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Are cash transfers a solution to addressing adolescent girl’s vulnerability to HIV in sub-Saharan Africa?

Where are we on the HIV prevention landscape for girls?

Growing expertise but mixed evidence on how to address adolescent girls’ HIV vulnerability in sub-Saharan Africa
- MEMA kwa Vijana, a school-based adolescent intervention in Tanzania, showed no impact on HIV incidence
- In Kenya, provision of information to girls on HIV risk by partner’s age led to a 28% decrease in teen pregnancy & substitution away from older (riskier) partners towards protected sex with same-age partners*.
- In Zimbabwe, micro-finance interventions with adolescent girls have had problems with repayments
- Growing programmatic expertise on the delivery of gender transformative interventions for adolescent girls and women in Sub-Saharan Africa
- On-going trials of promising interventions

Zomba CCT in Malawi showed significant impact on HIV and HSV-2, & illustrates the importance of access to cash for HIV prevention
- No difference in HIV impact between conditional & unconditional intervention arms
- Main HIV impact through reductions in numbers and age difference in partners
- Likely that impacts linked to a reduction in transactional sex

Important questions:
- If there is no difference between conditional and unconditional payments, is the impact due to money alone?
- If the impact was a result of poverty reduction, could other poverty reduction and/or skills development approaches also be important?
- How can HIV impact be sustained? Is giving money to girls a temporary or transformative intervention?
- Could additional or longer term benefits be achieved by combining economic & empowerment project components?

*Dupas 2009, **Baard et al 2012

Lessons from IMAGE intervention in South Africa

**IMAGE Micro-finance & gender equity intervention in rural South Africa (participants aged 18+)**
- RCT to assess the impact of a micro-finance & participatory gender, violence & HIV programme in rural South Africa
- 860 women enrolled, 1,750 loans disbursed, total value USD $290,000

Significant impacts on levels of poverty, violence & communication achieved at low cost
- Past year experience of domestic violence reduced by 55%
- Significant reductions in hh poverty
- Improved HIV communication
- $43 per client in trial / $13 per client at scale up

**Benefits among younger women receiving intervention (18 – 35)**
- 64% higher uptake HIV testing
- 25% reduction in reported unprotected sex

Lessons from IMAGE intervention in South Africa

More than money?: Are cash transfers a solution to addressing adolescent girl’s vulnerability to HIV in sub-Saharan Africa?

Charlotte Watts PhD & Lori Heise PhD
Social and Mathematical Epidemiology Group & STRIVE Research Consortium, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine

Continuing gender disparities in rates of heterosexual HIV transmission among adolescents in Sub-Saharan Africa

HIV prevalence adolescents aged 15-24 Sub-Saharan Africa

Source: UNAIDS 2009

Young girls’ greatest HIV risk is through sex with higher risk men
- Girls are often not aware of the HIV risks associated with having sex with men of different ages
- Poverty & lack of access to resources for necessities such as food, school fees, and uniforms etc., lead to exchange of sex for resources
- Peer pressure & aspirations for status and/or consumer goods also may motivate exchange of sex for goods
- Power imbalances limit girls’ options to negotiate condom use

Sexual coercion and violence a driver of early sex by girls

WHO study findings showing the percentage of women reporting forced first sex by age of first sex

- 0% 5 10 15 20
- 15 years 15-17 years 18+ years

Micro-finance alone reduced poverty but did not impact on empowerment, violence or HIV related indicators

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