

Cameroon: Providing cash transfers for vulnerable people living with HIV and key populations

Lessons learned from a World Food Programme and UNAIDS initiative to mitigate the impact of COVID-19 in western and central Africa

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Context

Cameroon is a lower-middle-income country in central Africa with more than 26 million inhabitants, approximately 39% of whom live below the poverty line (1). Ranked 153 out of 189 in the 2019 Human Development Index, the country benefits from rich natural resources; however, weak governance hinders its development and ability to attract investment (2). Cameroon is also dealing with humanitarian crises on three fronts: the far north, the east and the north- and south-west regions, whereby armed conflict has triggered significant internal displacements. The crises in these regions have weakened already fragile livelihoods; reduced access to health services, education and basic amenities; and compromised food security and nutrition. The coronavirus (COVID-19) pandemic has compounded these challenges on multiple levels.

Overall HIV prevalence in Cameroon was 3% among adults 15-49 in 2020 and approximately 500 000 people (all ages) were estimated to be living with HIV in 2020, 78% of whom know their status (3). Prevalence among key populations is considerably higher and reflects a mixed epidemic, with 24.3% of sex workers and 20.7% of gay men and other men who have sex with men (MSM) estimated to be living with HIV (4). Access to antiretroviral treatment (ART) has increased over the last decade and contributed to a 47% decrease in AIDS-related deaths since 2010. However, treatment coverage is substantially higher among adult women (80%) and adult men (70%), while only 35% of children ages 0–14 are on ART. There is also a huge disparity among new infections, with young girls ages 15-24 being 4 times more likely to be infected than their male peers. Combination prevention efforts, especially among sex workers, have helped decrease new infections by 57% over the last decade, but persistent social marginalization and stigma, especially among gay men and other men who have sex with men, and the lack of equitable access to services means that there is a long way to go to achieve national and global HIV targets.

The COVID-19 pandemic has greatly impacted many people's ability to earn enough to cover their basic expenses, with people living with HIV (PLHIV), key populations and vulnerable groups being especially affected. A recent rapid survey conducted with support from the Joint United Nations Programme on HIV/AIDS (UNAIDS) and in partnership with the Network of African People Living with HIV West Africa that the livelihoods of up to 80% of people living with HIV in western and central Africa have been impacted by the pandemic and more than 50% of them were in need of financial and/or food assistance (5). Although relatively few experienced a disruption in access to antiretrovirals, movement restrictions, transport difficulties, fears of contracting COVID-19 and other security issues caused approximately 20% of persons living with HIV to change how or where they obtained their medication. The weak and under-staffed health system was also ill-equipped to deal with the crisis, on top of the other challenges, and many people, especially displaced ones, encountered difficulties accessing care. Pandemic-related curfews and restrictions have

been extremely challenging for key populations, such as sex workers, LGBTI and gay men and other men who have sex with men, hindering their ability to work and interact with their peers. The stigmatization and criminalization of these populations have compounded their vulnerability to the socioeconomic impact of the pandemic, with many struggling to cover their basic needs for food, accommodation and education for themselves and their families (6).

Although humanitarian assistance in Cameroon has been provided by the government, various United Nations (UN) agencies, World Bank and other development partners, there was no specifically targeted social assistance for persons living with HIV or other vulnerable or key populations during the COVID-19 crisis. They therefore required urgent support.

Cameroon map



- ▶ 39% poverty rate
- ▶ 31% of children suffering from chronic malnutrition
- ▶ 3% HIV prevalence among adults 15-49
- ▶ 500 000 People living with HIV (all ages)
- ▶ 70 500 sex workers (24.3% HIV prevalence)
- ▶ 7000 Gay men and other men who have sex with men (20.6% HIV prevalence)
- ▶ 78% of people living with HIV know their status
- ▶ 74% of people living with HIV are on ART
- ▶ 20% social protection coverage
- ▶ Approximately 1,033 000 internally displaced persons
- ▶ Approximately 440 000 refugees
- ▶ Approximately 40% of people living with HIV with only primary schooling or less
- ▶ 33% of the population is illiterate
- ▶ Ranked 153 out of 189 on the 2019 Human Development Index
- ▶ 17 255 COVID-19 cases and 391 deaths (as of 31 July 2020)

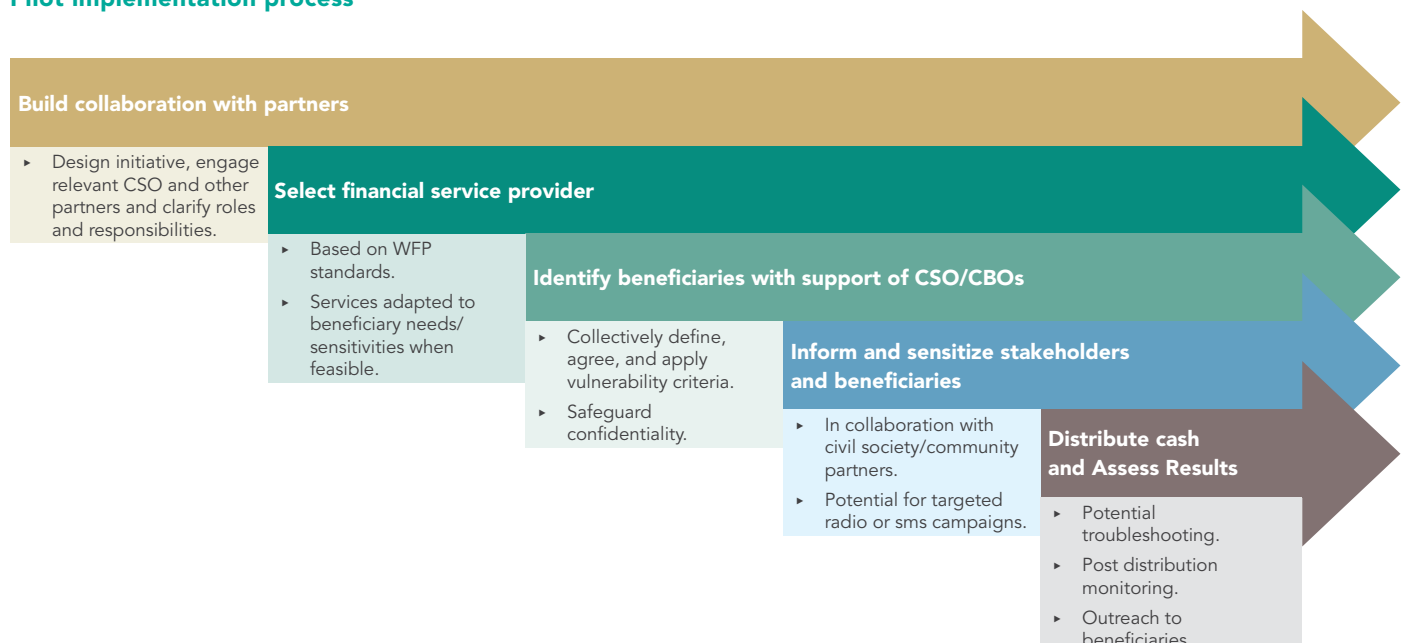
Sources: AIDSinfo, UNDP, UNHCR, WFP, World Bank, Worldometer

Piloting cash transfers for marginalized populations in western and central Africa

In the context of the COVID-19 pandemic in western and central Africa, and with support from the Grand Duchy of Luxembourg, UNAIDS and World Food Programme (WFP) launched a rapid response initiative in July 2020 targeting 5 000 people living with HIV and key population households with one-off, unconditional, direct cash transfers across four priority countries in the region: Burkina Faso, Cameroon, Cote d'Ivoire and Niger. The pilot builds on the global recognition of cash transfers as a critical social protection tool, especially in the context of humanitarian crises (7, 8). The initiative sought to demonstrate how such transfers can be effectively implemented to mitigate the socio-economic and psychosocial impact of HIV and COVID-19 among especially marginalized and stigmatized populations. It also responded to information and concerns shared by networks and associations of people living with HIV and key populations about the consequences they were experiencing in relation to socioeconomic welfare and access to services.

Although the four countries followed a similar implementation strategy, each country contextualized its approach according to local realities and circumstances. This resulted in somewhat different practices and modalities to achieve the same overarching objective of alleviating the impact of the COVID-19 pandemic on vulnerable populations in an effort to leave no one behind, while respecting all national pandemic related hygiene and security measures. At the same time, all countries faced a common dilemma: balancing urgency of action with diligence of the process, while working under extreme time and movement constraints.

Pilot implementation process



Cameroon's contextualized approach

In Cameroon, the cash transfer pilot initiative was implemented in all 10 regions of the country. Unlike in the other three countries, in view of the dynamics of the national epidemic, Cameroon included vulnerable young people and women, in addition to people living with HIV and key populations, as beneficiaries of the pilot initiative.

Operationalizing the pilot initiative was a collaborative effort among UNAIDS, WFP and CSOs. Affirmative Action (AA), Care and Health Programme, Horizon Femmes, Presse Jeune Development and the two national people living with HIV networks (RECAP+ [adults] and RECAJ+ [young people]) were engaged from the beginning and participated in all steps of the pilot, from design to implementation and monitoring. The Cameroon National Planning Association for Family Welfare (CAMNAFAW), a sub-recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), which is responsible for community-based programmes, was also involved in the cash transfer initiative and served as an additional liaison with the CSOs and as a source of information and in-kind support.

UNAIDS, WFP and partners paid careful attention to ensure that confidentiality for stigmatized and marginalized key populations was safeguarded and assured. The beneficiary identification process was carried out by the CSOs through their peer educators and focal points based on agreed vulnerability criteria, including limited income and social network. The beneficiary lists were developed by each organization and were shared with a single designated project administrator at UNAIDS and WFP for quality checking under strict terms of confidentiality. The two focal points then consolidated the lists into one list, and ensured that there was no indication of HIV or key population status or linkage with any of the different CSOs that could have revealed the status of beneficiaries. Beneficiary data were then imported by WFP into SCOPE, a corporate beneficiary information and money transfer management and monitoring platform developed by WFP and used by different United Nations organizations for cash transfer programmes.

Western Union (WU) was selected as the financial service provider (FSP) based on an existing international agreement with WFP and the need for country-wide coverage. The beneficiaries received an SMS (in English) notifying them that they were receiving a cash transfer and were provided with a money transfer control number that the beneficiary had to give to the WU outlet to receive the funds. CSOs also communicated with beneficiaries by mobile phone and text messages to inform them about the cash transfer and ensure that they understood the process. The generic message coming from WFP indicated that the support was to buy nutritious food; however, the CSOs and networks informed their beneficiaries that they should use the funds for their priority needs.

Cameroon results

Cash Transfer Recipients	Geographic Location	Transfer Amount	Accessing Funds	Use of Funds
<p>952 individuals representing the same number of households.</p> <p>493 people living with HIV adults, 85 people living with HIV adolescents/ children, 91 Sex workers, 121 gay men and other men who have sex with men/transgender, 160 adolescent girls and young women.</p>	Included beneficiaries from all 10 regions of the country.	76000 CFA Franc (US\$ 136).	While there were sufficient WU access points, almost 18% of targetted beneficiaries had some issues accessing their funds.	Recipients have reported using their cash transfer for food and income generating activities. Monitoring will continue in early 2021.

Source: WFP/UNAIDS Evaluation Report conducted in collaboration with civil society partners, June 2021

Adopting a people-centred approach

STRATEGY	APPROACH IN CAMEROON	INSIGHTS AND OUTCOMES
BUILD AND STRENGTHEN COLLABORATION WITH KEY PARTNERS	<ul style="list-style-type: none"> UNAIDS and WFP worked with Affirmative Action, Care and Health Programme, Horizon Femmes, Presse Jeune Development as well as with people living with HIV networks RECAP+ and RECAJ+. Collaboration with CAMNAFAW, Global Fund sub-recipient, assured in-kind support to CSOs who were also Global Fund sub- 	<ul style="list-style-type: none"> Strengthened relationships between all partners. Reaffirmed high levels of trust, confidence, and access that CSO partners have with vulnerable populations. Enhanced reputation and credibility of notably ReCAP+ which had been struggling to mobilize support within the people living with HIV community of late. Revealed innovative and strategic ways to mobilize in-kind support from other partners like CAMNAFAW and donors.

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