CSD Research Report

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CSD Research Report 05-36

2005

Taking the Measure of the American Dream Demonstration: An Assessment of Knowledge Building and Impacts in Applied Social Research

Conference Research Papers

Center for Social Development

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ACKNOWLEDGEMENTS*: Support for this study came primarily from the Center for Social Development (CSD) at Washington University in St. Louis; the Social Intervention Group (SIG) at Columbia University; and the Friedman Family Foundation. I thank Michael Sherraden, Nabila El-Bassel and Elwin Wu for comments and suggestions on the pilot study proposal; Freddrick Ssembajjwe and Nnabunya Proscovia for coordinating the project in Uganda; and my Research Assistant Erin Wassel for her work on data entry. I am also grateful to several CSD staff and research associates with whom I have worked, interacted, and exchanged ideas on individual development accounts (IDAs) over the years. My thanks also go to all the children and their families or caregivers who agreed to participate in the pilot study.*

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ABSTRACT

This paper presents preliminary findings from a pilot study that explores a new and potentially effective strategy in caring for the increasing numbers of orphaned children in Africa. The strategy involves working with orphaned children while they are still with their families or caregivers within the community. The strategy combines standard reactive care with an economic empowerment component through the use of Children Development Accounts (CDAs). I refer to this combination of intervention as *family asset-based intervention.*

INTRODUCTION

Two million children in Uganda have lost one or both parents and are defined as orphans (United States Agency for International Development [USAID], 2003). Even with the falling HIV/AIDS prevalence rates in the country, it is projected that the number of orphans will stay high or even rise as parents already infected continue to die from the disease. The World Bank (2003) estimates the number of orphans in Uganda to increase by about 50,000 each year. Given the increasing numbers of orphaned children in the country, there is an increasing gap between the demand for child welfare services and the available support from the governments, local and traditional institutions. Indeed, the country may soon experience what one may call a *child welfare crisis*.

Traditionally, the burden of raising orphans in Uganda falls primarily to the surviving extended family members comprised of grandparents, uncles, aunts and family friends. Unfortunately, the steady increase in the number of orphans especially in the last two decades, coupled with the increase in poverty, have overwhelmed traditional extended families. As a result, a considerable number of orphans who would otherwise have been cared for within the extended family have either dropped out of school in order to farm the land to take care of themselves and their siblings or, in desperation, migrated to large urban areas in search of employment opportunities. Since the majority of the orphans who migrate to the urban areas have no employable skills, they often end up on the streets where they live as street children. While on the streets, these children beg, engage in petty theft, begin drug and substance abuse, and prostitute themselves for money, exposing them to health risks including HIV infection and other sexually transmitted diseases (STDs).

The usual care for poor orphaned children includes both institutionalization and reactive strategies. Institutionalization involves placing children into orphanages or similar institutions, while reactive strategies involve organizations providing "aid" mainly for physical needs including provision of food aid, peer education and counseling, and recreation services (Drew, Makufa, and Foster, 1998; UNICEF, 2004a; 2004b). Although these approaches are responses of well-meaning governmental and non-governmental organizations, they have attracted some criticism. For example, institutionalization tends to be expensive and may not allow children to feel like they belong to any specific community, while reactive services of "aid" tend to encourage dependency, especially on foreign donations, without empowering families with the economic resources to help children plan for and achieve education and training goals.

This paper presents preliminary results from a pilot study in Uganda that explores a new and potentially effective strategy or intervention in caring for the increasing numbers of orphaned children. The strategy involves working with orphaned children while they are still with their families or caregivers within the community. It combines standard reactive care with an economic empowerment component through Children Development Accounts (CDAs) for orphaned children and their families or caregivers. I refer to this combination as *family asset-based intervention*. It is aimed at creating and broadening asset-ownership opportunities for the orphaned children and their families. The hypothesis is that we can reduce family breakdown, minimize school dropouts, and minimize the influx of orphaned children to the city streets if we create asset-ownership opportunities for the children and their families before they are pushed away from each other.

This approach recognizes that keeping children within their community is a preferable option, among known options, for providing effective and sustainable care for orphaned children. The option provides children with continuity, emotional support, and an opportunity for them to develop within their culture and traditions. The United Nations Convention on the Rights of the Child reminds us that a child, for the full and harmonious development of his or her personality, should grow up in a family environment (United Nations, 1990). Asset building within the family or caregiver household can help achieve this goal.

The overall goal of the pilot project on which this paper is based, is to develop and test the feasibility of an intervention program for creating and broadening asset ownership opportunities and life chances for orphaned children in Uganda. The specific aims for the pilot study are to:

1. Develop an intervention program that will incorporate both reactive strategies (usual care for orphaned children) and asset accumulation incentives among orphaned children in Uganda.
2. Implement a family-based asset development program and the usual care intervention of reactive services with 100-orphaned children and monitor the participants' progress.
3. Evaluate and compare the impact of the family-based asset development intervention with the reactive services (the usual care condition) on the following outcomes: (i) school dropout risks; (ii) health-risk behaviors; (iii) future aspirations, educational plans and outcomes; (iv) self-efficacy; (v) beliefs about savings; and (vi) family cohesiveness.

BACKGROUND, SIGNIFICANCE, THEORY

School enrollment rates in sub-Saharan Africa are already low and complications from orphanhood only add to this educational barrier (Bhargava, 2003). In a UNICEF study of 20 sub-Saharan African countries, children ages 5-14 who had lost one or both parents were less likely to be in school (see Meier, 2003). Orphans are also more likely to fall behind or drop out of school, compromising their abilities and prospects (UNICEF, 2003). Yet, according to article 28 of the United Nations Convention on Rights of the Child, all children should have access to free and compulsory education, and equal access to secondary and higher education. A survey in ten sub-Saharan countries found that the most common difficulty of households with orphans is to cover school fees, including those for materials and uniforms (UNICEF, 2003). Extended families see school fees as a major factor in deciding whether to take on additional orphaned children (Matshalaga, 2002).

School attendance is of utmost importance for children to be able to reach their potential and become economically productive and engaged citizens. School attendance is not merely an issue of fairness and equality. It is an issue of practicality, the pathway to economic and social development. Children are the country's next generation of adults. If they are not educated, future generations are undermined. Moreover, education is a fundamental human right provided for in articles 28 and 29 of the United Nations Convention on the Rights of the Child.

Education is the means through which orphans can realize the possibility of productive employment while minimizing their risks of being exploited and of getting involved in risk behaviors that would expose them to health related risks (for example

teen pregnancies, HIV/AIDS and other STDs). Offering children educational opportunities, giving them safe and viable options for earning a living, and providing their families with economic opportunities—for example through income generating activities, such as microenterprises—may mean that many orphans who might otherwise drop-out of school are able to remain in school. Those who would otherwise be separated from their families will be able to remain with them (UNICEF, 2003). With increased life opportunities and options, orphaned children will more likely perceive that they have a stake in the future and will more likely protect themselves from health related risks and other events that could limit their opportunities and future well-being.

This study is grounded in asset theory (Sherraden, 1990, 1991). Asset theory suggests that assets (e.g., savings accounts, scholarships for education, economic opportunities in the form of income generating activities, homeownership) have important psychological, social, and economic benefits for individuals and families. Assets are more than a flow of income for current or deferred consumption. Assets provide people with a stake in society and produce psychological and social benefits for individuals, e.g., increased future orientation and aspirations, personal efficacy and self-esteem, and social connectedness. These life opportunities are then internalized and shape individual behavior (Sherraden, 1991). Put another way, promoting asset-ownership opportunities is not only a means of fighting poverty, but also of promoting socially and economically constructive behavior. When people acquire assets, they are more likely to think about investing in and planning for their future. Research evidence generally confirms these propositions (e.g., Celia, 1994; Page-Adams & Sherraden, 1997; Yadama & Sherraden, 1996; Zhan & Sherraden, 2003).

Asset theory would predict that a child in primary school with no belief that he/she has the economic means to afford post-primary education is more likely to drop out of school. However, provided with the economic means or a stake in the system, this child may think and behave differently. Envisioning a concrete possibility for his/her future, this child may act as if he/she will have a future worth living (Sherraden, 1986). This child would more likely stay in school, strive to get good grades, may avoid health-related risks, and may become a productive member of society. An intervention aimed at promoting asset-ownership would more likely create a reciprocal cycle in which asset accumulation and positive social behaviors will be mutually reinforcing.

A Children's Development Account (CDA) constitutes 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 it effectively on their own behalf (Sherraden, 1991). A CDA for post-primary training will provide the children with some financial resources by which they can begin to realistically plan for their future education or job training. If children do not see that they have the financial means with which to begin to pursue long-term educational or vocational aspirations, then counseling alone or simply food aid may have little effect.

Although not specifically developed for research in the area of health promotion, the argument put forward by asset theory is consistent with numerous behavioral and psychosocial theories, for example the theory of reasoned action (Jemmott, Jemmott, & Hacker, 1992; Fischbein, 1967; Cochran & May, 1993), and social learning theory (Bandura, 1977). These theories have guided several research studies on health, specifically HIV-risk behavior and prevention. Just like behavioral and psycho-socio

theories, asset theory, which suggests many direct and indirect positive effects for individuals and families, contributes to understanding how attitudes and beliefs would change, thus influencing intentions and behaviors (Sherraden, 1990). It is against this background that I proposed, in the pilot study, to develop and test the feasibility of an intervention program that creates and broadens asset ownership opportunities and life chances for orphaned children in Uganda.

DESIGN AND METHODS

The pilot study utilized a quasi-experiment (with random selection of schools, and random selection of individuals within schools) to test an asset-based intervention designed to create and broaden asset ownership opportunities and future life chances for orphaned children in Uganda. A total of 100 orphaned children, benefiting from the usual care of reactive services, were randomly selected. The children were selected from seven comparable primary schools located in Rakai district, one of the districts in Uganda hardest hit by HIV/AIDS. Each of the seven primary schools was randomly assigned to the experimental or control condition such that all selected children from a particular school received the same intervention. The reason for providing the same intervention to all children selected from a particular school was to eliminate contamination effects within a school (though contamination could still occur across schools). Fifty randomly selected students from three schools were placed in an experimental group, and 50 randomly selected students from the remaining four schools were placed in a control group.

Each child in the control condition received the commonly used care for orphaned children, which consists of provision of recreation services, peer counseling, health education, food aid (specifically school lunches), and scholastic materials. The children in the experimental condition received, in addition to the usual care mentioned above, an asset-based family intervention—which includes a matched savings account called a Child Development Account (CDA), and six two-hour classes (12 hours total) on career planning, setting short-term and long-term career goals, and general financial planning (specifically focused on how to save money).

A CDA is in several ways similar (if not exact) to an Individual Development Account (IDA) (Sherraden, 1990, 1991). Just like an IDA, a CDA mandates saving by program participants, offers a monetary incentive for participation (2:1 match rate), participants receive training, including general financial education and career planning (12 hours), and there are restrictions on the use of the matched funds to either pay for a child's post-primary education or invest in a family income generating activity (microenterprise).

A match rate of 2:1 for CDAs was preferred because in a recent study—using data from American Dream Demonstration, the first and most extensive study of IDAs, Ssewamala and his colleague found that participants who received a match rate of 1:1 saved significantly less than participants who receive a match rate of 2:1. However, a match rate of above 2:1 did not have a significant effect on participants' saving (Ssewamala & Sherraden, 2004a*;* Ssewamala & Sherraden, 2004b). Similar findings were reported by Schreiner, et al. (2002, 2001). In addition, the CDA pilot study used twelve hours of general financial education and career planning, and instituted a monthly

match cap (the maximum amount of family contribution to be matched by the intervention program) based on the lessons from American Dream Demonstration (see, Schereiner, et al., 2002, 2001; Sherraden, et al., 2000; Sherraden, et al., 2005; Ssewamala & Sherraden, 2004a; Ssewamala & Sherraden, 2004b; Ssewamala, 2003). Indeed, the pilot study "borrowed" heavily from the American Dream Demonstration (ADD).

All children in the CDA experimental condition are being tracked using the Management Information System for Individual Development Accounts (MIS IDA) (Johnson, Hinterlong, Sherraden, 2000; Hinterlong, & Johnson, 2000). The MIS IDA was designed by the Center for Social Development specifically for IDA research. MIS IDA tracks children's characteristics (both socio-demographic and financial) and all their CDA saving transactions. The Research Coordinator in Uganda enters five types of data into MIS IDA: account-structure parameters at the start of the intervention program, socio-economic and demographic data on the children at enrollment, monthly cash-flow data from financial account statements, monthly inputs and expenses, and intermittent events such as class attendance and exit. The saving transaction data recorded in MIS IDA come from the financial institution holding the children's accounts (Centenary Rural Development Bank).

It should be noted that for the CDA pilot study, any of the child's family member, relative or friend is allowed, and indeed encouraged, to make deposits into the CDA. The match cap is an equivalent of $10 a month per family, or $60 for the six-month intervention period. As mentioned earlier, the match rate is 2:1. This means that if a child in the CDA group had $10 deposited each month in the CDA for six months

(without dissaving it), at the end of six months intervention period, this child would have a total of $60 in the CDA, which would then be matched by $120 (match rate of 2:1) using funds from the intervention. This would give the child a total of $180 (savings plus match).

Each month, a savings account statement is generated for each child in the experimental group (CDA group) to see his or her accumulated savings. The statement indicates, in one column, the participant's own funds, and in another column the total amount including the match. The monthly statements—with a column indicating the total amount including the match—are intended to act as *a morale booster* for the participating families. Additionally, during the intervention period each child, with his or her caregiver as a co-signor, has access to his or her own money in the account (excluding the matching funds), so that in case of an emergency they can withdraw their own money and meet the emergency. The matching funds, however, are kept in a separate account from the participants' own savings. The participants in the CDA group are not able to access the match funds. When participants are ready to purchase an asset—that is, pay for post-primary education, the check for the matching funds is written in the names of the "the post-primary school" to which the student will be attending. The student then contributes his/her portion of the total cost for the academic term. The same process is used in case of a family interested in investing in an income-generating project (micro enterprise). The check for the matching funds is written in the names of the vendor or the supplier of the inputs/raw materials for the microenterprise. For example, if a family wanted to invest in poultry, i.e., buy a given number of broiler chicks plus the feeds, the family would be expected to send in a check (from their

unmatched CDA) for their portion of the total cost to a recognized vendor, and the program sends in a check for its portion based on a 2:1 match rate. This process is intended to eliminate the likely temptation of families pressuring the children to withdraw the money for their own use. It is also intended to avoid potential misuse of the matching funds by the children's family members or caregivers. The process is monitored by a Project Coordinator in Uganda, in constant consultation with the Principal Investigator.

Since this was only a pilot study, both the control and experimental conditions were delivered over a period of only six months. Evaluation of the intervention will be performed through comparison of data assessed at baseline, at six months, and at 12 months post intervention. The study will test the proposition that assets (in this case, savings accounts representing educational opportunity or microenterprise investment) have psychological, social, and economic benefits for individuals and families. The study will ask if such benefits occur at the end of the intervention period.

PRELIMINARY FINDINGS

It is important to note that the pilot study is still on-going and the data presented in this paper are very preliminary. Therefore the results so far should be interpreted with caution.

In August 2004, 50-orphaned children's accounts were opened and 50 controls were selected to participate in the study. Baseline interviews were conducted with both the CDA group (experimental group) and the control group. The majority (72 percent) of the children in the CDA group are girls. The average age of the CDA group is 13.6

years, and the majority (72 percent) of the heads of households caring for the children in the CDA group reported some form of employment. For details on the socio-demographic characteristics of children in the CDA group, see Table 1.

Preliminary data from the 6-month-follow up conducted in February-March 2005 indicate that participants in the experimental condition—with CDAs—can and do save. In the first 6 months following the CDA intervention, the participants in the treatment condition saved a total of 4,168,000 (four million one hundred and sixty eighty) Uganda shillings. This translates into 83,400 (eighty three thousand four hundred) Uganda shillings in average savings per family in a 6-months period. Translated in U.S. dollars, it is an equivalent of US$50.52 saved per participant in a 6-months period or US$8.42 per family in average monthly deposit (AMD). With a match rate of 2:1, the average participant in the program accumulated an average of US$25.26 per month (participants' own savings in CDA plus the match from the intervention). This amount may seem very modest by western countries' standards—but it is a huge sum in a poor country like Uganda, where annual per capita income is less than US$300 (World Bank, 2000).

In addition, preliminary data indicate that in addition to having money saved for their post-primary education and/or family microenterprise investment, students in the treatment condition seemed to be very focused on the future, with specific future goals and aspirations. For example, this 15-year old girl said she did not want to get married after primary seven. She wanted to go to secondary school and become a Nurse. This is what she said:

> *I keep telling them [the relatives] that I don't want to get married after P.7. I don't… I don't. I told (Mr.) Mubiiru the same thing. I want to continue on to*

senior and be a nurse…. To me… God knew I didn't want to get married now. He sent you people. We are now keeping money in Centenary [the Bank]. The project said they will double our money and I will continue with school. You see…I tell you…, God is good. He knew I didn't want to get married…. Not now. Only after I am a nurse…

During a booster session, A 14 year-old student in the CDA group said:

For the first time… my Jaaja (grandma) seems at peace…. She knows if I work hard, I will…hu… go to senior one… I know I can. I will use the money in our bank [the CDA].

The same student went on to say,

Before …hu…we joined the project, I thought Centenary [the bank] was for people who have lots of money [the rich]. I had never heard Jaaja say she was going to the bank. May be she did… I didn't know… or she simply did not tell us. But now I see…. We are not rich…but we keep some money with Centenary. I will use that money to go to Matale [Senior Secondary School]. That is what I want.

Asked where the families were getting the money for saving, participants mentioned the main sources to be relatives/caregivers/family, and family friends. For example, several children indicated that they were writing letters to their relatives and family friends—including those living away from their villages (e.g., those living in the cities)—telling them about the program. One participant said she had written to her *Ssenga* (paternal Aunt) who lives in the city asking her not to get any presents for the

family, but instead to send the money for her education account (the CDA). This is what this 14-year-old participant said:

> *"I told Ssenga …she should not bring us any presents this time when she comes home. I need to go to school next year. You know…this is my last year in "Bonna Basome" [Free Universal Primary Education]. We have to put money in Centenary [the bank]. We do not want to lose out on the contribution from the project.*

Several other children indicated that their families were raising poultry (both local and hybrid), while others were raising piggery to get money for depositing into the CDA.

Further, through the booster sessions and in-depth interviews, participants made several suggestions to the improvement of future *family asset-based* interventions for orphaned children in Uganda. For example, participants expressed a need for a mentor (*Omukubiliiza*—as he/she is referred to in the local language, Luganda) to work with them on an on-going basis. This would be similar to the Big Brother Big Sister Program in the United States. Indeed, this is something that will be incorporated in future CDA program experimentation.

CONCLUSIONAs mentioned earlier, the data so far collected, analyzed and presented in this paper are very preliminary and should be treated as such. In fact, they should be interpreted with caution. Indeed, if asset building is to be expanded to reach other vulnerable children, and eventually millions of children in Africa, which is the long-term vision of this work, and if one is to make meaningful program and policy implications, there will be a need for, *inter alia,* a bigger sample and a longer observation period.

Moreover, one may still need to experiment with various institutional arrangements (e.g., different match rates and hours of financial education) in order to design an *African-specific* family-asset-based intervention. Suffice, however, to say that the results presented in this paper—although very preliminary—suggest that poor families caring for HIV/AIDS orphans in Uganda, if facilitated, can use financial institutions to save for the educational needs of the orphaned children they are caring for. By this writing, detailed data on the impact of the CDAs on children's psychological, and social outcomes were yet to be collected and analyzed.

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Table 1
Selected Sociodemographic Characteristics of Treatment Group (n=50)

Characteristics	Mean (St. Dev.)	Percentage
Gender		
Female		72%
Male		28%
Age	13.6 (1.2)	
12		16%
13		36%
14		24%
15		22%
16		2%
Number of People Living in Household Excluding Participant	5.9 (2.7)	
Number of Children <=17 Living in Household	3.4 (2.1)	
Employment Status of Person Supporting Household		
Employed		72%
Unemployed		28%