



Office of Research-Innocenti

Cash transfers and HIV risk: The impact of large-scale programs on structural determinants among youth in sub-Saharan Africa

Amber Peterman, UNICEF Office of Research—Innocenti
On behalf of the Transfer Project

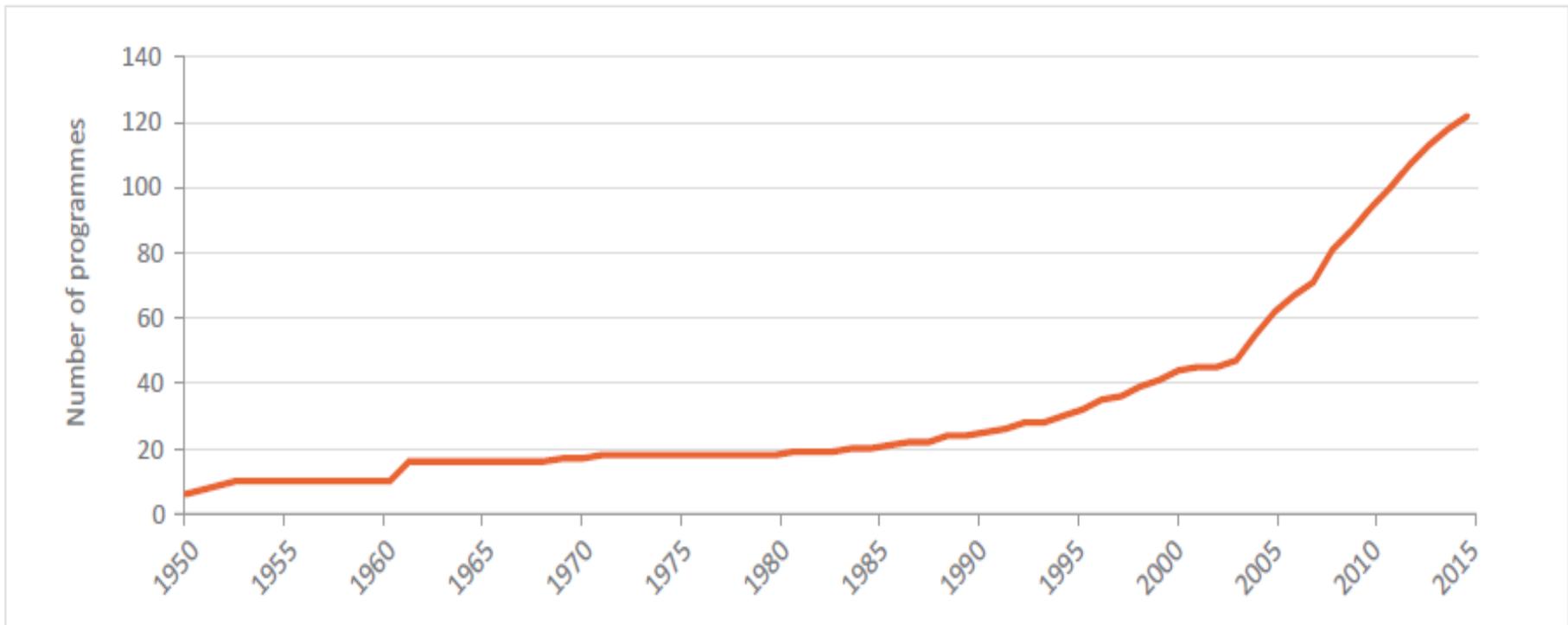
July 16, 2016

Children and HIV: Equity Now! Symposium

unite for
children

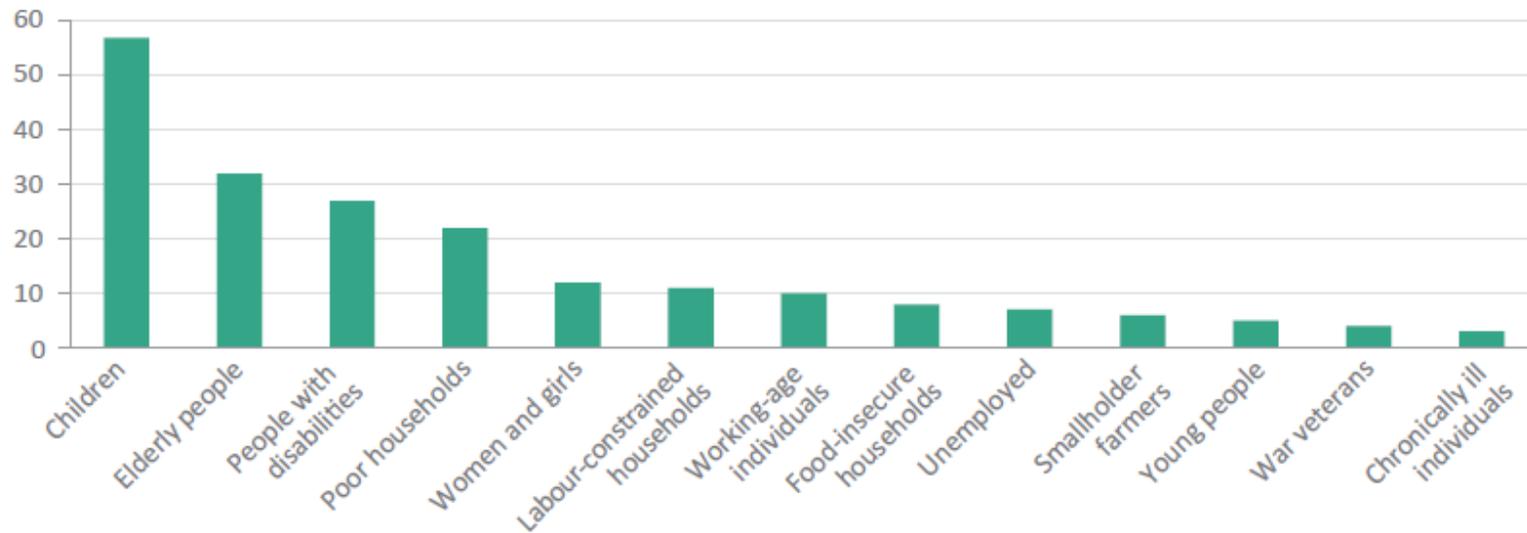
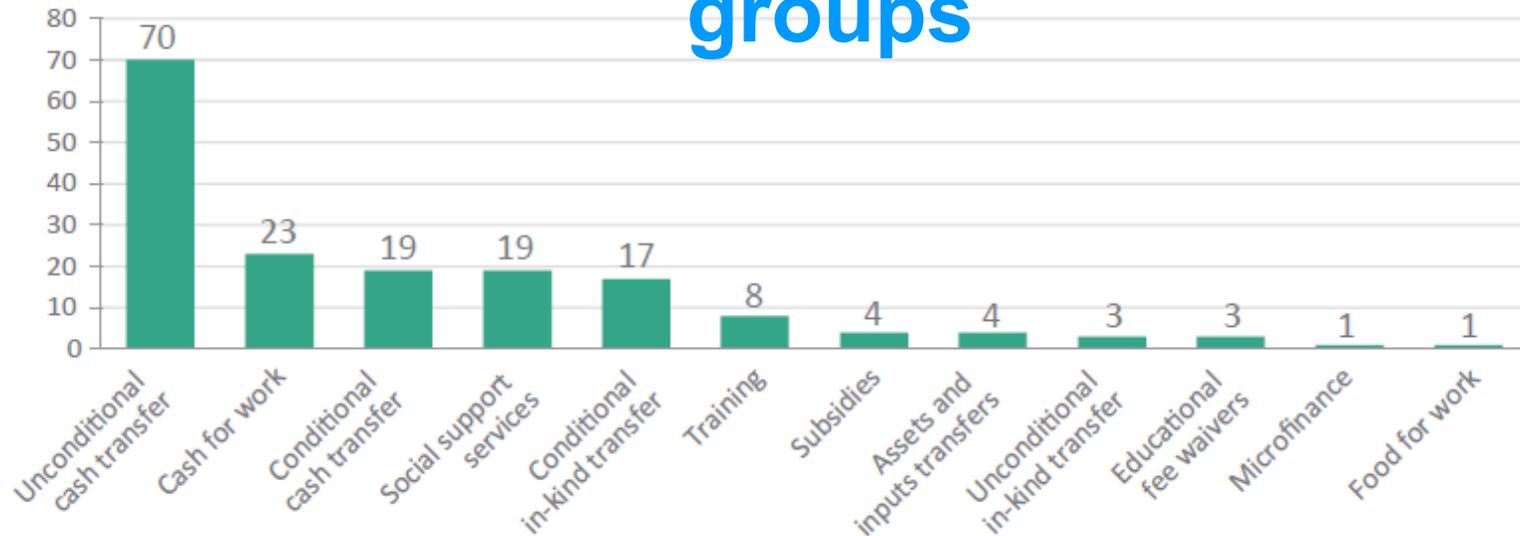


Rise of social protection in Africa: *Non-contributory Govt programming triples over last 15 years*



Source: Cirillo & Tebaldi 2016 (Social Protection in Africa: Inventory of Non-Contributory Programmes):
www.ipc-undp.org/pub/eng/Social_Protection_in_Africa.pdf

Typologies of programs & target groups



Source: Cirillo & Tebaldi 2016 (Social Protection in Africa: Inventory of Non-Contributory Programmes):

www.ipc-undp.org/pub/eng/Social_Protection_in_Africa.pdf

Existing evidence on HIV impacts?

Studies suggest promising protective impacts on mental health, school attendance, early pregnancy, marriage, IPV, and HIV/HSV

- Malawi Zomba [UCT/CCT]
- South Africa Swa Koteka (HPTN 068) [CCT]
- South Africa CAPRISA 00-7 [CCT]

Caveats?

- Non poverty-targeted (may select better off, may be unable to detect impacts on schooling if targeting is school-based)
- Underpowered to detect impacts on HIV
- Often give money directly to adolescent girls
- NGO/pilot programs (Limited geographic scope & generalizability?)

The Transfer Project



Who: Community of research, donor and implementing partners – focus on coordination in efforts and uptake of results

- UNICEF, FAO, UNC, Save the Children, National Governments

Mission: Provide rigorous evidence on of government-run large-scale (largely unconditional) social cash transfers (SCTs)

Motivation:

- Income poverty has highly damaging impacts on human development
- Cash empowers people living in poverty to make their own decisions on how to improve their lives

Where: Ethiopia, Ghana, Kenya, Lesotho, Malawi, South Africa, Tanzania, Zambia and Zimbabwe

Youth modules as part of standard household surveys



Photo credit, Tanzania: Tia Palermo

- Do SCTs affect ‘structural determinants’ and outcomes related to safe transition to adulthood?
- Interviews separate from household survey (~3 eligible youth per household)
- Aged 13-28 (varies by country)
- Rigorous ethical protocols
- Same-sex interviewers in private location with referrals

Youth modules: content

- Fertility, marriage, schooling, labor, general health
- Sexual debut, partner characteristics, concurrency, condom use, transactional sex, forced sex
- Mental health, HOPE, aspirations/expectations
- Patience, risk preference, logical reasoning
- Alcohol and tobacco use
- Physical violence (Zimbabwe, Tanzania)

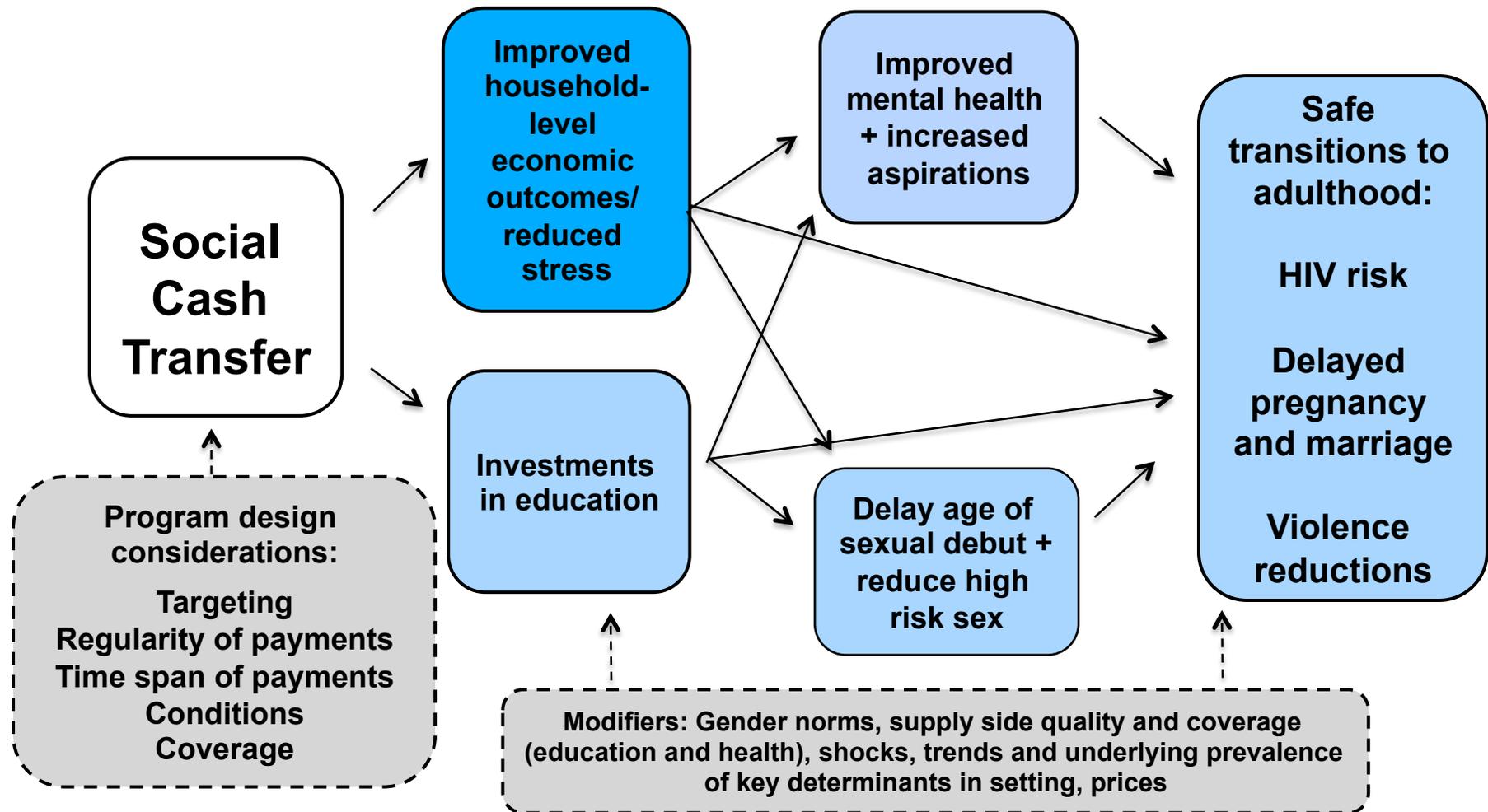


Malawi, credit: Angeli Kirk

Data collection on youth

| Country | HH Sample Size | Youth Age Range | Youth Sample Size | Survey Year(s) | Design |
|-------------------------|----------------|-----------------|-------------------|----------------|-------------------------------|
| Kenya CT-OVC | 1913 | 15-25 | 2223 | 2007, 09, 11 | RCT |
| South Africa CSG | 2964 | 15-17 | 1114 | 2010-11 | PSM & dosage models |
| Zambia MCTP | 3078 | 13-17 | 2098 | 2011, 13, 14 | RCT |
| Zimbabwe HSCT | 3063 | 13-20 | 1170 | 2013, 14, 16 | District Matched Case Control |
| Malawi SCTP | 3200 | 13-19 | 2109 | 2013, 14, 15 | RCT |
| Tanzania PSSN | 801 | 14-28 | 1357 | 2015, 17 | RCT |

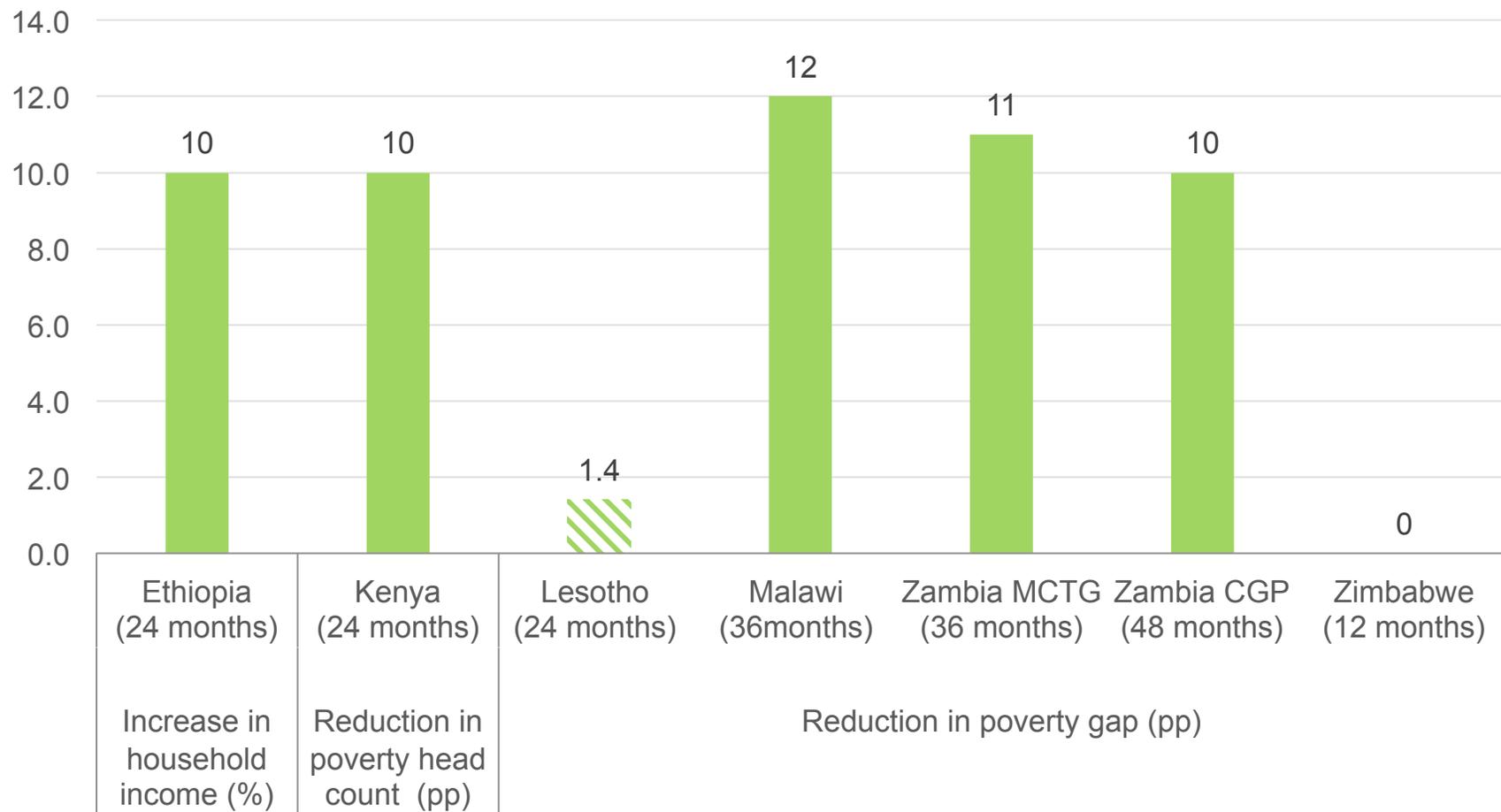
Safe transitions and SCTs: a framework



Following from framework: Focus on 4 key pathways

- **Pathway 1:** Household economic strengthening, resiliency and financial wellbeing
- **Pathway 2:** Investments in education
- **Pathway 3:** Improved mental health and aspirations
- **Pathway 4:** Sexual debut and sexual risk taking

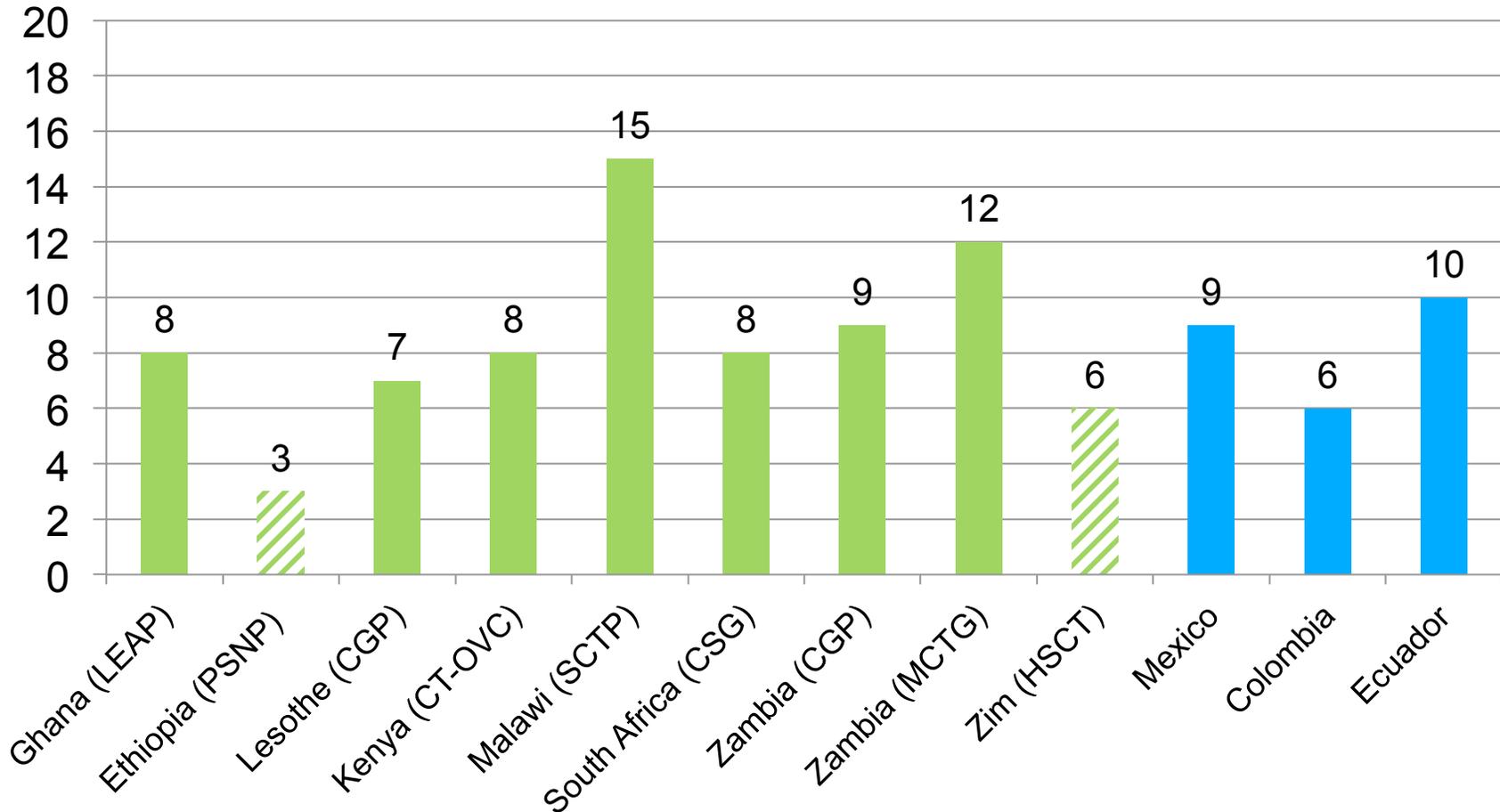
Pathway 1: Reductions on poverty measures



Across-the-board impacts on food security

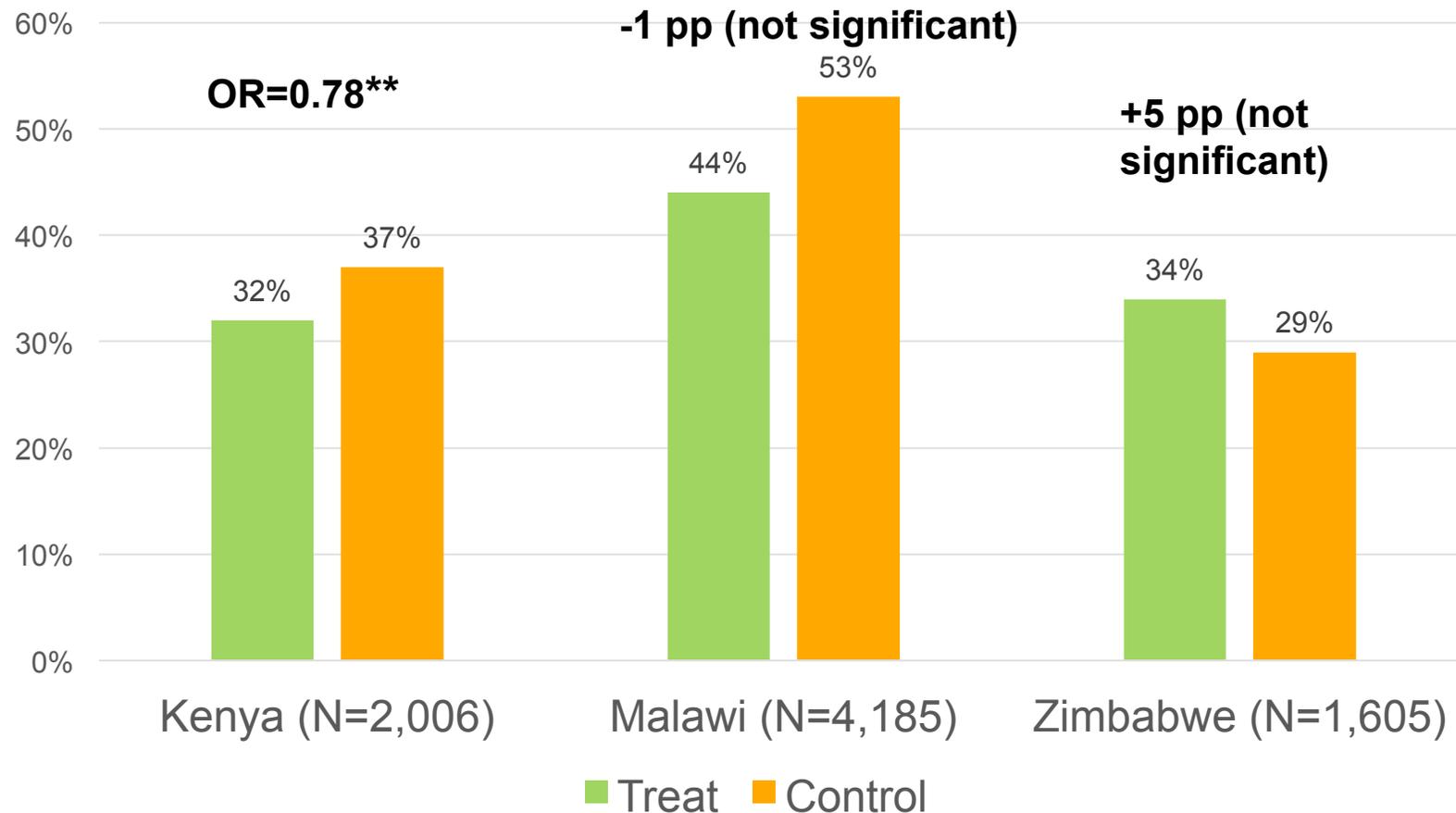
| | Ethiopia SCTP | Ghana LEAP | Kenya CT-OVC | Lesotho CGP | Malawi SCTP | Zambia MCTG | Zambia CGP | Zim HSCT |
|---|------------------|---------------|-----------------|----------------|----------------|----------------|---------------|-------------|
| <i>Spending on food & quantities consumed</i> | | | | | | | | |
| Per capita food expenditures | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Per capita expenditure, food items | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ |
| Kilocalories per capita | ✓ | | | | ✓ | | | |
| <i>Frequency & diversity of food consumption</i> | | | | | | | | |
| Number of meals per day | ▪ | | | | ✓ | ✓ | ✓ | |
| Dietary diversity/Nutrient rich food | ✓ | | ✓ | ✓ | | ✓ | ✓ | ✓ |
| <i>Food consumption behaviours</i> | | | | | | | | |
| Coping strategies adults/children | ✓ | ✓ | | ✓ | ✓ | | | |
| Food insecurity access scale | ▪ | | | | | ✓ | ✓ | ✓ |

Pathway 2: School enrollment impacts (secondary age children): Comparable to those from CCTs in LAC



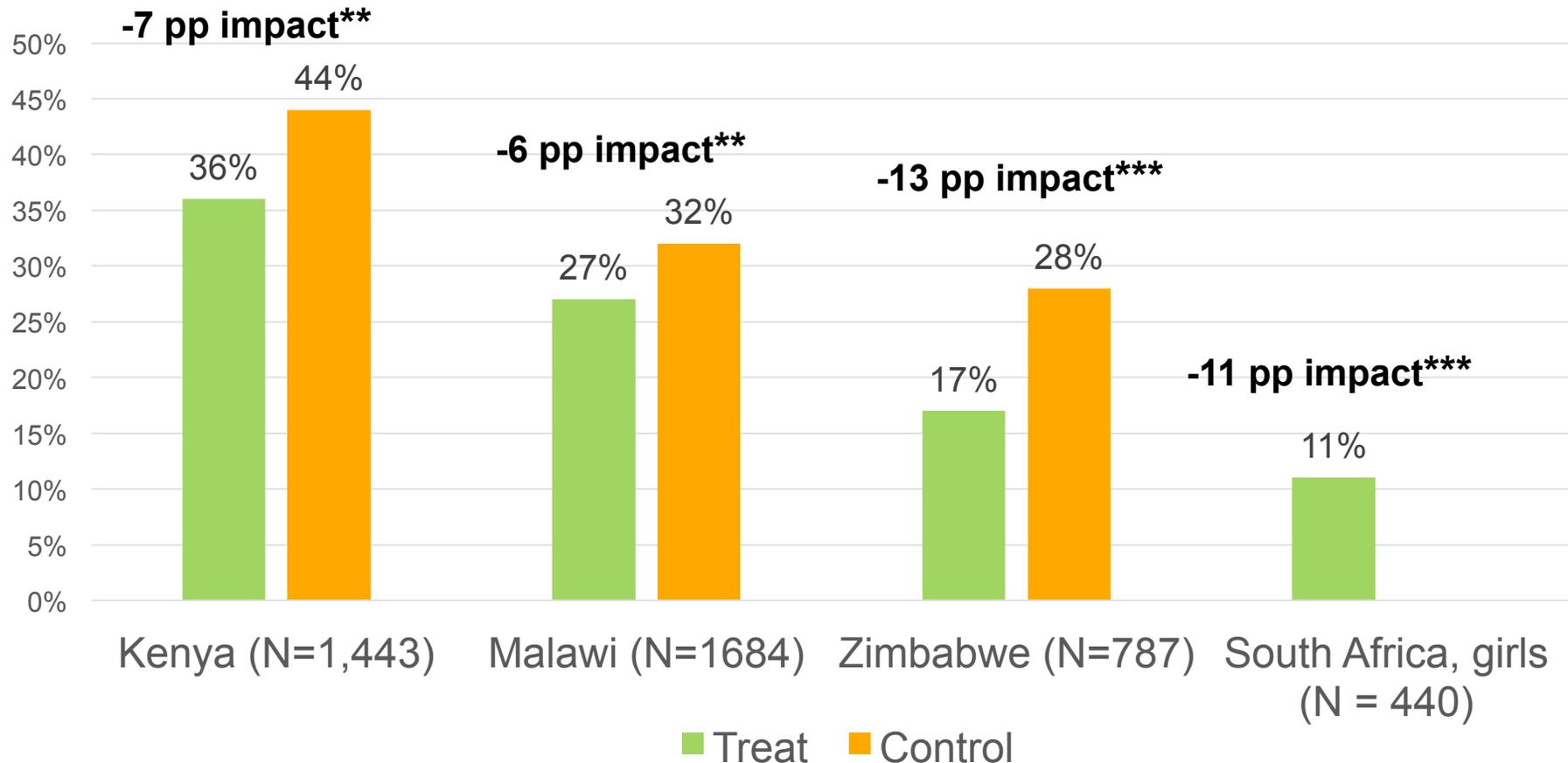
Primary enrollment already high, impacts at secondary level. Ethiopia is all children age 6-16.
Bars represent percentage point impacts; all impact are significant.

Pathway 3: Impacts on mental health of youth, depressive symptoms



Note: CES-D = Center for Epidemiological Studies Depression scale (10 item short form).
Kenya results: Kilburn et al. 2015 *10% significance, **5% significance; ***1% significance.

Pathway 4: sexual debut



Note: Results from multivariate adjusted models (ages of youth vary by country), Kenya results (Handa et al. 2014), SA results using dosage models, mean is overall sample (Heinrich et al. 2015)
*10% significance, **5% significance; ***1% significance.

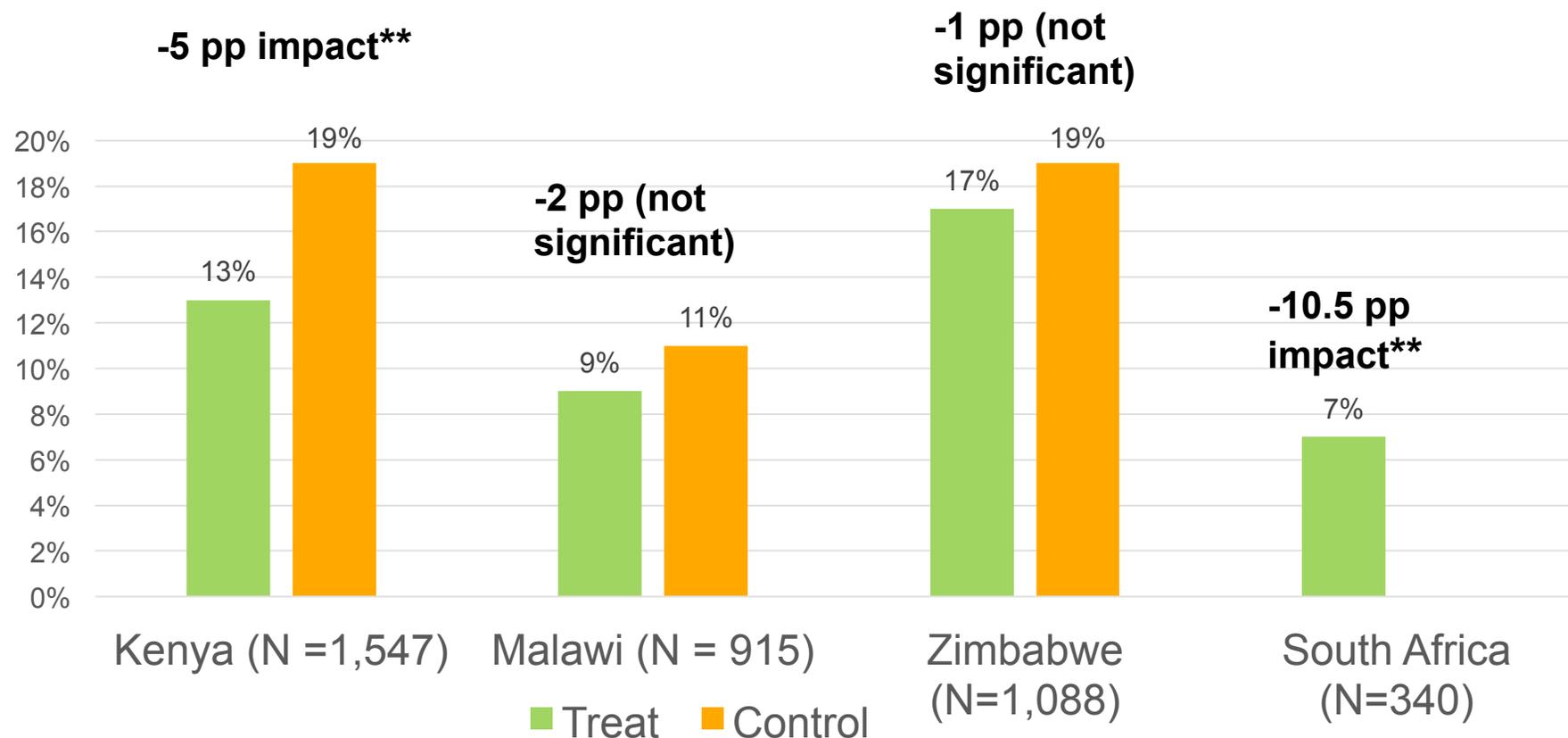
□ Kenya and Zimbabwe impacts driven by girls, Malawi driven by boys

Pathway 4: Sexual behavior & risk taking

| Country | Condom use | Transactional sex | # Sex partners | Forced sex |
|--------------|------------|-------------------|----------------|------------|
| Kenya | ✓ | ✓ | ✓ | ✓ |
| Malawi | ✓ | ✓ | ✓ | ✓ |
| South Africa | ✓ | ✓ | ✓ | ✓ |
| Zimbabwe | ✓ | ✓ | ✓ | ✓ |

- ✓ Protective impact
- ✓ Protective impact (sub-group)
- ✓ No impact

Related outcomes: first pregnancy (females)



Note: Results from multivariate adjusted models (ages of youth vary by country). Kenya results (Handa et al. 2015). South Africa results using dosage models, mean is overall sample (Heinrich et al. 2015)
*10% significance, **5% significance; ***1% significance.

Malawi: -4 pp** impacts on girls in poorer households

Summary of results: Potential for addressing structural determinants of HIV

- Significant cross-country impacts on important determinants (**economic security, education and delaying sexual debut**)
- **Selected impacts** on additional outcomes (mental health, risk taking behaviors, first pregnancy)
- Kenya and South Africa results strongest: Program has been running (4+years vs. 12 months of transfers)
- **Gender of youth** seems to matter—however no clear patterns thus far to illuminate why (qualitative work?)
- Transitions to adulthood **need long(er)-term data collection** to realize impacts

Research gaps & programs implications

- Overall, **promising evidence** that government run poverty-targeted UCTs can impact **safe transitions** for youth
- Programs are at **scale**, thus increasing **external validity** of findings
- All programs designed as **unconditional**—thus we do know now if impacts are larger/smaller with conditions, or with bundled services
- We need more testing of **youth and gender-specific ‘plus’** components (particularly economic/livelihood add-ons to measure potential synergies)
- **Costing/cost-effectiveness**: We know impacts are large, but how large in comparison to targeted/vertical interventions?

For more information

- Transfer Project website: www.cpc.unc.edu/projects/transfer
- Briefs: <http://www.cpc.unc.edu/projects/transfer/publications/briefs>
- Facebook: <https://www.facebook.com/TransferProject>
- Twitter: [@TransferProjct](https://twitter.com/TransferProjct) Email: apeterman@unicef.org



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Additional slides: General approach to modeling

- Probit or ordinary least squares (OLS) multivariate regressions
- Baseline balance/ successful randomization in all countries
- For “once occurring outcomes” use endline cross section and drop those who had already reported outcome at baseline
- For outcomes changing over time (mental health, education, aspirations), use difference-in-difference models
- Control for baseline individual, household, community characteristics & cluster standard errors
- Weight for probability of appearing in sample (among all eligible youth in any given household)