

# Umwini: Asset Development Program for Young People Living with HIV in Zambia

2018-2020

## Background:

In sub-Saharan Africa, structural barriers, such as poverty, stigma, and discrimination, impede the ability of people living with HIV, particularly youth, to achieve optimal treatment outcomes; more so, interventions to tackle structural barriers to adherence are underdeveloped. These structural barriers are evident in Zambia, where young people face multiple economic, social, and health challenges. Young Zambians disproportionately experience poverty and are severely affected by HIV/AIDS. Educational and skills training opportunities are limited. Furthermore, ALHIV, including young Zambians, lack critical life skills, including cognitive and interpersonal abilities. In contrast with their HIV-negative peers, ALHIV have lower daily living life skills (such as problem solving and effective communication). In turn, life-skills deficiency lowers adherence and impedes transition of care among ALHIV. Absence of life skills may also exacerbate structural barriers to better care and treatment, including poor psychosocial functioning, fear of disclosure, and inability to confront stigma and discrimination, and may lead to maladaptive behaviors that minimize treatment success.

The Umwini project was a pre-and post-test quasi-experimental research project. Umwini's primary research objective was to examine the feasibility of an asset-based intervention for young people living with HIV in Zambia. Umwini is a 10-week program that combines development of life and employability skills, psychosocial functioning, and financial capability. Central to Umwini is the accumulation of life skills (or intangible assets) and their enhancement and retention through access to microeconomic strengthening opportunities (or tangible assets) in the form of savings.



## Study Design:

Through partnership with two hospitals (Chipata General and Lundazi District Hospitals) in Eastern Province, Zambia and a local implementing community-based organization, 120 youth living with HIV age 18-21 years old were randomly selected to participate in the study. Lundazi District Hospital was selected as the intervention site, where Umwini was implemented and offered to 60 youth who were receiving ART at Lundazi District Hospital. Youth in the intervention site received socioemotional and financial capability skills training. The training covered topics such as family support, peer pressure, disclosure, normalizing life, personal safety, stigma, and adolescent health care. In addition, youth participants received "life skills" training, which comprised communication, critical thinking, problem solving, decision making, and interpersonal relationships, designed to help youth navigate their transition to adulthood. Last, youth participants were offered a low-cost, youth-friendly savings account by ZANACO Bank, in addition to a financial education training that covered topics such as budgeting, saving, and planning for the future.

### Project Award:

\$37,500 US Dollars

### Principal Investigator(s):

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### Co-Principal Investigator(s):

Gina Chowa, PhD

### Research Partner(s):

Lundazi District Health Office

### Implementation Partner(s):

Rising Fountains Development Program  
Lundazi District Hospital  
Chipata General Hospital  
Zambia National Commercial Bank (Zanaco)

### Funding Partner(s):

UNC Center for AIDS Research  
University of North Carolina at Chapel Hill

### Research Core(s):

Economic Security  
Financial Inclusion

## Findings:

Outcome and process evaluations are ongoing to evaluate feasibility and acceptability of implementing an asset-based program for youth living with HIV. Data related to recruitment, eligibility criteria, and relevance and demand for the intervention are being evaluated to determine feasibility of recruitment procedures and relevance of Umwini and its components. GSDI researchers are also assessing the feasibility of research and data collection procedures, as well as the implementation of the socioemotional and financial capability skills training. Lastly, the ongoing evaluations are assessing organizational resources and capacity that were used to manage and implement the pilot Umwini program and its corresponding research procedures.

## Next Steps:

Data from the process and outcome evaluations will be used to refine the Umwini intervention protocol and design a larger, experimental study that will allow GSDI researchers to examine the impact of Umwini on youth development outcomes. Findings will be shared with local implementing partners to verify if they accurately reflect the implementing partners' experience and observations. A similar project that aims to adapt Umwini for stigma reduction has been proposed.

