

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

Contents

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| 1 | Contents |
| 2 | Foreword |
| 3 | Introduction |
| 4 | Why? Context and rationale behind the pilot |
| 4 | Western and central Africa: a challenging humanitarian and development context |
| 5 | People living with HIV and key populations: especially vulnerable during the pandemic |
| 5 | Cash-based transfers: an established intervention with room to evolve |
| 6 | What? Piloting unrestricted cash transfers for people living with HIV and key populations |
| 8 | How? A collaborative implementation strategy |
| 9 | Country-level outcomes and lessons |
| 11 | Insights to inform replication, integration and expansion of such initiatives |
| 14 | Broader policy implications |
| 17 | Conclusions |
| 18 | References |

Foreword

The World Food Programme (WFP) and the Secretariat of the Joint United Nations Programme on HIV/AIDS (UNAIDS) have partnered for decades on nutrition and HIV. Yet the profound socioeconomic impact of COVID-19 on people living with HIV and key populations in western and central Africa led the two organizations to collaborate in a new area—cash transfers. With support from the Grand Duchy of Luxembourg, the joint WFP/UNAIDS pilot initiative conducted in 2020 aimed to mitigate the pandemic's impacts and promote action on inclusive social protection for people living with, at risk of or affected by HIV.

The collaboration demonstrated the feasibility of delivering cash transfers to marginalized people living with HIV and key populations under difficult circumstances. Nearly 4000 vulnerable households benefited from the initiative and used the cash for their most urgent needs which included food, school fees, health expenses and investment towards income generating activities. By accompanying the effort with an in-depth documentation exercise, valuable lessons were learned as part of the process. They include the need to design clear and objective vulnerability criteria for recipient selection; promote close, transparent collaboration with civil society partners; integrate capacity development and financial compensation for community-led organizations who support the process; recognize and overcome practical hurdles to reach these populations, such as the lack of ID cards and phones; and ensure comprehensive sensitization and accessible feedback mechanisms for beneficiaries. A need for early engagement with national authorities was also identified to offer an opportunity for longer-term solutions and to strengthen advocacy for inclusive, social protection strategies and schemes.

These insights are especially timely in the light of the call by cash practitioners for more “people-centred” cash-based assistance, and underscore that holistic, needs-based support requires bottom-up engagement with communities. The lessons also align with the goal of enhancing community-led responses, as outlined in the UNAIDS Global AIDS Strategy 2021–2026 and reconfirm the importance of going beyond sound concepts and noble intentions to better focus on the “how” of the work. Engaging in real-time observation and analysis of practices and gathering feedback from partners, communities and beneficiaries contribute to learning and to improving while doing. They also ensure that the recommendations put forward for more inclusive, HIV-sensitive social protection are grounded in local realities.

Introduction

“I AM VERY HAPPY BY THE FACT THAT THERE WAS THIS INITIATIVE AND THAT YOU THOUGHT OF ALL OF US, THE MARGINALIZED COMMUNITY TO WHOM I BELONG. IT WAS A GREAT SURPRISE. I WISH THAT THIS CONTINUES—AND THAT WE CAN ALSO REACH THE PEOPLE WHO HIDE AND SELF-STIGMATIZE, I WANT THAT TOGETHER WE FIND A SOLUTION TO ENCOURAGE THEM TO COME OUT AND TO JOIN US...”

41-year-old man who has sex with men beneficiary living with a physical disability in Ouagadougou who is looking to start his own washing business.

In 2020, the spread of the novel coronavirus (COVID-19) and the consequent response strategies including restrictions threatened the lives and livelihoods of poor and vulnerable populations across the globe. Governments responded with an unprecedented expansion of social protection (1) programmes, with 195 countries introducing more than 1000 new measures to cover an estimated 1.7 billion people. Cash transfers constituted the majority of these efforts, reaching 1.2 billion people (2).

Yet, as with most aspects of the pandemic response, massive inequalities exist among continents, countries, communities and individuals in terms of the adequacy of support and assistance they can access. Whether personal protective equipment, COVID-19 testing, food and income support, health care or vaccines, the pandemic magnified interdependencies between health and socioeconomic welfare and multiplied the challenges for people who are left behind. The crisis revealed a critical need for both vertical and horizontal expansion of social safety net programmes across the globe (3), in particular for people living with HIV and key populations who faced critical access barriers to services.

This document provides an overview of the WFP/UNAIDS rapid cash transfer pilot initiative launched in July 2020. The pilot aimed to mitigate the socioeconomic impact of COVID-19 among vulnerable people living with HIV and key populations in four priority countries in western and central Africa. This report complements four country-specific case studies by synthesizing programmatic insights and broader policy implications to support inclusive, HIV-sensitive social protection. In alignment with the Global AIDS Strategy 2021–2026, this report advocates for people-centred, responsive programming that fosters proactive partnership with communities and acknowledges the interdependencies among rights, social protection and health for people who are living with, affected by and at risk of HIV.

Why? Context and rationale behind the pilot

A combination of factors led WFP and UNAIDS to design and implement the rapid cash transfer pilot initiative for vulnerable people living with HIV and key populations in western and central Africa. They included the region's complex development and humanitarian context; the lack of robust and reliable social safety nets (4) in most countries to respond to the pandemic; the high levels of stigma and discrimination against people living with HIV, and especially key populations, which foster their marginalization; and the opportunity to rapidly distribute and reaffirm the value of cash transfers, which are currently less widely employed in western and central Africa for social protection instruments than in other parts of the continent (3).

There is growing recognition among cash-based assistance experts in both humanitarian and development settings that the design and delivery of unrestricted cash interventions need to evolve to be more responsive, holistic and "people centred" (5). This is especially true for marginalized populations, who are often excluded from national social protection systems (5). With their complementary expertise in cash transfers and community engagement, respectively, WFP and UNAIDS were well positioned to join forces to design a pilot that could quickly deliver much needed assistance to people being left behind, while generating insights on what strategies and processes are effective to promote inclusion and the leadership of communities. The agreement of the Grand Duchy of Luxembourg to reprogramme available funding for this effort ensured that it could be rapidly initiated.

Western and central Africa: a challenging humanitarian and development context

In April 2020, when the pandemic began to escalate in Africa, western and central Africa was grappling with multidimensional poverty (6); humanitarian crises caused by conflict, food insecurity, climate change and desertification; and more than 9 million displaced people (7). Pandemic-related border closures, movement restrictions and strained health systems were compounding the vulnerability of poor and marginalized populations, most of whom survive on daily earnings from the precarious informal sector (8). Governments were ill-prepared to support their populations effectively and the socioeconomic consequences have been severe. Some countries, such as Côte d'Ivoire, delivered emergency support, but it was not fully inclusive. For example, sex workers in Abidjan could not access the national COVID-19 response grant that was delivered through local authorities (9). A similar situation was observed during the 2014 Ebola crisis in Freetown, Sierra Leone.

"I AM SO GRATEFUL FOR THIS SUPPORT. I USED IT TO PAY THE FEES FOR MY SEWING COURSE AND TO BUY A SEWING MACHINE TO START MY OWN BUSINESS. I ALSO HELPED MY MOTHER WHO LOST HER JOB DUE TO THE PANDEMIC."

Vulnerable young woman that benefitted from the cash transfer in Cameroon.

People living with HIV and key populations: especially vulnerable during the pandemic

The absolute number of people living with, affected by and at risk of HIV is lower in western and central Africa than in other parts of sub-Saharan Africa, notably eastern and southern Africa (10). Yet many factors, such as poverty, food insecurity, malnutrition, weak HIV awareness, poor health seeking behaviour, uneven service access and widespread stigma and discrimination have hindered sustained progress toward the 95-95-95 goals (11). The outbreak of COVID-19 impacted the delivery and uptake of HIV services (12). It also led to massive loss of livelihoods and income and heightened risk of food insecurity, which can lead to negative coping and survival-induced risk behaviours and threaten HIV prevention and treatment gains. Promoting targeted financial support for these populations during the pandemic is therefore essential from human rights and public health perspectives (13).

Persistent stigma and discrimination of both people living with HIV and key populations has amplified their vulnerability in the face of COVID-19. They have been especially affected by the socioeconomic consequences of the pandemic, with extreme disruptions to their subsistence and livelihoods (13). A rapid survey conducted by UNAIDS (14) revealed that the welfare of up to 80% of people living with HIV in western and central Africa had been impacted by the pandemic and more than 50% of them needed financial and/or food assistance. Few had experienced a disruption in access to health services and antiretroviral dispensing, but movement restrictions, transport difficulties, security issues and fears of contracting COVID-19 resulted in approximately 20% of people living with HIV having to adjust how or where they obtained their medication. In some countries, such as Niger, up to 65% of people living with HIV had made use of various psychosocial support options, reflecting the severe mental health impact of the pandemic.

Cash-based transfers: an established intervention with room to evolve

Cash-based transfers have seen a dramatic rise in recent years, both in terms of volume and geographic spread (5), yet many of the poorest and more vulnerable are not covered. In Africa, cash transfers constituted 41% of all social safety net expenditures in 2018, yet in western and central Africa, that figure was less than 20% (3). Evidence from both humanitarian and development settings demonstrates that households use cash productively: by increasing food security, sending children to school or expanding income-generating activities (3). Cash protects households during crises and has multiplier effects on the local economy (15), but much depends on the value and predictability of the transfer. To maximize development impact, cash transfers are best combined with health and nutrition education, or skills training and employment schemes (Cash+) to enhance their effectiveness in improving health outcomes, maximize resilience and promote economic independence (3).

Cash practitioners have acknowledged the need to break silos and strengthen coordination across sectors to foster a holistic, people-centred approach (5). This requires more active engagement with recipients themselves to understand their needs, assess the value they derive from cash-based programmes and adapt them accordingly. Truly listening to recipients, and effectively putting communities in the "driver's seat," is being called for in the cash space. However, for the moment, it remains more theory than practice (5).

What? Piloting unrestricted cash transfers for people living with HIV and key populations

“THIS WAS A VERY GOOD INITIATIVE — SEX WORKERS ARE VERY VULNERABLE— THE CASH TRANSFER HELPED THEM TO HAVE AT LEAST SOMETHING — AND IT HAPPENED JUST AT THE RIGHT TIME— THEY WERE ASKING THEMSELVES HOW THEY WOULD BE ABLE TO CELEBRATE EID-AL-ADHA(*) WITH THEIR COMMUNITY.”

Head of organization working with sex workers in Niamey.

(*) Eid al-Adha (Tabaski), the Feast of Sacrifice is the most important feast in the Muslim calendar.

Against this background, WFP and UNAIDS launched a rapid response initiative in July 2020 to reach approximately 5000 vulnerable people living with HIV and key population households with direct, one-off cash transfers in Burkina Faso, Cameroon, Côte d'Ivoire and Niger. The pilot leveraged WFP's existing mechanisms and partnerships with financial service providers (FSPs) and UNAIDS' established network and trust-based relationships with civil society organizations (CSOs). Although the primary intention was to alleviate food insecurity, the transfers were delivered as unrestricted cash, enabling beneficiaries to decide how to spend it.

By prioritizing people and households who are often marginalized, stigmatized and even criminalized, the initiative aimed to support those who were left behind in national responses, and identify effective strategies for reaching them and responding to their needs, while safeguarding confidentiality. Collaborating with community-led organizations was essential because effective targeting of vulnerable people living with HIV and key populations could only be achieved in partnership with organizations and people who they know and trust. Although the basic implementation strategy was the same in all countries, varying contexts, partners and opportunities led to the application of somewhat different practices and approaches, while ensuring respect for the national pandemic related security and hygiene measures. All pilot countries faced a common dilemma: balancing urgency of action with diligence of process, while working under extreme time and movement constraints.

The pilot process was accompanied by a participatory documentation exercise (16) to ensure that insights and lessons could be captured almost in real time, thus enabling the initiative to also serve as a “pilot for learning.” Methods included focus group discussions and interviews with community partners and beneficiaries, enabling the key actors to systematically reflect on the approach and experience both during and after

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