UNAIDS and World Food Programme 2022

Niger: 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

Located in the heart of the Sahel region, Niger is a vast landlocked country with a population of 24.2 million and the highest demographic growth rate in Africa, at nearly 4% *(1)*. Although the country has made significant strides over the last decade to reduce poverty, it holds the lowest ranking on the 2019 Human Development Index *(2)*. In 2019, more than 40% of the population was living in extreme poverty *(3)*. In recent years, Niger has grappled with a significant influx of refugees fleeing conflicts in the region and internally displaced persons, which present additional socioeconomic challenges for the country. These factors are compounded by environmental degradation resulting in persistent and widespread food and nutrition insecurity, especially in rural areas *(4)*.

Although HIV prevalence among adults 15-49 in Niger is low (0.2%) and the estimated number of people living with HIV (PLHIV) among all ages is relatively small (31,000), stigma remains a significant challenge, which can delay or prevent testing *(5)*. This is reflected by the fact that only 70% of people living with HIV are aware of their status and 35% of them are diagnosed late. Antiretroviral treatment (ART) is widely available and has contributed to a 52% reduction in AIDS-related deaths since 2010. However, prevention remains a challenge, with HIV incidence having decreased by only 10% over the same period. Only 36% of pregnant women living with HIV are currently accessing prevention of mother-to-child transmission services, and in 2016, only 21.5% of young people ages 15–24 had adequate HIV prevention knowledge *(6)*.

During the first wave of COVID-19, Niger was spared the worst of pandemic-related mortality; however, lockdowns and restrictions on informal activities greatly exacerbated high levels of existing poverty and food insecurity, impacting an estimated 5.6 million people between June and August 2020, including those living with HIV. A rapid survey conducted during the pandemic with support from the Joint United Nations Programme on HIV/AIDS (UNAIDS) in partnership with the Network of African People Living with HIV West Africa revealed that the livelihoods of 60% of people living with HIV in Niger were impacted, and 75% needed financial and/or food assistance. Although only 2% of people living with HIV experienced a disruption in access to life-saving antiretroviral medicines, nearly 20% had to change how or where they obtained their medication, and both transport challenges and fear of COVID-19 greatly impacted access. Nearly 65% of people living with HIV surveyed made use of various psychosocial support options, reflecting the severe mental health impact of the pandemic *(7)*.

Pandemic-related curfews and movement restrictions were especially challenging for key populations, notably sex workers and gay men and other men who have sex with men (MSM), hindering their ability to work and interact with their peers. As in other countries, the stigmatization and criminalization of these populations only heightened their vulnerability during the pandemic, with many struggling to cover their basic needs for food, accommodation and education for themselves and their families *(8)*.

Although different actors, such as World Food Programme (WFP) and the World Bank, support the Government of Niger to provide social assistance to people in need, neither people living with HIV nor key populations received any targeted financial or social assistance during the COVID-19 pandemic leaving these people in acute need of support.

Niger map

- 41.4 % extreme poverty (9.5 million people)
- 45.7% of children under age 5 are chronically malnourished
- 0.2% HIV prevalence among adults 15-49
- 33 000 people living with HIV (all ages)
- 53,800 sex workers 9.5% HIV prevalence
- 53,700 gay men and other men who have sex with men, 6.4% HIV prevalence
- 70% of people living with HIV know their status
- 68% of people living with HIV are on ART
- 53% of people living with HIV are virally suppressed
- Approximately 197 000 internally displaced persons and 220 000 refugees registered in 2019
- Approximately 60% of people living with HIV with only primary schooling or less
- 70% of the population is illiterate
- Education disrupted for three months due to COVID-19
- 1134 cases and 69 COVID-19 deaths as of 31 July 2020
- Ranked 189 out of 189 on the 2019 Human Development Index

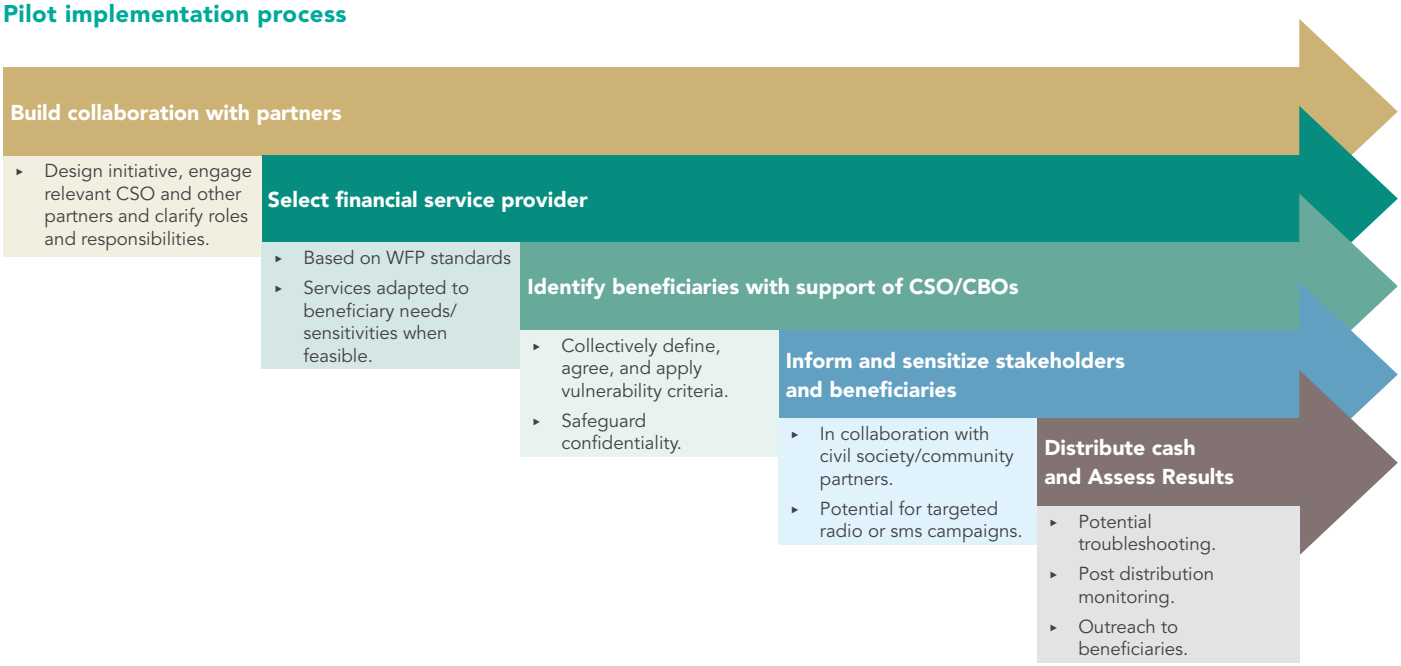
Sources: AIDSinfo, UNDP, USAID, WFP, World Bank, Worldometer

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 *(9, 10)*. 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



Niger's cont extualized approach

In Niger, the cash transfer pilot initiative was implemented in Agadez, Diffa, Dosso, Maradi, Tahoua, Tillabéri and Zinder regions where WFP already had an established presence. Identification and sensitization of key populations and people living with HIV beneficiaries were conducted rapidly through collaboration with three people living with HIV and key population networks/organizations that were well established and already active partners of UNAIDS Niger. Réseaux Nigérien des Personnes vivant avec le VIH (RENIP+) and Réseaux Nigérien des populations clés (RENIPOC) worked together with associated organizations, peer educators and health workers from the relevant facilities in the different regions to identify the most vulnerable people and households. General criteria included having been directly affected by COVID-19, lack of revenue, female heads of household and those with orphans in the household. Mieux Vivre avec la Sida (MVS) identified beneficiaries through its patient database because it provides services directly to key populations who are living with HIV. The Bureau Nigérien d'Intermédiation Financière (BNIF-AFUWA) was selected as the financial service provider because it has a large presence across all regions and had the option of delivering cash sous enveloppe. The existing relationship with WFP facilitated the rapid implementation of the pilot initiative and a clear plan for the distribution of the funds and their collection by beneficiaries. BNIF also agreed to adopt specific measures intended to safeguard confidentiality and promote the ease of access for beneficiaries who came to collect their cash transfers.

Niger results

Cash Transfer Recipients	Geographic Location	Transfer Amount	Accessing Funds	Use of Funds
A total of 3100 persons received assistance in 607 households. These were composed of 443 people living with HIV households, 49 KPLHIV and 115 SW and gay men and other men who have sex with men households. Household members included a significant number of children, and elderly. 72% of beneficiaries surveyed were female headed households.	Tillabéri, Dosso, Maradi, Tahoua, Zinder, Diffa and Agadez regions – i.e the entire country except for the capital of Niamey.	65000 CFA Franc (US$ 112). Covers two months of food requirements for family of 7.	84% less than 1 hour of travel to collect funds. 78% received in less than 30 minutes. Funds distributed exceptionally over the weekend.	54% of funds used for food. Other expenditures included Income generating activities, donations, health care, school fees.

Source: WFP/UNAIDS Post Distribution Monitoring Report, September 2020

Adopting a people-centred approach

STRATEGY	APPROACH IN NIGER	INSIGHTS AND OUTCOMES
BUILD AND STRENGTHEN COLLABORATION WITH KEY PARTNERS	• WFP and UNAIDS worked with RENIP+, MVS and RENIPOC to conduct the initiative.	• Strengthened relationships between all partners, notably UNAIDS and WFP, as well as UNAIDS and CSO networks. • Enhanced understanding of contextual realities as well as organizational capacity gaps faced by community based organizations. • Agreement on need to establish clearer SOPs to ensure clarity of processes and accountabilty.
SELECT FINANCIAL SERVICE PROVIDER AND MODALITY	• The cash transfer was delivered through BNIF - AFUWA via "cash sous envelope".	• Clear plan created by BNIF across all zones resulted in 100% distribution within expected timeframe. • Minimal travel and wait times experienced by beneficiaries since special opening hours on the weekend specific for this initiative. • Covid-19 related prevention measures upheld.
IDENTIFY MOST VULNERABLE BENEFICIAIRIES	• RENIP+ and RENIPOC employed their association focal points and peer educators to identify beneficiaries based on. agreed vulnerability criteria • MVS made use of their patient database to identify KP beneficiaries.	• Time constraints, lack of telephones, and fears of stigma among people living with HIV led to difficulty in identifying most vulnerable. • Changes in total number to be identified due to WFP. geographical focus areas resulted in people being taken off the original list and considerable back and forth which was time consuming for all and led to tensions and disappointments within the communities.
INFORM AND SENSITIZE STAKEHOLDERS AND BENEFICIAIRIES	• UNAIDS provided information to the CSO networks who shared information with their focal points. • Beneficiares sensitized via associations and peer educators.	• Majority of beneficiaries informed of transfer less than two days before. • Virtually none of beneficiaries were aware of the amount they were to receive, and only learned it was cash rather than food support at the last minute. • A majority of beneficiaries contributed towards association fees and membership cards upon request.
SAFEGUARD CONFIDENTIALITY	• Use of patient or other specifically generated code rather than names to identify beneficiaries. • Specific access times provided over the weekend.	• Beneficiaries did not have to reveal their identities at BNIF in order to access their cash. • Anonymity was maintained, yet some concerns that special measures jeopardized confidentiality.

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