







Evaluating an Economic and Social Empowerment Intervention in Zambézia, Mozambique

STUDY OVERVIEW

Background

Women and girls are disproportionately affected by the HIV epidemic. This is especially true in Zambézia Province, Mozambique where HIV prevalence among women aged 15-24 is estimated to be 16%—more than triple the proportion of men the same age. Based on evidence that increased economic opportunities for women and girls can reduce HIV risk behaviors, our goal was to determine whether a combined economic and social intervention had the desired effect of reducing adolescent girls' vulnerability to HIV.

Description of the Intervention

World Vision's Strengthening Communities through Integrated Programming (SCIP) program, locally called Ogumaniha, was a USAID-funded project aimed to improve the health and livelihood of children, women and families in Zambézia Province. ASPIRES was asked to evaluate one SCIP intervention called Women First. Women First is an economic and health intervention





that trains women to sell appropriate and in-demand products door-to-door in their communities. The program includes Accumulated Savings & Credit Associations (ASCAs), which SCIP introduced into the Women First communities to encourage individual saving and to provide access to loans, especially as business capital for Women First participants. Adult women have been the primary focus of Women First and the ASCAs. However, since January 2014 SCIP has been encouraging adolescent girls aged 13-17 years to join the program, with emphasis on targeting orphans and vulnerable children (OVC).

Women First uses the Go Girls! curriculum. The Go Girls! Initiative was designed to reduce adolescent girls' vulnerability to HIV transmission in four communities in Botswana and Malawi, and eight communities in Mozambique. Women First implements the full Go Girls! curriculum with enhanced emphasis on genderbased violence (GBV) prevention to encourage social empowerment and reduce adolescent girl participants' vulnerability to HIV. As such, with its various components, Women First can be seen as a combined economic and social intervention.

Methods

This is a cohort study with an untreated comparison group and utilizes mixed methods.

To measure and compare the effects of the intervention on reducing adolescent girls' vulnerability to HIV, two cycles of quantitative data were collected from a sample of girls aged 13-19 from six districts in Zambézia Province who participated in the intervention and a sample that did not. From April to May, 2015 we interviewed 884 girls (267 who participated in the intervention from 22 communities, and 617 who did not participate in the intervention from 65 communities). Approximately six months later, from October to December, 2015, we interviewed 87% of the adolescent girls again.

In order to describe household and community-level effects of the intervention and potential causal pathways of economic and social empowerment on girls' HIV vulnerability, we selected a subset of 12 intervention communities to collect qualitative data. From August to October, 2015, we conducted 49 in-depth interviews (IDIs) with adolescent girl intervention participants, 24 IDIs with girls' household heads, 36 IDIs with central male figures identified by the girls, and 12 focus group discussions with community members. A second round of qualitative data collection with the same girls and their salient references is planned for August 2016 to explore the sustainability of any treatment effects observed during the first round. Final results are expected May 2017.

Expected Impact

This study will contribute to our understanding of how social and economic empowerment interventions impact adolescent girls' vulnerability to HIV. The findings will inform decision-making for programmatic approaches to reducing girls' vulnerability to HIV in sub-Saharan Africa, and will also inform future implementation of the intervention studied.

CONTACT US

Michael Ferguson, PhD Project Director FHI 360 E | mferguson@fhi360.org Holly McClain Burke, PhD, MPH Scientist FHI 360 E | hburke@fhi360.org Colette Peck AOR Office of HIV/AIDS | USAID E | cpeck@usaid.gov

This report was produced under United States Agency for International Development (USAID) Cooperative Agreement No.AID-OAA-LA-13-00001. The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.