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The Potential of Youth Savings Accounts in Three East African Countries: Kenya, Tanzania, and Uganda

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This paper explores the potential of expanding a youth-focused asset-based intervention program for poor communities heavily affected by HIV and AIDS—currently underway in one East African country, Uganda—into similar communities in the other two East African countries: Kenya and Tanzania. This concept paper is informed by prior work on youth-focused asset-based programs first proposed in the United States of America and now successfully implemented in Uganda (Ssewamala, 2008; Ssewamala, Alicea, Bannon, & Ismayilova, 2008; Ssewamala & Ismayilova, 2008, 2009) and grounded in an asset-based development theoretical framework, which denotes an integrated approach to human, social, and economic capital development (Sherraden, 1990, 1991). Although each of these three East African countries faces unique barriers to addressing poverty among youth, including those residing in communities heavily affected by HIV and AIDS, we argue that the promising results realized in Uganda could be effectively replicated in Kenya and Tanzania—given that the three countries

share a common geographic boundary, with similar post-independence social and economic (and to a lesser extent political) policies and programs. The three countries also have related ethnic and tribal groups.

Key words: *assets, East Africa, poverty, HIV and AIDS*

Current Development Models in Sub-Saharan Africa

The three East African countries which are the focus of this paper are part of the sub-Saharan African region where arguably a new approach to development is sorely needed. Sub-Saharan Africa (SSA) as a region continues to receive development assistance in the form of loans, grants, and bi- and multi-lateral aid aimed in part at spurring economic growth. The pioneering work of scholars and development practitioners across a variety of disciplines and over the past several decades has given us a much better understanding of why traditional aid and development assistance—from both small and large actors—has failed to alleviate the extreme poverty that plagues the world's poorest region: sub-Saharan Africa (Moyo, 2009). Considerably, their analyses and evaluation have influenced policy and programming related to development efforts in the region.

In addition to economic indicators, social development indicators have become a key component in Africa's development agenda (African Union, 2008). In recent years several policy and program initiatives have been proposed and enacted on the African continent aimed at improving the quality of life for all. These initiatives, which have helped countries strategize on how best to achieve set benchmarks, include the Poverty Reduction Strategy Papers (PRSP), Millennium Development Goals (MDGs), and the African Union's Social Policy Framework (SPF) (African Union, 2008; International Monetary Fund [IMF], 2012a; United Nations [UN], 2012). In addition to creating and enhancing public, private, and community partnerships, these strategies have brought social development to the forefront of the development agenda. Complementary in nature, these policy initiatives identify and target interventions to specific vulnerable populations including children and youth. Informed in

part by a regional and international policy environment, the three East African countries of Kenya, Uganda, and Tanzania have recently integrated their programmatic responses by enhancing public and private sector collaborations. Specific to youth-related challenges, for instance, several programmatic responses in the areas of health, education, and employment have drawn participation from public and private organizations (IMF, 2010, 2011, 2012b). These recent developments have created a patchwork of social programs with delivery mechanisms which include conditional cash transfers and several educational assistance programs (including bursaries) (Ministry of State for Planning National Development and Vision 2030, 2012; Oduro, 2010; The Republic of Uganda, n.d), all aimed at offering social and economic protection to poor and vulnerable youth.

Against this backdrop, the development community now embraces innovative initiatives that not only engage local communities in driving their own development agendas, but also create collaborative ventures bridging the public-private divide, and build sustainable partnerships between communities, and national, regional, and international organizations. The purpose of this concept paper, therefore, is to ascertain the potential role of asset-based development programs and policies as a natural progression in expanding social and economic safety net mechanisms across the East African region. First proposed in the United States in the 1990s and currently being implemented in Uganda, this paper explores the applicability of these programs for youth in poor communities in Kenya and Tanzania. Programs which address the needs of low-income youth by facilitating their access to wealth-generating resources are especially noteworthy, as they address two key issues in the development agenda—education and health.

This paper is divided into two sections. First, we explore and discuss current government-led initiatives and community-based development models in the three countries under study: Kenya, Uganda and Tanzania. In the second section, we introduce the concept of asset-based development, drawing examples from prior work by Ssewamala and colleagues, which developed and tested asset-based, youth and family-focused development programs in Uganda (Ssewamala &

Ismayilova, 2008, 2009). Finally, adapting various components and employing lessons learned from the work by Ssewamala and colleagues, we conclude by providing a road map for an asset-based development program targeting youth in Kenya and Tanzania. The three East African countries are of interest to development practitioners because they not only share a common geographic boundary, with similar post-independence social and economic (and to a lesser extent political) policies and programs, but they have related ethnic and tribal groups separated from each other during the Berlin conference (1884-1885) and the subsequent European meetings (Blanton, Mason, & Athow, 2001; Ndege, 2009).

Kenya, Uganda and Tanzania: Youth-development Challenges

Kenya, Uganda and Tanzania are three countries originally called the East African countries—which also constituted the East African Community following political independence from the United Kingdom (with Tanzania—then called Tanganyika—becoming independent in 1961, Uganda in 1962, and Kenya in 1963). [Recently, two other countries, Rwanda and Burundi, have joined the East African Community. This paper, however, is focused on the original three countries with a shared common border, and people with similar cultures and traditions.]

Poverty is rampant across the three East African countries of Kenya, Uganda and Tanzania. All three countries report low levels of GDP per capita (Kenya US \$1,600, Uganda US \$1,300, Tanzania US \$1,400). The region's population is distinctly young, with a median age of 15 years in Uganda and approximately 18 years in both Kenya and Tanzania. Generally, life expectancy in these countries is low; from 2005-2010 the combined male and female life expectancy at birth for Kenya and Tanzania was 55 years. For Uganda, it was even lower at 52 years (UN DESA, 2011). These three countries with fledgling and tenuous economies experience similar problems vis-à-vis the young demographic: poverty is ubiquitous thus the rates of formal education (specifically post-primary education and training) are low, resulting in high unemployment rates among the youth (CIA, 2011; Oketch & Rolleston, 2007; UNECA, 2011).

The following section explores the investments the three countries are making in young peoples' human capital through these multi-sector interventions primarily in the health and education arenas.

Youth and Health

One of the biggest health challenges facing all the three East African countries is the HIV/AIDS pandemic. The HIV and AIDS pandemic has been identified as a major barrier to addressing socio-economic development in the region. The effects of HIV and AIDS have largely been felt among the age bracket most engaged in the labor market. Complications of living with HIV/AIDS have been shown to have a direct bearing on household income and assets (Kagotho, 2012; Yamano & Jayne, 2004). Although public education has diminished stigma associated with the disease, death resulting from complications of HIV and AIDS is still perceived as not meeting social expectations (Nzioka, 2000). The social disapproval and isolation that ensues from stigma negatively impacts a household's ability to access its social capital. Thus, individuals living with HIV and AIDS are sometimes unable to access resources such as information and knowledge needed to navigate their environment and engage in the labor market.

The number of children and youth who have lost one or both parents to HIV and AIDS and/or those who have been directly impacted by the disease in all three countries is high, with conservative estimates placing the numbers at over 1.2 million in each country (UNICEF, 2011). Several support systems are available through which children and youth affected by the disease receive care and support. In some cases, extended family may opt to care for these orphaned and vulnerable children. These guardians, although willing to provide care, are also encumbered by their own financial and emotional stresses, which may impede them from providing adequate care to their charges. In other instances, orphaned children have inadvertently found themselves providing care to their younger siblings—resulting in child-headed households. At the very least, this alternative allows the continuation of the family unit by allowing them to remain in their homes and maintain the family unit even after the death of their parent(s).

A child-headed household, however, has several disadvantages, including one or all of the children dropping out of school, and lack of parental/adult guidance and support. In cases where the older child is unable to maintain the household, the children may end up living on the streets of urban and semi-urban regions.

Acknowledging these filial challenges, a system of institutionalization, in which children are declared wards of the state and placed in Charitable Children's Institutions (CCIs), or Children's Orphanages as they are often referred to, is operable in all three countries. Governmental ministries charged with securing the well-being of children oversee CCIs where children are placed when families and communities are unable or unwilling to take on care responsibilities. Several criticisms have been lobbied against institutionalization, including the high costs associated with providing care and the institutions' inability to meet the psychosocial, emotional, and cognitive needs of children (Drew, Makufa, & Foster, 1998; UNAIDS, UNICEF, & USAID, 2004).

While HIV prevalence is still high in all three countries, it has declined considerably since the 1990s. The governments of Kenya, Tanzania, and Uganda continue to autonomously—and in conjunction with international organizations and private donors—launch several initiatives aimed at improving the life conditions of youth impacted by HIV and AIDS in their countries. For example, in all three countries, national agencies responsible for the coordination of HIV and AIDS-related policies and programs are in operation. Kenya's National Aids Control Council (NACC) established in 1999, Uganda Aids Commission (UAC) established in 1992, and Tanzania Commission for AIDS (TACAIDS) established in 2001 are some of the agencies resulting from the governments' efforts to recognize that HIV and AIDS can only be addressed through a multi-pronged, multi-sectoral approach.

Uganda. In Uganda, governmental and locally-led interventions since the early 1990s have resulted in a dramatic decline in HIV and AIDS infection rates—for both the youth and adult populations. Data from the 2004-2005 Uganda HIV and AIDS Sero-behavioral survey indicate that HIV prevalence for both groups dropped from 18% in 1992 to 6% in 2002

(UAC, 2010). This success was attributed to a high-level of political commitment, a multi-sectored approach, and a policy of open dialogue and communication about HIV and AIDS that included the youth, especially using schools as an entry point. Current data from UAC indicates that approximately 1 million Ugandan's are infected with HIV, which represents 6.4% of the entire adult population and 0.7% of the child population (2010). Uganda's National HIV and AIDS Strategic Plan 2007/08–2011/12 delineates comprehensive evidence-based HIV prevention interventions designed to intensify the national HIV and AIDS response in reducing new infections, while expanding efforts toward universal access to HIV and AIDS treatment and related services (UAC, 2007).

Regarding children and youth affected by HIV and AIDS, the government has committed to provide support to vulnerable and HIV and AIDS-orphaned children and young people. Specifically, the government has declared it will increase the provision of quality psychosocial support to orphaned and vulnerable children (OVC), promote and support sustained formal and informal education, including vocational and life skills development, and also increase access to basic needs for OVC (UAC, 2007). These strategies are intended to improve the proportion of OVCs receiving public support, and hopefully, in the long-run, reduce the number of HIV and AIDS-affected children and young people requiring assistance (UAC, 2007). It is important to note that among the three countries, Uganda reports the lowest number of children orphaned by AIDS.

Kenya. With a prevalence rate of 7.1%, the number of those infected remains high with 1.4 million Kenyans reportedly living with HIV. Data from the HIV & AIDS/STI surveillance system indicates that prevalence has declined steadily since the late 1990s when rates as high as 14% were recorded (NASCOP, 2006). The current approach to HIV and AIDS management is multi-sectoral in nature with all major ministries in the government charged with integrating HIV and AIDS into their operations (NACC, 2009).

The National Plan of Action on Orphans and Vulnerable Children developed by the Ministry of Gender, Children and Social Development calls for economic empowerment by providing educational opportunities and life skills training

to affected children (Ministry of Gender Children and Social Development, 2008). However, it is estimated that less than 30% of youth ages 14-18 will receive support from this policy initiative. Other initiatives, such as the means-tested Cash Transfer Program for Orphaned and Vulnerable Children (CT-OVC) targeting families that provide kinship-care to children and youth impacted by the disease, have also proved limited in their reach (Ministry of Gender Children and Social Development, n.d). It is estimated that the cash transfer program currently reaches approximately half a million OVC across the country, yet there are more than 2.5 million single and double orphaned children and youth (Ministry of Gender Children and Social Development, 2008; NACC, 2009).

Tanzania. Approximately 5.8% of adults (15-49 years) are HIV positive in Tanzania (TACAIDS, ZAC, NBS, OCGS, & Macro International Inc., 2008) with approximately 1.3 million children orphaned by HIV and AIDS. As in Uganda and Kenya, Tanzania applies a multi-sectoral approach in addressing HIV and AIDS (TACAIDS, 2008). Under the National Costed Plan of Action for Most Vulnerable Children, the government has put in place several multi-sectoral programs that target the most vulnerable children in Tanzania. Led by the Department of Social Welfare under the Ministry of Health and Social Welfare, a decentralized approach that goes down to the village level has been adopted to identify and provide services to children (Correll & Correll, 2010; USAID, n.d.). Programs initiated include scholarship programs targeting children in secondary and tertiary institutions (United Republic of Tanzania, 2008) and health and nutrition programs. Taking a grassroots perspective, the government has established Vulnerable Children's Committees (MVCCs) which identify the children in most need of intervention (Correll & Correll, 2010; Ministry of Health and Social Welfare, 2009). Elected by local communities, MVCCs identify and facilitate services for the most vulnerable children.

Recognizing the importance of kinship care and the economic and social strains these families face in electing to provide care to vulnerable children (Linsk & Mason, 2004; Ssengonzi, 2007), all three governments have put into place programs that support these children and the households in which they live. The next section provides a discussion of

how the educational systems in East Africa have developed to address the complexities brought about by poverty and HIV and AIDS.

Youth and Education

The education sector offers a lot of possibilities in tackling the health and developmental impacts of HIV and AIDS. For example, higher education is associated with lower infection rates (NASCO, 2008). It is estimated that a strong educational foundation would reduce the number of HIV infections by 30% for individuals between the ages of 15-24 years (Global Campaign for Education, 2004). In addition to predicting safer life choices, education modifies behavior by offering an avenue via which health-related information may be transmitted. In addition, education is considered a worthwhile investment and a gateway out of poverty. Over the last decade, all the three East African countries have made substantial investments in the improvement of their educational systems—including the introduction of Universal Primary Education (UPE) and behavior modification programs in schools and in-service training programs to educate teachers on issues related to HIV and AIDS.

Indeed, the UPE policies across the three countries, which basically include free or subsidized education, have made tremendous inroads in guaranteeing an education for children and youth, including those from AIDS-impacted households and communities. It is important, however, to note that while all three countries have instituted free or subsidized primary education through UPE, the education systems are still under constant criticism for not doing enough to cater for the educational needs of children and youth from poor families—hence a need to supplement these programs with additional social and economic supports and programming. One of these programs could be asset-based intervention at the household level.

Uganda. Uganda provides free primary education (also known as Universal Primary Education—UPE) to school-going children. Introduced in 1996, the UPE policy has been reportedly successful in increasing access to primary school. Nationwide enrollment increased from 3.1 million in 1996 to 7.5 million in 2007 (EMIS, 2008). Although primary education is free, the transition rate from primary to secondary school

is still low. Only 30% of students enrolling in primary education complete primary (grade) seven. In addition, not all the children who complete primary education are able to join secondary education. For example, in 2005 only 50% of the candidates who completed primary education joined secondary education in 2006 (Mbabazi, 2008). In 2010, Uganda had a net secondary school enrolment rate of 21% and 22% for females and males respectively (UNICEF, 2012).

In 2007, the Ugandan government started implementing Universal Secondary Education (USE), primarily in selected government secondary schools, to enable children who graduate from primary to advance to secondary education. By implementing USE, Uganda became the first African country to adopt a policy of free universal education at the secondary school level (Chapman, Burton, & Werner, 2010). In spite of the great promise the policy holds, secondary education is not universal and is encumbered by funding and mismanagement issues, all of which contribute to decreased access, especially among economically vulnerable households.

Kenya. In response to the Millennium Development Goals, Kenya re-instituted (in 2003) Free Primary Education (FPE) for all children from standard one to standard eight (the last grade in primary education). This policy resulted in primary school enrollment increases from 75.5% in 2003 to 87% in 2007. FPE has made enrollment into public primary schools easier for OVC. However, the nationwide primary to secondary school transition rate has been poor, as only 60% of children who completed primary education enrolled in secondary education in 2007 (Ministry of State for Planning, 2008). In addition, secondary school completion rates are also low, with a drop-out rate of 27% (Saitoti, 2004). The high cost of secondary school is often cited as one of the prevailing factors contributing to low completion and high drop-out rates.

Relatively low government assistance for secondary school education means that OVC are at risk of dropping out of school due to lack of financial and resource assistance. Although the government does not guarantee free secondary education, it has in place a subsidy program targeted to government/public secondary schools. This program covers tuition costs for students enrolled in non-boarding public schools while setting tuition ceilings in boarding public secondary schools. While all

public schools are expected to comply with these guidelines, a form of cost-sharing is still imposed on families who are expected to contribute towards non-tuition related expenses.

Tanzania. In 2001, Tanzania also instituted Free Primary Education. The structure of Tanzania's education system mirrors that of Uganda, with seven years of primary education, six years of secondary education, and three years of post-secondary education. By 2002 the Free Primary Education program had resulted in an additional 1.6 million children enrolling in primary school (UNICEF, 2005). Data collected in 2006 indicates a primary school completion rate of 74.3%. Akin to Uganda and Kenya, Tanzania also reports low transition rates from primary to secondary school. UNESCO estimates that approximately 45.2% of primary school students transitioned to secondary school in 2005 (Childinfo, n.d).

In spite of government efforts to guarantee free or subsidized education, vulnerable children are still less likely to be enrolled in or to successfully complete school. Especially vulnerable are orphaned children, those living in poverty, and those in rural areas (Childinfo, n.d). The death of an adult caregiver for example, has a negative impact on primary school enrollment and completion. In addition, children living with relatives are less likely to be enrolled in school, compared to those living in parent- and grandparent-headed households (Ainsworth, Beegle, & Koda, 2002).

Although free/universal primary education has increased student enrollment in all three countries, an overall lack of government support for subsidizing secondary school education presents a barrier to most families. The key question, therefore, is how can poor families be economically supported and strengthened to afford secondary education, which is not yet free nor universal in all the three countries? In the next section, we introduce the concept of asset-based development. Given the social, economic, and political factors discussed above, we argue that this strategy has the potential to effectively address issues targeting youth in the East African region.

The Potential of an Asset-Development Program

Siblings, grandparents, and other relatives have been called upon to provide care to orphaned and vulnerable

children. Due to the sheer number of children who require kinship foster care, the resilience of these family systems is beginning to wane (Ministry of Gender Children and Social Development, 2008; UNAIDS et al., 2004). Multinational and local organizations provide assistance to these families in the form of food, cash grants, and other material resources (Drew et al., 1998; UNAIDS et al., 2004). These services have drawn criticism as they tend to encourage overdependence on donations, which does little to empower families. In addition, as support is more often than not in the form of one-time cash grants, it is not always guaranteed, as families have to continuously prove eligibility. In light of unsustainable and restricted support, there is a need to implement sustainable strategies that are collaborative in nature and that work to strengthen the family economically, socially, and emotionally.

The remaining sections of the paper focus on asset-based development interventions currently underway in Uganda. The potential of extending these youth-focused programs informed by asset-based development, which denotes an integrated approach to human, social, and economic capital development, into Kenya and Tanzania is explored. Grounded in the work of Michael Sherraden (1991), asset-based development, which is increasingly important in western industrialized countries, is equally—if not most—important in SSA, the poorest region on earth, where it has arguably received the least attention and programmatic implementation.

Sherraden theorized that financial, material, and human capital assets have economic, psychosocial and health behavior effects. Specifically, assets include financial, social, educational, and material resources and investments, such as savings accounts and farm animals. Such assets not only “work” to develop human and economic capital, but they also transform social behavior. Therefore, according to Sherraden’s concept of *asset-effects*, assets shift landscapes of individual and collective opportunity, in part by influencing self-conception, perceived possibility, and social trust. Without understanding the way in which assets function in society—including both the positive, as well as the negative effects, precisely, a lack of access to assets—we cannot understand how social and economic development occur. Sustainable and equitable development can be possible with an asset-accumulation approach.

Learning from an asset-based development program by Ssewamala and colleagues called Suubi-Uganda and Suubi-Maka (meaning *hope*, in Luganda, a local language spoken in Uganda), these asset-development interventions test an asset-based development model (2004-to date). Offering matched child development savings accounts (CDAs) to participating children at nationally-registered financial institutions, the Suubi programs have three key components: (1) they promote monetary savings intended for educational opportunities for youth; (2) they provide financial management classes and mentorship from a near peer; and (3) they promote income-generating projects for youth and their families. With a focus on households affected by HIV and AIDS, the Suubi programs provide youth and their families the tools necessary to circumvent financial barriers and accumulate assets.

Thus far, the results indicate that the Suubi-Uganda and Suubi-Maka programs have been effective in producing several desirable outcomes, such as short- and long-term financial outcomes (saving for education and microenterprise development), academic performance and aspirations, self-esteem and self-rated health, attitudes toward sexual risk-taking (including HIV-related risk taking behavior), and mental health (including child depression) (Ssewamala, Alicea, Bannon, & Ismayilova, 2008; Ssewamala, Han, & Neilands, 2009; Ssewamala & Ismayilova, 2008, 2009).

We believe that asset-based development, the theoretical principle on which the Suubi programs are founded, is applicable to Kenya and Tanzania, once appropriate culturally-specific modifications have been considered. The final section integrates lessons learned and looks at ways in which these programs could be adapted for each country's specific social and economic environment.

Taking Asset-Based Development to Scale

Across the continent, facets of social welfare systems are still in the developmental phase (Oduro, 2010). Several of the programs discussed above, such as cash transfer programs targeting orphaned children, are still in the pilot stages. Taking these systems to scale should not only involve extending coverage to include all members of the target vulnerable populations, but must also accommodate asset-based innovations

that lead to long-term economic security.

A challenge that has beleaguered the expansion of asset-based programs has been the issue of sustainability (The Aspen Institute, 2003). In other words, how do providers sustain programs that incentivize and encourage savings through subsidized accounts, intensive case management and, in the case of programs implemented in Uganda, involve extensive community outreach initiatives? Michael Sherraden, in addressing the issue of sustainability, proposes sourcing diverse streams of funding, including those from private and public sources (Sherraden, 2000). This will require a long-term resource commitment from the key stakeholders, including community groups, financial institutions, and national or local governmental agencies.

In the United States, asset-based interventions are incorporated into the traditional welfare system with states allowed to designate their Temporary Assistance for Needy Families (TANF) grants towards funding asset-based program (DHHS, 2012; Edwards, 2005). Although the Suubi programs do not currently receive direct government funding, research in the United States indicates that these programs can be integrated into the existing welfare system with encouraging results (Zhan, Sherraden, & Schreiner, 2004). It should be made clear at this point that programs such as Suubi-Uganda and Suubi Maka are not designed to supplant traditional safety net programs or minimize the role of local and national governments in maintaining social welfare systems. Incorporating asset-based programs into these evolving social welfare systems would help communities move beyond short-term cash-based assistance towards leveraging available resources for long-term economic security.

Political will in supporting interventions aimed at vulnerable children in the East African region is clearly visible as evidenced by the establishment of government sponsored programs aimed at identifying and providing care to children impacted by HIV and AIDS. Already established institutions on the ground could provide a road map for the expansion of asset-based programs (Correll & Correll, 2010; Ministry of Gender Children and Social Development, 2008; UAC, 2007). Government initiatives aimed at providing support to children impacted by HIV and AIDS could be used as a gateway

to identifying vulnerable and most vulnerable children in all three countries. Using established mechanisms such as MVCC in Tanzania could facilitate the identification and selection process. Further, government recognition of the critical role family economic empowerment interventions play in stabilizing vulnerable households is another clear indicator that the time has indeed come to expand programs such as Suubi. Unlike these government initiatives that are cash based, temporary, and narrow in scope, asset-based interventions offer a long-term solution to tackling chronic poverty by providing households with assets including education, and the potential of microenterprise.

Finally, providing financial literacy and connecting under-served communities with financial intermediaries, such as banks, has been a mainstay of asset-development programs (Cytron & Reid, 2005). There exists a strong relationship between access to financial intermediaries and financial well-being among low and moderate income families (Barr, 2004). Emergent banking technologies in the region offer a platform through which asset accumulation could be facilitated. Facilitation—a key component of asset-based interventions—is defined by Barr and Sherraden (2005) as supports that enable the savings process. Technologies such as mobile banking (a virtual money transfer system) have the potential to make bank services more accessible and thereby engage underserved youth residing in unbanked and under-banked communities. The emerging innovations in banking technology show promise in enhancing asset-accumulation and should be considered in the formulation and development of new asset-based programs.

Conclusion

Poverty remains a key driver of several poor socio-economic conditions among young adults/youths in several SSA countries. To address the current youth-related challenges, the governments of Kenya, Tanzania, and Uganda have taken a multi-sector approach to creating empowerment opportunities for poor, vulnerable, and socially excluded youth. There is a demonstrable need for interventions that transcend traditional programs and lead families toward self-sufficiency. The

similarities in the policy response to poverty, especially as it relates to youth and HIV and AIDS across these three countries, is a clear indicator that the promising results realized in youth asset-development programs in Uganda could be effectively replicated across the region.

Extending asset-based development programs, including youth savings accounts, to unemployed and underemployed youth will help fill the capacity building gap that exists. Specifically, youth savings accounts have the potential to help create strategies that will open up global technologies to youth who could then engage and benefit from the global economy. While the Suubi programs have so far been promising asset-development initiatives in terms of positively impacting the outcomes outlined above (Ssewamala et al., 2008; Ssewamala et al., 2009; Ssewamala & Ismayilova, 2008, 2009; Ssewamala, Sperber, Zimmerman, & Karimli, 2010), extending similarly designed programs to communities in Kenya and Tanzania will require country-specific variations. Adapting these programs to fit and operate within the local institutional framework while tapping into emerging innovative technologies will be critical to their success.

Asset-based programs have shown promising results in Uganda (see Ssewamala and colleagues 2008, 2009, 2010, 2011). The positive impacts on educational outcomes, asset-development, and health behaviors and outcomes are a clear indication that this is an innovation that can be tested in similar settings. Investing in youth, especially those who are vulnerable due to poverty and disease, including HIV and AIDS, has positive implications for family economic outcomes and national economies.

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