

# SAVINGS GROUPS FOR ADOLESCENTS AND YOUTH AFFECTED BY HIV

## A TECHNICAL GUIDE



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## ACRONYMS

<b>AGYW</b>	Adolescent girls and young women
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ALHIV</b>	Adolescent living with HIV
<b>ART</b>	Anti-retroviral therapy
<b>AYSG</b>	Adolescent and youth savings group
<b>CBO</b>	Community-based organization
<b>COP</b>	Chief of party
<b>FA</b>	Field agent
<b>FFS</b>	Fee-for-service
<b>FSW</b>	Female sex worker
<b>GBV</b>	Gender-based violence
<b>HES</b>	Household economic strengthening
<b>HIV</b>	Human Immunodeficiency Virus
<b>HTS</b>	HIV testing services
<b>ID</b>	Identifier
<b>IGA</b>	Income-generating activity
<b>IP</b>	Implementing partner
<b>IPV</b>	Intimate Partner Violence
<b>KII</b>	Key informant interviews
<b>M&amp;E</b>	Monitoring and evaluation
<b>MCH</b>	Maternal and child health
<b>MER</b>	Monitoring, evaluation, and reporting
<b>MIS</b>	Management information system
<b>OVC</b>	Orphans and vulnerable children
<b>PEP</b>	Post-exposure prophylaxis
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PLHIV</b>	People living with HIV
<b>PMTCT</b>	Prevention of mother to child transmission
<b>PrEP</b>	Pre-exposure prophylaxis
<b>PYD</b>	Positive Youth Development
<b>SAVIX</b>	SAVings group Information eXchange
<b>SG</b>	Savings group
<b>SNU</b>	Sub-national unit
<b>SRH</b>	Sexual and reproductive health
<b>STI</b>	Sexually transmitted infection
<b>USAID</b>	United States Agency for International Development

## DEFINITIONS

<b>Add-ons</b>	Education, training, and other complementary activities and services offered to savings group and adolescent and youth savings group members in addition to savings activities. They are often offered during, or as an extension to, regular group meeting times.
<b>Adolescents</b>	For the purposes of this guide, an adolescent is a person aged 14–17 years.
<b>Constitution</b>	A set of rules developed by a savings group to guide its operations. A constitution typically includes membership criteria; policies around saving and lending; penalties for not following group rules; and processes in the event a member leaves the group.
<b>Facilitator (savings group)</b>	A person who trains a savings group and periodically monitors its activities. Facilitators should not be members of the groups they train, nor borrow from them.
<b>Key population</b>	Groups that are at greater risk for HIV acquisition than the general population. Includes people who inject drugs, sex workers, men who have sex with men, transgender persons and prisoners.
<b>Life skills</b>	Abilities that promote adaptation to and success in managing the tasks of daily life (e.g., communication, negotiation, problem-solving, coping, self-management, etc.).
<b>Mature savings group</b>	A savings groups that has completed a first saving and lending cycle and is operating in a second or higher cycle. Typically, these groups will need minimal or no external support.
<b>OVC</b>	Orphans and vulnerable children. PEPFAR definition: Children who have lost a parent to HIV-related illness, who are otherwise directly affected by the disease, or who live in areas with a high HIV burden and may be vulnerable to the disease or its socioeconomic effects.
<b>Savings group</b>	Informal group of 15–30 self-selecting people who save regularly into a communal pool from which they can borrow. All saving and lending activities occur within a cycle (usually 9 to 12 months) at the end of which members get their savings back as a lump sum, with a portion of cycle profit.
<b>Segmentation</b>	A process of dividing a population into sub-groups with distinct characteristics (e.g., gender, age, occupation) for the purposes of promotion and/or group formation.
<b>Soft skills</b>	Behaviors, skills, and other qualities that help people engage with their environment and the people around them, succeed in productive activities, and achieve goals (e.g., empowerment, goal-setting, confidence, leadership, decision-making, community involvement, agency, etc.).
<b>Young person</b>	For the purposes of this guide, a young person is between 14 and 24 years old.
<b>Youth</b>	For the purposes of this guide, a youth is a person aged 18–24 years.

## **BACKGROUND**

This guide was developed with insights from 26 key informant interviews (KIIs) conducted with experts in youth savings groups and President's Emergency Plan for AIDS Relief (PEPFAR) orphan and vulnerable children (OVC) programming from a wide range of organizations. It was also informed by an in-depth literature review of adolescent and youth savings groups (AYSGs). Grounded in the KIIs and the literature review, CRS held a write-shop that brought together agency experts in OVC, youth, microfinance, protection, and gender, both from the headquarters technical unit and from the field. The output of the write-shop was the first draft of this guide, which was then reviewed by eight PEPFAR implementing partners (IPs) in Nigeria, as well as United States Agency for International Development (USAID) staff. The lists of outside experts, write-shop participants, and external reviewers appears in Appendix 6.

## **PURPOSE**

This guide was developed to help donors and IPs make evidence- and practitioner-informed decisions about the design and implementation of AYSG programs that maximize benefits for, and minimize risks to, young people affected by or living with Human Immunodeficiency Virus (HIV). The guide supports users to consider how AYSG participation affects HIV outcomes and encourages them to monitor this over the course of program implementation.

## **HOW IS THIS GUIDE DIFFERENT FROM OTHER MANUALS ON ADULT SAVINGS GROUPS OR YOUTH SAVINGS GROUPS?**

This guide does not provide detailed instruction on implementing a savings group project, nor does it focus on the entire population of young people. Rather, it focuses on engaging and adapting the traditional savings group (SG) model for young people affected by HIV, including those living with HIV, who are often more difficult to reach and have greater needs than their less-vulnerable peers.

## **HOW TO USE THIS GUIDE**

This guide can be used as a resource for donors and IPs when developing funding opportunities and preparing proposals. It is designed to help users identify key decision points and make choices based on local conditions and needs. It can also be used as a tool for AYSG program planning. It is not a step-by-step guide for promoting and managing AYSGs. Table 1 provides a list of focused reading suggestions based on topics of interest.

**TABLE 1. FOCUSED READING SUGGESTIONS**

To ...	Topic	Page(s)
Determine if AYSGs are an appropriate approach for your organization and/or objectives, see ...	“A Review of the Evidence: Adolescent and Youth Savings Groups and HIV Outcomes”—a summary of key AYSG outcomes and a theoretical framework for how AYSG participation may contribute to HIV epidemic control.	4 - 6 Appendix 2
	“How to Determine If Adolescent and Youth Savings Groups Are Acceptable and Feasible for Your Context.”	9 - 11
	“Organizational Capacity”—self-assessment criteria.	12 - 13 Appendix 3
	“Considerations for Determining If Adolescent And Youth Savings Groups Are an Appropriate Household Economic Strengthening Approach.”	6 - 9
Learn about assessments, consultations, and other aspects of planning AYSGs, see ...	“Initiating AYSGs” and its sub-sections on involving caregivers and community members, enrolling AYSG members, and group composition.	14 - 25
Identify different roles that adults (caregivers, facilitators, mentors, etc.) play in AYSGs, see ...	“Role of Adults in AYSGs” and its sub-sections on getting support, consent and input from communities, selecting and training AYSG facilitators/mentors, and engaging caregivers.	25 - 27 Appendix 4
Understand details of AYSG operations, see ...	“Group Operations”—AYSG adaptations determined by local conditions and adolescent and youth vulnerabilities.	27 - 31
	“Add-on Services”—key components of educational and support services including financial and health education, vocational and business training, etc.	31 - 38
Learn about risks and protection strategies for young people affected by HIV, see ...	“Managing Risk and Promoting Protection”	38 - 41 Appendix 4
	Each section of the guide discusses risks in context, so reviewing it in its entirety is recommended.	Not Applicable
Learn about considerations, indicators, and benchmarks for monitoring AYSGs as part of a PEPFAR OVC project, see ...	“Monitoring” includes a list of illustrative PEPFAR Monitoring Evaluation and Reporting 2.0 (MER 2.0) indicators and select critical global benchmarks that may be affected by participation in AYSGs and add-ons.	41 - 45

## CONTEXT: POSITIVE YOUTH DEVELOPMENT

Positive Youth Development (PYD) is both a philosophy and an approach for how to work with young people. The USAID YouthPower project states: “Positive Youth Development engages youth along with their families, communities and/or governments so that youth are empowered to reach their full potential. PYD approaches build skills, assets and competencies; foster healthy relationships; strengthen the environment; and transform systems” (USAID, PEPFAR, & YouthPower, n.d.). The YouthPower project identified four critical domains successful PYD projects must improve – youth assets; agency; contribution; and enabling environment. The design and implementation of AYSG programming, as laid out in this Guide, adhere to PYD principles by actively promoting youth engagement and agency; operating in safe spaces that allow the development of healthy relationships with both peers and trusted adults; and ultimately leading to skills development in a variety of domains. Appendix 1 fully details the alignment of AYSGs with the PYD framework.

## CONTEXT: YOUNG PEOPLE AFFECTED BY HIV

*Young people affected by HIV* is an inclusive term referring to numerous sub-populations of adolescents and youth affected by HIV including, but not limited to, young people, age 14-24 years, who:

- Have lost one or both parents to HIV.
- Are living with HIV, horizontally-acquired.
- Are living with HIV, vertically-acquired.
- Are highly vulnerable to or at risk of HIV infection.
- Are living with an HIV-positive caregiver.
- Are living with a chronically ill, AIDS-sick caregiver.
- Are children of or members of a key population (e.g., female sex worker - FSW).

Each one of these sub-populations has its own specific challenges that affect the design of programs to meet its needs. Some of the most common challenges include high levels of poverty; food insecurity; inability to enroll, attend, and progress in school regularly due to the inability to pay school fees; and need to work and/or care for younger siblings or an AIDS-sick caregiver (Bryant & Beard, 2016; Goldberg & Short, 2016). HIV-affected young people are at increased risk of psychological distress (Bryant & Beard, 2016; Cluver, Orkin, Boyes, Gardner, & Nikelo, 2012) and emotional and physical abuse, and are more likely to engage in transactional sex (Cluver, Orkin, Boyes, Gardner, & Meinck, 2011) than those not affected by HIV. HIV-related stigma at both the individual and community levels can negatively affect the mental well-being of HIV-affected young people (Goldberg & Short, 2016) and interfere with HIV-positive young people’s anti-retroviral therapy (ART) adherence (Lall, Lim, Khairuddin, & Kamarulzaman, 2015). Young people caring for AIDS-sick caregivers may be more likely to become physically ill due to exposure to opportunistic infections and reduced adult care (Kidman, Hanley, Subramanian, Foster, & Heymann, 2010), and are more likely to be HIV-positive themselves (Kidman & Anglewicz, 2016).

Adolescent girls and young women (AGYW) have increased HIV risk and vulnerability and are more than twice as likely to acquire HIV as their male counterparts (UNAIDS, 2018). Nearly 1,000 new HIV infections occur daily among AGYW and in sub-Saharan Africa, 74 percent of new HIV infections are among AGYW (PEPFAR, 2017). Factors that are biological (e.g., high biological susceptibility of AGYW, high viral load among male partners), behavioral (e.g., age-disparate sex, transactional sex), and structural (e.g., harmful gender norms, violence, low secondary school attendance) contribute to these disparities (Dellar, Dlamini, & Karim, 2015).

Much like other vulnerable young people, young people affected by HIV need:

- Protection from violence, exploitation, abuse, and neglect.
- Access to knowledge and services relating to health and HIV, life skills, soft skills, etc.
- Legal and regulatory support for obtaining identification, starting/operating businesses, and managing household affairs, including inheritance issues.
- Safe spaces in which to interact and participate in program activities.
- Money management skills and mechanisms (places to save, borrow, buy insurance, etc.).

This guide is addressed to organizations wishing to establish AYSGs as one platform for addressing many of the above issues. As will become clear, standalone AYSGs are not recommended as the sole intervention for meeting the needs of young people affected by HIV. Instead, AYSGs can complement existing youth programming or provide a platform for offering a variety of needed services and programs including health and financial education, vocational training, and other demand-driven offerings (see Add-on or “Plus” Services on p. 31). tailored to the specific needs of the sub-population to be addressed.

## **A REVIEW OF THE EVIDENCE: ADOLESCENT AND YOUTH SAVINGS GROUPS AND HIV OUTCOMES**

The relationship between HIV and poverty is complex and mutually reinforcing. HIV can contribute to decreased work capacity among adults, reduced income, increased food insecurity, and greater health expenditures. Households may adopt harmful strategies to cope with HIV, such as the sale of productive assets, transactional sex, and/or removing children from school—thereby increasing HIV risk and vulnerability among current and future generations. Poverty can inhibit health-seeking behaviors that could reduce onward transmission of the virus such as use of HIV testing services (HTS), linkages and adherence to HIV treatment. In response, household economic strengthening (HES) interventions are an essential part of a holistic response to the HIV epidemic (Swann, 2018) which aim to raise household income and provide families affected by HIV with the means to meet their basic needs, get tested and for those that test positive, adhere to treatment.

Informal saving and lending groups, or savings groups (SGs), are among the most commonly implemented HES interventions in the PEPFAR programming portfolio and are considered a core HES intervention for orphan and vulnerable children (OVC) programming, which frequently targets OVC caregivers (Meaux, 2016; PEPFAR, 2015). SGs typically consist of 15-30 self-selected, self-governing members who meet regularly, often weekly, to save together, provide loans to each other, and contribute to a social fund for use by members. Records and savings are stored in a locked box with three locks, whose keys are kept by different members. At the end of a 9- to 12-month cycle, members get back their personal savings, plus a share of the accumulated group profit, which provides them with a lump sum. SGs are designed to protect members' existing assets and smooth their consumption. They are relatively low risk and can be adapted and scaled in most contexts. Evidence suggests that SG participation by adults increases savings, food security, resilience, self-confidence, and social capital (Gash, 2017; Gash & Odell, 2013). In Malawi, SG participation supported access to health care, including uptake of HIV testing (Weinhardt et al., 2017) and adoption of HIV-risk reduction behaviors among FSWs (Mantsios et al., 2018).

Increasingly, SGs are used to promote economic empowerment and financial inclusion among young people (Flynn & Sumberg, 2018; Plan International UK, 2016). This guide's focus is on HIV-affected young people aged 14–24 years who participate in youth-only adolescent and youth savings groups. However, the evidence base for this population is extremely limited, as is the evidence base for how AYSG participation affects HIV outcomes. To address these gaps, we drew on two bodies of literature. The first was the increasingly growing literature around youth savings groups, which we used to identify common outcomes of AYSG participation. Second, we reviewed the HIV literature to identify factors that could contribute to or inhibit the achievement of HIV outcomes, namely HIV prevention; HTS and linkages to care; and HIV treatment adherence and viral suppression. We then developed a theoretical framework to illustrate how participation in AYSGs could contribute to sustained HIV epidemic control (Appendix 2) when implemented within the context of an enabling environment and appropriate add-on services.

### **More research is needed**

Access to savings and loans helps some households more easily manage expenses related to healthcare, food and education, but this has not been consistent across the board (Gash, 2017). While it is clear that SG participants often take loans to invest in income-generating activities, the extent to which SG participation results in increased income or decreased poverty is unclear (Gash, 2017). SG participation in some cases supports access to education (Cameron & Ananga, 2015; Weinhardt et al., 2017), but there is no evidence that SG participation supports school enrollment or attendance (Gash, 2017). When considering female empowerment and exposure to intimate-partner violence (IPV), standalone SG programs are insufficient and require complementary interventions with a positive impact on gender norms (Gash, 2017). Finally, SGs may have contributed to an initial increase in child labor/work in some contexts and not others (Meaux, 2016).

The available evidence shows AYSG participation contributes to a number of positive outcomes among adolescents and youth including: increased savings, access to loans, improved attitudes towards savings, development of a savings habit, increased ability to set goals and opportunities to develop leadership skills (Erulkar & Chong, 2005; Gash, 2014; Holmes & Winskell, 2013; Nayar, 2014; Rushdy, 2012). The interpretation of these outcomes may be nuanced by the fact that the savings deposited by youth are frequently provided by parents or family members, who in turn may have claims on loans or share-out proceeds (Flynn & Sumberg, 2017). Secondary outcomes include payment of educational expenses, contribution towards household expenses, and support for income-generating activities (Flynn & Sumberg, 2017). As AYSGs mature, youth may reduce their reliance on their caregivers, and gradually shift from consumption spending towards increased investment in productive assets (Gash, 2014). Other, less tangible outcomes of AYSG participation include increased self-esteem, self-efficacy, and hope (Nayar, 2014; Rushdy, 2012; Senefeld, Miller, Mgugu, Mavise, & Rowe, 2012).

AYSGs are rarely implemented as a stand-alone activity, but rather they serve as a platform for complementary add-on services (commonly known as ‘SG plus’) selected to help reach program objectives. Some common add-on services include financial education, vocational training, and sexual and reproductive health education (Flynn & Sumberg, 2016; Swann, 2018). A study in Burundi among adolescent girls found that AYSG participation combined with add-on services increased HIV-protective behaviors including returning to school and delaying sexual debut (Rushdy, 2012). However, as discussed later in this guide, the selection of add-on activities should be informed by the intended project outcomes.

## **CONSIDERATIONS FOR DETERMINING IF ADOLESCENT AND YOUTH SAVINGS GROUPS ARE AN APPROPRIATE HOUSEHOLD ECONOMIC STRENGTHENING APPROACH**

There is a range of HES interventions that donors and IPs may consider to improve HIV outcomes for young people affected by HIV. There are three major types of HES interventions: (1) *provision* interventions help meet basic needs (e.g., conditional or unconditional cash transfers, education subsidies); (2) *protection* interventions help to smooth consumption and protect against shocks (e.g., informal saving and lending groups, formal individual savings accounts, financial education); and (3) *promotion* interventions help to build assets and increase income (Woller, 2011; Evans, Richards, Nelson, McVay, & Isert, 2012). A review of all the different types of HES interventions is beyond the scope of this guide;<sup>1</sup> however, the following questions can help to determine if AYSGs, with appropriate complementary add-on services, can contribute towards desired HIV outcomes.

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<sup>1</sup> For more information about the range of HES intervention, the reader is referred to the Resources section.

**TABLE 2: QUESTIONS AND CONSIDERATIONS TO DETERMINE IF AYSGS ARE AN APPROPRIATE HES APPROACH**

Questions	Considerations
<p><b>What HIV outcome do you want to influence?</b> </p>	<p>Keeping the HIV outcome in mind throughout the design process is critical and will influence the choice of HES intervention, add-on, and complementary services. HIV outcomes include:</p> <ol style="list-style-type: none"> <li>1. Prevention by reducing risk behaviors, gender-based violence (GBV), IPV, violence against children.</li> <li>2. Reduced onward transmission through prevention of mother to child transmission (PMTCT), prevention with positives.</li> <li>3. HIV testing services and linkage to care.</li> <li>4. HIV treatment retention and adherence.</li> <li>5. Reduced HIV morbidity and mortality.</li> </ol>
<p><b>What is the timeframe of your intervention?</b> </p>	<p>The length of time available to implement the activity and achieve the results is an important consideration in HES intervention sequencing and selection. With adequate technical assistance, many provision activities can be implemented and show results more rapidly than other types of HES interventions due to their reliance on resources external to the beneficiary. By contrast, most protection and promotion activities take longer to implement and show results, as they rely on strengthening beneficiary capacity and the ability to mobilize their own resources. Therefore, if the intervention period is 18 months or less, it can be difficult to start up and implement a high-quality AYSG program.</p>
<p><b>Who will be the HES intervention target?</b> </p>	<p>Clearly identifying the target population(s) will help you to select appropriate HES intervention(s) as well as add-on and complementary services. Different populations respond to HES interventions differently. Illustrative populations include:</p> <ul style="list-style-type: none"> <li>• Adolescent girls, 14–17 years.</li> <li>• Female youth, 18–24 years.</li> <li>• Female sex workers, 16–24 years.</li> <li>• Adolescent boys, 14–17 years.</li> <li>• Male youth, 18–24 years.</li> <li>• Young people living with HIV, 14–24 years.</li> </ul>

Questions	Considerations
<p><b>What is the economic vulnerability level of the target population?</b></p> 	<p>Understanding the economic vulnerability level of the target population helps to sequence and select the most appropriate HES intervention(s). AYSG is considered a protection intervention and may not be appropriate for adolescents and youth living in destitute households without the ability to provide them with support. However, combining a protection intervention, like unconditional cash transfers, with ASYG may be appropriate but requires additional time, cost, and technical expertise.</p>
<p><b>What does the evidence say is the most effective HES intervention for the desired HIV outcome among the target population?</b></p> 	<p>A recently published review of the evidence examined 15 HES interventions across 10 different HIV outcomes (Swann, 2018). The review can inform donors and IPs around the evidence for HES interventions; however, there were important limitations to the quality of the evidence and the conclusions that can be drawn from it. Therefore, in addition to the evidence, other program design considerations such as feasibility, cost, and acceptability could inform the selection of HES intervention(s).</p>
<p><b>What are desired non-HIV related outcomes of the intervention?</b></p> 	<p>In addition to HIV outcomes, a project may have other outcomes of interest. For example, a five-year OVC project is interested in providing out-of-school adolescents with a safe place to provide HIV and life skills education. Additional outcomes include the development of a savings habit and strengthening money management skills. In this case, AYSGs would be more appropriate than an unconditional cash transfer, which is not done in a group nor does it develop a savings habit or money management skills on its own.</p>
<p><b>What financial and human resources are available to implement the intervention?</b></p> 	<p>To be effective and reduce unintended negative consequences, it is important to have adequate financial and human resources to adapt the selected HES intervention to the local context and implement it with fidelity. Before selecting any HES intervention, the organization should ensure they have access to financing to hire the required staff to implement a quality intervention. This guide provides an organizational capacity assessment tool (see p. 12 and Appendix 3) to help organizations determine their readiness to implement AYSGs.</p>

Questions	Considerations
<p><b>What are the requirements for sustainability of the HIV outcomes and/or the intervention?</b></p> 	<p>By their nature, provision interventions rely on external inputs to maintain the desired HIV outcome. If the HIV outcome is a discrete activity (e.g., HIV testing and receiving the results), a provision intervention, such as a financial incentive, may be appropriate. If the desired outcome is long term, such as sustained risk reduction behaviors among AGYW (adolescent girls and young women), it may not be sustainable to continue to provide cash transfers indefinitely to AGYW. Interventions, such as AYSGs if well implemented, can be sustained without continued external inputs. And with appropriate layering and sequencing of complementary and add-on services may help to sustain the HIV outcome as well.</p>
<p><b>What HES interventions are feasible and acceptable in your context?</b></p> 	<p>The selection of an HES intervention may be influenced by your context, including other ongoing interventions, donor preferences, organizational values, community values, etc. For example, if there is an existing government cash transfer program targeting AGYW, it may be more appropriate to focus on protection interventions such as AYSGs and financial education to support the development of a savings habit and improve money management skills among AGYW.</p>

If, after completing the above analysis, you have determined that AYSGs are an appropriate HES intervention, you also need to conduct a more in-depth analysis to ensure that AYSGs are adapted to the local context and are both feasible and acceptable to implement. The next section provides additional guidance for further analysis.

## HOW TO DETERMINE IF ADOLESCENT AND YOUTH SAVINGS GROUPS ARE ACCEPTABLE AND FEASIBLE FOR YOUR CONTEXT

An appealing feature of AYSGs is that compared to other options, they can be deployed virtually anywhere, are relatively low-risk for participants, are inexpensive to implement over time, and their group-based format lends them to integration with training and other activities. There are also excellent guidelines and tested practices for establishing savings groups for adults and youth. However, AYSGs do require training, expertise, and significant local contextualization and adaptation. Early consultations with community leaders, caregivers, and young people are key during both project scoping and design. For its part, the IP must ensure there is enough time as well as available and sufficient funds to responsibly implement an AYSG intervention and complementary activities. An under-resourced project risks doing more harm than good.

To decide if AYSGs are an acceptable and feasible approach for your context, a needs analysis and stakeholder consultations that address the questions in Table 3 are crucial. Involving HIV-affected young people in answering these questions will ensure the responses address their needs and build ownership early in the project.

**TABLE 3. QUESTIONS TO ASK TO DETERMINE IF AYSG IS A FEASIBLE AND APPROPRIATE APPROACH**

Questions	Recommendations
<p><b>Are there national or local laws or regulations pertaining to youth engagement (such as OVC policies) or youth financial transactions?</b></p>	<p>Ensure the laws and regulations allow for formation of savings groups. Consult with others who have previously established SGs (and ideally AYSGs), if possible.</p>
<p><b>Is the HIV burden in targeted communities high enough to meet program targets (number or percentage HIV-affected young people) and minimum group size (15–20 members)?</b></p>	<p>Answering this question requires knowing the HIV burden at the most local level possible among the target population and being able to determine if there is a sufficient number of targeted participants to meet regularly in one accessible location. The minimum critical mass in any community will depend on the group composition strategy.</p>
<p><b>Are community leaders, caregivers, adolescents, and youth open to and interested in the idea of savings groups?</b></p>	<p>Conduct a barrier analysis that specifically addresses cultural sensitivities around youth participation in economic activities. Whenever possible, involve youth in designing, leading and/or analyzing the results of the barrier analysis. As needed, adapt your messaging (what you say and to whom you say it) and determine the extent to which you can make changes to address community concerns and needs while maintaining program objectives and the core tenets of the savings group model you are using.</p>
<p><b>Are there restrictions that would prevent young women from participating in AYSGs? Is your organization capable of addressing them?</b></p>	<p>Providing appropriate adult female supervision or forming female-only groups may be sufficient to gain support for female participation in AYSGs in some communities. In others, barriers may be too deep (cultural, religious, safety) to overcome within the project timeframe.</p>
<p><b>To what extent does stigma related to HIV affect young people? What are the causes and tangible effects of stigma on young people?</b></p>	<p>Projects may need specific strategies and tools to overcome stigma that prevents young people who are HIV-affected from participating in community activities. While AYSGs can be a tool for reducing stigma, organizations should be realistic about the project’s ability to overcome the barriers that HIV-affected young people face (see p. 24 and p. 38).</p>

Questions	Recommendations
<p><b>Do adult SGs already exist or have they existed in the past in target or nearby communities (in project-initiated or indigenous formats)?</b></p>	<p>Starting AYSGs can be challenging if adult SGs have not already been established; some practitioners recommend only starting AYSGs after adult SGs have completed one or more cycles (see pp. 16-17).</p>
<p><b>What do community members think about SGs or AYSGs from experience?</b></p>	<p>If community members have positive views of SGs, this will facilitate acceptance and take-up of AYSGs. If they have negative views, it may be very difficult to form AYSGs in that community, especially with a vulnerable population.</p>
<p><b>What are community expectations and goals for AYSGs, including add-on services?</b></p>	<p>Particularly if people have experience with AYSGs, you should ensure that you will be able to meet (or mitigate) expectations, including specialized add-on services that are requested.</p>
<p><b>Do security conditions make AYSGs a viable option?</b></p>	<p>Young people need safe spaces to meet, safe routes to travel to and from meetings, and safe places and persons with whom to keep their money. If these conditions cannot be met, AYSG initiatives may fail.</p>
<p><b>Do mobility and migration patterns allow for regular group meetings?</b></p>	<p>Young people are more mobile than older adults in their daily lives and at different points in their lives. Since regular AYSG meetings are essential for their effectiveness, high rates of mobility and migration may cause AYSG initiatives to fail.</p>
<p><b>Does the community have a cash economy?</b></p>	<p>In communities that rely on bartering or other nonmonetary systems (such as some remote rural and/or indigenous areas), young people will not be able to save money in AYSGs.</p>
<p><b>Can young people (or their caregivers or other family members, who may provide savings funds) regularly access enough money to save?</b></p>	<p>While studies have shown that many very poor adults can save successfully, there are situations in which the household financial situation is such that AYSG participation is infeasible.</p>
<p><b>Do communities offer opportunities for economic activities that are attractive to young people, safe to practice, and will be accepted by other residents?</b></p>	<p>Conduct a rapid market assessment for individual and group activities. Note that even if there are few investment opportunities, young people will still benefit from regular saving and from receiving training.</p>

## ORGANIZATIONAL CAPACITY

Table 4 lists several organizational self-assessment questions that can help you determine your organization’s readiness to engage in AYSG programming with HIV-affected young people. **Appendix 3 provides a detailed table with criteria for identifying low-, medium-, and high-capacity readiness for each listed question.**

**TABLE 4. ORGANIZATIONAL SELF-ASSESSMENT QUESTIONS**

Domain	Self-Assessment Questions
<b>Mission</b>	Does the mission align with long-term community development and encompass community-led initiatives?
	Does the mission statement name adolescents and youth, or is it inclusive of this population?
<b>Culture/Policies</b>	Do organizational culture and policies allow for discussing money with beneficiaries and for applying financial charges in the form of loan interest or fees, which can be problematic for organizations based in Muslim communities?
	Does your organization have an organizational commitment to working with adolescents and youth?
<b>Staffing/Systems</b>	Does your organization have experience training field supervisors to manage facilitators in each locale?
	Do staff have experience working with adolescents?
	Do staff have experience working with youth?
	Do staff have experience working with savings groups (any age)?
	Do staff have experience working with adolescents and youth living with HIV?
	Do staff have experience implementing the proposed technical add-ons (e.g., HIV education, life skills education, financial education)?
	Does your organization have in place relevant monitoring systems, including systems to track savings and lending activity (such as the SAVings Group Information eXchange [ <a href="#">SAVIX</a> ] and health outcomes)?
	Does your organization have trained personnel to use the monitoring systems and the data to make decisions?

<b>Partnerships</b>	Does your organization have the experience, skills, resources, and incentives to engage in partnerships for the effective operational integration of add-on services or other complementary activities to achieve effective intervention layering?
	Does your organization have established relationships and/or partnerships with health facilities?
<b>Local Credibility</b>	Has your organization worked in this community and do local leaders and households trust you?
<b>Needs/Context Analysis</b>	Does your organization have a clear rationale for how AYSGs can address specific community needs? Is your organization aware of the specific risks community members may face that will affect participation in and/or successful membership in AYSGs?
<b>HIV Context</b>	Does your organization know the HIV burden in the areas you intend to work?
	Does your organization understand how HIV has affected the community and its young people?
	Does your organization understand the impact stigma has on HIV-affected community members? Adolescent girls, boys? Young men, women?
<b>Youth Context</b>	Does your organization know where young people are, and what types of groups they belong to, in facilities and in communities?
	Does your organization have a confidential way to identify adolescents and youth affected by HIV (e.g., orphaned, living with an HIV-positive or elderly caregiver), living with HIV, or otherwise vulnerable to HIV?
	Does your organization have experience in involving youth in program design, implementation, and monitoring?
<b>Protection Mechanisms</b>	Does your organization have policies and procedures in place to protect confidential beneficiary data such as HIV status?
	Does your organization have policies and procedures for monitoring risks that young people may face and protection mechanism to address them?
	Does your organization have an operational child safeguarding policy?

## INITIATING ADOLESCENT AND YOUTH SAVINGS GROUPS

Compared to AYSGs for less vulnerable young people, there are several additional challenges to overcome in starting AYSGs for HIV-affected adolescents and youth. These will always be context-specific, but generally include the following:

Including youth who are often already excluded from community social activities; reaching the hard-to-reach.	Fighting for the limited time young people have to participate given increased household responsibilities.	Fighting stigma—being inclusive of all young people in the community while targeting those with specific vulnerabilities.	Taking the time necessary to develop and implement an inclusion strategy.	Overcoming trust issues with young people, caregivers, and community leaders.
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Due to these and other conditions, organizations should expect that AYSGs for HIV-affected young people will take more time to plan for and start, and will cost more money to start and operate, than adult SGs or AYSGs with less-vulnerable young people. Variables that affect costs include the need to develop and implement specific targeting mechanisms; increased time/ money to conduct outreach and recruit HIV-affected young people; identifying and training the right staff; inclusion of add-on services; ensuring child safeguarding and protection systems are in place; and travel to reach and mobilize vulnerable communities. **Practitioners recommend allocating at least ONE YEAR of startup planning, assessment, and project design before AYSGs can begin.** Patience is required to build trust in communities, identify the most-needed AYSG configurations and add-on services, and most importantly, identify and engage the most appropriate population(s) to address the intended HIV outcomes.

### Role of Caregivers and Community

This section of the guide discusses the critical role of adults in supporting and participating in AYSGs, recruitment strategies for engaging young people affected by HIV, and group composition.

**Often, the process of engagement begins with meeting with community leaders (including religious leaders) to obtain initial consent to host open community meetings.**

Leaders, school representatives, case managers, and partners at health facilities or other centers that work with HIV-affected community members should be engaged to help spread the word about the AYSG methodology and upcoming community promotional meetings.

Practitioners have identified several key ways in which community members and caregivers are essential to initiating AYSGs:

- Obtaining consent to start AYSGs.
- Obtaining support for starting AYSGs (e.g., asking them to encourage young people to join).
- Identifying safety and security risks and determining if AYSGs can be designed in a way that does not expose young people (especially AGYW) to additional risk.

- Recommending protection strategies and/or taking an active role in protection, conflict resolution, etc.
- Identifying key vulnerabilities faced by young people that may need to be overcome or supported by AYSGs.
- Understanding young people's expectations and determining when they can be met and when they cannot.

### **Preparing Caregivers for AYSG Outcomes**

AYSG experts have identified several points of contention that can arise in households with young people participating in AYSGs. These conditions can be worsened if they have not been anticipated and discussed between caregivers and young people ahead of time. **Early conversations with caregivers and between caregivers and young people can help prevent negative impacts.** The following table describes some of the potential conflicts that may arise as a result of AYSG participation and potential mitigation strategies.

#### **Household rifts can be caused by ...**

- Young people being away from home (and household responsibilities) while participating in AYSGs.
- Young people having access to money, upending traditional roles and causing conflict over control/ use of the money, particularly loans.
- Increased agency and confidence of young people, risking conflict and violence because of their changing interactions and expectations.
- Divergent expectations for uses of savings (share-out) and loans.
- Sibling rivalry, especially if a project exclusively targets one sex and the other is left out.

#### **Strategies to mitigate these challenges include ...**

- Prioritizing earning buy-in and support from community members and caregivers.
- Encouraging caregivers to participate in adult savings groups that may exist in the community.
- Holding workshops/discussions with community and household members on nonconfrontational strategies for how youth and caregivers can meet the specific needs of the household while ensuring that youth can fully engage in the AYSG experience. Asking caregivers and young people to answer the following questions before starting an AYSG can promote understanding:
  - What are the expectations for accumulated savings? How will decisions on the use of savings be made?
  - What are the expectations for loans? How will decisions about a loan's purpose, amount, and timing be made? Do caregivers expect AYSG members to take out loans on their behalf?
- Obtaining consent (written, if appropriate; see Appendix 4) of caregivers for participation. Fully explain the objectives and mechanics of AYSGs, answer questions, and address concerns.
- Allowing siblings to participate, if they meet project and group criteria (this may help guide decisions on establishing single- and/ or same-sex groups; see p. 22).

Some practitioners believe having adult SGs in a community is an essential prerequisite for AYSGs; however, this may not be the reality in some programming areas. The benefits of prior adult SG experience and issues that may arise if there are no adult savings groups in the area are summarized below.

**Sequencing: Should adult savings groups necessarily precede adolescent and youth savings groups?**

Prior SG programming in the area and the ongoing functioning of adults SGs have the following benefits:	If there are no established SGs, these potential issues may have to be addressed:
<ul style="list-style-type: none"> <li>• Trust that the savings groups are valuable and entail minimal risk.</li> <li>• Enthusiasm for participation among young people.</li> <li>• Realistic expectations of the features of AYSGs.</li> <li>• Increased willingness of caregivers to allow young people to participate.</li> <li>• Existing SG trainers may be available to facilitate AYSGs.</li> </ul>	<ul style="list-style-type: none"> <li>• It may take longer to build trust and gain consent from community leaders and caregivers to start AYSGs.</li> <li>• Adults may want to participate in groups with young people (mixed-age SGs) and even require it.</li> <li>• Adults may want to have their own groups established before or alongside AYSGs.</li> <li>• The community may not consent to AYSGs.</li> </ul>

Beyond the existence of adult SGs in the community, caregiver participation in adult groups may mitigate the risk of adults inappropriately interfering with AYSGs, especially around borrowing (cf. Managing Risk section pp. 38-41).

Practitioners who collaborated on this guide recommended the following approaches:

1. Start AYSGs after adult SGs have operated successfully for one or more complete cycles.
2. If no adult SGs exist, establish and operate them for a full cycle before offering AYSGs. Do NOT try to start adult SG and AYSGs at the same time—programming models are quite different and require separate sets of resources, training, planning/timelines, etc.
3. If starting AYSGs where no adult SG have previously operated, allow for at least ONE YEAR of planning and startup before groups begin to meet (no rapid startup!). The most vulnerable youth may not join initially (outreach efforts may be insufficient, risk aversion may be high, etc.), so an incremental targeting approach may be necessary.

If loans issued to young members in an AYSG are used by caregivers and repayments are not made in accordance with group rules, the youths’ participation in the group, and the group’s accumulated savings, could be jeopardized. The consequences of loan default and loss of savings increase with vulnerability, and for youth, the amounts can be significant relative to

their assets. While several organizations supporting AYSGs note this as a potential risk, there are few documented instances of this being a problem. Consequently, the most important recommendations are to ensure clarity in group rules and to closely monitor groups.

## Enrolling Members into Adolescent and Youth Savings Groups

Table 5 presents general guidelines for initiating AYSGs. We then offer five outreach strategies to maximize participation in these groups by adolescents and youth affected by HIV.

**TABLE 5. GUIDELINES FOR INITIATING ADOLESCENT AND YOUTH SAVINGS GROUPS**

<p><b>Meet with community leaders and hold community meetings (separate from those for needs analysis) to share information about AYSGs and any potential add-ons (health or financial education, etc.).</b></p>	<p><b>Work with community-based organizations (CBOs) to promote AYSGs and recruit young people. Caregiver groups, schools, health providers, and other local organizations can also be engaged.</b></p>	<p><b>Regardless of target population, all interested adolescents and youth should be allowed to join AYSGs.</b></p>
<p><b>Groups form via self-selection; no one is forced to participate; and each group contains members who have chosen to be in a group with each other.</b></p>	<p><b>Peer-to-peer outreach is a strategy that can be added on to any of the options below. Young people are likely to have friends who are “like them” (age, culture, socio-economic characteristics, etc.), so use this strategy accordingly.</b></p>	<p><b>All strategies need to ensure coordination and information sharing among facilitators, case managers, volunteers, clinic and community coordinators, etc.</b></p>

### Ensuring OVC participation in AYSGs, while maintaining self-selection

In Lesotho, an organization implementing PEPFAR’s DREAMS approach targeted at-risk adolescent girls for a series of interventions, including social assets building, life skills education, HIV prevention messaging, and joint participation in a parenting program focused on caregivers of adolescents. The girls met in social asset clubs where they received Aflateen, a financial education, child rights, and entrepreneurship curriculum. After the sessions on savings, girls in the club were invited to join an AYSG. Those who were interested and capable joined the group, which met after the social assets club. Thus, the SG principle of self-selection was maintained, while the implementing organization ensured that most AYSG participants were members of the target population. AYSG participation was not a requirement to benefit from other DREAMS interventions. The chief of party (COP) explained, *“The only thing [girls who opt out of AYSGs] don’t get is the experience of physically saving. They get all the other stuff, including financial education.”*

**The purpose of the five strategies below is to maximize outreach and access to savings groups for HIV-affected and at-risk young people, without coercing them or exposing their status, and without compromising the principles of savings group operations.**

While projects should seek to avoid situations in which AYSGs contain *no* HIV-affected members, it is unrealistic and potentially harmful to mandate that *only* HIV-affected young people be admitted into groups. Therefore, it is recommended that each AYSG include *some* HIV-affected members. A practical way to achieve this is to organize groups *around* HIV-affected young people. Setting a minimum threshold per group, however, should only be attempted with a solid understanding of local demographics and dynamics. Mixed groups (i.e., those including young people who may not be affected by HIV, but with at least some HIV-affected members) can help HIV-affected young people build social capital within their communities and reduce stigma. Mixed groups can improve the quality of the groups, at no additional cost to the project. In the extreme case, if very few people in a community are targeted (fewer than a viable group size), it is better for them to form a group with other, nontargeted people from the same community, than to form an intercommunity group of purely targeted people. Intercommunity groups could burden members with frequent travel and high participation costs and would likely have low levels of initial trust. Ultimately, it is preferable to reach a high proportion of the target market in a coverage area, across many mixed AYSGs, than to form exclusive groups that result in low overall coverage.

At all times, confidentiality of members' HIV status must be respected, and it is inappropriate for a person's HIV status to be mentioned in the AYSG setting. Therefore, one way to increase the likelihood of recruiting HIV-affected adolescents and youth is by focusing recruitment efforts in geographic areas with comparatively high HIV burdens<sup>2</sup> or geographic targeting. Data to determine the HIV burden can be obtained through Demographic and Health Surveys, National AIDS Control Programs, UNAIDS, or the [HIV/AIDS Surveillance Data Base](#), depending on the country. In the context of a PEPFAR program, most IPs will work within sub-national units (SNUs) that PEPFAR has classified as *aggressive scale-up*, *scale-up saturation*, or *sustain-plus* based on available epidemiological information.

The five strategies detailed below are not exhaustive, but rather are presented as illustrative options with advantages and disadvantages for IPs to select based on available information (e.g., beneficiary lists), project phase (e.g., startup v. mid-project), and

### Strategy for counting the number of HIV-affected youth

In Mozambique, an organization worked with a local health clinic that offered health and support services for individuals and families affected by HIV. Without disclosing any information about specific individuals or households, clinic staff who either observed or were members of SGs reported just the number of HIV-affected individuals participating in a given group. This allowed the organization to understand effectiveness of their targeting and to explore how group composition (percent HIV-affected) interacted with outcomes by comparing groups.

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<sup>2</sup> These areas may also have a higher proportion of HIV-affected young people compared to other areas, but this may not always be the case (e.g., some caregivers living with HIV may migrate for work leaving their children with relatives in an area with a lower HIV burden).

context (e.g., existence of adult savings groups). Note that there is overlap among the strategies outlined below.

### Strategy 1

Identify areas with a high HIV burden (geographic targeting—presumes no existing beneficiary lists). Set up AYSGs in areas with a high HIV burden. Then estimate the likelihood of engaging participants with targeted vulnerability characteristics.

#### Advantages

- Reduces risks of stigmatization.
- Lower cost of implementation.
- HIV-affected young people and other youth all benefit from participation.
- Encourages savings culture in community where young person lives.

#### Disadvantages

- May not meet donor requirements for reporting on number of or outcomes for OVC specifically.
- Risk of low recruitment of target group.

### Strategy 2

Use geographic targeting. Conduct household vulnerability assessment(s) to identify adolescents and youth affected by HIV or with characters associated with elevated HIV risk and/or vulnerability. Promote AYSGs among adolescents and youth within households meeting the target criteria, but do not exclude other young people who may also want to join AYSGs.

#### Advantages

- Agency/organization can identify vulnerabilities of most importance for the program/project, though HIV status will still be difficult to know.
- When young people from targeted households join AYSGs, their outcomes can be tracked and disaggregated from less vulnerable households.
- Encourages savings culture in community where young person lives.

#### Disadvantages

- House-to-house approaches can contribute to stigma.
- Household assessment is costly and time-consuming; however, it might already be included within a larger (e.g., PEPFAR) program/project.

### Strategy 3

Use geographic targeting. Conduct household vulnerability assessment(s) to identify adolescents and youth affected by HIV or with characters associated with elevated HIV risk and/or vulnerability. Identify existing structures, such as social service providers managing kids/youth clubs or health facilities with adolescents living with HIV support groups and support their case managers/community volunteers/staff to promote the benefits of AYSGs to their members, encourage them to meet with an AYSG facilitator to learn more, and encourage young people to join an AYSG in the community where they live.

#### Advantages

- More accurate targeting.
- Working with trusted local organizations can add legitimacy in eyes of community members and young people.
- Encourages savings culture in community where young person lives.

#### Disadvantages

- Must have relationships with local groups or take time to develop them.
- Household assessment is costly and time-consuming; however, it might already be included within a larger program/project.
- House-to-house approaches may contribute to stigma.
- AYSGs may not be available in community where young person lives.

### Strategy 4

Use geographic targeting. Identify existing structures where HIV-affected young people are served, such as support groups, health facilities, and schools. Link with these structures/organizations to either a) refer their clients/participants to AYSG programming, or b) integrate AYSGs as an add-on to their existing programming.

#### Advantages

- High level of targeting accuracy.
- Organizers of these groups can help with recruitment and offer valuable insights into group operations, and add-on services.
- Allows for strategic partnerships among organizations serving at-risk populations and ASYG providers, allowing for each partner to contribute their comparative advantage.
- This approach can leverage existing groups and rely on peer-to-peer outreach.

#### Disadvantages

- Must have or develop relationships with local organizations.
- Structures/organizations may not have expertise in savings groups to add them on effectively to their existing programming.
- AYSGs may be seen as activities only for young people affected by or living with HIV or engaged in high-risk behaviors.
- May increase stigma.
- Group members may feel obligated to join the AYSG, which is coercive.
- Members may not know each other well if they do not live in the same community.
- If travel is required from home to AYSG location, this will increase costs to participants and limit savings and weekly participation.

## Strategy 5

Approach SGs that include adult caregivers of HIV-affected young people. Ask them to promote AYSGs to young people in their households or ask caregivers for permission for project staff to do so.

### Advantages

- High level of targeting accuracy.
- Receptivity/authorization of caregivers.

### Disadvantages

- Risk missing out on adolescents and youth whose caregivers are not in SGs.
- Delayed recruitment into AYSGs if adult groups need to be formed first.



### In-school vs. out-of-school recruitment

Schools can be convenient structures for identifying and engaging adolescents; in some models, AYSG meetings are integrated into regular classroom activities and led by a teacher. Also, because trust and safety are important elements of AYSGs, engaging with adolescents in schools can either benefit from strong structures and relationships (including garnering caregiver support) or exacerbate existing risks (unsafe travel and violence/exploitation by teachers and classmates, etc.). To engage schools, work with teachers, school leadership, ministry officials, parent-teacher association members, or other school-based management committees, as well as caregivers and adolescents themselves.

Focusing solely on schools, however, means missing out on older youth, young mothers, and many of the most vulnerable young people who do not attend school.

Out-of-school adolescents and youth are harder to identify and may be more difficult to organize, though they may have more flexibility with meeting times and greater motivation to save and borrow, especially if they are already engaged in an income-generating activity (IGA) or employed. Structures that can help recruit out-of-school youth include youth-serving organizations, religious institutions/youth groups, dance or theater clubs, scouts and other groups that promote healthy youth development, local authorities, community development offices, and trade associations.



## Group Composition

Preliminary decisions on group composition are sometimes made by donors or by IPs, without necessarily consulting local staff or communities. However, understanding the local context is critical to encouraging successful groups while meeting program objectives. This section provides guidelines for making decisions on group composition based on several factors: sex, age, financial legislation, and schooling. Keep in mind that although the project may set *criteria* for group composition, the **actual membership of each group must be determined by its members.**

Because this guide is focused on AYSGs, we will not go into detail about savings groups that include both adult and youth members.

### **Sex: Should groups be single-sex or mixed?**

The sex of members and facilitators can affect group dynamics and performance, and must be considered in light of planned add-on services. Table 6 presents recommendations for group composition based on situations and contexts the project may encounter. It is recommended to get feedback from youth prior to finalizing the group composition strategy.

**TABLE 6. GENDER RECOMMENDATIONS BY SITUATION**

<b>If you face this situation ...</b>	<b>Then facilitate this kind of group:</b>
Girls (or boys) can benefit (e.g., learn leadership skills, speak freely, feel safe, etc.) from meeting with members of their own gender in a safe space.	Separate
Boys and girls gain benefit from being together (e.g., receiving facilitated sessions on gender equality).	Mixed
Boys and girls express specific interest in forming groups together and have support from community and caregivers.	Mixed
AYSGs are to be formed around mixed-gender classrooms.	Mixed or separate based on preference of students/teacher
It is locally or culturally inappropriate for girls and boys to meet together.	Separate unless community/ caregivers consent
It is locally or culturally inappropriate for married females to meet with males or unmarried females.	Separate by gender and/or life stage (see next page)
Girls are at risk of being exploited or undermined (prevented from speaking or participating equally).	Separate, or build in mechanisms to increase girls' participation
It is deemed unsafe for girls to gather together and meet alone.	Mixed
It is deemed unsafe for boys and girls to gather together and meet.	Separate
Sexual and reproductive health (SRH) education is anticipated as an add-on to AYSGs.	Separate, or separate the members of mixed-gender groups during SRH education

### **Age: Should there be cut-offs for group membership?**

There are legitimate reasons to segment AYSGs by age groups, though practitioners warn against setting guidelines that are too strict to the point of excluding individuals who really want to participate. While groups must maintain the principle of self-selection, having too wide a range of age differences can affect group operations, in particular as groups move into higher cycles and their oldest members can cross important life stages.

## **National regulations on legal age for loan taking**

Laws that restrict the age at which a person can take a loan should be known to local implementers. SGs/AYSGs, however, are typically not subject to the same regulation as microfinance institutions and banks. When designing an AYSG, donors and IPs should consider the following guiding principles:

1. It is important to segment young people into under legal age (under 18 years or under 21 years, depending on local laws) and of legal age (18 years and above or 21 years and above).
2. Be flexible as to the minimum age set in the under legal age group. Slightly younger peers and siblings may fit in well with the group and in some cases encourage participation of their friends/siblings.
3. Be flexible as to the maximum (entry) age for older groups. Slightly older peers or siblings may fit in well with the group as may others who share group affinities or would not be served well in adult SGs.
4. Members of legal age groups should not be forced to leave the AYSG if they exceed the recommended maximum age (i.e., members should not be forced to age out).

## **Other age-related differences**

The needs, goals, and capabilities of adolescents and youth can also affect group composition. Speak with young people and caregivers—you may find other natural groupings by which to encourage membership. For example, maybe one AYSG includes all budding entrepreneurs (of varying ages) or groups of adolescents with very limited numeracy skills are provided with facilitators with experience tutoring math. Here are examples of needs, goals, and capabilities that often differ among age groups.

## **Life stage**

Differentiating participants by age (under 18; 18 and over) is a legitimate default; however, there are cases in which under-18s might benefit from belonging to groups with 18-and-overs and should not be prevented from doing so. Cases include: adolescent-headed households; adolescents who are married or parents; adolescents with established businesses in need of investment capital; and adolescents for whom school is no longer an option.

In addition, adolescents or youth can benefit from participating in specialized AYSGs in which all members share specific characteristics where they can enjoy peer support and receive targeted add-on services. Pregnant adolescents/youth and young mothers are one example. Other examples include participants with specific vulnerabilities, such as a specific occupation; young people living with HIV; or those subjected to abuse, violence, or trauma. Such support groups may already exist and be introduced to AYSGs; or AYSGs may be formed that bring together such participants. These specialized groupings should only be established when a viable group size is possible within a community; see the previous admonition against cross-community groups.

Needs	Goals	Capabilities
<ul style="list-style-type: none"> <li>• Protection supervision and training</li> <li>• Legal representation</li> <li>• Add-on services, specific age-appropriate curricula</li> <li>• Financial needs</li> <li>• Support with household responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Goal setting behavior</li> <li>• Personal, career, and financial goals</li> <li>• Group participation objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Maturity</li> <li>• Math skills</li> <li>• Ability to understand and manage finances</li> <li>• Social interactions</li> <li>• Legal restrictions</li> </ul>

While age can point to developmental expectations and differences, health, gender, cultural, and environmental factors can also influence the needs, goals, and capabilities of adolescents and youth. Be aware that very vulnerable youth—including those from rural areas, weak birth registration systems, or a long history of fragility—may not know their exact age.



### **In-school vs. out-of-school**

This is a recruitment mechanism (see previous section) as well as a segmentation issue. In-school youth may have little in common with out-of-school youth (who may have aged out or dropped out). Schools are a convenient mechanism for recruiting, but doing so risks excluding highly vulnerable adolescents and youth. School groups can meet within or just after school (convenient), and their cycles are often tied to the academic calendar. If students repeat grades, the composition of groups may change from cycle to cycle. Out-of-school youth may have different schedules/availability (and more of it) and different goals for savings/loans. However, engaging in- and out-of-school youth together in groups may be an opportunity for socially excluded dropouts to engage with peers and benefit from regular, structured meetings.



### **What does stigma look like?**

Discussions on engaging HIV-affected communities in savings groups often mention the risk of increasing stigma, but what does that look like? How does stigma manifest among young people? Examples include:

- Formal or informal exclusion from participation in community activities and organizations, including education.
- Self-imposed exclusion from community activities and organizations, including education.
- Exposure to violence or abuse because of others knowing or thinking they know an individual's HIV status.
- Difficulty selling services or goods in marketplaces or generally engaging in livelihood activities.

**To mitigate the effects of stigma and reduce chances of increasing it during an AYSG project:**

Do	Do not
<ul style="list-style-type: none"> <li>• Ensure confidentiality of any known health information about AYSG participants and their household members.</li> <li>• Actively promote breaking of stereotypes related to HIV.</li> <li>• Ensure young people have correct information about how HIV is and is not transmitted.</li> </ul>	<ul style="list-style-type: none"> <li>• Segregate HIV-affected young people into their own groups—integrating groups can help break barriers and promote common understanding among all adolescent and youth participants.</li> <li>• Think that AYSGs alone can eliminate HIV-related stigma in communities; in some cases, stigma may be so severe that you will not be able to avoid putting HIV-affected young people at greater risk and should adopt other strategies.</li> </ul>

## ROLE OF ADULTS IN ADOLESCENT AND YOUTH SAVINGS GROUPS

### As Trainers/Facilitators

One of the most common roles of adults in AYSGs is as a savings group trainer or facilitator. In this role, they will be responsible for developing work plans (e.g., geographical outreach); mobilizing the community and garnering approval and support; recruiting adolescents and youth aligned with the project’s targeting strategy; forming and training groups; and monitoring and supervising groups, including scheduling. Given trainers’ frequent and close contact with young people, it is recommended to give youth a voice when developing the trainer profile, and to the extent possible have youth representatives participate in the recruitment process. Some teachers can make great AYSG facilitators *if* they have the time,

willingness, and openness to be trained and to lead groups in addition to maintaining existing school-related responsibilities. Some practitioners suggested that this will only work if AYSG activities are built into the existing school curriculum (rather than as an afterschool activity). What is critical to keep in mind is that, more so than in adult SGs, trainers/facilitators often serve as role models and support persons for young people. This additional responsibility is reflected in the attributes identified for AYSG facilitators (see box above) expressed by practitioners most frequently during the KIIs. Only in some cases will AYSG facilitators have the qualifications to both train and guide AYSG activities and provide needed services and referrals for HIV-affected youth. In some cases, mentors or other adult roles are integrated into the AYSG programs to provide this support, or AYSGs are integrated into larger programs that have these services.

#### Attributes of an AYSG facilitator

- Experience with youth
- Community member
- Communicator
- Facilitator
- Psychosocial support background
- Flexible
- Trustworthy
- Female
- Youth development experience
- HIV-affected

## Selecting AYSG facilitators who can relate to adolescents and youths

Recruiting the right facilitator or field agent (FA) to train and oversee adolescents and youths in savings groups is necessary to encourage at-risk youth to join AYSGs, as well as to retain them once they are members. In Lesotho, an organization involved in the PEPFAR DREAMS program learned that care must be taken in how FAs are recruited. When starting up DREAMS, the organization provided a broad list of criteria for the ideal facilitator to village chiefs, *“but because of widespread unemployment, the chiefs put too many names down,”* said the project’s COP. As DREAMS entered its second year, the organization learned that it is better to have a peer—who is close to the age of the adolescent girls and young women joining the AYSGs—to run the AYSG and other sessions, because younger FAs listen better to their peers than older FAs do. The COP explained, *“If you’re an older FA, the girls can’t relate to you, but if you’re their own peer, they’ll tend to talk more to you. So, we want to hire peers ages 20–24. We want to see if this improves HIV-related outcomes, and if the girls will talk more about other issues affecting them, such as gender-based violence.”*

## As Mentors or Other Adult Support Persons

Young people affected by HIV, both male and female, need support from adults who can identify needs around HIV (e.g., risky behavior, HTS, ART, PMTCT, Pre-exposure prophylaxis [PrEP], Post-exposure prophylaxis [PEP], viral load testing); physical (including SRH) and mental health; education; food insecurity/hunger; child protection/gender-based violence; trauma; and extreme poverty in order to make referrals to appropriate support resources.

Practically speaking, program staff managing AYSGs should:

- Know the specific types of support (including those listed above and others) that young people are likely to need beyond the AYSG.
- Establish ties to a referral network with service providers and ensure that the systems are in place to provide timely referrals as needed.
- If gaps still exist, work with local institutions to find appropriate channels to fill them or build support structures into AYSG operations.
- Ensure that the young people, AYSG trainers/facilitators, and caregivers know about the referral system and who to speak with if they are facing a challenge.
- Engage responsible, trained adults in the provision of support alongside AYSG trainers/facilitators. This could include:
  - Identification of group mentors, tutors, or other locally appropriate support persons to engage with groups alongside facilitators as necessary.
  - Use of volunteers where appropriate; sometimes a local mother or grandmother may be appropriate for this role.
  - Training for facilitators, mentors, and other adults supporting AYSGs.

## Engaging Caregivers in Adolescent and Youth Savings Groups

Practitioners are split over direct involvement of caregivers in AYSGs, with some practitioners seeing valuable roles for them in offering experience and protection, and others concerned that involvement can diminish group autonomy and the role of young people as leaders within their groups. The arguments for and against caregiver involvement are outlined below.

Caregivers can contribute	Caregivers can hinder	Regardless, caregivers should
<ul style="list-style-type: none"> <li>Guidance and mentorship</li> <li>Protection experience and expertise</li> </ul>	<ul style="list-style-type: none"> <li>Group autonomy</li> <li>Openness, willingness to participate and lead</li> </ul>	<ul style="list-style-type: none"> <li>Be aware of all AYSG activities</li> <li>Discuss financial expectations with members</li> </ul>

Within the context of PEPFAR OVC projects, many caregivers will be enrolled in parenting skills training. These trainings work to improve communication between caregivers and their adolescent children around a variety of issues, including family finances. Caregivers equipped with this training may be more supportive of their teens' participation in AYSGs and be able to work with them to resolve conflicts that may arise over time. In addition, certain add-on trainings, such as financial education, could be provided jointly to adolescents and caregivers, providing an opportunity to have more dialogue around how financial resources are used.

## GROUP OPERATIONS

The operations of adult SGs are well established and have been extensively documented in numerous publications, while a growing body of publications is shaping standards for SGs geared toward adolescents and young people (see the References section). It is imperative that prior to beginning implementation, the organization select a methodology, and either adapt or validate it for contextual factors, including gender, culture, age, and Islamic law, as appropriate.

Table 7 discusses how AYSGs for young people affected by HIV may have to be adapted from models used with less vulnerable youth. Some strategies highlight areas that are more important for highly vulnerable youth. For example, it is always important to identify meeting days and times of day that maximize availability, but it is particularly important for adolescents and youth who have many household responsibilities because of living with an elderly or sick caregiver or following the death of a caregiver due to an AIDS-related illness. As is the case with all savings groups, AYSGs choose rules that suit their members and have control over their own procedures, within the guidelines provided by the methodology promoted by the project.

**TABLE 7. VULNERABILITIES FACED BY HIV-AFFECTED YOUNG PEOPLE THAT MAY AFFECT AYSG PARTICIPATION OR SUCCESS, AND POTENTIAL ADAPTATIONS OR MITIGATION STRATEGIES**

Vulnerability	Impact on AYSG participation/success	Adaptations and mitigation strategies
<b>Many household and community responsibilities</b>	Limited time to participate	<ul style="list-style-type: none"> <li>Identify meeting days and times of day that maximize availability; consider seasonal calendar.</li> <li>Minimize meeting duration while maintaining AYSG model integrity.</li> <li>Identify meeting spaces that minimize travel.</li> </ul>
<b>Childcare responsibilities</b>	Unable to attend meetings regularly	<ul style="list-style-type: none"> <li>Offer childcare or other accommodations for children.</li> <li>Hold AYSG meetings alongside Kids' Clubs.</li> </ul>
<b>Poor health, illness, psycho-social fragility</b>	<p>Unable to attend meetings regularly</p> <p>Unable to save regularly</p>	<ul style="list-style-type: none"> <li>Select convenient training/meeting location.</li> <li>Allow proxy for meeting to (1) ensure saving deposit, (2) have a say on way money is spent, and (3) report on training.</li> <li>Linkages to psychosocial support.</li> </ul>
<b>High levels of poverty, household needs, economic strain</b>	<p>Inability to save regularly or repay loans</p> <p>Youth have greater responsibility for contributing to their own or household members' well-being</p> <p>Caregivers or other adults may request or demand access to child or youth savings or loan</p>	<ul style="list-style-type: none"> <li>Provide referral to social protection programs.</li> <li>Encourage groups to develop constitutions without minimum deposit amounts, and with reasonable maximum deposit levels.</li> <li>Delay loan offering until one or more of the following have taken place: one completed cycle, financial education, youth have reached an appropriate age.</li> <li>Support market-informed vocational or livelihood training.</li> <li>Monitoring systems to watch for neglect and abuse.</li> <li>Monitor for signs of negative money-making strategies (transactional sex, dangerous IGAs, borrowing from other sources).</li> <li>Group rules to allow (or disallow) loans to be used by caregivers.</li> <li>Educate caregivers on group rules.</li> <li>Create opportunities for young people/caregivers to discuss savings and loan expectations.</li> <li>Allow opportunity for group IGA.</li> <li>Create a separate fund designated for a specific purpose (e.g., transport to health facility, school fees/levies/supplies).</li> </ul>

Vulnerability	Impact on AYSG participation/success	Adaptations and mitigation strategies
<b>Immaturity/inexperience</b>	Mismanagement of group and/or funds	<ul style="list-style-type: none"> <li>• Support young people to develop and adhere to their group's constitution.</li> <li>• Discuss risks of inappropriate money management during meetings.</li> <li>• Discuss money management with adolescents (&lt;18 years) and caregiver during consent process.</li> <li>• Identify an adult mentor with savings group experience to attend meetings and provide support to the group and its leaders.</li> <li>• Recruit facilitator/trainers with the ability to mentor groups and provide guidance.</li> <li>• Provide life skills education as an add-on to AYSGs.</li> </ul>
<b>Adolescents and youth have little to save; young people are often competitive</b>	<p>May feel pressure to save more than they are able, or be unable to repay a loan</p> <p>May resort to transactional sex (girls at higher risk), unsafe, illegal, or unethical behaviors to earn savings money or pay back loans</p>	<ul style="list-style-type: none"> <li>• Set minimum savings amount very low.</li> <li>• Do not require everyone to save at each meeting.</li> <li>• Allow groups to have uniform saving amounts.</li> <li>• Wait to introduce loans until AYSGs have matured.</li> <li>• Let groups decide if/when to allow loans.</li> <li>• Provide financial education that includes information about budgeting, saving, and responsible borrowing.</li> <li>• Offer add-ons that help young people reduce risk.</li> </ul>
<b>Girls and young women discouraged or not allowed to participate due to safety concerns or customs regarding gender roles</b>	Girls unable to participate or participate fully	<ul style="list-style-type: none"> <li>• Allow female-only groups.</li> <li>• Involve female facilitators, mentors, and/or trainers.</li> <li>• Identify safe spaces (see p. 31) and times to meet.</li> <li>• Engage caregivers to encourage participation of girls and young women.</li> </ul>
<b>Low literacy/numeracy skills</b>	<p>Inability to keep own records</p> <p>Unable to participate or take leadership positions</p> <p>May drop out</p> <p>May not join</p> <p>Difficulty managing money</p>	<ul style="list-style-type: none"> <li>• Use oral recordkeeping, passbooks.</li> <li>• Engage a nonmember secretary (family member, etc.).</li> <li>• Pair with another member with better skills for support (buddy system).</li> <li>• Build in literacy and numeracy capacity-building activities.</li> </ul>

Vulnerability	Impact on AYSG participation/success	Adaptations and mitigation strategies
<b>High levels of mobility</b>	Members leaving group in the middle of a cycle	<ul style="list-style-type: none"> <li>Discuss mobility with the group and ensure the constitution describes how the group will manage members who are unable to attend (e.g., allowing a sibling or another household member to take their place).</li> </ul>
<b>Live in unsafe environment or lack personal safety</b>	<p>May not join</p> <p>Irregular attendance</p> <p>Cycle may be interrupted, leading to premature share-out.</p>	<ul style="list-style-type: none"> <li>Identify safe spaces nearby for meetings.</li> <li>Engage with community leaders to make a safe passage.</li> <li>Negotiate permission with conflicting parties.</li> <li>Develop contingency plans during training phase.</li> </ul>
<b>More emergency needs</b>	Heavy and unexpected financial burdens placed on young people and their households	<ul style="list-style-type: none"> <li>Designate a separate fund for a specific purpose (e.g., transportation to health facilities, school fees) at the outset.</li> <li>Encourage savings for emergencies by the group, individual members, or community members.</li> </ul>
<b>Low status in household</b>	<p>May not be allowed to join</p> <p>No control over money from group (loan/share-out)</p>	<ul style="list-style-type: none"> <li>Offer parenting skills training for caregivers.</li> <li>Describe benefits/properties of AYSGs to caregiver(s).</li> <li>Have early discussions with caregivers about how young people will get money and how it can/should be used.</li> </ul>
<b>Few potential members in community meeting target criteria</b>	<p>Group does not form</p> <p>Self-selection and cohesion compromised</p> <p>Cross-community groups form</p>	<ul style="list-style-type: none"> <li>Form smaller groups (7–12 members) during first cycle.</li> <li>Open membership to peers in the community.</li> </ul>
<b>Low self-esteem and/or self-efficacy</b>	<p>May not choose to join</p> <p>May drop out if facing discrimination in group</p>	<ul style="list-style-type: none"> <li>Encourage members to bring a friend.</li> <li>Encourage rules that promote positive behaviors towards other members.</li> <li>Integrate life skills education and teambuilding.</li> <li>Visit nearby AYSGs during share-out.</li> </ul>
<b>HIV stigma and discrimination</b>	<p>May not choose to join</p> <p>May not be allowed/invited to join</p> <p>May drop out if facing discrimination in group</p>	<ul style="list-style-type: none"> <li>Usually form mixed-status groups; in some situations, groups with only HIV-affected or young people living with HIV may be beneficial.</li> <li>Offer HIV education at community level.</li> <li>Share testimonials by participating young people living with HIV.</li> <li>Offer HIV and sexually transmitted infection (STI) prevention education.</li> <li>Offer life skills education that focuses on empathy.</li> </ul>

In addition to the adaptations mentioned in Table 7, two other considerations are worth highlighting for AYSGs: (1) Safe spaces are crucial to conduct group meetings; and (2) adolescents and youth have specific issues related to borrowing.

### **Safe spaces**

Safe spaces are meeting places where participants can feel physically and emotionally safe (i.e., free from stress, trauma, abuse, and violence). Holding AYSGs and add-on activities in safe spaces allow participants the freedom and confidence to fully participate in project activities. During focus group discussions in Malawi, Mozambique, and Botswana—undertaken to design an adolescent-girl-specific intervention—community members were asked to identify safe places for adolescent girls on village maps. They were often places that offered structure and regulations (churches, hospitals, police stations). Schools were sometimes designated as safe, but were often unsafe because they could serve as a meeting point to arrange sex with boys or experience exploitation by teachers (Underwood et al., 2011).

### **Loans in adolescent and youth savings groups**

In adolescent groups that include participants below the legal age, some members may want to borrow, and can benefit from such loans. Organizations should be aware that since persons under the legal age cannot legally enter into contracts, groups will not have legal recourse in the event of loan default by those members.

In informal saving and lending groups, any loan defaults are typically handled through informal mechanisms, including interventions by group trainers and/or community leaders—this is true of both adult SGs and AYSGs. Therefore, any lending in adolescent groups must be decided as a group policy, and either limited to the member’s cumulative savings or guaranteed by an adult household member. If members of different ages are subject to different lending policies, this should be specified in the group constitution.

## **ADD-ON OR ‘PLUS’ SERVICES**

Research shows that vulnerable young people who receive a combination of services often have better outcomes than those that receive fewer services (Cluver, Orkin, Yakubovich, & Sherr, 2016). AYSGs can serve as a platform for additional or add-on activities either prior to or after group meetings. Savings groups with add-ons are sometimes referred to as “savings group plus” (Orr, Brown, Carmichael & Lasway, in press). In the context of PEPFAR, AYSGs are one component of a larger project providing age-appropriate layered and sequenced complementary services. Some practitioners have found that add-on services are a primary motivating factor for young people to join AYSGs.

Studies of AYSGs rarely provide details of educational curricula, objectives, delivery models, or overall assessments of quality. Still, practitioners indicated that many positive outcomes for young people are tied to participation in add-on services, though it is difficult to separate the effects of AYSGs and add-on participation (e.g. savings vs. financial education). Given the multiple and critical needs of young people affected by HIV, practitioners recommended that local, trained

specialists deliver add-on services or, if not possible, trained AYSG facilitators.

## Planning Add-on Services

Many decisions about AYSG structure and add-on offerings are made before groups ever form. If possible, **youth should be involved in the selection of add-ons** while resources are still flexible enough to be allocated to the services most desired by young people (and consented to by community leaders and representative caregivers). Alternatively, the costs of offering a range of add-ons can be estimated ahead of time and **enough funds set aside to allow groups to choose the service(s) of most interest after groups have formed**. Both donors and IPs should be cognizant of these planning steps.

## General Principles for Selecting and Implementing Add-on Services

Table 8 lists several general principles for selecting and implementing add-on services for AYSGs. Following this are several recommendations for implementing specific add-on services, as well as organizational capacities to do so.

## Examples of add-on services

For group members:

- Financial education
- Sexual and reproductive health (SRH) education
- Market-informed vocational/technical or livelihood training
- Mentoring
- Entrepreneurship or business management education
- Linkages to support services (HIV, health, child protection, GBV)
- Linkages to formal financial institutions (older youth)
- Life skills education
- Gender norms/gender equity training
- Psychosocial support through games and sports

For caregivers and communities:

- Regular meetings on topics on children's rights, gender sensitivity
- Human rights awareness campaigns
- Parenting skills training

## Encouraging HIV testing and linkages to HIV treatment, while maintaining privacy

In Lesotho, a DREAMS IP's approach has recruited at-risk adolescent girls and young women (AGYW) into its project and provides life skills education, social assets building, HIV prevention education, and AYSGs. To support increased uptake of HIV testing and linkages to HIV treatment, the organization coordinates with another DREAMS partner to set up mobile tents to provide HIV testing and referrals to treatment for DREAMS beneficiaries who test positive. Testing was organized at least once with all social asset clubs and was held in between the social assets meeting, which happens first, and the AYSG savings meeting, which occurs second. AGYW can choose to enter the tent and have an HIV test. The DREAMS testing partner then refers those who test positive to treatment and reports the total number of positive cases to the social assets partner without disclosing their identities. In this way, the DREAMS social assets partner tracks how well its overall targeting reaches its intended beneficiaries (even if it does not know how many AGYWs with HIV are in its AYSGs).

**TABLE 8. GENERAL PRINCIPLES FOR SELECTING AND IMPLEMENTING ADD-ON SERVICES FOR AYSGS**

<b>Organizational Capacities</b>
<ul style="list-style-type: none"><li>• Experience delivering programs that are age- and life-stage appropriate.</li><li>• Local knowledge and credibility (good reputation).</li><li>• Evidence of a successful track record of working in selected or similar communities.</li></ul>
<b>Layering and Sequencing</b>
<ul style="list-style-type: none"><li>• Add-ons should be selected carefully to maximize their usefulness while respecting youth time utilization, as they have many demands on their time.</li><li>• Offering too many services or offering them too quickly can:<ul style="list-style-type: none"><li>• Overwhelm participants.</li><li>• Dilute important messages by offering too many of them.</li><li>• Be costly (and thus unsustainable in the long term).</li></ul></li><li>• In general, add-ons are not offered earlier than six months into the first AYSG cycle, though exceptions can be made if opportunities could be missed otherwise.</li><li>• Some organizations have suggested waiting to offer add-ons until after one savings cycle is complete, while others highlight the importance of introducing add-ons in the first cycle to ensure those services are effectively delivered. This may be especially important in situations of high member mobility.</li><li>• In some cases, add-ons such as financial education were used to generate demand for AYSGs.</li><li>• Add-on sequencing should be aligned (when possible) with stated priorities and interests of AYSG members.</li><li>• Consider the workload of trainers/facilitators in layering and sequencing.</li></ul>
<b>Appropriateness</b>
<ul style="list-style-type: none"><li>• Gender and age of educators/mentors, may matter. Female role models may be essential, while facilitators closer in age may be more relatable and communicate better with their peers than do adults.</li><li>• Services and trainings should be developmentally and culturally appropriate for the entire group.</li><li>• Think about age and gender configurations, marital status, parenting (including single parents); decide whether existing groups can be split up, for example, if mixed-age groups require different SRH education.</li><li>• Quality matters. Curricula should be evidence-based, adapted to the local context or at minimum reviewed by experts for effectiveness and appropriateness.</li><li>• Participatory activities and “fun with purpose” are important in general (not just for enjoyment but for effectiveness). Curricula and delivery methods that are appropriate for adults may not be suitable for young adults or adolescents.</li></ul>

- Facilitators should encourage participation from all members.
- Duration of trainings (number of meetings, total hours) must be sufficient to observe meaningful outcomes. They should meet minimum industry/sector/subject standards (where these exist).
- Engaging and youth-centered methodologies utilize discovery, hands-on learning, and building on young people's experience and knowledge.

### Technical Integrity

- All activities should be developed, adapted (within some technical specifications so materials aren't diluted to the point of being ineffective), and/or delivered by CBOs, local partners and/or experts.
- In many cases, adapting training materials requires a high degree of specialization and the right partners are needed; if the right partners are not available, then in some cases it may be best to NOT provide a service until a qualified partner is available.

### Operational Integration

- Collaborate and coordinate with established local cadres in relevant sectors (e.g., health, nutrition, social services) to avoid duplication or gaps.
- *Freedom from Hunger* has developed a useful typology of service delivery strategies (Dunford, 2002).
- *A Learning Initiative* by the Aga Khan Foundation explored the use of SGs as platforms (Rippey & Fowler, 2011).

## Specific Advice for Common Add-Ons

The literature and key informant interviews identified six common add-ons to AYSGs: (1) financial education; (2) health education; (3) business training; (4) protection awareness and services; (5) vocational/technical training; and (6) life skills education. For each, we list suggested features of the add-on activity and the basic competencies needed by organizations providing the service.

Among these, financial education and business training are considered by many to be integral to the full realization of the economic benefits of AYSGs, and they are natural complements to the saving and borrowing services offered by the groups. It is highly recommended that financial education and business training be included whenever feasible; however, AYSG projects can be designed and implemented without them, in case of operational constraints.



## Financial Education

- Must be age-appropriate.
- Must be life-stage appropriate.
- Must be participatory and engaging.
- Must be adapted by technical expert(s) for the local context.
- Would be useful if delivered as lending begins but can come later.
- Recommended before entrepreneurship/business skills training.
- Mobile money training is important in areas where it is popular or growing; however, it is generally provider-specific.

Organizations that offer financial education should demonstrate:

- Evidence of experience providing decentralized community-based services.
- Access to technical expertise/assistance to review and potential revise the curriculum for local context.



## Health Education

- Should be delivered in close consultation with or, ideally, by local health organizations or local outreach/ community cadres from the Ministry of Health, using evidence-based curricula.
- Should be fact-based while respecting local beliefs and customs.
- Topics can include:
  - Sexual and reproductive health.
  - Nutrition, sanitation, self-care, childcare.
  - Maternal and child health (MCH) for groups of young/pregnant mothers.
  - HIV prevention, testing, follow-up, adherence, and healthy living.
  - Personal hygiene including menstrual hygiene management.
  - Health-seeking behaviors (e.g., in relation to SRH, GBV, MCH, HIV, TB, malaria and other endemic diseases).
  - Issues of self-medication and use of traditional medicines (the pros and cons).
  - Drug and alcohol abuse; dangers of smoking.

Organizations that offer health education should demonstrate:

- Evidence of experience providing decentralized community-based services.
- Access to technical expertise/assistance to review and adapt the curriculum to the local context.
- Recognition by the Ministry of Health or Social Welfare.



## Business Training

- Usually more suitable for youth compared to adolescents.
- May be useful prior to offering loans.
- Carefully decide whether the goals of training relate to workforce development or entrepreneurship.
- Should take into account different gendered barriers to operating businesses or gaining employment.
- Most likely not all members in a group will want to participate, so may bring together interested members from different AYSGs.
- Youth benefit from ongoing coaching or mentoring for support.
- Differentiate training for existing businesses and for startup businesses.
- Can include training on agro-enterprise, especially in rural areas that depend on agriculture.

Organizations that offer business/entrepreneurship training should demonstrate:

- Evidence of experience of providing decentralized community-based services.
- Evidence of linkages with local business sector.
- Evidence of successful placements (self-employment, formal employment, return to education).



## Protection Awareness and Services

- Can involve formal training on children's and/or women's rights.
- Includes making and encouraging referrals to appropriate local services or providers.
- Facilitator training should always involve knowledge of locally appropriate protection services and mechanisms to help young people in need.
- Services include those related to:
  - Identification (e.g., birth certificate).
  - Breaking the cycle of abuse.
  - Ending household violence, GBV, and child marriage.
  - Anti-trafficking prevention, rescue, rehabilitation, reintegration, prosecution, recovery.
  - Trauma resilience (trauma healing).
  - Children in conflict with the law.
  - Marriage preparation.

Organizations that offer specific services and referrals related to protection should demonstrate:

- Evidence of experience providing decentralized community-based services.
- Knowledge of law, local structure, and referral systems.
- Experience in delivering child-rights education and positive parenting skills.



## Technical/ Vocational Training

- Requires market assessment to determine job opportunities available and skills needed (demand) and how these differ by age/gender.
- Skills, goals, and capabilities of adolescents and youth should also be accounted for.
- Must be careful not to flood the market with a particular skill.
- Requires post-training support mechanisms appropriate for young people (e.g., financial services, access to toolkits, work space, etc.).
- Should be accompanied by appropriate employment training (soft skills, finding jobs, etc.).
- Linkages to apprenticeships, jobs, and business opportunities should be a component as vulnerable youth are less likely to have these connections.
- Focus on skills for both job opportunities and hard skills necessary for entrepreneurship.
- Understand local laws applicable to employment, child protection, and work place safety.

Organizations that offer vocational/technical training should demonstrate:

- Success in placing trainees for internships and employment.
- Evidence that the skills training offered responds to market demand.
- Evidence of physical safety mechanism appropriate for young people.
- Evidence of protection from harassment appropriate for young people.
- Accreditation by the local technical and vocational education and training board.



## Life Skills Education

- Should include key life skill concepts such as responsibility, managing emotions, self-confidence, communication, creative thinking, decision making, goal setting, and conflict management.
- Can be precursor to AYSG training or integrated with it.
- 40–60 is the ideal number of training hours to produce behavior change.
- Near peers can deliver these sessions.
- Should be delivered in an emotionally safe space.
- If no other sexual and reproductive health is offered, it can be included here.
- Should be evidence-based.
- Youth are often are not interested in receiving life skills training, so better to integrate into other trainings as opposed to having stand-alone training.

Organizations that offer life skills education should demonstrate:

- Evidence of experience providing decentralized community-based services.
- Access to technical expertise/assistance to review and adapt the curriculum to the local context.
- Recognition by the Ministry of Education or Youth.

Be aware of concurrent programming that targets young people in the same communities and identify areas of potential conflict and collaboration. These projects may have already formed youth groups, and/or may offer youth financial service opportunities and educational/training opportunities in line with targeted AYSG add-ons.

## MANAGING RISK AND PROMOTING PROTECTION

Risk analysis—the process of identifying and evaluating potential problems that can arise during or as a direct result of projects—is a critical component of any savings group project and is even more critical for projects that serve vulnerable HIV-affected adolescents and youth. Below is a summary of five risks identified from the literature and practitioner interviews that IPs need to consider when designing an AYSG project. Under each risk are potential mitigation strategies, which must be analyzed for appropriateness in the specific situation. IPs should identify other context-specific risks prior to project initiation to inform a risk mitigation plan and ensure adequate child protection and safeguarding policies and procedures are in place for savings group participants under 18 years of age. These policies and procedures should be established and well-known among all those involved in the project, especially those who will be in direct contact with adolescents and youth.

### **Risk 1: Increasing stigma and discrimination**

Revealing the HIV status of adolescents or youth, either through group composition or program activities, can exacerbate stigma. Some individuals who fear this outcome may refuse to participate altogether.

#### ***Mitigation Strategies:***

- Do not ask individuals or households for their HIV status; instead, work with local health providers/CBOs to visit groups or review group rosters and provide a count of the number of HIV-affected members.
- Ensure groups are open to youth who are and are not living with or affected by HIV.
- Respect SG principles of self-selection.
- Provide basic training to AYSG facilitators in key concepts related to HIV prevention, HTS, confidentiality, stigma, and discrimination.
- Recruit facilitators who are HIV-positive, if feasible; raise awareness about AYSGs among HIV-positive young people.
- Recruit HIV-positive members and encourage them to recruit their friends.
- Provide health and HIV education and referrals to AYSG members.

**Risk 2: Coercion of loans and/or share-out proceeds by non-members<sup>3</sup> (see sections on Engaging Caregivers on p. 27 and on Loans on p. 31).**

Family members may direct the use of funds obtained in the AYSG, denying youth the benefits and experience of using the funds themselves. In the case of loans, repayment delays or defaults further impact other group members.

***Mitigation Strategies:***

- Provide adult SGs in communities where AYSGs are being provided.
- Facilitate discussions between young people and caregivers about the anticipated uses of and access to savings and loans prior to group formation, and again when transactions begin.
- Encourage caregivers to participate in parenting skills training.
- Include expectations for savings, loan, and share-out uses in the caregiver consent form for adolescents.
- For adolescent groups, require a family member to guarantee loans from the group and/or limit loan size to the amount of individual's cumulative savings, and include this in the group constitution.
- Monitor loan transactions; establish feedback mechanisms to allow facilitators to report if AYSG participants experience coercion on loan fund use after loans are disbursed.
- Promote group investment in income-generating events or activities as an alternative to individual loans.

**Risk 3: Illegal/unsafe labor; decreased school attendance<sup>4</sup>**

Adolescents and youth who wish to earn income to make savings deposits or engage in IGAs to invest loan funds may be tempted to undertake illegal or unsafe activities. Further, these activities, or the meetings themselves, may displace school attendance or homework.

***Mitigation Strategies:***

- Monitor school attendance and work with appropriate authorities to address any identified issues.
- Promote school attendance to the highest secondary grade feasible.

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<sup>3</sup> Several AYSG support organizations have named this as a risk but there is little documentation of negative impacts of loans being used by caregivers or for household purposes.

<sup>4</sup> Several organizations have named this as a risk but there were few examples of increased child labor with AYSG participation and no documented examples of youth dropping out of school because of AYSG participation.

- Make adolescents and youth aware of trafficking risks that might arise from employment promises, and of prevention strategies to mitigate these risks.
- Be knowledgeable of relevant labor laws and share this information with participants and caregivers.
- Promote safe income-generating events and activities.
- Monitor IGAs and spikes in savings.
- Visit youth employment locations.
- Engage group members to monitor and advise one another.
- Have caregivers monitor entrepreneurial activities.
- Conduct money-use surveys.

**Risk 4: Increased vulnerability to sexual, physical, verbal, psychological abuse, exploitation, violence, or neglect**

In patriarchal societies with high levels of poverty, conflict over financial constraints can trigger violence (Muthengi, Gitau, & Austrian, 2016) or sexual harassment. For example, a study in Uganda found girls who participated in a savings interventions without reproductive health and financial education experienced significantly more inappropriate touching (Austrian & Muthengi, 2014) than girls who received the complete intervention. However, a study in Kenya found that married adolescent girls who worked and had savings were less likely to experience IPV (Muthengi et al., 2016). Certain IGAs, such as hawking on the streets, can expose young people to abuse and exploitation.

***Mitigation Strategies:***

- Ensure a contextual understanding of the drivers of violence in the areas where you are working. Consult the [Violence Against Children Studies](#) to identify the greatest risks.
- Provide add-on services that are known to reduce vulnerability to sexual, physical, verbal, psychological abuse, exploitation, violence, or neglect. For example, train AYSG participants for how protect themselves against child abuse as well as how to identify and report it if it happens.
- Provide complementary services, such as parenting skills training to caregivers.
- Ensure organizations implementing AYSGs have clear child safeguarding and protection policies in place and operational.
- Train facilitators to identify signs of violence, exploitation, abuse, and neglect and how to provide appropriate support/referral to adolescents and youth.

- Develop monitoring systems that help IPs, community-based organizations, and AYSG facilitators identify protection risks.
- Monitor AYSG participants to ensure IGAs are safe and are conducted in a safe location.
- Meet with caregivers regularly to discuss expectations for youth finances, changes that may be seen in youth as they participate (increased confidence, changes in or emergence of spending), and changing roles in the household, and identify strategies that support positive youth development.

**Risk 5: Exposure to physical violence and theft (see section on Safe Spaces on p. 31)**

AYSGs hold frequent meetings outside of the home, which presents risks to participants both at the meeting site as well as moving to and from the venue. Risks may be greatest for girls and young women. Additionally, the fact that group members, particularly the treasurer, handle and store cash can become known to non-members.

***Mitigation Strategies:***

- Identify safety hazards (locations, travel routes, times of day, savings storage, etc.) and plan AYSG meeting time and location accordingly.
- Arrange for an adult to accompany adolescents to/from meetings.
- Emphasize discretion among AYSG members—not talking about personal savings, who has the cash box, etc.
- Identify secure location to store the cash box (e.g., in locked office at a school for in-school groups).
- If accessible, consider savings accounts or a mobile money account with appropriate safeguards to limit the size of cash holdings (some money mobile providers offer accounts designed for savings groups).

## MONITORING, EVALUATION AND LEARNING

### Monitoring for HIV Outcomes & Case Plan Achievement

The purpose of this section is not to provide detailed guidance on monitoring and evaluation (M&E) for PEPFAR programs, but rather to highlight opportunities for IPs to leverage their existing systems to better understand how AYSGs contributes to HIV outcomes. To track HIV outcomes of AYSG participation, IPs can use select PEPFAR Monitoring, Evaluation and Reporting 2.0 (MER 2.0) indicators (Table 9). M&E systems must include a relational database that allows beneficiaries to be assigned and tracked by a unique identifier (ID). Data collection forms should capture beneficiary service delivery information by unique ID, allowing IPs to know which beneficiaries are enrolled in AYSGs and receive add-on services. As relevant MER 2.0 indicators are collected, they can be matched to service delivery data using the unique ID. Not all PEPFAR programs collect the same MER indicators, which may result in incomplete

information. For example, an OVC project, may not collect all the indicators listed in Table 9, making it more challenging to link AYSG participation to HIV outcomes, while a care and treatment project may not track the services received by their beneficiaries. Where OVC and treatment projects are all operating in the same geographic area, it may be possible to enter into data sharing and confidentiality agreements allowing the projects to link service delivery with care and treatment data to create a more robust database with the ability to identify associations between AYSG participation and HIV outcomes. However, before that can happen, programs will need to address structural and institutional barriers.

**TABLE 9: ILLUSTRATIVE LIST OF PEPFAR MER 2.0 INDICATORS TO MONITOR HIV OUTCOMES OF AYSG PARTICIPANTS (PEPFAR, 2018)**

HIV Outcome	Program Area Group	Indicator Code	Reporting Frequency
<b>Prevention</b>	Prevention	OVC_SERV	Semi-annual
<b>HIV Testing Services</b>	Knowing Your HIV Status	HTS_TST	Quarterly
	Knowing Your HIV Status	OVC_HIVSTAT	Semi-annual
	Knowing Your HIV Status	PMTCT_STAT	Quarterly
<b>Linkages</b>	90-90 On Anti-retroviral therapy (ART)	PMTCT_ART	Quarterly
	90-90 On ART	TX_NEW	Quarterly
<b>Treatment</b>	90-90 On ART	TX_CUR	Quarterly
<b>Viral Suppression</b>	90-90-90 Viral Suppression	TX_PVLS	Annual
	90-90-90 Viral Suppression	TX_RET	Annual

Increasingly, PEPFAR OVC projects manage not only relational databases with unique IDs to track service delivery information and MER indicators, but also are increasingly tracking Critical Global Minimal Case Plan Achievement Benchmarks as part of their case management systems. Benchmark data are collected to help track household progress towards case plan achievement and graduation from an OVC project. AYSGs combined with relevant add-ons, as well as complementary services, could contribute to meeting the Critical Global Minimal Case Plan Achievement Benchmarks. It may also be possible to identify associations between AYSG participation and HIV outcomes by tracking related benchmarks such as:

- Adolescents are not engaging in risky sexual practices.
- Children have known HIV status.
- HIV-positive children and adolescents are virally suppressed—or adherent to ART.

An important limitation when attempting to use benchmarks in this way is that unlike the MER 2.0 indicators, there are no clear indicator reference sheets to ensure that the data are collected and analyzed in the same way across all implementers, and benchmarks are not designed to be aggregated. The theoretical framework presented in Appendix 2 suggests ways that AYSG participation could contribute to achieving some of the benchmarks listed in Table 10.

**TABLE 10: CRITICAL GLOBAL MINIMAL CASE PLAN ACHIEVEMENT BENCHMARKS (“DRAFT GLOBAL OVC CASE PLAN ACHIEVEMENT/GRADUATION BENCHMARKS MEANS OF VERIFICATION,” N.D.)**

HIV Outcome	Benchmark
<b>Prevention</b>	Adolescents have key knowledge and skills to protect their sexual and reproductive health and prevent HIV infection.
	Adolescents have a relationship with a caregiver or another trusted adult who supports their sexual and reproductive health.
	Adolescents are not engaging in risky sexual practices.
	Children over age 8 years, adolescents, and caregivers are not experiencing violence.
	Children, adolescents, and caregivers know how to access appropriate violence response services.
	Children, adolescents, and caregivers who have experienced violence receive appropriate violence response services.
	School-age children and adolescents regularly attend educational programs.
<b>HIV Testing &amp; Linkages</b>	Children have known HIV status.
	Adolescents 12 years and older know their status and their primary caregiver’s status.
<b>Viral Suppression</b>	HIV+ children and adolescents are virally suppressed—or adherent to ART, if viral load testing is unavailable.

### Performance Monitoring for Adolescent and Youth Savings Groups

The performance monitoring strategies and tools used for adult SG projects can also be used for AYSGs (see the Resources section pp. 48 - 49 for useful references).

The [SAVIX Management Information System](#) (MIS) is the industry-standard online tool used to manage and report on SG projects. It includes preset data points used to calculate performance and efficiency metrics. Users can add custom fields of their choosing. Appendix 5 lists suggested fields to capture group type, the delivery of add-ons, and characteristics of group members.

## Monitoring for Risks

Additionally, organizations implementing AYSGs should:

- Obtain feedback directly from participants,
- Monitor AYSGs for risks identified during risk analyses and ensure feedback mechanisms are in place to identify additional risks over time.
- Be in contact with facilitators to identify unintended negative (and positive) consequences of AYSGs.
- Have in place systems for addressing problems that arise and finding and applying solutions for those that are unanticipated.
- Include AYSGs as a topic in regular coordination meetings, such that case managers can address issues during their home visits.

## Learning about Savings Groups for HIV-Affected Adolescents and Youth

As described in the Review of Evidence section (see pp. 4 - 6), the evidence base for the contribution of savings groups to HIV outcomes is limited and inconclusive (Meaux, 2016; Swann, 2018). This presents an opportunity for IPs to contribute to generating such evidence, especially for HIV-affected adolescents and youth. This can be done by developing robust standard operating procedures and manuals that describe in detail the interventions being provided; by developing robust monitoring, evaluation, and learning (MEL) systems and databases that can be used to identify associations between AYSG participation and HIV outcomes and track outcomes over time; and special studies to measure the unique contribution of AYSG participation and add-on services along causal pathways such as those hypothesized in the Theoretical Framework (Appendix 2) that illustrates how AYSG participation by young people could contribute to HIV epidemic control.

The following list of illustrative learning questions was informed by gaps in the literature, implementation challenges raised by practitioners during KIIs, and the recommendations developed by the ASPIRES project (Moret, Carmichael, Swann, & Namey, 2018), which encourages researchers to:

- Clearly define the interventions, disaggregate intervention components, and measure them using standardized outcome measures.
- Describe the study participants in terms of age, sub-population, and gender to better understand how different groups experience an intervention.
- Consider the timing of the intervention and how this may affect HIV outcomes. Also, consider the length of follow-up periods, which may influence outcomes.
- Define a theory of change that articulates causal pathways and measure changes along those pathways. Use both quantitative and qualitative methods.

- Measure intervention cost efficiencies.
- Identify cross-sectoral collaborations for large-scale multidisciplinary research to better understand the reinforcing effects between HIV and poverty.

## **Illustrative Learning Questions**

### ***Implementation***

- How does AYSG performance differ among groups whose participants self-selected compared to those whose participants were assigned to their group?
- What are the most effective ways to engage with caregivers to support adolescent participation in AYSGs?
- What are the marginal costs of layering an AYSG onto a social assets and HIV risk reduction intervention?

### ***Outcomes Along the Causal Pathway***

- Does AYSG participation result in long-term savings behavior among adolescents who participated in one?
- To what extent does AYSG alone and/or in combination with life skills education affect hope/future orientation and resilience among vulnerable young people, both those living with and affected by HIV, males and females?
- Does AYSG participation support school retention, achievement, and progression among adolescent girls and boys?
- What AYSG add-on services are most effective in reducing gender-based violence experienced by adolescent girls and young women?

### ***HIV Outcomes by Sub-population***

- How does AYSG participation affect HIV risk reduction behaviors among vulnerable young people, disaggregated by sex?
- Does participation in AYSGs increase the uptake of HIV services along the HIV treatment cascade, disaggregated by sex?
- How does AYSG participation influence the uptake of HIV services along the HIV treatment cascade?
- Does AYSG participation by adolescents living with HIV improve treatment adherence, retention, and viral suppression?
- Does AYSG participation increase adolescent retention during the transition from pediatric to adult-oriented healthcare?

# ADOLESCENT AND YOUTH SAVINGS GROUP SUSTAINABILITY AND EXIT STRATEGIES

## Sustainability of Adolescent and Youth Savings Groups

While little is known about the sustainability of AYSGs past their first cycle,<sup>5</sup> there are some practitioner recommendations:

- Allowing family to substitute for group members when an AYSG member is unavailable for any reason could be a key to sustainability within a cycle or from cycle to cycle: however, allowing another person to participate may introduce risk and dilute the benefits to the original member. Any substitution must be specifically addressed in group rules.
- Students engaged in AYSGs that meet during or after school may not continue after school has ended (during vacations or later, after graduation). Strategies to continue AYSGs outside of school can be developed.
- In communities where multiple AYSGs meet, groups can benefit from collaboration in the short and long term: providing support and offering advice, sharing examples of successful activities or group rules, promoting mutual accountability, and merging when exiting members leave individual groups with insufficient numbers.
- It should not be expected that young people (especially young adolescents) will pay for add-on services and/or facilitation on their own. Local organizations should be encouraged and, for some time, supported to continue to offer services to AYSGs (or other youth groups) after program support has ended (see boxes on fee-for-service [FFS] models).

Fee-for-service models can work for adults	But there is little documentation for youth
<ul style="list-style-type: none"> <li>• Adult SGs have demonstrated willingness and ability to pay for training, support, and add-ons from private service providers (bavois, 2018).</li> <li>• If members are willing to pay for services, likelihood of sustainability increases.</li> <li>• FFS trainers with high social motivation have proven willing to work with very poor participants for no or low fees, in particular if they are able to cross-subsidize their portfolios with better-off groups (bavois, 2018).</li> </ul>	<ul style="list-style-type: none"> <li>• Younger members may not see value in services and be unable or unwilling to pay once support organizations have left.</li> <li>• Older, more experienced youth may be more likely to value and pay for services.</li> <li>• Parents/caregivers may be willing and able to cover trainer fees.</li> </ul>

<sup>5</sup> The sustainability of *outcomes* is addressed in the Evidence section.

In summary, practitioners suspect that AYSGs are less likely to continue meeting than adult SG due to higher levels of vulnerability and mobility. However, if the young people find value in the groups, they will continue to meet and save (start a new cycle), once initiating institutional support has left. Furthermore, participation in an AYSG may help to develop and reinforce saving behavior among young people, making it more likely an individual will join an adult savings group in the future. However, longitudinal studies are needed to determine if this is the case.

## **Exit Strategies for Implementing Organizations to Stop Supporting Adolescent and Youth Savings Groups**

The timing of enrollment must ensure that all participants are able to complete at a minimum one AYSG cycle under project supervision—more if the intervention package is delivered over a longer period.

It is important to review ethical considerations of removing support from AYSGs, as for any development activity. There is more at stake when removing support and protection mechanisms for young people affected by HIV. Careful analysis of the types of protections needed by youth and alternatives for group sustainability should be planned before group support ends. Exiting organizations can work with local community members (including caregivers) and organizations such as religious institutions and youth groups to take over support of AYSGs, taking care that any such entity has sufficient safety and protection mechanisms.

## RESOURCES

### Adolescent and Youth Programming

- [AIDSFree](#)
- Armstrong, A., Iorpenda, K., Caswell, G., & Kihara, C. (2017). *Good practice guide Adolescent HIV Programming Good Practice Guide READY – Here we come!* East Sussex: International HIV/AIDS Alliance.
- [Child Safeguarding Keeping Children Safe](#)
- USAID, PEPFAR, & YouthPower. (n.d.). What is Positive Youth Development? Retrieved October 29, 2018, from <https://static.globalinnovationexchange.org/s3fs-public/asset/document/PYD-Infographic-1-091417.pdf?FM.kUO439UiiioWJJrg1TxVugg4VS3lqF>
- YouthPower. (n.d.). Positive Youth Development (PYD) Framework | YouthPower. Retrieved October 29, 2018, from <https://www.youthpower.org/positive-youth-development-pyd-framework>
- [YouthPower](#)

### Adult / General Savings Group Resources

- [Program Quality Guidelines for Savings Groups](#)
- [Savings Revolution](#)
- [SEEP Savings-led Financial Services Working Group](#)
- [USAID Marketlinks](#)

### Economic Strengthening Approaches

- Moret, W., Carmichael, J., Swann, M., & Namey, E. (2018). Household economic strengthening and the global fight against HIV. *AIDS Care*, 30(sup3), 1–5.
- Swann, M. (2018a). Economic strengthening for HIV prevention and risk reduction: a review of the evidence. *AIDS Care*, 30(sup3), 37–84.
- Swann, M. (2018b). Economic strengthening for HIV testing and linkage to care: a review of the evidence, 0121.
- Swann, M. (2018c). Economic strengthening for retention in HIV care and adherence to antiretroviral therapy: a review of the evidence. *AIDS Care*, 30(sup3), 99–125.

Intervention	Websites
Provision	<ul style="list-style-type: none"> <li>• <a href="#">The Cash Learning Partnership</a></li> <li>• <a href="#">Socialprotection.org</a></li> <li>• <a href="#">The Transfer Project</a></li> </ul>
Protection	<ul style="list-style-type: none"> <li>• <a href="#">The SEEP Network</a></li> <li>• <a href="#">USAID Marketlinks</a></li> </ul>
Promotion	<ul style="list-style-type: none"> <li>• <a href="#">CGAP</a></li> <li>• <a href="#">The SEEP Network</a></li> <li>• <a href="#">USAID Marketlinks</a></li> </ul>
Cross-cutting	<ul style="list-style-type: none"> <li>• <a href="#">The Lift Project</a></li> <li>• <a href="#">OVCSupport.org</a></li> <li>• <a href="#">STRIVE</a></li> </ul>

## Savings Group Integration

- Dunford, C. (2002). [Microfinance as a Vehicle for Educating the Poor](#). *Development Bulletin*. (57), 111-114.
- Orr, T., Brown, M., Carmichael, J. & Lasway, C. (In press). Savings Groups Plus: A Review of the Evidence. " Washington, D.C.: ASPIRES.
- Rippey, P., & Fowler, B. (2011). [Beyond Financial Services: A synthesis of studies on the integration of savings groups and other development activities](#). Aga Khan Foundation.

## Savings Group Monitoring

- [Savings Group Database](#)
- [SAVIX MIS](#)

## Youth-Specific Savings Groups

- Meaux, A. (2016). [Community-Based Microfinance for Orphans and Vulnerable Children: Literature Review](#). Washington, D.C.: ASPIRES.
- In press. *The Youth Savings Groups Programme Guide: Empowering Young Men and Women through Access to Finance, Life Skills and Gender Awareness*.
- Plan International UK. (2016). [The Banking on Change Youth Savings Group Model](#). Plan, CARE, Barclays.

## APPENDIX 1: ALIGNMENT OF AYSGS WITH THE PYD FRAMEWORK

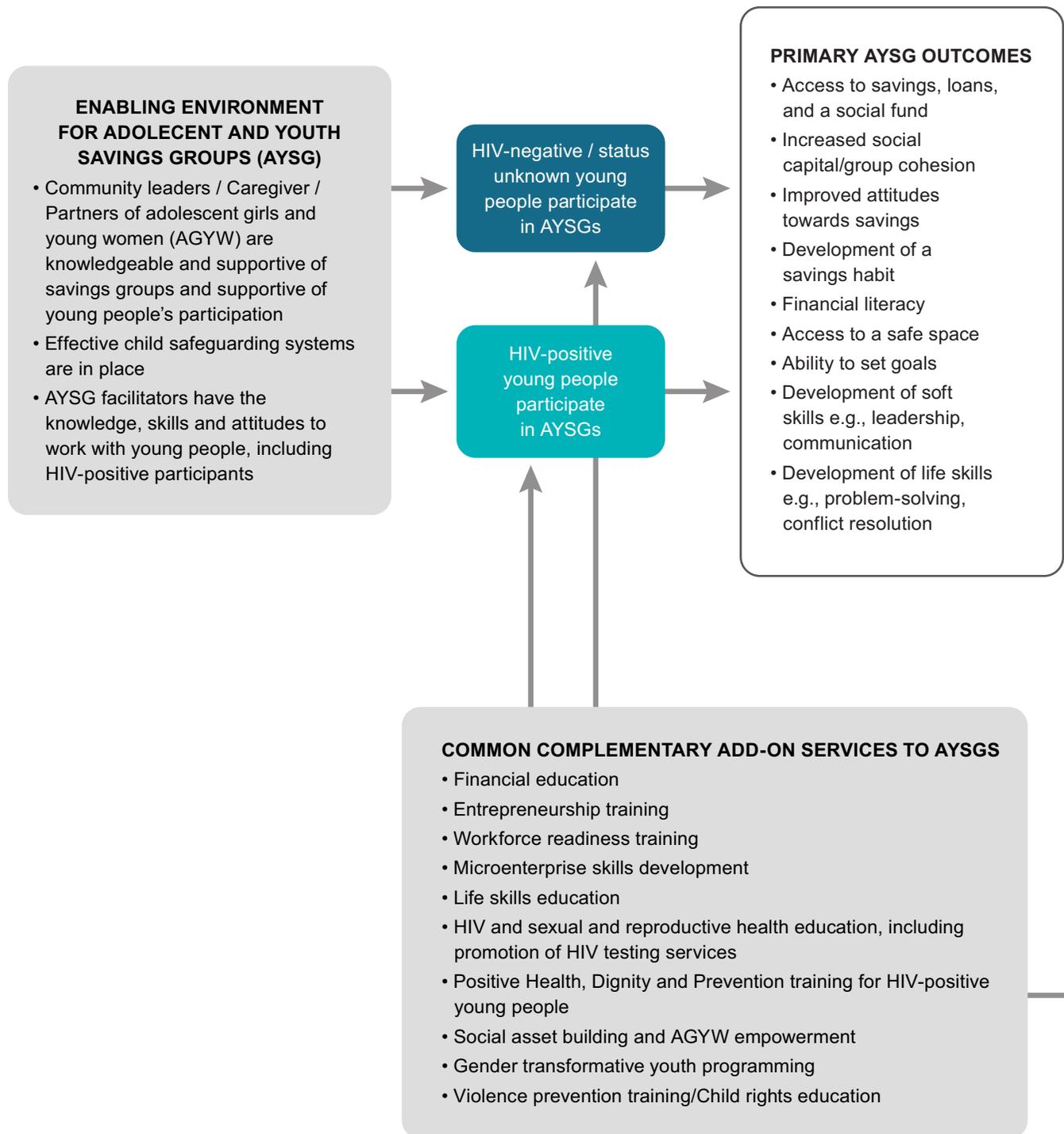
The following table illustrates how AYSGs, and the design and implementation recommendations found in this Technical Guide, align with the seven Positive Youth Development programming features and the four domains of YouthPower’s PYD Framework.

**TABLE 11: ALIGNMENT OF AYSG WITH THE POSITIVE YOUTH DEVELOPMENT FRAMEWORK**

PYD Domain	PYD Programming Feature	Aspects of AYSG Programming (by section of this Guide)
<b>Assets</b>	Skills Building	<p><i>A Review of the evidence</i></p> <p>Research indicates that AYSG participation increases the ability to set goals and offers opportunities to develop leadership skills.</p>
		<p><i>Add-on or ‘plus’ services</i></p> <p>The guide recommends providing complementary services to AYSGs, focusing on health outcomes, life skills development, and the acquisition of financial and entrepreneurial/vocational skills.</p>
<b>Agency</b>		<p><i>Guidelines for initiating AYSGs</i></p> <p>Self-selection into groups.</p> <p><i>Group operations</i></p> <p>In AYSGs, young people choose their rules and elect their leaders, and are responsible for managing the group in ways that benefit them.</p>
<b>Contribution</b>	Youth Engagement and Contribution	<p><i>How to determine if AYSGs are acceptable and feasible</i></p> <p>Early consultations with young people during scoping and design, consulting youth on their interest in the idea of SGs.</p> <p><i>Guidelines for initiating AYSG</i></p> <p>Self-selection and peer-to-peer outreach among young people.</p> <p><i>Role of adults in AYSGs</i></p> <p>Involve young people when developing trainer profiles, and during the recruitment process.</p> <p><i>Planning add-on services</i></p> <p>Involve young people in the selection of add-ons, and align the sequencing of add-ons with the stated priorities of AYSG members.</p>

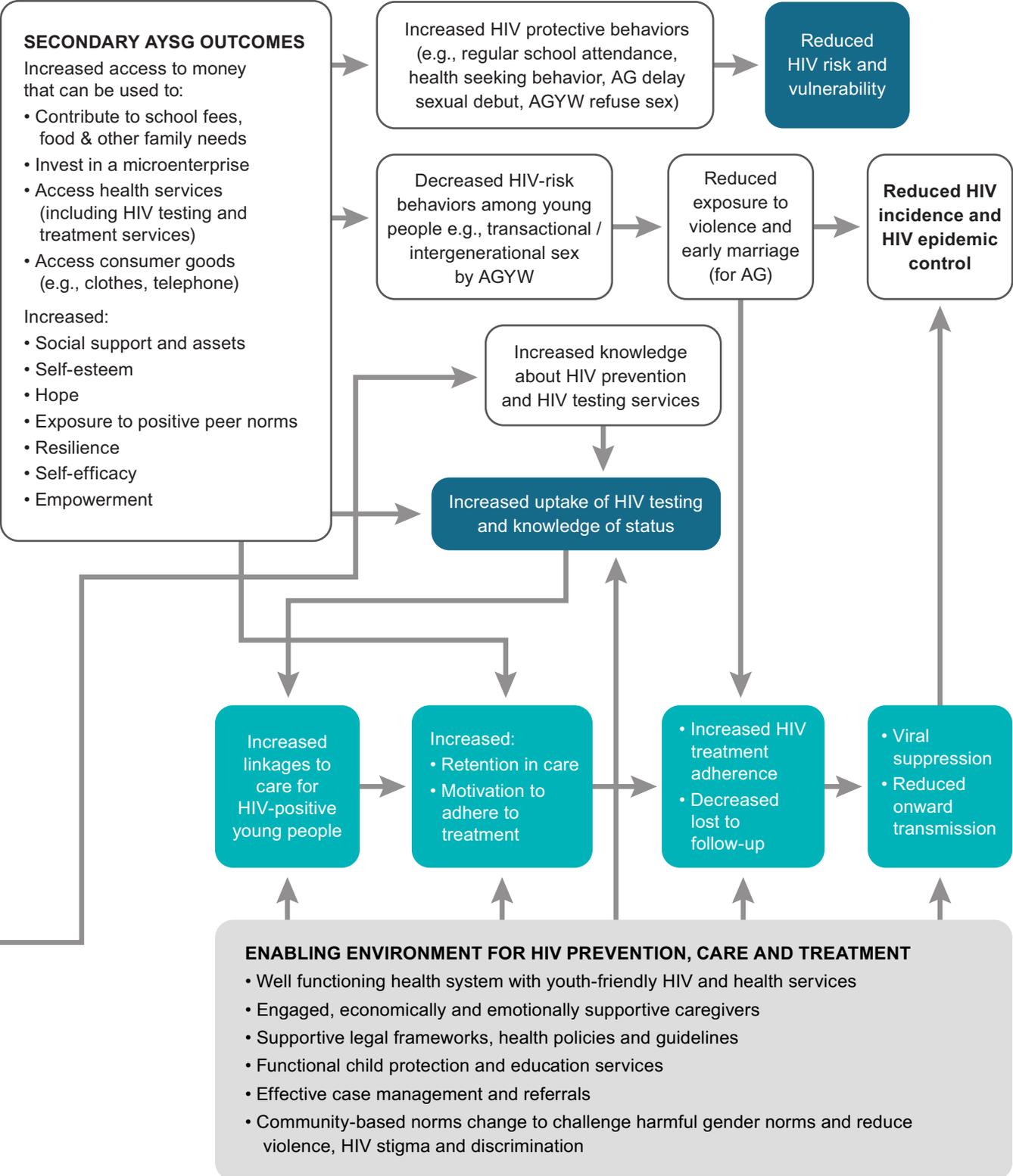
<b>Enabling Environment</b>	Healthy relationships and bonding	<p><i>Role of Adults in AYSGs</i> Discusses how community adults can work with AYSGs as trainers, as well as mentors and providers of support to AYSG members.</p> <p><i>Enrolling members into AYSGs</i> Self-selection and peer-to-peer outreach ensure that group members know others at the start of activities. Groups are safe, supervised venues in which to establish healthy new relationships.</p>
	Belonging and membership	<p><i>Enrolling members into AYSGs</i> Recommends organizing groups around HIV-affected young people in order to maximize their participation.</p> <p><i>Group composition</i> Addresses questions of gender, age or life stage, and school enrolment. Defines stigma and proposes actions to mitigate its effects.</p> <p><i>Group operations</i> Details adaptations and mitigation strategies that allow HIV-affected young people to participate and succeed in AYSGs (see Table 7).</p>
	Positive norms, expectations and perceptions	<p><i>A Review of the evidence</i> Research indicates that AYSG participation increases self-esteem, self-efficacy and hope.</p>
	Safe space	<p><i>How to determine if AYSGs are acceptable and feasible</i> Early reflection on necessary safety for meeting places, routes to and from meetings, and cash storage places.</p> <p><i>Group operations</i> Definition and examples of safe spaces. Discussion of schools as potential meeting places. Recommendation that communities identify specific meeting places.</p> <p><i>Managing risk and promoting protection</i> Proposed mitigation strategies to the risks of meeting outside the home, traveling to meetings, and handling/storing cash.</p>
	Access to age appropriate and youth friendly services; integration among services	<p><i>Group composition</i> Discusses segmenting group membership according to age and life stage, in particular with respect to borrowing.</p> <p><i>Add-on or 'plus' services</i> Provides examples of common age-appropriate add-on services, as well as specific advice for designing and implementing each.</p>

## APPENDIX 2: A THEORETICAL FRAMEWORK FOR HOW PARTICIPATION IN ADOLESCENT AND YOUTH SAVINGS GROUPS CONTRIBUTES TO HIV EPIDEMIC CONTROL



**Diagram Key**

- Applies to HIV-positive adolescents and youth
- Applies to HIV-negative/status unknown adolescents and youth
- Applies to both populations



## APPENDIX 3: ORGANIZATIONAL CAPACITIES FOR SAVINGS GROUPS FOR HIV-AFFECTED YOUNG PEOPLE

The following table provides indicative guidance for what constitutes low, medium, or high capacity for every self-assessment question in Table 3. While there is no overall scoring algorithm, nor a set threshold below which an organization should not implement AYSGs, it seems prudent that organizations with a preponderance of 1s should first build their capacity (through hiring, seeking technical assistance, or partnering) before initiating such programs, and start with a modestly sized project.

**TABLE 12. INDICATIVE GUIDANCE FOR ORGANIZATIONAL CAPACITY SELF-ASSESSMENT**

Domain	Level 1 (low capacity)	Level 2 (medium capacity)	Level 3 (high capacity)
MISSION: Does the mission align with long-term community development and encompass community-led initiatives?	Mission includes support to long-term development and community-led services.	Level 1 + Mission includes providing financial services.	Level 1 + Mission includes providing financial services to adolescents, youth, and PLHIV.
MISSION: Does the mission statement name adolescents and youth, or is it inclusive of this population?	The current mission statement is not compatible with serving adolescents or youth.	Adolescents and/or youth can be served in line with the current mission statement.	The mission statement explicitly mentions adolescents and/or youth.
CULTURE/POLICIES: Do organization culture and policies allow for discussing money with beneficiaries and for applying financial charges in the form of loan interest or fees (e.g., sometimes problematic in Muslim communities)?	Practices are not aligned with local culture, traditions, and norms, particularly in relation to financial services.	Practices are aligned with local culture, traditions, and norms, particularly in relation to financial services.	Written policies are aligned with local culture, traditions, and norms, particularly in relation to financial services.
CULTURE/POLICIES: Does the organization have an organizational commitment to working with youth?	Organization does not have experience working with youth.	Organization occasionally works with youth when there is a funding opportunity.	Organization has a youth focal person and consistently seeks out opportunities to work with youth.

Domain	Level 1 (low capacity)	Level 2 (medium capacity)	Level 3 (high capacity)
STAFFING: Does the organization have experience training field supervisors to manage facilitators in each locale?	Organization does not have experienced field supervisors to manage facilitators.	Organization lacks enough experienced field supervisors to manage facilitators but can train more.	Organization has established network of experienced field supervisors to manage facilitators.
STAFFING: Do staff have experience in working with adolescents and youth? Do staff have experience working with savings groups (any age)?	Staff do not have adequate experience working with adolescents and youth or savings program (less than 1 year each).	Staff have experience working with adolescents and youth or with savings programs (1–3 years each).	Staff have experience working with both adolescents and youth savings programs (4+ years each).
STAFFING: Do staff have experience working with adolescents and youth living with HIV?	Staff have less than 1 year of experience.	Staff have 1–3 years of experience.	Staff have 4+ years of experience.
STAFFING: Do staff have experience implementing the proposed technical add-ons (e.g., life skills, financial education)?	Staff have less than 1 year of experience with the proposed add-ons.	Staff have 1–3 years of experience with the proposed add-ons.	Staff have 4+ years of experience with the proposed add-ons.
SYSTEMS: Does the organization have in place relevant monitoring systems, including systems to track savings and lending activity (such as SAVIX) and health outcomes?	Organization does not have monitoring systems in place.	Organization has substandard monitoring systems in place.	Organization has sufficient monitoring systems in place.

Domain	Level 1 (low capacity)	Level 2 (medium capacity)	Level 3 (high capacity)
SYSTEMS: Does the organization have trained personnel to use the systems and data to make decisions?	Organization does not have trained personnel to use monitoring systems.	Organization has trained personnel to use the systems but not to utilize the data for decision making.	Organization has trained personnel to use the systems and data to make decisions, in particular the correlations between HES indicators and HIV-related outcomes.
PARTNERSHIPS: Does the organization have the experience, skills, resources, and incentives to engage in partnerships for the effective operational integration of add-on services or other collaboration activities, to achieve effective intervention layering?	Organization does not have the experience, skills, resources, and/or incentives to engage in effective partnerships for add-on services.	Organization has the experience, skills, resources, and incentives to engage in effective partnerships for add-on services.	Organization already has existing network of partnerships for add-on services.
PARTNERSHIPS: Does the organization have established relationships and/or partnerships with health facilities?	Organization has never worked in collaboration with local health facilities.	Organization has previously collaborated with local health facilities.	Organization has an established partnership with local health facilities.
LOCAL CREDIBILITY: Have you worked in this community and do local leaders and households trust you?	Organization does not have experience working in the community.	Organization is known to the community but for work in unrelated sectors.	Organization is recognized and respected for work with adolescents and youth, savings groups, or HIV-affected people.
NEEDS/CONTEXT ANALYSIS: Does the organization have a clear rationale for how AYSGs can address specific community needs? Are you aware of the specific risks community members may face?	Organization has limited knowledge of adolescent and youth needs and specific risks.	Organization has conducted a comprehensive needs and risk assessment with adolescents and youth in the community.	Organization has a theory of change that articulates how participation in an AYSG leads to positive health and other outcomes.

Domain	Level 1 (low capacity)	Level 2 (medium capacity)	Level 3 (high capacity)
HIV CONTEXT: Does the organization have access to HIV prevalence data at the local level in the areas you intend to work?	No current data.	Organization has access to national and/or regional data.	Organization has access to and has used national, sub-national, and/or other local-level data on the burden of HIV in the area.
HIV CONTEXT: Do staff understand how HIV has affected the target community and its young people?	Staff do not have a clear understanding of how HIV has affected the community.	Staff understand how HIV has affected the community based on systematic analysis.	Staff understand how HIV has affected the community, particularly adolescents and youth, based on systematic analysis.
HIV CONTEXT: Do staff understand the impact stigma has had on HIV-affected community members? Adolescent girls, boys? Young men, women?	Staff have little or no experience or understanding of how to address stigma.	Staff are aware of the impacts stigma has on HIV-affected community members.	Staff have implemented programming to reduce the stigma of HIV in the community.
YOUTH CONTEXT: Does your organization know where young people are, and what types of groups they belong to, in institutions and in communities?	Organization does not have experience working with young people.	Organization has 1–3 years of experience working with young people, but the identification and organization of young people was the responsibility of another organization.	Organization has 4+ years of experience working with young people and reached them through a variety of institutional and community platforms.
YOUTH CONTEXT: Does your organization have a confidential way to identify adolescents and youth affected by HIV (e.g., orphaned, caregiver living with HIV, or elderly caregiver), living with HIV, or otherwise vulnerable to HIV?	Organization does not have experience working with HIV affected young people, confidentiality policy is not in place.	Organization has 2+ years of working with HIV-affected and HIV-positive young people. Has a confidentiality policy aligned with applicable local laws and a process to obtain consent from caregivers and children to receive services. Uses a standardized tool to identify, prioritize, and enroll beneficiaries.	Organization has 4+ years of working with HIV-affected and HIV-positive young people. Has a confidentiality policy aligned with applicable local laws and a process to obtain consent from caregivers and children to receive services. Uses a standardized tool to identify, prioritize, and enroll beneficiaries.

Domain	Level 1 (low capacity)	Level 2 (medium capacity)	Level 3 (high capacity)
<p><b>YOUTH CONTEXT:</b> Does your organization have experience in involving youth in program design, implementation, and monitoring?</p>	<p>Organization does not involve youth in program design, implementation, or monitoring.</p>	<p>Organization sometimes involves youth in program design, implementation, or monitoring.</p>	<p>Organization always involves youth program design, implementation, and monitoring.</p>
<p><b>PROTECTION MECHANISMS:</b> Does your organization have policies and procedures to ensure beneficiary data security and procedures to ensure data, such as HIV status remains confidential?</p>	<p>Organization does not have a policy or standard operating procedures on data security or confidentiality.</p>	<p>Organization has a policy and standard operating procedures that describe how data security is maintained in addition to a confidentiality policy aligned to applicable local laws. The policy must require all new staff/ community volunteers sign confidentiality agreement. A process to obtain consent from caregivers and children to receive services.</p>	<p>Organization has a policy and standard operating procedures that describe how data security is maintained in addition to a confidentiality policy aligned to applicable local laws. The policy must require all new staff/ community volunteers sign confidentiality agreement. A process to obtain consent from caregivers and children to receive services. Staff receive refresher training on data security and confidentiality training annually.</p>
<p><b>PROTECTION MECHANISMS:</b> Does your organization have policies and procedures for monitoring risks that young people may face and protection mechanisms to prevent them?</p>	<p>Organization does not have protection mechanisms in place.</p>	<p>Organization has documented policies and procedures for monitoring risks and protection mechanisms to prevent them.</p>	<p>Organization has fully operational accountability systems for preventing and monitoring risks (hot lines, feedback mechanisms, etc.)</p>
<p><b>PROTECTION MECHANISMS:</b> Does your organization have a child safeguarding policy?</p>	<p>Organization does not have a child safeguarding policy.</p>	<p>Organization has a child safeguarding policy on record, but it is not well-known to staff and not implemented.</p>	<p>Organization has a strong child safeguarding policy that is known to all staff and is manifest in all organizational process and programs.</p>

## APPENDIX 4: INFORMED CONSENT FORM FOR MINOR CHILDREN<sup>6</sup>

*For Use with AYSG Participants Under the Local Age of Legal Consent*

Minor child's name: \_\_\_\_\_  
[Print]

Parent's/Guardian's name: \_\_\_\_\_  
[Print]

Community/Village: \_\_\_\_\_  
[Print]

This document establishes that the above-named program participant and his/her parent or legal guardian hereby give their informed written consent for the child herein named to participate in the Adolescent and Youth Savings Group (AYSG) program.

Name of program staff/trainer assisting (if applicable): \_\_\_\_\_  
[Print]

Office address: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Instructions:

1. The program participant must complete the sections above (with assistance from the AYSG program manager or program officer, if necessary) and both the participant and his/her parent/guardian must sign below. In cases of illiterate participants, program staff shall read and explain the entire form to the participant and his/her parent/guardian, and secure their verbal consent; in such case, the program staff must also complete the relevant declaration below to indicate that verbal consent was given.
2. The program manager or coordinator should assure that this form is completed on the day that consent is given, and then file the form with the local project office. A second copy of the form should be given to the participant or his/her parent/guardian.

### Declaration and Consent:

The program participant herein named, with the consent of his/her parent/guardian, confirms that he/she chooses to participate in this AYSG program of his/her own free will. The participant is aware of the purpose of AYSGs and understands how they work. The participant understands the potential risks of participating in an AYSG, which include but are not limited to, the following:

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<sup>6</sup> A minor child is defined as any program participant aged 17 or younger who is under the local age of legal consent at the inception of his/her participation in the AYSG program.

- Committing to a regular savings contribution that may be difficult to maintain over the entire cycle of the program.
- Taking out a loan may lead to repayment difficulties, which would lead the AYSG group to deduct the cost of loan, including interest and any penalties, from the participant's savings in cases of nonpayment.
- The participant might become a target for thieves or others seeking access to the participant's lump sums of cash from either a loan or a share out of the savings at the end of the AYSG group cycle.

The program participant has considered these possible outcomes and still wishes to participate in the AYSG. Should any problems or concerns arise as an AYSG member, the participant understands that he/she is free to contact the program staff member named above, or his/her delegate or successor, for assistance at any time.

**Acknowledgement**

**Participant:**

By signing below, I acknowledge that I have read and/or understand the terms of this consent, and it shall be binding upon me.

Print full name: \_\_\_\_\_

Signature/Thumbprint: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/legal guardian of the minor children named above must sign below:**

By signing below, I acknowledge that I have read and/or understand the terms of this consent, and it shall be binding upon me and my minor child.

Print full name: \_\_\_\_\_

Signature/Thumbprint: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

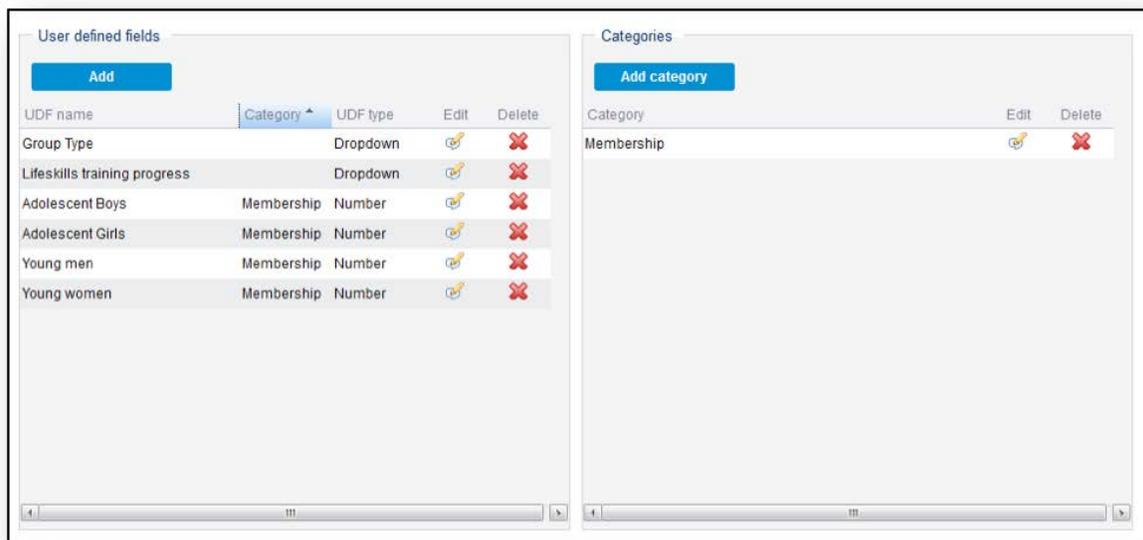
*The following is required if this consent form has been read and explained to the signer(s).*

I am the program staff named above who assisted the participant and his/her parent/guardian in completing this form, and I hereby certify that I have read and explained this consent and release form in full to the person(s) whose signature or thumbprint(s) appear(s) above, and I certify that I have reasonable grounds to believe that they fully understand the contents hereof.

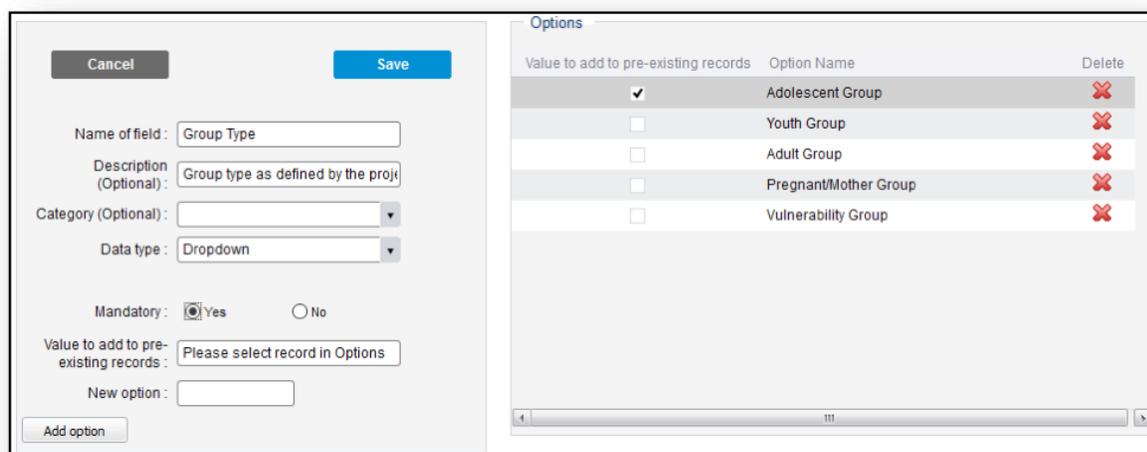
\_\_\_\_\_  
*Signature of staff person, partner, or community leader who read/explained the statement.*

## APPENDIX 5: ILLUSTRATIVE CUSTOM FIELDS FOR THE SAVIX MIS

The SAVIX MIS includes standard fields on group membership and finances and allows users to add custom fields for monitoring and reporting purposes. Figure 1 shows illustrative fields that may be useful for an AYSG project: group typology; progress on the delivery of add-on services; and member counts in various categories.



**Fig. 1: Illustrative custom fields for an AYSG project**



**Fig 2: Group type as a dropdown custom field**

Figure 2 shows dropdown options for a custom field that describes group typology.

The screenshot shows the 'Edit User-defined field' interface. On the left, there are input fields for 'Name of field' (Lifeskills training progress), 'Description (Optional)' (status of lifeskills training), 'Category (Optional)' (empty), and 'Data type' (Dropdown). There are also radio buttons for 'Mandatory' (Yes selected), a text field for 'Value to add to pre-existing records' (Please select record in Options), and a 'New option' field. An 'Add option' button is at the bottom left. On the right, an 'Options' table lists three options: 'Not started' (checked), 'In progress', and 'Completed', each with a delete icon.

	Option Name	Delete
<input checked="" type="checkbox"/>	Not started	✖
<input type="checkbox"/>	In progress	✖
<input type="checkbox"/>	Completed	✖

**Fig 3: Status of training delivery as a dropdown custom field**

Figure 3 shows how a custom field can be used to track the delivery of an additional training module to an AYSG.

The screenshot shows the 'Edit User-defined field' interface for a numerical field. Fields include 'Name of field' (Adolescent Boys), 'Description (Optional)' (number of adolescent boys), 'Category (Optional)' (Membership), and 'Data type' (Number). There are radio buttons for 'Mandatory' (Yes selected) and 'Validation' (Yes selected). A 'Level' dropdown is set to 'Warning', and a 'Display message' field contains 'please verify the number of adole'. 'Minimum' and 'Maximum' values are set to 0 and 40, respectively. 'Decimals' are set to 0.

**Fig 4: Membership count as a numerical custom field**

Figure 4 shows how a custom field can be used to track the number of members in a group that have a particular characteristic of interest (e.g., age, household composition). Note that SAVIX does not register individual members.

## APPENDIX 6: CONTRIBUTORS TO THE AYSG TECHNICAL GUIDE

TABLE 13. LIST OF SUBJECT-MATTER EXPERTS INTERVIEWED TO INFORM THE GUIDE

Name	Organizational affiliation when interviewed
Regai Tsunga	A Self-Help Assistance Program
Rediet Abiy	Aflatoun
Jason Wolfe	Bill and Melinda Gates Foundation
Deborah Brown	CAMFED
Nelly Otieno	CARE
Josh Chaffin	ChildFund Alliance
Mabel Guevara	CRS El Salvador
Molarisi Mehale	CRS Lesotho
Thandi Mapatana	CRS Lesotho
Alfred Hamadziripi	CRS Nigeria
Uche Ossai	CRS Nigeria
Alphonse Munyaneza	CRS Rwanda
Anathalie Mukankusi	CRS Rwanda
Ivan Kushemererwa	CRS Uganda
David Myhre	FHI 360
Rachel Lindley	Five Talents UK Limited
Megan Gash	Grameen Foundation/Freedom from Hunger
Candace Nelson	Independent Consultant
Veronica Torres	Independent Consultant
Matthew Breman	International Youth Foundation
Anne Greteman	Making Cents
Tim Nourse	Making Cents
Amos Odera	MasterCard Foundation
Karen Moore	MasterCard Foundation
Ruth Dueck-Mbeba	MasterCard Foundation
John Schiller	Plan International
Karen Austrian	Population Council
Rags Poppleton	Save the Children
Sarah Dastur	USAID
Thuliile Chapa	World Vision

**TABLE 14. LIST OF CRS PARTICIPANTS IN THE TECHNICAL GUIDE WRITE-SHOP**

<b>Name</b>	<b>Position</b>
Alfred Hamadziripi	HES Technical Director, 4Children Nigeria
Anna Ensz	Intern
Ben Allen	Technical Advisor, Microfinance Research
Carrie Miller	Social Services Director
Lucy Steinitz	Senior Technical Advisor, Protection
Mabel Guevara	Regional Technical Advisor, SILC, Latin America
marc bavois	Senior Technical Advisor, Microfinance
Margaret Richards	Consultant and Facilitator
Maureen Herman	Senior Technical Advisor, Youth
Michelle Kendall	Senior Technical Advisor, Gender
Tom Shaw	Senior Technical Advisor, Microfinance
Uchenna Ossai	HES Director, SMILE Project, Nigeria

**TABLE 15. LIST OF EXTERNAL REVIEWERS OF THE DRAFT TECHNICAL GUIDE**

Name	Organization
Ayobamidele-Ajayi Seun	Catholic Charities Foundation Nigeria
Norah Otuechere	
Tosin Awele Idaboh	FHI 360
Jennine Carmichael	
Michael Ferguson	
Jessica Bachay	
Agholor Okoh	Health Initiatives for Safety and Stability in Africa
Jummai Musa	Institute of Human Virology Nigeria
Ohigana Otache	
Grace Adamu	
Daharatu Yahaya	
Anthony Okwuosah	
John Schiller	Independent consultant (formerly Plan)
Yisa James	Management Sciences for Health
Felix Ikyereve	SMILE Project (CRS)
Charles Ehiemere	
Obianuju Osude	
Azih Adaobi	STEER Project (Save the Children)
Koleowo Oyefunke	
Fatima Iliya	
Hajara Mohammed	
Biliyock Boniface	
Ayodele Temitope Iretiayo	
Sarah Dashtur	USAID/Washington
Alpha Chapendama	
Jon Thiele	
Uju Efobi	Widows and Orphans Empowerment Organization
Nneka Chijioke-Dikocha	
Orame Ngozi	

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