



# HIAS' Women's Empowerment Pilot Project

## Summary

The Women's Empowerment (WE) Pilot Project provided skill development courses, peer support, and direct funding assistance to asylee and refugee women. HIAS, a non-profit organization that provides humanitarian aid, resettlement, and integration services to refugees and asylum seekers, developed the WE Pilot Project. The intervention aimed to empower participants and increase their agency and confidence in decision making, particularly related to their household or family stability, including employment outcomes, financial well-being, and overall social integration. The WE Pilot Project began in 2021 and operated for six months, ending in the summer of 2021. HIAS launched a second iteration of the project in 2022. This case study focuses on the services implemented during the initial pilot.

## Funding source



The Latter-day Saint Charities funded the WE Pilot Project.

## Intervention description

In their work with forcibly displaced women, HIAS and its affiliate partners witnessed the multitude of challenges women face as they begin their new lives in the United States, including limited opportunities to find employment.

**What are case studies?**

Case studies provide practitioners with information about innovative interventions that states, counties, community-based organizations, or other entities are undertaking to improve employment outcomes for TANF participants and other individuals with low incomes, especially public assistance recipients. **Case studies cover interventions not included elsewhere in the Clearinghouse because they have not yet been rigorously evaluated.**

## Services provided



Financial education; Health services (*Substance use disorder treatment and mental health services; Physical health services*); Legal assistance; Supportive services; Work readiness activities

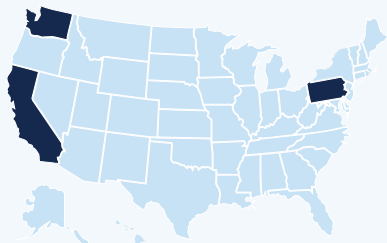
## Populations served



The WE Pilot Project served women who were refugees and those who were forcibly displaced, including asylum seekers or those who had or were awaiting T or U visas. T visas are issued for survivors of human trafficking or forced servitude, and U visas are for survivors of certain crimes who have suffered mental and physical abuse and cooperated with law enforcement. Each of the three affiliate partners chose to serve participants with specific characteristics, depending on the needs they saw in their communities. In San Diego, the pilot served Congolese women who had been in the United States for about five years who sought additional assistance navigating systems and in improving their well-being in the United States and connecting to peers in their community. In Seattle, the pilot served recently resettled Afghan refugee women who had passed the 90-day period during which they received initial resettlement services funded by the U.S. Department of State. In Philadelphia, the pilot served English- and Spanish-speaking asylum seekers who did not yet have a status that allowed them to access services from the Office of Refugee Resettlement (ORR). ORR is an agency within the Administration for Children and Families, U.S. Department of Health and Human Services that serves populations such as refugees, asylees, and victims of trafficking. ORR provides funding for cash and medical assistance, employment services, English as a Foreign Language classes, and other services to eligible populations.

## Setting

Three affiliate partners of HIAS implemented the pilot in Philadelphia, PA; Kent, WA; and San Diego, CA.



## Year first implemented

2021

Recognizing a need for skills development and peer connection, HIAS developed and launched the WE Pilot Project. Through weekly classes, peer community building, and financial assistance, this six-month intervention focused on helping participants develop skills, confidence, and agency in navigating life in the United States. The intervention aimed to increase women's empowerment to plan for their future and address their goals, including employment-related goals.

Three of HIAS's affiliates delivered the intervention: HIAS Pennsylvania, Jewish Family Services of San Diego, and Jewish Family Services of Seattle. HIAS selected these affiliates based on their experience providing similar women's empowerment programs in the past.

The women who participated in the WE Pilot Project had all previously received other resettlement services from the affiliates. The facilitators hired by the HIAS affiliates to lead the intervention were members of the same ethnic community as the participants and they recruited participants from the community.

At the start of the intervention, the facilitators conducted a pre-assessment with participants, which gathered information on participants' decision-making, personal agency and assets, perceived economic stability, and sense of social connection. Participants also filled out an enrollment form where they could identify goals and needs for the intervention and topics they were interested in learning about during the intervention. With the

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exception of this initial intake meeting, all meetings and classes took place virtually using Zoom, and the affiliate organizations provided each woman with a laptop.

After the initial pre-assessment, participants began weekly skill development classes. The first week of classes included introductions, an overview of the pilot, and setting expectations and ground rules of confidentiality and respect for fellow participants. Facilitators also discussed the goals of the intervention, which included developing participants' sense of agency and confidence in decision making. Facilitators then tailored the following weeks to participants' interests and goals, building on existing in-house HIAS curricula for topics such as digital literacy, financial education, parenting, and mental health. For example, in Philadelphia, the first few weeks were dedicated to introductions and goal setting, before turning to topics such as career planning, financial literacy, women's rights in the United States, access to the health care system, access to mental health resources and legal services, and community resources in Philadelphia. Participants also completed homework related to goals they had identified in partnership with the facilitator.

Throughout the intervention, women worked closely with facilitators on goals the women had set for themselves, such as opening a bank account, making more household decisions, or attending vocational training. Clients also participated in group activities. For example, the participants in San Diego took drivers' education courses to receive their permits, and the Philadelphia cohort participated in art therapy sessions. Each site also created a WhatsApp group chat to create more opportunities for the women to connect with and support one another. During the pilot, participants took ownership of the WhatsApp groups. Although the facilitator initiated the group and remained present, they gradually stepped back and participants began to respond to one another's questions, encourage one another, and share resources. The group chats enabled participants to establish peer connections outside of formal class time. Sites offered additional services to support and connect participants, such as through peer-to-peer office hours with facilitators.

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Another key component of the WE Pilot Project was direct financial assistance. In addition to a laptop, each participant had access to a Personal Development Fund (PDF) and an Emergency Fund (EF). Participants could use the PDF to cover costs that could help them achieve the goals they had created with intervention staff; examples included child care costs or fees for certifications. The EF was available to meet basic needs, such as rental assistance, and was deployed on an as-needed basis. Each affiliate tailored its PDFs and EFs according to the needs of its participants.

The affiliate organizations hired facilitators who were fluent in the native languages spoken by the women they were working with, and who were part of the participants' ethnic communities. Some also had lived experiences as a refugee or asylum seeker. Each facilitator brought their own competencies and skills to the intervention; for example, the facilitator in Philadelphia was a trained behavioral specialist. HIAS and its affiliates trained facilitators on facilitation skills, and the facilitators met with one another and HIAS staff during biweekly meetings, which served as peer-learning opportunities.

One challenge that HIAS faced was the tension between developing participants' skills and confidence to address their own needs, and some participants' desire for more direct help from the facilitator in meeting those needs. HIAS did not consider the WE Pilot Project to be a case management intervention with responsibility for connecting participants with the services they needed, and it was not designed or staffed to provide wraparound or supportive services outside of the core activities described earlier in this case study. Facilitators did sometimes make referrals, but the primary focus was on helping participants understand how to identify and access necessary supports independently, with the goal of building participants' capacity and confidence to address their current and future needs.

HIAS developed a theory of change for the intervention that is grounded in the empowerment of forcibly displaced women. The intervention aimed to create a space and environment to enable people to develop agency and confidence in decision making. HIAS theorized the intervention would lead to stronger social capital and peer support; increased confidence in setting goals; increased sense of belonging; increases in physical and emotional stability; increased

ability to meet basic needs; increased knowledge of rights; and increased ability to navigate digital, financial, school, physical health, mental health, and employment systems.

Reflecting on the WE Pilot Project, HIAS emphasized the importance of hiring facilitators who are part of the community and can speak the participants' languages and share similar lived experiences. HIAS staff felt the pilot facilitators had the cultural competency and fluency to connect with participants and develop a sense of trust and camaraderie within the group. HIAS also found that the WhatsApp groups helped engage participants and create connections as participants gradually continued their own conversations during and after the intervention without assistance from the facilitator.

After the WE Pilot Project ended in July 2021, HIAS launched the second iteration of the WE Project in the summer and fall of 2022. In preparation for this second cohort, the team revised HIAS' WE curriculum, drawing on existing HIAS curricula and lessons learned from the pilot. With more than 20 weeks of curriculum content available, the four sites that were selected for the second iteration were able to customize the curriculum based on the goals and needs of their participants. HIAS also added content to the curriculum and provided skill development for facilitators. HIAS also issued guidance on how to replicate the intervention, recognizing that each population served has its own needs and interests. The second iteration of the WE Project had not yet started at the time of data collection.

In the second iteration of the project, sites offered both in-person and virtual services, as in-person options became more feasible as the COVID-19 pandemic eased. HIAS anticipates that the quality of social connection may be better for in-person meetings than for Zoom meetings. HIAS also engaged former pilots to mentor new sites. HIAS received less funds for the second round of the project, which was also funded by the Latter-day Saint Charities, so there will be reduced funding for the PDF and EF. This might be a challenge as HIAS found that the PDF and EF were particularly appealing elements of the pilot, both in supporting skill development and as an incentive for participation. Despite this, HIAS and the affiliate partners are interested to see how the intervention works with less financial assistance for participants.

## Research on intervention to date



***This intervention has not been rigorously evaluated for effectiveness.*** There have not been any evaluations of the effects of the WE Pilot Project. HIAS conducted a pre- and post-assessment during the pilot. After participating in the WE Pilot Project, participants in all three sites reported that they felt more comfortable making decisions about how to earn and spend money in their household, solving problems, communicating with their child's teacher or school, and opening and managing a bank account or credit card account. However, in the absence of a comparison group, these outcomes cannot be attributed to the WE Pilot Project, as other factors might explain these changes.

## Case study information sources

In summer 2022, the Pathways Clearinghouse collected information for this case study from telephone interviews with HIAS and reviewed materials provided by HIAS staff. The Pathways Clearinghouse shared a draft of the case study with HIAS and incorporated revisions for accuracy and completeness. For more information about the methods for selecting and developing the case studies, please see the Protocol for Pathways Clearinghouse Case Studies on the [Pathways Clearinghouse project page](#).

## More information



More information on HIAS is available at <https://www.hias.org/>

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