulumba probably was not any more uncomfortable with the sensitive topics being discussed in the training than her peers. She just didn't hide it as well.

The group, selected from the credit union's 279 staff members, came from the Nairobi headquarters and three branch offices to take part in a new program designed to disseminate HIV/AIDS prevention and treatment to the SACCO's 45,000 members by "cascading" the information through peer trainers. The 14 who participated in the initial two week



training held from November 28 to December 9, 2005 will teach the material they have learned to a number of their colleagues, who will in turn share with credit union members through community educational sessions and one-on-one consultations.

"The training can reduce the spread of HIV/AIDS because SACCOs reach the common person in the village unreachable by other organizations," explains Mulumba. Kenya's 2,767 credit unions, with 2.1 million members, have a penetration rate of more than 11 percent.

The first week of the pilot training program focused on how to effectively educate peers with sessions on planning presentations, creating a positive learning climate, using audio-visual aids, delivering interactive presentations and understanding peer leadership and the participatory processes. The program also included an introduction to condom usage with anatomic models, basic HIV/AIDS facts and comprehensive HIV/AIDS care—including infection prevention, psychosocial support, socioeconomic support, human rights and legal support, and referrals and linkages.

As flip-chart paper began to cover the walls in the conference room, participants became more comfortable with the subject matter and began to speak frankly about sexual relations.

In the second week, the workshop was turned over to the participants to conduct training exercises with coaching from the JHPIEGO facilitators. Participants' presentation skills developed as they learned about risk assessment, the link between alcohol use and HIV/AIDS and how to negotiate for safer sex, as well as become more familiar with condoms.

"The training has gone beyond basic HIV/AIDS knowledge and shared real life knowledge to enable us to open our eyes beyond what we might otherwise see," says Francis Macharia, a 28-year-old participant who works in AFYA SACCO's planning department. "I hope to share information to reduce the ignorance



Part of the required training is that every participant become comfortable leading group exercies.

and stigma associated with HIV/AIDS. There is a need to spread the word about HIV/AIDS as its effects are touching us personally and the society in general."

In countries where the prevalence of HIV/AIDS has dropped, researchers attribute the decline to behavior change—informed people making decisions about their sexual behaviors to manage risk. The most dramatic drops, as evidenced in Kenya, have been within the urban populations, stressing the need for increased informational outreach to rural areas.

Implementing a peer leadership program provides more than a low-cost alternative to dispatching experts. Because peer educators are members of the communities themselves, they are trusted sources of information and able to break through barriers to discuss sensitive matters in confidence to bring about sustainable behavior change.

"I want to be equipped with skills so that I can train others on how to help stop this disease," says participant Beth Mukiri Muthuuri, a 31-year-old mother of two and AFYA SACCO customer care officer.

For these peer leaders, spending two weeks getting comfortable with training methods and HIV/AIDS information was the beginning of a long process that will take them away from their home offices and regular job duties down long, dusty roads to rural credit unions and the front lines of HIV/AIDS—all on a volunteer basis with no extra compensation for the additional work.

Yet an effective peer education program is only part of the solution. A 2002 WOCCU study of Kenyan credit unions found they can play an important role in mitigating the economic impact of the HIV/AIDS epidemic by providing members with savings, credit and insurance products to answer needs created by some members falling sick and dying, and other members caring for sick family members or taking in orphaned children. To do this, credit unions must become stronger, building loan loss provisions and institutional capital and decreasing delinquency in the face of increased deaths and inability to repay loans due to HIV/AIDS. The same staff who will interface with members to share HIV/AIDS information and referrals must be equipped with information about credit union products and services that can respond to the financial needs of affected members.

"People are dying. It is so sad," says Mulumba. "But we are coping."

-by Molly Schar Public Affairs Manager, WOCCU