

Poverty Reduction and HIV Risk

Results from the Government of Kenya's Cash Transfer Program

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Study team and funding

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- World Bank: Will Wiseman
- DFID: Leigh Stubblefield, Ada Mwangola
- Funding: NIMH 1R01 MH093241-01

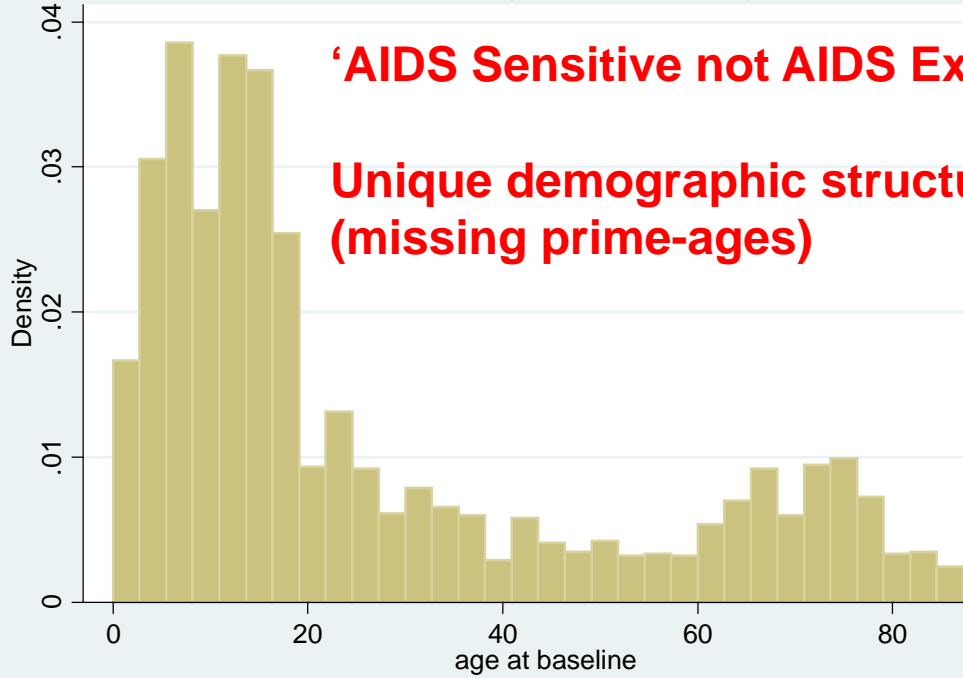


Social Cash Transfers in Africa

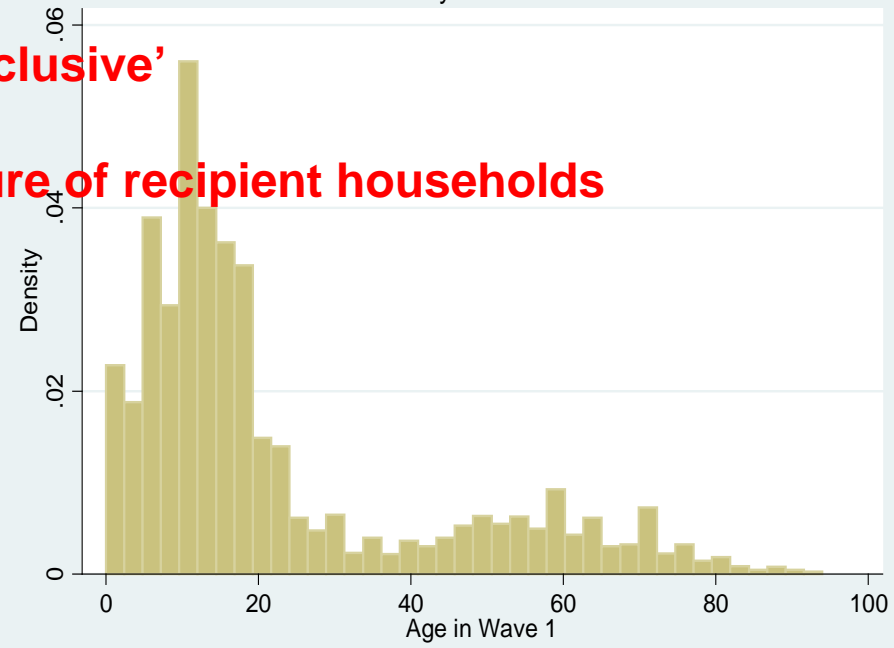
- Unconditional cash payments targeted to poor and vulnerable families
 - OVC, labor-constrained, high dependency
 - Mitigation for HIV/AIDS affected families
 - In Malawi, 80 percent of recipients considered 'AIDS affected'
 - AIDS sensitive but not AIDS exclusive
 - Avoid stigma, perverse incentives
 - Community-based targeting



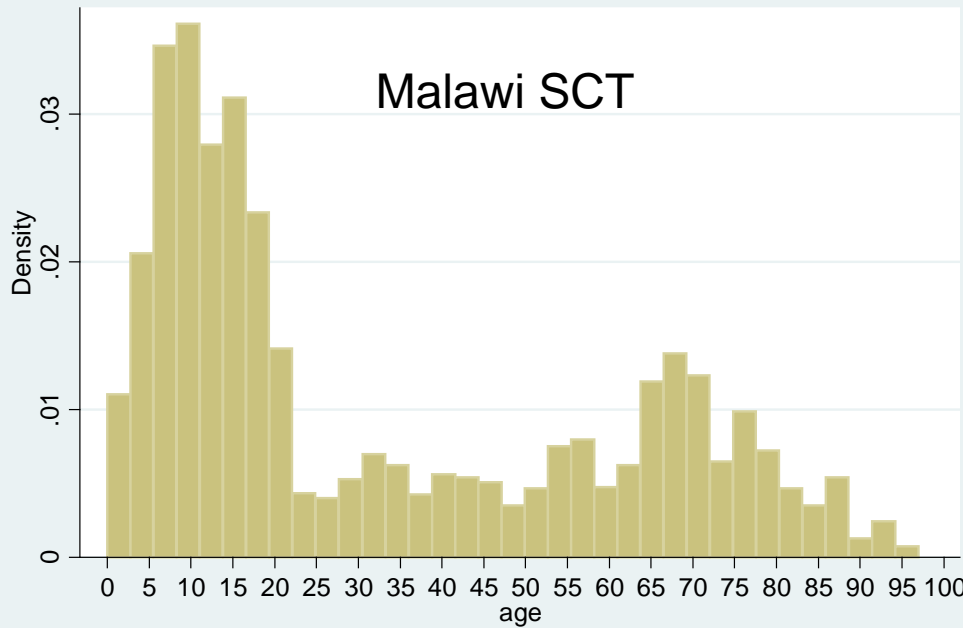
Zambia SCT (Monze Evaluation)



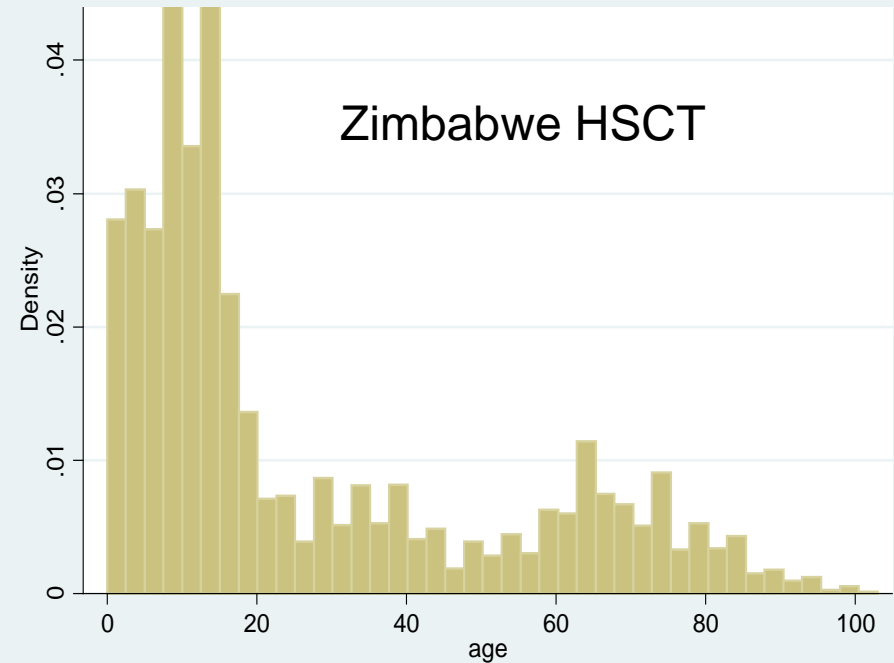
Kenya CT-OVC



Malawi SCT



Zimbabwe HSCT



The Kenya Cash Transfer for Orphans and Vulnerable Children (CT-OVC)

- Children's Department, Ministry of Gender, Children & Social Development, GoK
 - Implemented by DSWOs at local level
 - Community based targeting + central verification
 - Ultra-poor with OVC (0-17 years of age)
 - Flat monthly transfer ~US\$20 per household
 - Largest social protection program in Kenya
 - 150,000 hhlds, 300,000 OVC (mid 2013)

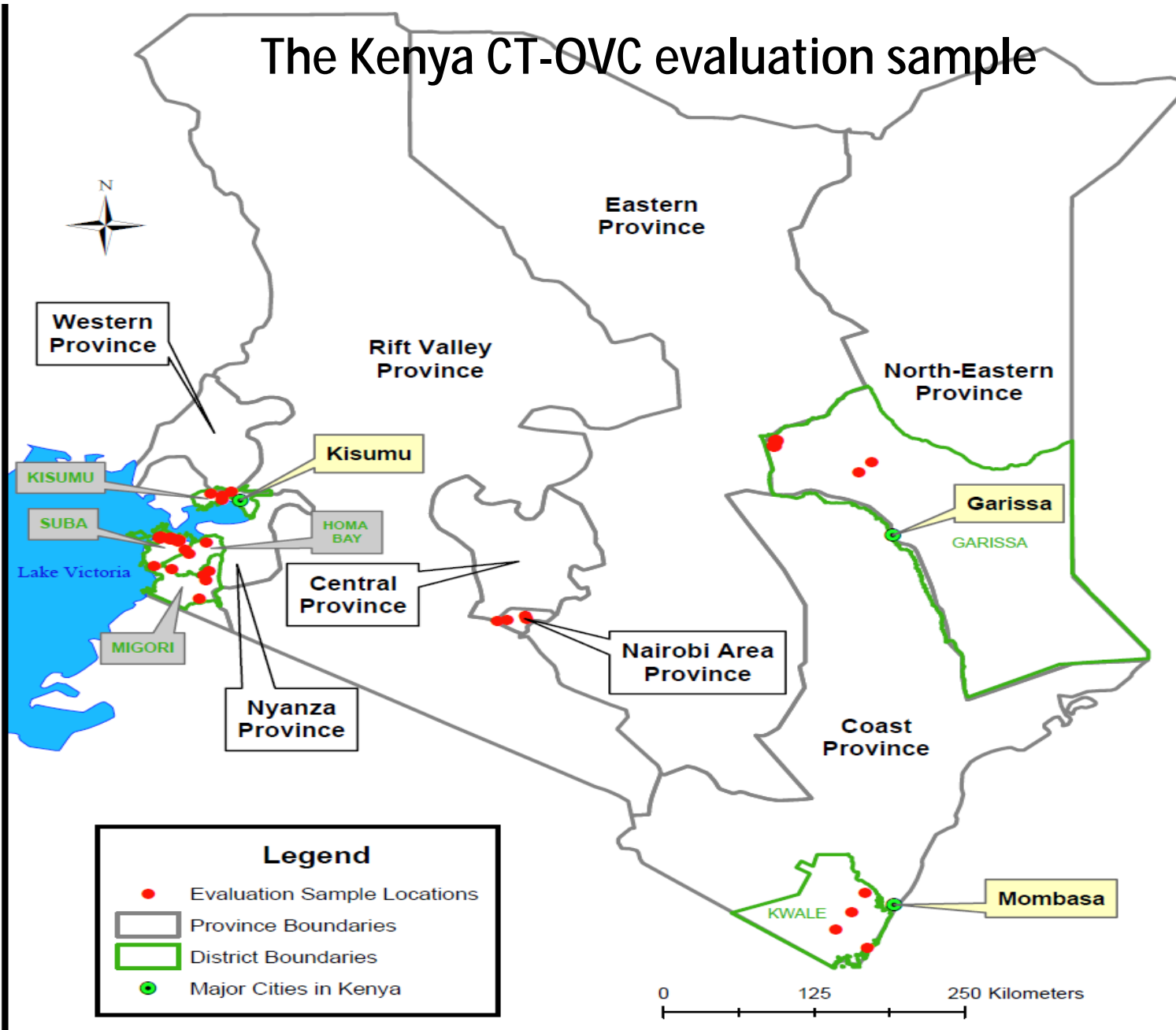


Study Design

- Cluster randomized longitudinal design
 - Baseline (2007) and follow-up (2009) funded by UNICEF
 - 7 districts across Kenya, 4 Locations per district, 2 randomized out
 - 2T:1C, 1912 households followed in both rounds
 - 2011 follow-up funded by NIMH
 - Included individual interviews on sexual behavior, mental health with 3 residents aged 15-25 years (N=2215); followed KDHS protocols
 - 1810 households (95% success rate)



The Kenya CT-OVC evaluation sample



Two arms balanced on poverty, some differences in demographics

Sample:	<u>2007</u>		<u>2009</u>		<u>2011</u>	
	T	C	T	C	T	C
<u>Demographics</u>						
Household size	5.48	5.79	5.54	5.81	5.53	5.82
Female head	0.65	0.57	0.65	0.59	0.65	0.59
Age of head in years	62.3	56.1	62.2	56.2	62.6	56.6
Head < primary	0.53	0.38	0.53	0.38	0.53	0.38
<u>Poverty</u>						
Adult equiv. monthly exp. (Ks)	1533	1501	1541	1459	1550	1442
Walls of mud, dung, grass	0.75	0.84	0.75	0.86	0.74	0.87
Floor of mud, dung	0.66	0.74	0.65	0.77	0.66	0.79
No toilet	0.55	0.56	0.55	0.56	0.54	0.56
Unprotected water source	0.62	0.68	0.61	0.70	0.61	0.70
N	1540	754	1325	583	1266	545

Statistically significant differences between T and C in bold

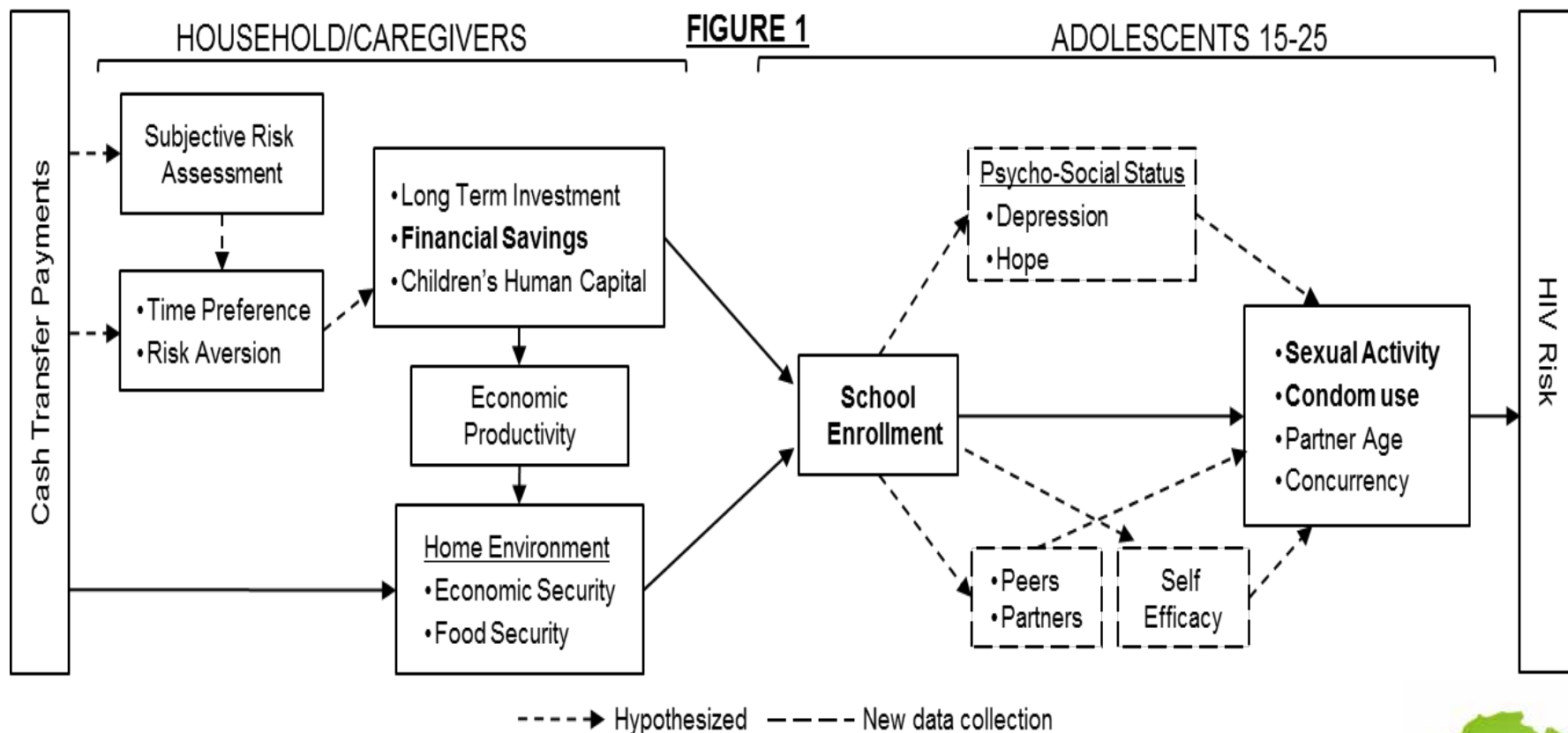


Kenya CT-OVC Beneficiary

Migori District, Nyanza Province



Conceptual Framework: How can SCTs affect HIV risk?



Approach for testing impacts on sexual behavior

- Restrict estimation to 15-25 year olds (11-21 at baseline), in household at least two years, not had sex at baseline 2007
- Multivariate analysis adjusting for head's characteristics, relationship of respondent to head, district of residence, age/sex of respondent
- Test for mediators to understand how program affects sexual debut



Means (or proportions) for key variables

	Treatment (N=1005)	Control (N=428)	P-Value
Age in years (N=1433)	17.69	17.87	0.164
Female (N=1433)	38.41	39.02	0.837
Vaginal Intercourse (N=1433)	35.92	44.39	0.001
Condom at Last Sex (N=551)	42.94	39.47	0.442
2+ Partners L12 Months (N=551)	4.99	7.89	0.213
Any Unprotected Act L3 Months (N=551)	8.31	9.47	0.641
Ever Received/Given Gifts (N=500) ¹	13.54	14.86	0.703



Impact of CT-OVC on Sexual Debut [Odds Ratios]

	All	Females	Males
Household in CT-OVC	0.689	0.576	0.742
P-value	0.005	0.008	0.081
Head is female	1.414	1.984	1.146
P-value	0.007	0.002	0.404
Head not completed primary school	1.045	1.042	1.045
P-value	0.003	0.085	0.023
Respondent is child of head	0.954	0.755	1.065
P-value	0.781	0.257	0.782
Respondent is grandchild of head	1.350	0.667	1.959
P-value	0.113	0.161	0.008
Respondent age (years)	1.265	1.260	1.277
P-value	<0.001	<0.001	<0.001
Observations	1,433	553	880

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0085473>



Impact of CT-OVC on other behavioral risks

[Those who ever had sex after baseline]

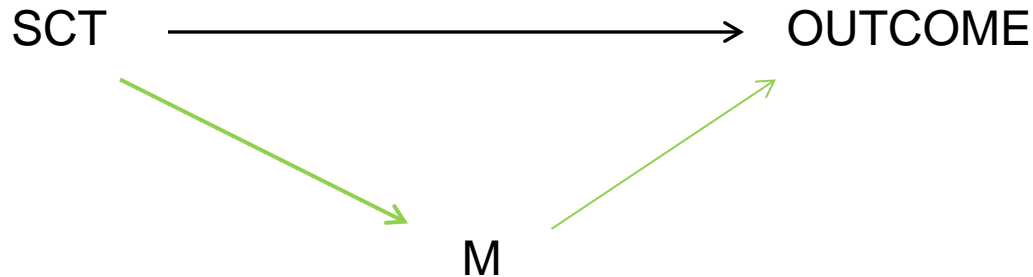
'Protective' but not significant

	Condom at Last Sex	Ever Received or Given Gifts	2+ Partners Last 12 Months	Had Unprotected Sex Last 3 months
	<u>Full Sample (N=551)</u>			
Adjusted OR	1.199	0.843	0.584	0.901
P-value	0.340	0.577	0.190	0.751
	<u>Females (N=199)</u>			
Adjusted OR	1.330	0.979	0.204	0.650
P-value	0.380	0.959	0.042	0.438
	<u>Males (N=325)</u>			
Adjusted OR	1.075	0.711	0.686	1.201
P-value	0.765	0.447	0.407	0.673

Difference of only 3 individuals



Testing for Mediation



- Through what channel does the SCT affect sexual behavior?
- M is a mediator if it is affected by the SCT and helps explain the impact of the SCT on the outcome
- Peer effects, psycho-social status, school enrollment, are all affected by the SCT—do they help explain the impact of the SCT on sexual behavior?



Mediator tests on sexual debut: Schooling, Mental Health, Peer Perceptions

[AOR, p-values, individuals 15-25 who had not debuted at baseline]

	(1)	(2)	(3)	(4)
CT-OVC	0.698	0.727	0.712	0.731
	(0.01)	(0.02)	(0.01)	(0.02)
In school or completed STD12		0.388		
		(0.00)		
Depressive symptoms			0.805	
			(0.09)	
Believes no friends have had sex				0.168
				(0.00)

No mediation!



Mediator tests on sexual debut by sex

[AOR, p-values, individuals 15-25 who had not debuted at baseline]

	Females			Males		
	(1)	(2)	(3)	(4)	(5)	(6)
CT-OVC	0.576 (0.01)	0.584 (0.01)	0.604 (0.03)	0.742 (0.08)	0.762 (0.10)	0.775 (0.17)
In school or completed STD12	0.215 (0.00)			0.543 (0.00)		
Depressive symptoms		0.656 (0.05)			0.886 (0.47)	
Believes no friends have had sex			0.239 (0.00)			0.127 (0.00)

No mediation by sex; but schooling more protective for females



Other results not yet published

- CT-OVC improves psycho-social status (PSS) and Hope
 - PSS results mostly driven by males
 - Relationship between care-giver subjective welfare and youth PSS
- CT-OVC reduces risk of early pregnancy
 - Treatment effect of 6 percentage points among women 15-25 (24 percent)
 - Schooling partially mediates treatment effect
 - Consistent with delayed sexual debut

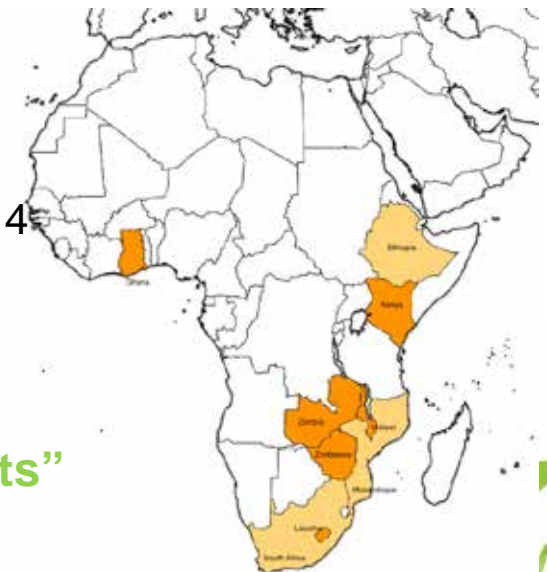


What is the Transfer Project?

- Malawi SCT
 - Mchinji pilot, 2008-2009
 - Expansion, 2013-2014
- Kenya
 - CT OVC, 2007-2011
 - CT OVC Expansion, 2012-2014
 - HSNP, Pilot 2010-2012
- Mozambique PSA
 - Expansion, 2008-2009
- Zambia
 - Monze pilot, 2007-2010
 - Child Grant, MCP, 2010-2014
- South Africa CSG
 - Retrospective, 2010
- Burkina Faso
 - Experiment, 2008-2010
- Ethiopia
 - PNSP, 2006-2010
 - Tigray SPP, 2012-2014
- Ghana LEAP
 - 2010-2012
- Lesotho, CGP
 - 2011-2013
- Uganda, SAGE
 - Pilot, 2012-2014
- Zimbabwe, SCT
 - 2013-2015
- Tanzania, TASAF
 - Pilot, 2009-2012
 - Expansion, 2012-2014
- Niger
 - Begins in 2012

Adolescent modules

Transfer Project TA or Implementation (all UNICEF COs)



“Making the whole greater than the sum of the parts”

Transfer Project work on adolescent behavioral risk

- Malawi SCT 2013 (baseline), 2014, 2015
 - Sexual activity, partner characteristics, concurrency, aspirations, mental health, alcohol, Ravens test, patience
- Zimbabwe HSCT 2013 (baseline), 2014, 2015
 - Same as Malawi plus violence
- Zambia MCT 2011 (baseline), 2013, 2014
 - Sexual activity, partner characteristics, aspirations, patience, mental health, Ravens test



Summary on Kenya CT-OVC

- A large-scale national poverty program appears to:
 - Delay age at first sex (8pp, 23 percent over baseline)
 - Not affect partner characteristics or other risky behaviors (transactional sex, condom use)
 - Delay age of pregnancy among women 12-25, especially those who remain in the household, by increasing education
 - Improve mental health, especially among young men



Policy Implications, Research Ideas

- Policy: Leverage national SCT programs which clearly reach AIDS-affected households
 - Identification already done; DSWO overwhelmed; NGOs and CBO should use these programs as entry points
- Research: Alternative care indicators for national surveys (LSMS/MICS) or SCT evaluations--'HIV sensitive vs. HIV specific' indicators;
 - Functional limitations, time-use, QoL
- Research: Continue to document the range of impacts of broad based cash transfer programs

