

# Burkina Faso: Providing cash transfers for vulnerable people living with HIV and key populations

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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

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Burkina Faso is a low-income Sahelian country with a population of over 20 million, 40% of whom live below the national poverty line (1). Despite significant progress over the last two decades, Burkina Faso faces considerable development challenges, notably in health and education. Insecurity in the north and the east of the country caused a dramatic increase in the number of internally displaced persons (from 50 000 in January 2019 to more than 1 million in December 2020). This has created an unprecedented humanitarian crisis that has led to disruptions in access to education and health services, which have been further compounded by COVID-19.

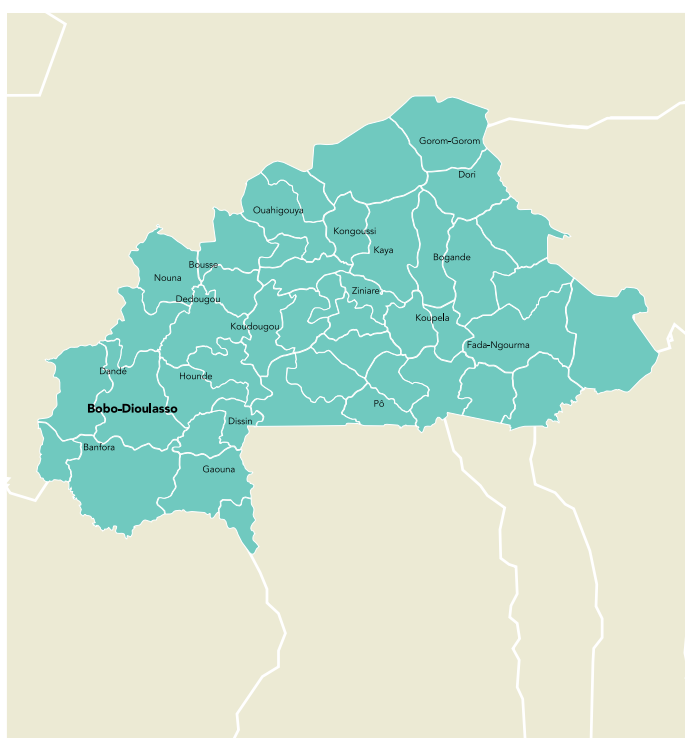
HIV prevalence among adults (15-49) in Burkina Faso was estimated to be 0.7% and among all ages an estimated 97 000 were people living with HIV (PLHIV) (2). Seventy-three per cent of persons living with HIV are aware of their status and the increasing availability of antiretroviral treatment has contributed to a 54% reduction in AIDS-related deaths since 2010 (2). Sixty-seven per cent of all persons living with HIV are on life-saving antiretroviral therapy (ART); however, there are significant differentials by age group with only 17% of children ages 0-14 on ART and gender differentials among adults (> 95% female adults vs. 62% male adults on ART). Reduction of new infections is due to multiple combination prevention efforts which also include ART scale up especially among key populations and pregnant women living with HIV. Notably, there has been a 49% reduction in new infections over the last decade; however, much remains to be done to close the gaps and achieve national and global HIV targets.

Burkina Faso had a relatively limited number of COVID-19 infections and deaths in 2020. However, the pandemic greatly exacerbated people's ability to earn money to cover their daily needs in a country that is already reeling from conflict and climate change (3). World Food Programme (WFP) and Food and Agriculture Organization of the United Nations estimate that food insecurity increased by 50% since March 2020 and has affected an estimated 3.3 million people during the lean season in the past year. WFP estimated malnutrition among people living with HIV at 15% in 2019. This has undoubtedly increased due to the current circumstances in the country (4). A rapid survey conducted with support of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in partnership with the Network of African People Living with HIV West Africa indicated that the livelihoods of 77% of people living with HIV had been impacted by the pandemic, and 55% of them needed financial and/or food assistance (5). Although only 2% of people living with HIV experienced a disruption in ART access, nearly 20% had to change how or where they obtained their medication. Transport challenges due to security issues, movement restrictions and fear of contracting COVID-19 have greatly reduced ease of access. For those who have children living with HIV, the absence of health personnel and long waiting times were reported as challenges to obtaining paediatric antiretroviral medicines.

Pandemic-related restrictions and curfews have been especially challenging for marginalized populations, including key populations, notably sex workers and gay men and other men who sex with men because they have hindered their ability to work and interact with their peers and support their families. As in other countries, the stigmatization and criminalization of these populations have compounded both their socioeconomic and HIV vulnerability during the COVID-19 pandemic (6). Indeed, the need to find a way to survive appears to have provoked an increase in risk behaviours among the most vulnerable populations, which may jeopardize recent prevention gains and lead to a rise in new HIV infections.

Although the above-mentioned survey indicated that a minority of the people living with HIV respondents had received some financial and/or food assistance through different measures, there was no specifically targeted social assistance for key populations or people living with HIV in relation to the COVID-19 crisis and they were in critical need of support.

## Burkina Faso map



- ▶ 40.1% poverty rate
- ▶ 535 000 children under age 5 are malnourished
- ▶ 15% of people living with HIV suffer from malnutrition
- ▶ 0.7 % prevalence among adults 15-49
- ▶ 94 000 people living with HIV (all ages)
- ▶ 21 900 sex workers
- ▶ 3500 gay men and other men who have sex with men (MSM)
- ▶ 76% of people living with HIV know their status
- ▶ 72% of people living with HIV are on ART
- ▶ Percentage of people living with HIV who are virally suppressed is unknown
- ▶ 3% social safety net coverage (2014)
- ▶ Approximately 1 million internally displaced persons
- ▶ Approximately 76% of people living with HIV with only primary schooling or less
- ▶ 68% of the population is illiterate
- ▶ Ranked 182 out of 189 on the 2020 Human Development Index
- ▶ 1150 COVID-19 infections and 53 deaths as of 31 July 2020

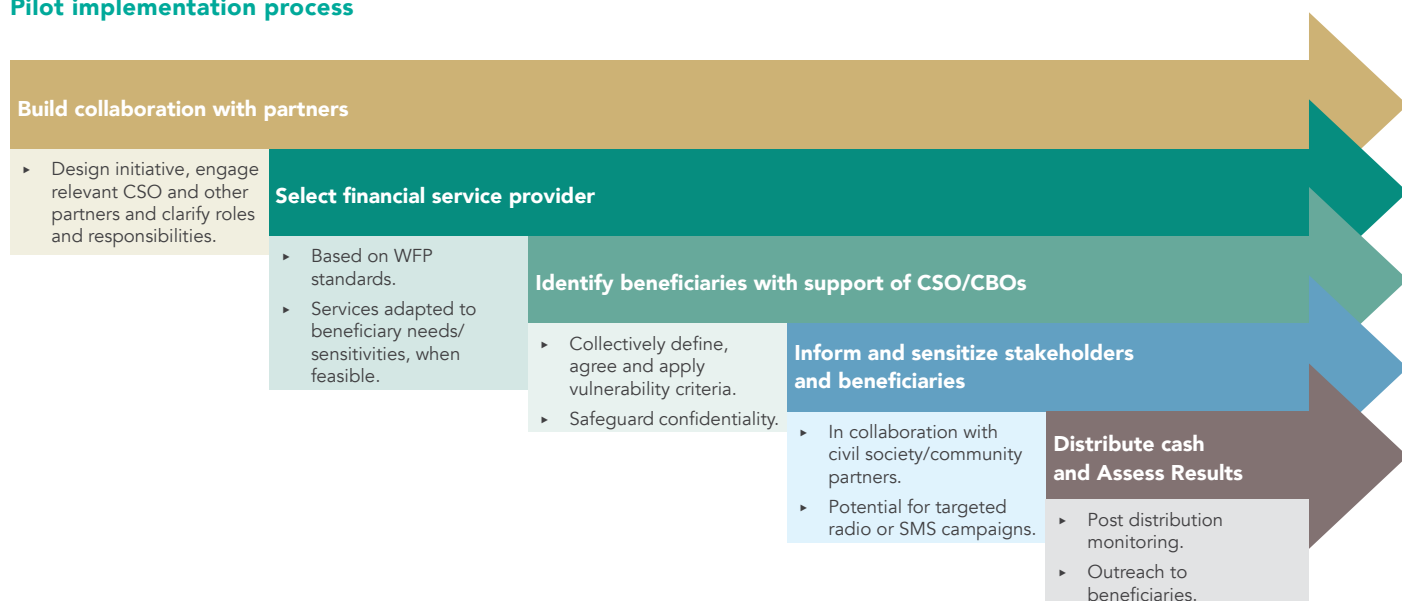
Sources: AIDSinfo, UN News, UNDP, USAID, WFP, World Bank, Worldometer

# 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 (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

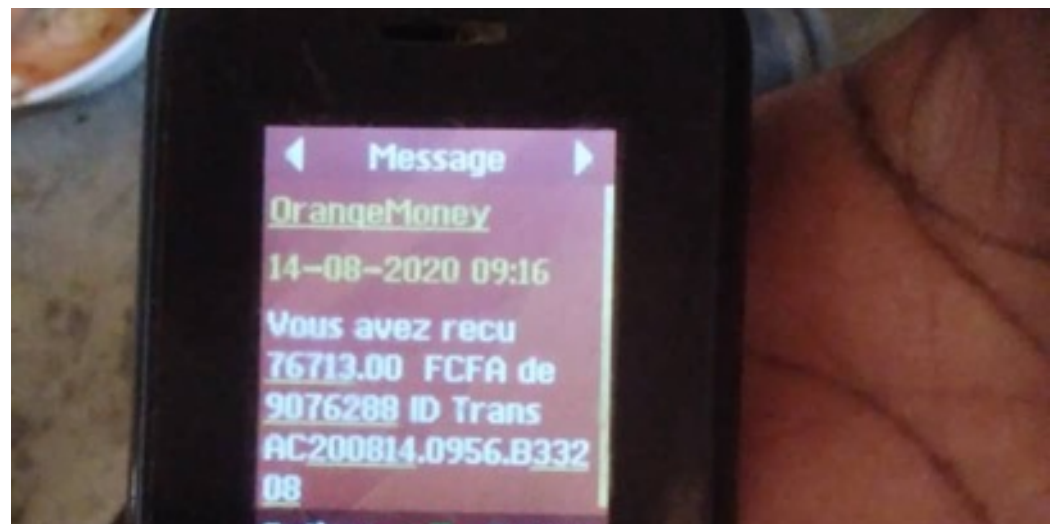


## Burkina Faso's contextualized approach

In Burkina Faso, the cash transfer pilot initiative was implemented in all 13 regions of the country. The implementation strategy was designed by UNAIDS and WFP in collaboration with REGIPV-BF, the national network of people living with HIV. A memorandum of understanding (MoU) was developed under the leadership of UNAIDS. REGIPV-BF coordinated the identification and sensitization process for beneficiaries, in collaboration with approximately 60 local people living with HIV associations and two partner organizations that work with key populations: Association African Solidarity (AAS) and SOS Jeunesse et Defis (SOS JD). In some cases, the organizational or association leaders themselves conducted the identification process based on broad vulnerability criteria, and in other cases, it was carried out by their focal points and peer educators.

There was a specific effort to include sex workers who were unable to work due to pandemic-related movement restrictions, and gay men and other gay men and other men who have sex with men who had been excluded from their families. The list provided by REGIPV-BF was then reviewed and quality checked by WFP, which resulted in several people being removed due to insufficient or faulty information, or the fact that their circumstances did not fully align with the vulnerability criteria or the objectives of the pilot initiative.

Orange Money was selected as the financial service provider (FSP) based on its existing relationship with WFP and relatively widespread access across the country. The beneficiaries first received an initial transfer of a smaller amount, which consisted of 5000 CFA Franc (US\$ 8) per household member and was based on the number of dependents living with them. This transfer was the regular WFP food security support that is offered to vulnerable households during times of emergency. It was later followed by the second larger cash transfer that was accompanied by community sensitization activities around the prevention of COVID-19 and nutritional support—malnutrition screening, nutrition education and awareness raising about the nutritional value of local foods—all of which were delivered by people living with HIV network association members who had been trained with support from UNAIDS and WFP.



SMS notification of cash transfer  
© REGIPV-BF

## Burkina Faso results

Cash Transfer Recipients	Geographic Location	Transfer Amount	Accessing Funds	Use of Funds
<p>Approximately 4600 persons received support in 1000 households including significant number of children and elderly.</p> <p>641 People living with HIV, 319 Sex workers and 40 gay men and other men who have sex with men.</p> <p>95% residents; 5% internally displaced.</p> <p>Approximately 70% women, average age 40 years.</p> <p>(PDM survey of 153 randomly selected households).</p>	<p>People living with HIV were identified in all 13 regions. Sex workers in 3 regions (Sahel, Centre-Nord and Boucle du Mouhoun). gay men and other men who have sex with men in Centre (Ouagadougou) and Les Hauts-Bassins (Bobo-Dioulasso).</p>	<p>76000 CFA Franc (US\$ 133).</p> <p>Covers locally sourced nutritious food as well as hygiene products to prevent and protect from Covid-19 for a period of approximately 3 months .</p>	<p>87% of those surveyed did not experience trouble accessing the funds.</p> <p>Approx 200 recipients did not access funds in time due to short delay for non-orange subscribers and had to be supported to access later.</p>	<p>62% of funds used for food</p> <p>8% debt repayment</p> <p>7% donations</p> <p>25% across other expenditures included health care, rent and savings.</p>

Source: WFP/UNAIDS Post Distribution Monitoring Report – August 2020

## Adopting a people-centred approach

STRATEGY	APPROACH IN BURKINA FASO	INSIGHTS AND OUTCOMES
BUILD AND STRENGTHEN COLLABORATION	<ul style="list-style-type: none"> <li>WFP and UNAIDS worked in close collaboration with REGIPV based on an MoU established for this purpose</li> </ul>	<ul style="list-style-type: none"> <li>Effective collaboration between WFP/UNAIDS and REGIPV was established.</li> <li>Enhanced understanding of contextual realities of vulnerable people living with HIV and key populations as well as organizational</li> </ul>

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[https://www.yunbaogao.cn/report/index/report?reportId=5\\_31846](https://www.yunbaogao.cn/report/index/report?reportId=5_31846)

