



**Integrating Child Savings Accounts in the Care and Support of
Orphaned and Vulnerable Children in sub-Saharan Africa:
Theory and Lessons from the Field.**

Fred M Ssewamala, PhD.

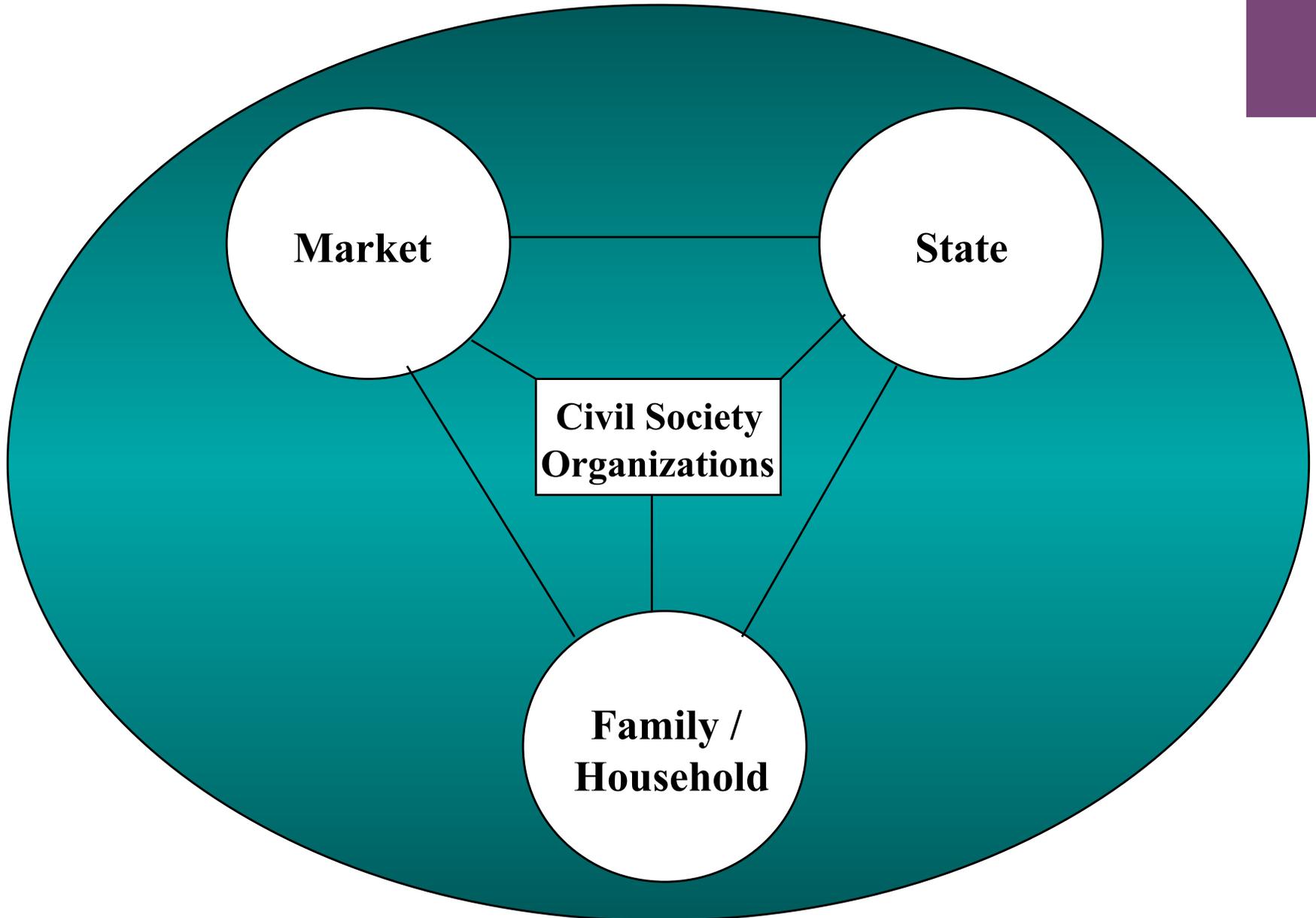
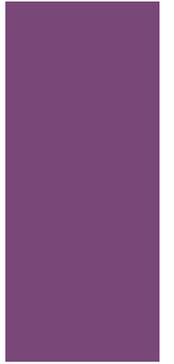
Columbia University

fs2114@columbia.edu

Invited Seminar Presentation Sponsored by USAID's Displaced Children and Orphans Fund,
Office of HIV/AIDS, and Microenterprise Development, Washington, D C. Feb 24, 2012

+

Taking Care of Children: Core Institutions + Civil Society





1. SEED Pilot Study

Principal Investigator: *Fred M. Ssewamala, PhD.*

Funders: The Friedman Family Foundation; Columbia University; Center for Social Development.

2. Suubi (Hope) Project

Principal Investigator: *Fred M. Ssewamala, PhD.*

Funders: National Institute of Mental Health (Grant # 1 R21 MH076475-01).

3. Suubi-Maka Project

Principal Investigator: *Fred M. Ssewamala, PhD.*

Funders: National Institute of Mental Health (Grant # RMH081763A).

Research Projects:
International



4. Bridges to the Future (Uganda)

Principal Investigator: *Fred M. Ssewamala, PhD.*

Funders: National Institute of Child Health and Development (NICHD) [Grant # 1 R01 HD070727-01].

5. Nigeria-Bayelsa State- CSA

Principal Investigator: *Fred M. Ssewamala, PhD.*

Funders: Bayelsa State Government (Nigeria).

6. YouthSave Project (Kenya, Ghana, Nepal and Colombia)

Funders: MasterCard Foundation through Save the Children.

Research Projects: International (Cont'd)



N Uganda



SUDAN

- Nimule
- Kaabong
- Loyoro
- Arua
- Gulu
- Moroto
- Masindi
- Soroti
- Mbale
- Fort Portal
- Mubende
- Bombo
- Jinja
- Tororo
- Kampala
- Entebbe
- Masaka
- Kanga
- Mbarara
- Kabale

DEMOCRATIC
REPUBLIC OF
THE CONGO

UGANDA

KENYA

Rakai

TANZANIA

RWANDA



+ Suubi (Hope)/SEED Research Projects: Uganda

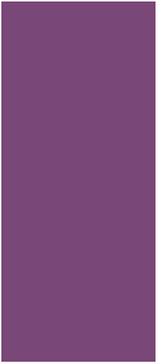
Background...

- **An estimated 20 million** children worldwide have lost 1 or both parents as a result of AIDS. (*UNAIDS, 2010*).
- **An estimated 12 million** of these are in SSA. (*UNAIDS, 2010*).
- **An estimated 1.2 million** orphans are in Uganda.
45% of the 1.2 million are AIDS-orphans (*UNICEF, 2009, 2010*).
- Today, **only 15% of orphaned children** in countries with high HIV/AIDS prevalence live in households receiving some kind of assistance (*Horton & Das, 2008*).

+ Yet...a steady increase

- The steady increase in the number of orphans, coupled with increase in poverty, have **overwhelmed extended family care**
- A considerable number of orphaned children **drop out of school.**
- Many of them assume employment at an early age.

(See details in *Ssewamala and Ismayilova, 2008; 2009*).



+ A Steady Increase...

- Orphanhood has several negative effects on children (e.g., **recurrent trauma, anxiety, depression**, etc) (*Matshalaga, 2002; (Rotheram-Borus et al., 2001)*).
- Negative **influence on self-esteem** as well as physical health (*Sachs & Sachs, 2004; Ssewamala et al., 2009*).
- Specifically for AIDS-orphaned children, **a child who has been affected by AIDS** is more likely to have **increased levels of anxiety and reduced self-esteem** (*Rotheram-Borus et al., 2001*)





Services for Orphaned Children

- Traditional care and support of orphaned children:
 1. Reactive Services;
 2. Institutional care
- **Institutionalization:** Involves placing children into orphanages or similar institutions.

Critique: Tremendous **harm** to a child's normal **psychosocial functioning** and **mental** wellbeing

(Charles Nelson III, et al., 2007; Vorria, et al., 2006; Vorria, et al, 1998a; 1998b; MacLean, 2003).



Services for Orphaned Children

- **Reactive Services:** Involve organizations providing “**aid**” mainly for physical needs including provision of food aid, peer education and counseling, home visits (*Drew, Makufa, and Foster, 1998; UNICEF, 2004a; 2004b*).

Critique: Encouraging over dependency. (*see details in Ssewamala and Ismayilova, 2008; 2009*).

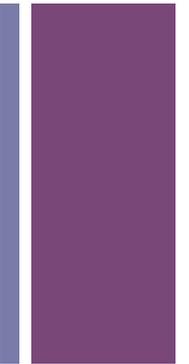


Study Objectives

- **Explore a new approach in caring for orphaned and vulnerable children:** a family economic empowerment approach combining usual reactive care with the use of children development accounts (CDAs).
- **Test the proposition that assets** (in this case, savings accounts representing educational opportunity) have psychological and socio-economic benefits for individuals and families.

+ Why Family Economic Empowerment?

- Children **growing up in poverty will, in most cases, remain poor.**
- Poverty adversely affects family functioning.
- Poverty is **related to mental health functioning.**
(Costello, Compton, Keeler & Angold, 2003; Hollingshead & Redlich, 1958; Jarvis, 1971; Lemakau, 1986; Lipman, Offord, & Boyle, 1996; McLeod & Shanahan, 1996; Pollitt, 1994)



+ Yet we know...

- Family's economic stability influences **the quality of family relationships** (including family functioning and stability). *(Harris & Jones, 1999).*
- Few program have gone beyond granting “aid”—mainly for physical needs... and fewer have explicit interventions aimed at economic security or stability *(Ssewamala, et al... 2010; Ssewamala & Ismayilova, 2008; 2009).*



Guided by Theory we predict....

■ **Asset Theory** *(Sherraden, 1990; 1991)*

- A poor child in primary school with no belief that he/she has the economic means or opportunity to afford post-primary education is more likely to **have academic difficulties, and reduced self-esteem and consequently drop out of school.**
- Provided with the economic means (savings and IG opportunities), **this child may think and behave differently.** (This child would stay in school, strive to get good grades and avoid risk taking behaviors). *(Ssewamala, 2005; Ssewamala, et al... 2010; 2012 Ssewamala & Ismayilova, 2008; 2009).*

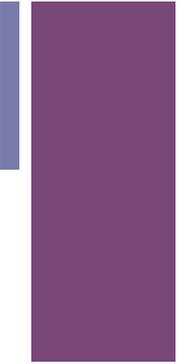
■ **Institutional Theory** *(North, 1990; Peters, 1999; Beverly & Sherraden, 1999; Ssewamal & Sherraden, 2004)*

- Institutions influence people's opportunities and performance



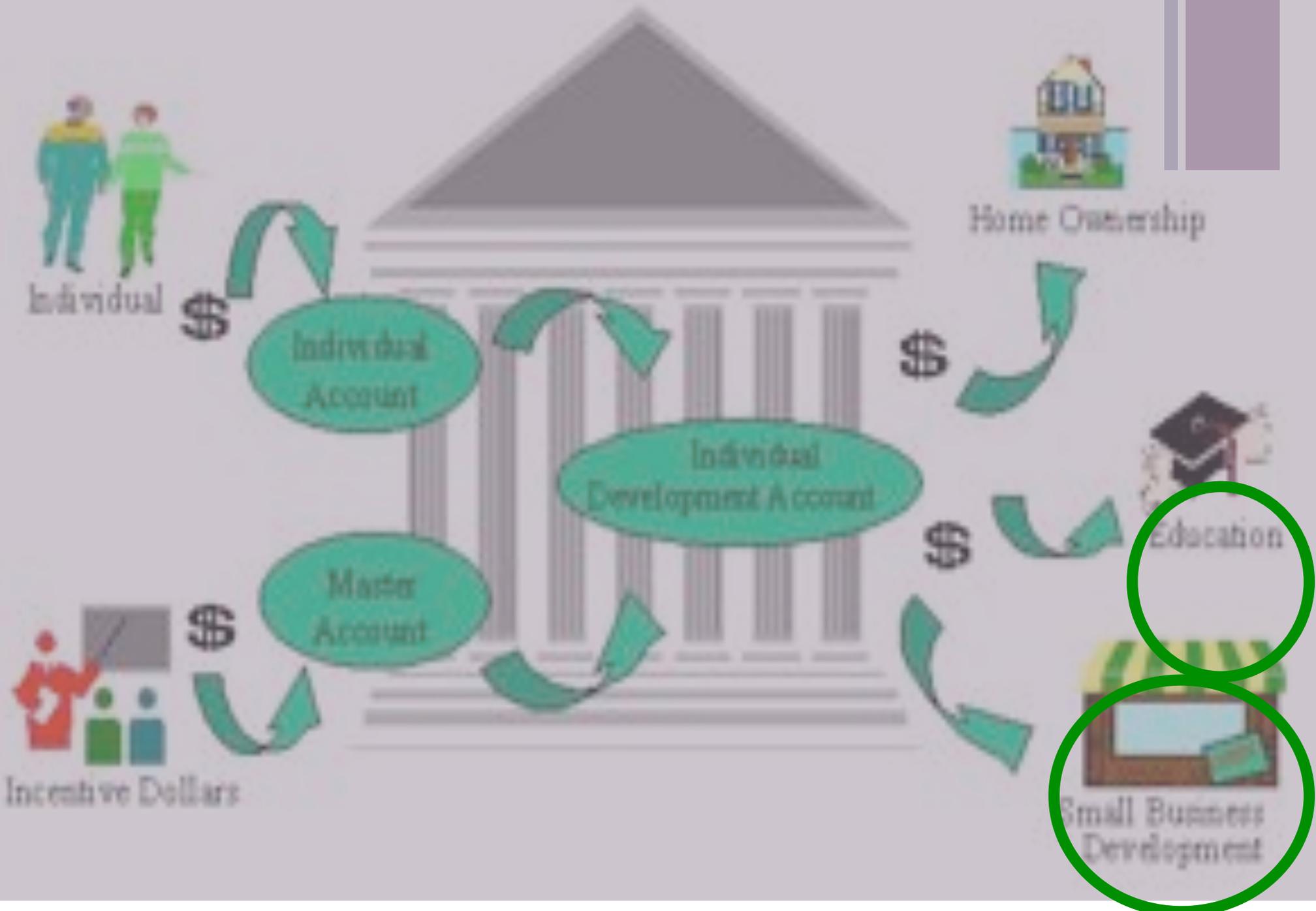
How do these theoretical frameworks apply to the context of Suubi-Uganda studies?

Children Development Accounts (CDAs), being pilot-tested by Suubi studies, constitute a tangible asset that can provide poor orphaned children with a means to expand their life options if they are provided with the training and skills to use them effectively on their own behalf.



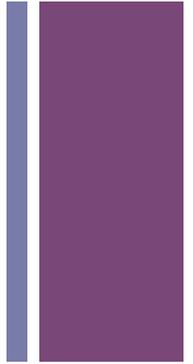
Contributions

Uses





Data Collection and Quality



- **Multiple methods** to evaluate the interventions:
 - **Field Surveys** (longitudinal)
 - **Administrative data** (specifically savings data from the financial institutions holding children's savings accounts; and school grades from the schools)
 - **In-depth Interviews**



Who are these children?





Adolescent Health Brief

A Novel Economic Intervention to Reduce HIV Risks Among School-Going AIDS Orphans in Rural Uganda

Fred M. Sawamira, Ph.D.^{1,2,*}, Stacy Alissa, M.P.H.¹, William M. Bateson, Jr., Ph.D.¹,
and Leyla Inyangireza, M.S.W.²

¹University of North Carolina at Chapel Hill, 101 East 19th Street,
Chapel Hill, North Carolina, 27599-7001, USA
²Department of Pediatrics, Makerere University School of Medicine, P.O. Box 708,
Kampala, Uganda
*Corresponding Author: Email: fsawamira@med.unc.edu

Abstract

The study tested a community intervention to reduce HIV risks among school-going adolescents. Adolescents (n = 40) were randomly assigned to receive the intervention or usual care in rural Uganda. They received a bundle of 12-month follow-up services including: individualized financial literacy training, individualized financial counseling, and individualized financial planning. HIV testing was administered bi-monthly. All rights reserved.

Keywords

Adolescent, HIV, school-going, HIV risks, economic intervention, rural Uganda

HIV is a global public health and medical crisis, particularly for the people of sub-Saharan Africa, in Uganda, a country especially devastated by HIV. Over 1 million children have lost one or both parents due to the disease [1]. The number of these HIV orphans are in-

creasing, and it is expected adolescents with an belief that their loss has the economic means to afford pregnancy education is more likely to have high levels of depression, academic difficulties, and consequently drop-out of school, and in this study to be able to have the disease in great

SAMPLE: Cohort 1 (SEED Pilot Study)

Sample characteristics (N=96)

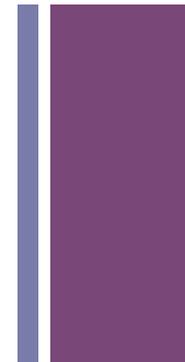
Girls	70%
Mean child age	13.8 years (<i>SD=1.1</i>)
Average # people in household	6.4 (<i>SD=2.4</i>)
Average # children in household	3.3 (<i>SD=1.9</i>)
Report father not living	72%
Report mother not living	46%
Report relative with HIV/AIDS	17%
Report knowing a person in community/village with HIV/AIDS	51%

Ssewamala, F.M., Alicea, S., Bannon, W., and Ismayilova, L. (2008). "A Novel Economic Intervention to Reduce HIV Risks among School-going AIDS-Orphaned Children in Rural Uganda." *Journal of Adolescent Health*, 42 (1): 102-104.



Selected MEASURES

(Details reported in *Ssewamala et al., 2008*).



Savings

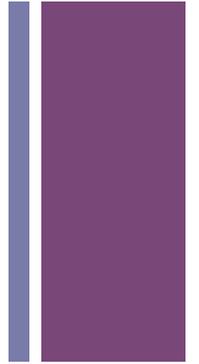
Net Deposit per month of participation for a Participant

$$\text{Calculation} = \frac{\text{Deposit} + \text{Interest} - \text{Unmatchable Withdrawals}}{\# \text{ of months of participation}}$$



Selected MEASURES (continued)

(Details reported in *Ssewamala et al., 2008*).



Having an educational plan (1 item)

What are your educational plans after O' level?

- No Plan vs. Vocational School/University

Child-caregiver communication (3 items)

Sample item: “In the past year have you talked to your

parents/legal guardian about your future plans?” (Yes/
No)

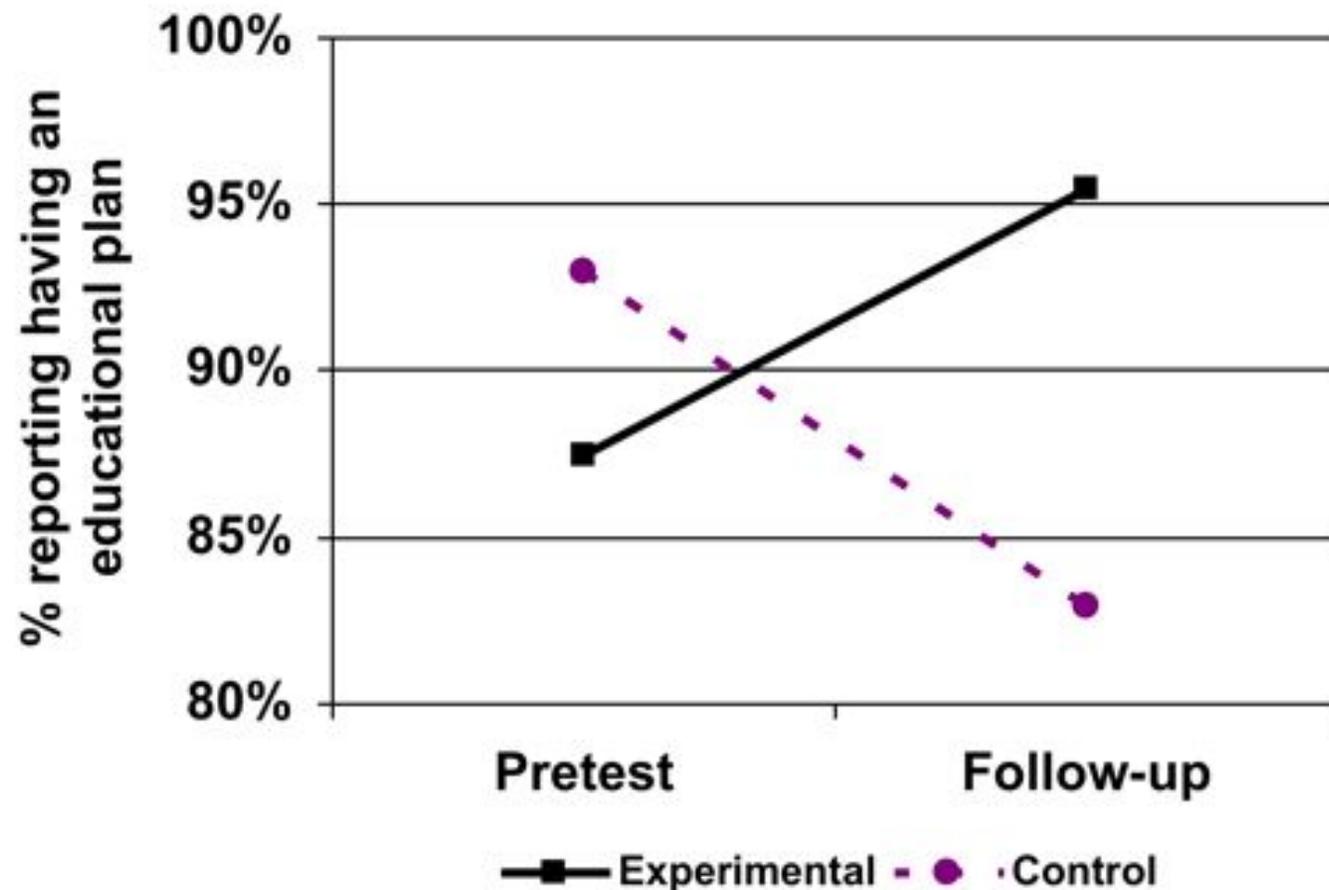
SEED Pilot Study: RESULTS

(Details reported in *Ssewamala et al., 2008*)

Savings/Average Monthly Net Deposit

1. Participants in the CDA (E) group do save.
2. Saved (an equivalent in USD): \$8.42 per family in AMND.
3. With a match rate of 2:1, the average participant in the CDA group (E) accumulated an average of \$25.26 per month or US \$303 /yr.
4. Male participants on average saved \$9.82 in AMND, while female participants saved \$7.88. [The difference is *NS*].

Child having an educational plan: a statistically significant difference between E (shift 88% to 96%) x C (shift 93% to 83%).

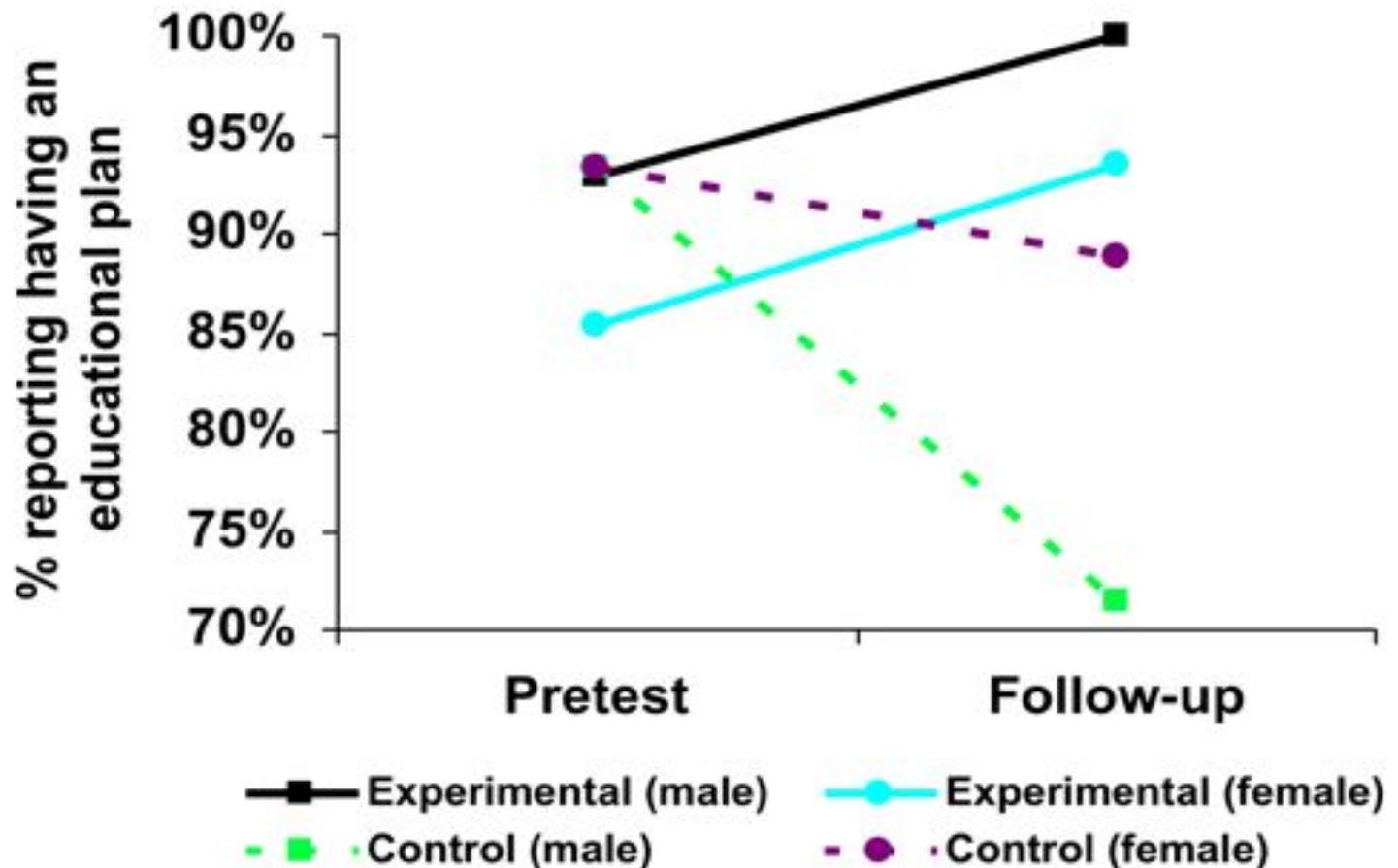


Wilks' Lambda = $F = 3.3, p < .05$

Group = $F(1, 81) = 5.6, p < .05$

+ Child having an educational plan by gender:

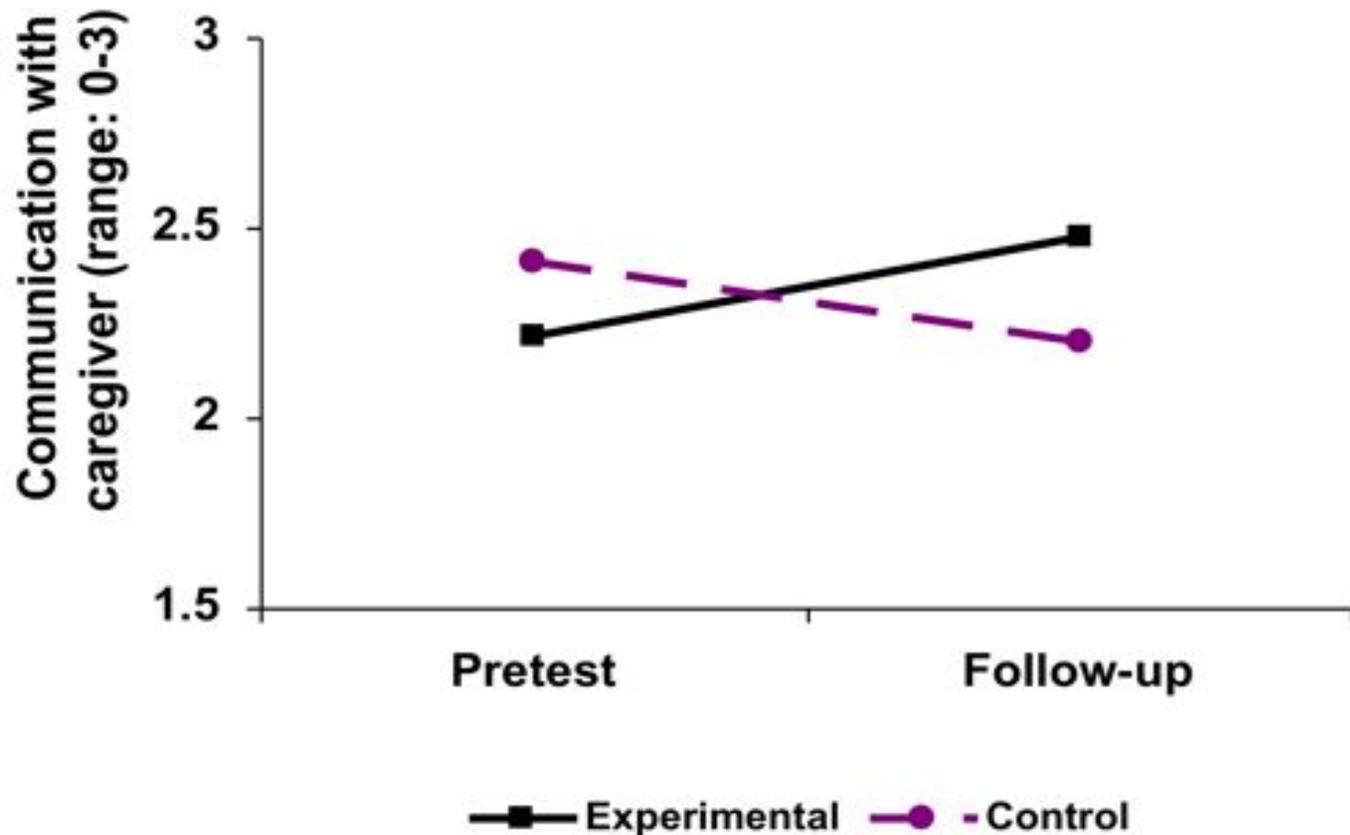
A trend in having an educational plan among boys



Group*Gender= NS

+ Level of child-caregiver communication:

A statistically significant difference between E (shift M=2.2 to M=2.5) x C (shift M=2.4 to M=2.2).

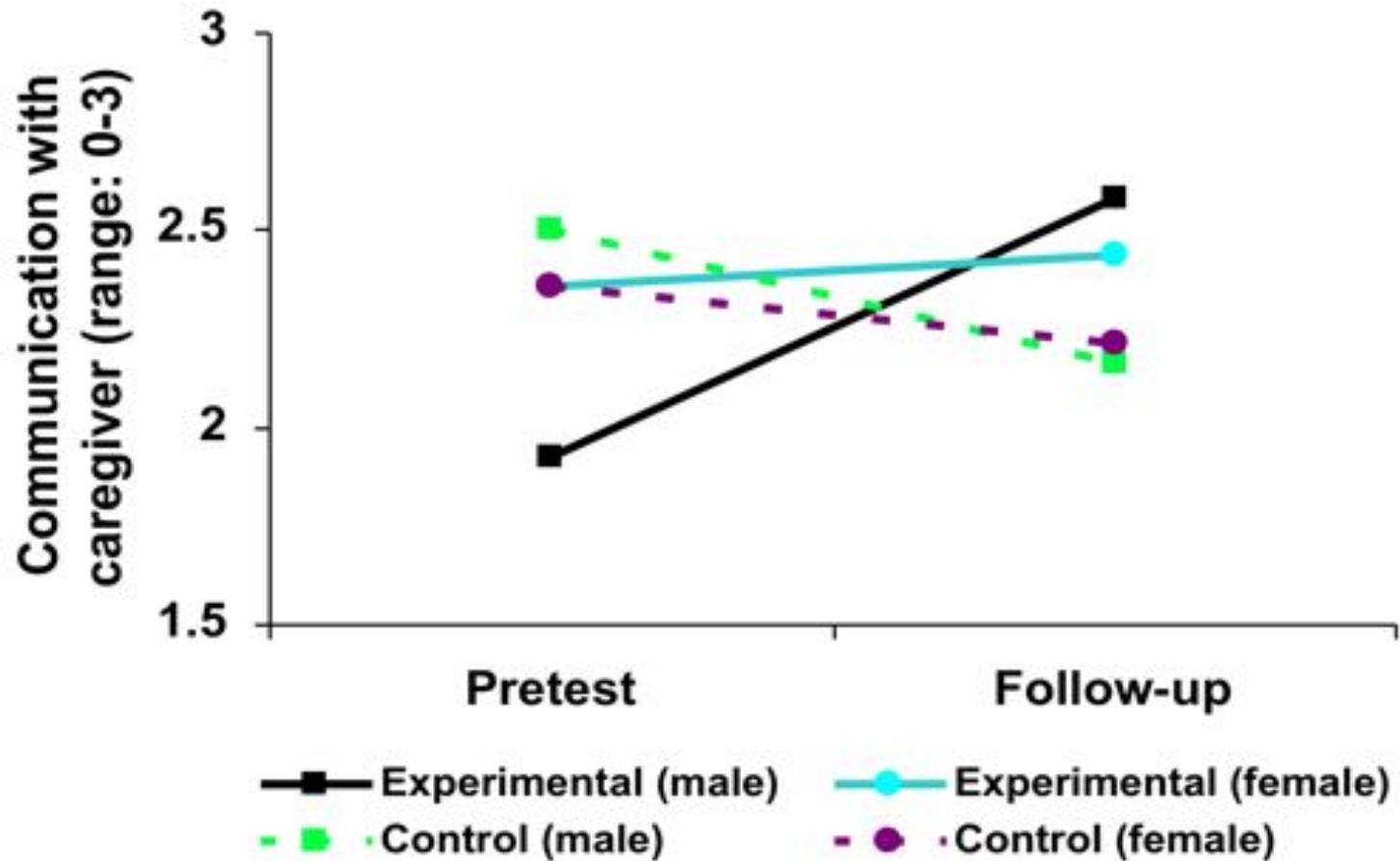


Wilks' Lambada = $F = 3.0, p < .05$

Group = $F(1, 69) = 3.6, p < .05$

+ Level of child-caregiver communication by gender:

A trend toward increased communication evident among boys



Group*Gender= NS



1. Saving Accounts

2. School Supplies

3. Parental Involvement

4. Mentorship

Study Cohort II: SUUBI (hope) Intervention Components

Ssewamala, F. M. and Ismayilova, L. (2009). "Integrating Children Savings Accounts in the Care and Support of Orphaned Adolescents in Rural Uganda". *Social Service Review* 83 (3), pp. 453-472. [NIHMSID#172608]



Integrating Children's Savings Accounts in the Care and Support of Orphaned Adolescents in Rural Uganda

Fred M. Nsubumba
Columbia University

Lyla Innocentia
Columbia University

This study examines an innovative supplementary model of care and support for orphaned adolescents in rural Uganda. Unlike the usual 5%–10% orphanage-based youth care (10% from US companies which were recently stopped to allow the usual care, which makes provision of counselling and education-related supplies in the experimental condition, at which participants also received matched savings accounts. The authors indicate that poor families in rural Uganda can still do well for their orphans if provided with support and resources. Another aim is to test statistically significant differences between youth in the experimental and control groups on already noted social outcomes.



Selected MEASURES

(Details in Ssewamala & Ismayilova, 2009; Ssewamala et al., 2010)



Single items for educational plans

- Plan to go on to secondary school after completing primary?
- How certain are you that you would accomplish these plans?
(1-least to 3-most).

Sexual Risk Taking Behaviors

Mensch et al (2008; 2003)—no reliable instruments to guarantee accurate reporting of sexual risk taking behaviors by adolescents.

Shifts in attitudes may be the next best option for capturing sexual risk taking behavior among adolescents (Mensch et al, 2008; Raj, 1996; White et al, 1994).



Selected MEASURES

(Details in Ssewamala & Ismayilova, 2009; Ssewamala et al., 2010)



Sexual Risk Taking Intentions (6 items)

Sample items:

I believe it's OK for people my age to have sex with someone they've just met

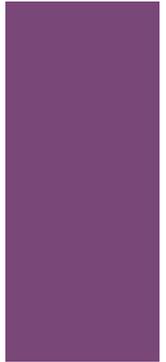
I believe it's OK for people my age to have sex with someone they love.

I believe it's OK to have sex without protection with someone you know

(1 disagree a lot to 6 agree a lot)



Suubi Sample characteristics (N=283)



Girls	57%
Mean child age	13.72 years (<i>SD=1.4</i>)
Average # people in household	6 (<i>SD=2</i>)
Average # children in household	3 (<i>SD=2</i>)
Report father not living	81%
Report mother not living	58%
Both biological parents not living	28%
Primary caregiver formally employed	37%

(Details in Ssewamala & Ismayilova, 2009; Ssewamala et al., 2010)

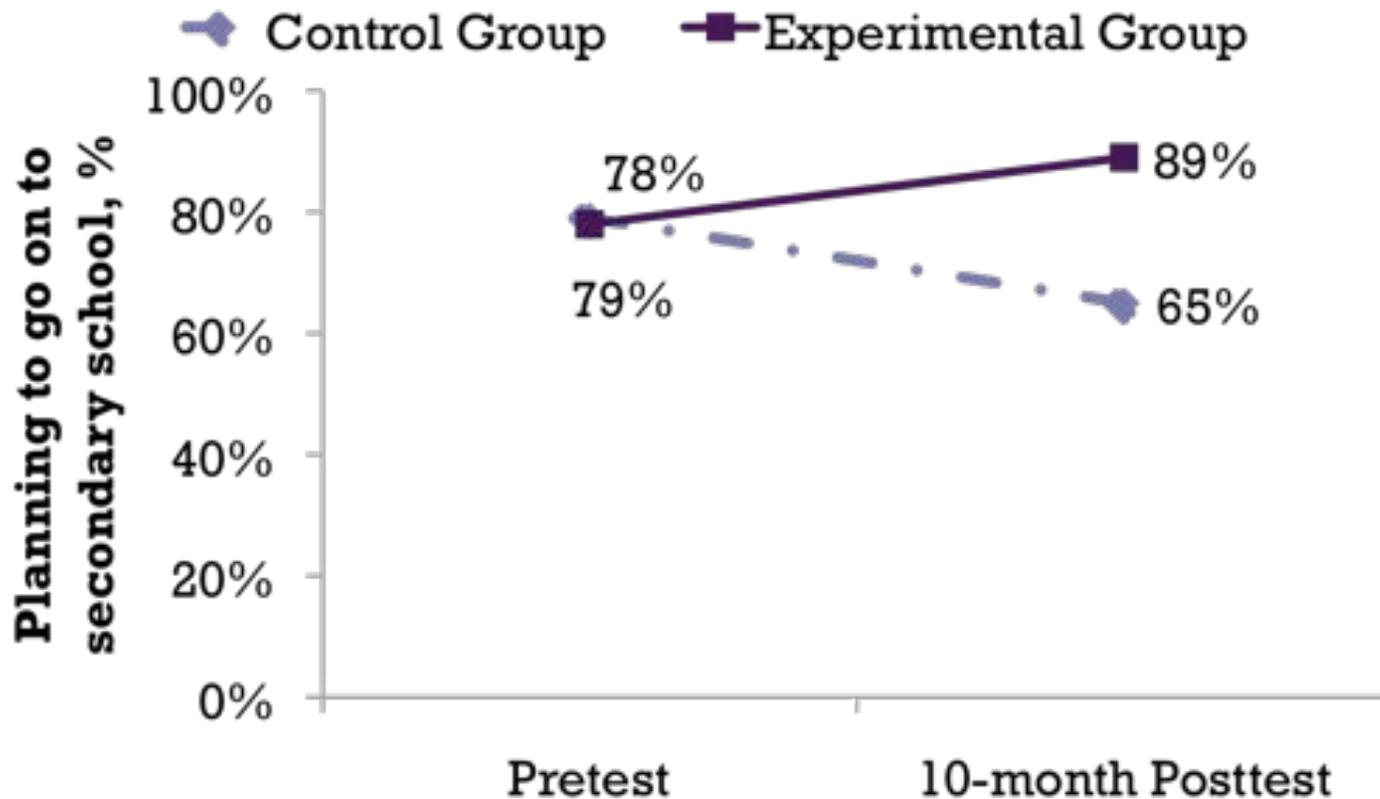
Outcomes: Cohort II (SUUBI)

- Average Savings: (without a match)= \$6.33/month, or \$76/year [\$19/month with a 2:1 match]
- Average savings for boys: \$7.26 (SD = \$2.56); girls saved \$6.72 (SD = \$1.92).
- No statistically significant differences in average savings by gender. Girls and boys saved at comparable rates.

+

(Details in Ssewamala & Ismayilova, 2009; Ssewamala et al., 2010)

Educational Plans (N= 277)

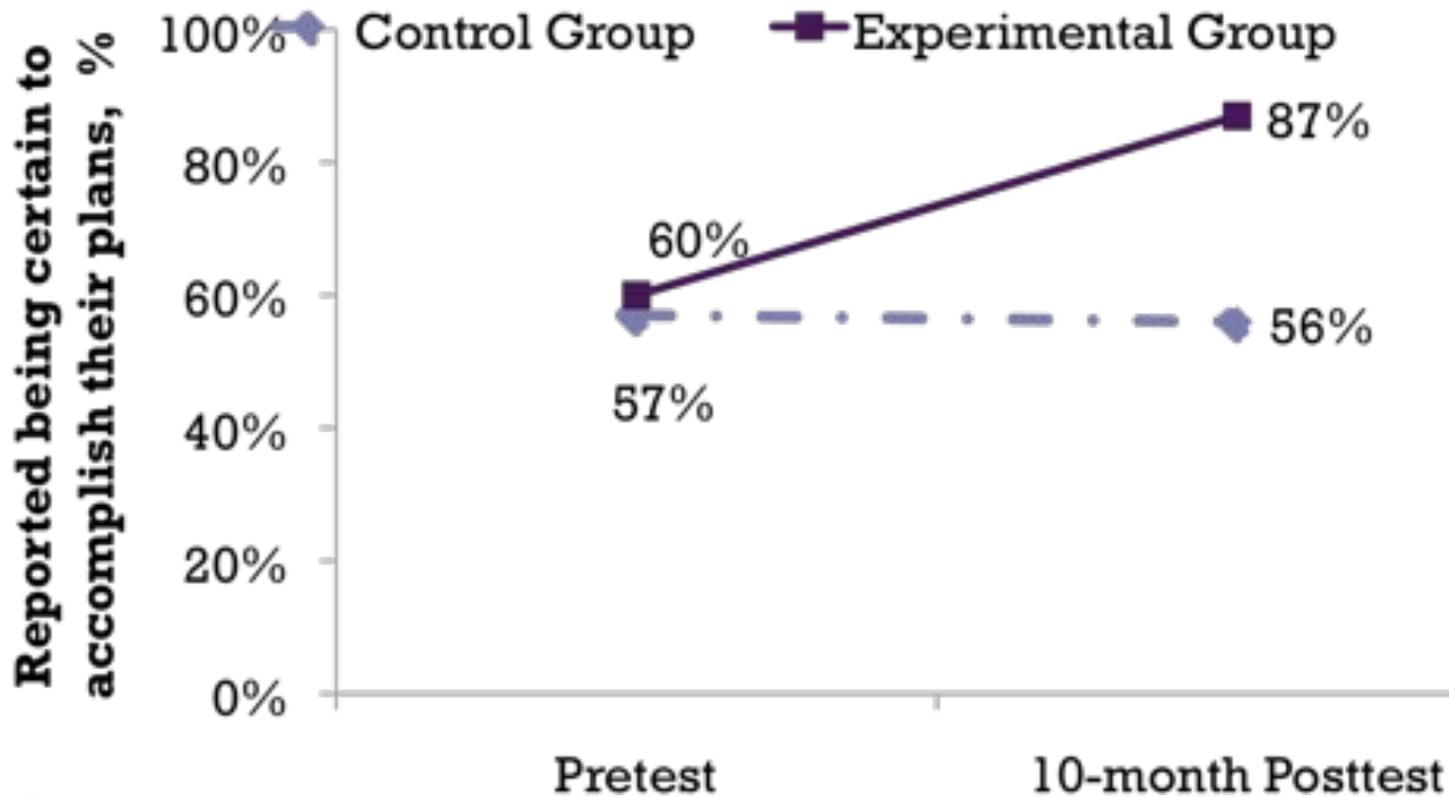


+ $F_{1,254} = 8.11, p < .01$

More children in the experimental condition planning to go on to secondary school

(Details in Ssewamala & Ismayilova, 2009; Ssewamala et al., 2010)

Certainty to Accomplish Educational Plans (N= 277)



+ $F_{1,254} = 7.57, p < .01$

More children in the experimental group feeling very certain about being able to go on to secondary school

(Details in Ssewamala & Ismayilova, 2009; Ssewamala et al., 2010)

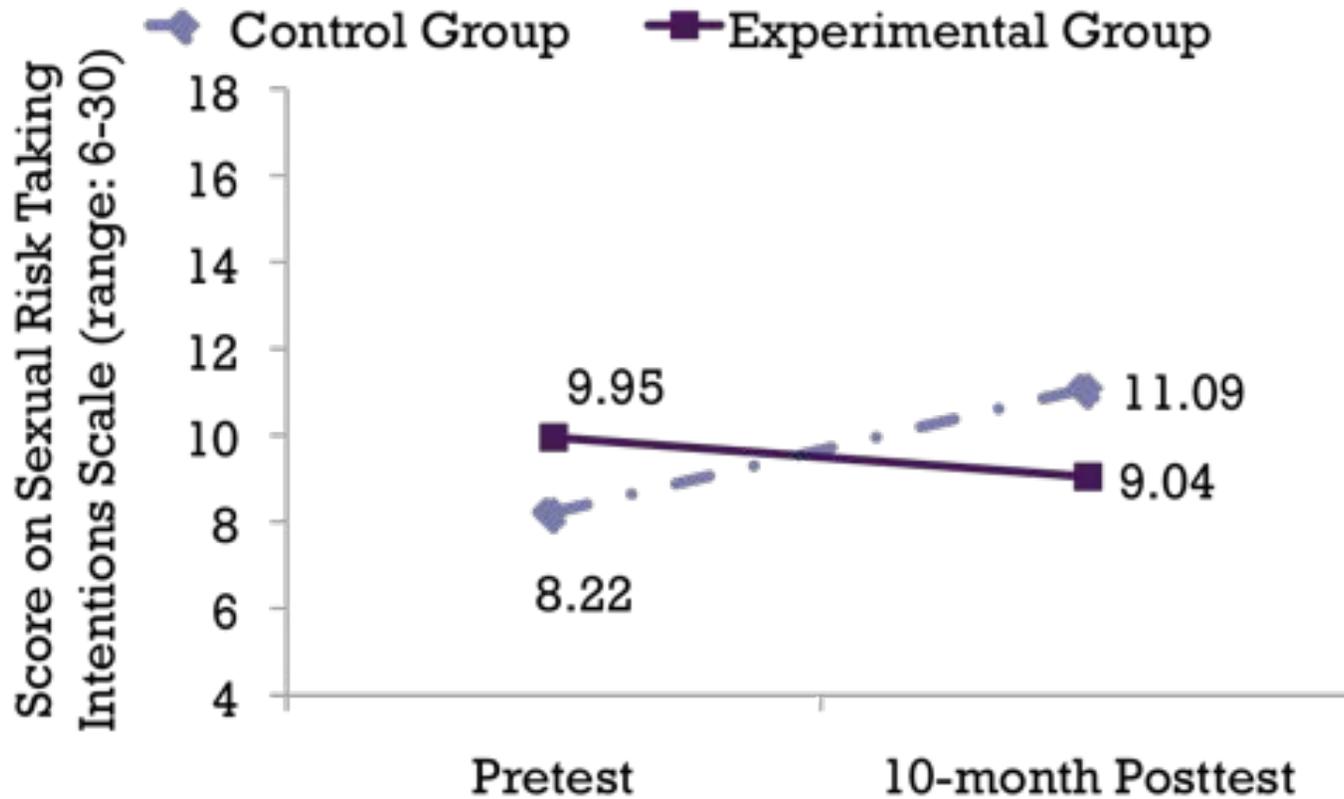


Other Educational Related Outcomes

- **Academic performance (PLE):** Adolescents in the treatment group scored two points higher than their counter part in the control group. The difference between the two groups was statistically significant.
- **School attendance:** Participants in the control group reported a 9 percentage point decrease in school attendance between baseline and 10-month follow-up.

Source: Ssewamala & Ismayilova (2009)

Sexual Risk Taking Intentions



+ $F_{1,254} = 28.66, p < .001$

Significant differences in sexual risk taking intentions, including unprotected sex

Results published in Ssewamala and colleagues (2010)
American Journal of Public Health

+ Implications

- Studies provide **some of the initial empirical evidence regarding** the relationship between assets and OVC's well-being, specifically in a poor country.
- The **positive impacts should be understood as a package**
- Impact: Policy, Programming and Practice.

(Details in Ssewamala & Ismayilova, 2009; Ssewamala et al., 2010)

+ Future studies

- Longer study periods
- Bigger sample sizes
- Disentangle the effects of the different components of the Suubi intervention.

(Details in Ssewamala & Ismayilova, 2009; Ssewamala et al., 2010)

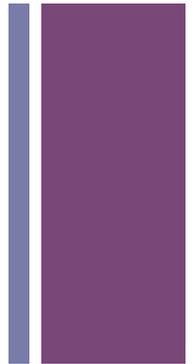
+ Acknowledgements

- **Funded by National Institutes of Health:**
 - Principal Investigator: Fred Ssewamala, PhD
 - Suubi Project (R21 MH076475-01)
 - Suubi-Maka Project (R34 RMH081763A)
 - Bridges to the Future (1 R21 MH076475-01)
 - Bayelsa/Nigeria CDAs-funded by Bayelsa State Government (Nigeria).
- **Other Funders:**
 - Columbia University
 - Center for Social Development, Washington University
 - The Friedman Family Foundation
 - New America Foundation, Washington DC
 - The Master Card Foundation through Save the Children
 - Marc and Barbara Arnold, Denver, CO
- **Other support/Research Team:**
 - Jane Waldfogel, Mary Mckay, Michael Sherraden, Nabila El-Bassel, Torstein Neilands, Jami Curley, Proscovia Nabunya, Leyla Ismayilova, Vilma Ilic, and the SUUBI-Project Staff.



Selected Publications out of SUUBI Projects

- Ssewamala, F.M., Han, C-K., Neilands, T., Ismayilova, L., Sperber, E. (2010). “The Effect of Economic Assets on Sexual Risk Taking Intentions Among Orphaned Adolescents in Uganda”. **American Journal of Public Health** 100 (3), pp. 483-489. [NIHMSID#147879, PubMed# 20075323].
- Ssewamala, F.M., Ismayilova, L., McKay, M., Sperber, E., Bannon, W., Alicea, S. (2010). “Gender and the Effects of an Economic Empowerment Program on Attitudes Toward Sexual Risk-Taking Among AIDS-Orphaned Adolescent Youth in Uganda.” **Journal of Adolescent Health** 46 (4), pp. 372-378. [NIHMSID#144977].
- Ssewamala, F. M. and Ismayilova, L. (2009). “Integrating Children Savings Accounts in the Care and Support of Orphaned Adolescents in Rural Uganda”. **Social Service Review** 83 (3), pp. 453-472. [NIHMSID#172608]
- Ssewamala, F. M., Han, C-K., and Neilands, T. (2009) “Asset Ownership and Health and Mental Health Functioning among AIDS-Orphaned Adolescents: Findings from a Randomized Clinical Trial in Rural Uganda. **Social Science and Medicine** 69 (2), pp. 191-198. [NIHMSID#172769, PubMed#19520472]
- Ssewamala, F.M., Alicea, S., Bannon, W., and Ismayilova, L. (2008). “A Novel Economic Intervention to Reduce HIV Risks among School-going AIDS-Orphaned Children in Rural Uganda.” **Journal of Adolescent Health**, 42 (1): 102-104.
- Curley, J., Ssewamala, F.M., Han, C-K. (in press). “Assets and Educational Outcomes: Child Development Accounts (CDAs) for Orphaned Children in Uganda”. **Children and Youth Services Review** [NIHMSID#133493] .



Selected Publications out of SUUBI Projects—cont'd

- Ssewamala, Fred M., Torsten B. Neilands, Waldfogel, Jane, & Ismayilova, Leyla. (2012). “The Impact of a Microfinance-based Intervention on Depression Levels of AIDS Orphaned Children in Uganda.” ***Journal of Adolescent Health***, **50**, pp. 346-352. [NIHMSID#335244].
- Karimli, Leyla., Ssewamala, Fred M., & Ismayilova, Leyla (in Press). Extended Families and Perceived parental/guardian support to AIDS-orphans in Rakai District of Uganda. Forthcoming ***Children and Youth Services Review*** [NIHMSID#364224]
- Ssewamala, Fred M., Sperber, Elizabeth, Blake, Clair, & Ilic, Vilma. (2012). Increasing Opportunities for Inner-city Youth: The Feasibility of an Economic Empowerment Model in East Harlem and the South Bronx, New York. ***Children and Youth Services Review***, **34**, pp. 218-224. [NIHMSID#336915]
- Ssewamala, Fred M. & Ismayilova, Leyla. (2008). Faith-based Institutions as Project Implementers: An Innovative Economic Empowerment Intervention for Care and Support of AIDS-Orphaned and Vulnerable Children in Rural Uganda. In **an edited volume, Innovations in Effective Compassion: Compendium of Research Papers for the White House FBO Conference (pp.213-235)**. Pamela J., Stephanie H. and Jeffrey N. (Eds.). US Department of Health and Human Services. Also available at: <http://aspe.hhs.gov/fbci/comp08/>
- Ssewamala, Fred M., Wang, Julia Shu-Huah, Nabunya, Proscovia, & Karimli, Leyla (2011). “Strengthening Universal Primary Education in Uganda: The Potential Role of a Family Asset-Based Development Program.” ***International Journal of Educational Development*** **31** (5), pp. 466-471.



Investing in Our Children...today...