

BUILDING HIV-SENSITIVE SOCIAL PROTECTION SYSTEMS THROUGH THE 'CASH PLUS CARE' MODEL: FINDINGS FROM EAST AND SOUTHERN AFRICA

SOCIAL PROTECTION IN THE HIV/AIDS RESPONSE

East and Southern Africa carries the global burden of HIV/AIDS and the impact of HIV/AIDS on children, adolescents and their families is tremendous. In collaboration with governments in four countries in the region, UNICEF conceived a 'Cash Plus Care' intervention in 2014, which aims to strengthen the linkages between HIV/AIDS services and national social protection programmes.

The project, funded by the Government of the Netherlands, is being implemented in **Malawi, Mozambique, Zambia and Zimbabwe**. The aim is to reach families with children and adolescents, who are vulnerable to or affected by the epidemic through cash transfer schemes and support.

There is a growing body of evidence which suggests that social protection, in particular cash transfers, can reduce risk to HIV infection by tackling some of the key drivers of HIV infections amongst children and adolescents, such as poverty, gender inequality and lack of access to education¹. Cash transfers are increasingly being recognised as

an important tool to scale up national AIDS responses and advance HIV prevention and care outcomes in East and Southern Africa. However, there is very little operational guidance on the kind of mechanisms that can be used to link HIV/AIDS services to national social protection programmes, which is what the UNICEF-led 'Cash Plus Care' aims to achieve.

The **Cash Plus Care** intervention adopts a "systems strengthening" approach and supports the building of community-based care and public welfare services, while addressing a range of vulnerabilities that drive the HIV epidemic. In all four countries, the interventions are developed and implemented in close collaboration with national, provincial and district level governments from a range of sectors, including social welfare and child protection ministries. As well, efforts have focused on building the capacity of case management workers and community volunteers in order to better identify vulnerable cases and provide them access to HIV care and support.

SOME PROMISING PROGRESS

In Zambia, the project has championed for social protection to be a key government instrument to address multiple vulnerabilities. The Mother and Child Health and Social Welfare Departments work together to link cash transfer recipients to HIV services at district level. Over 1,000 volunteers, peer educators, community leaders and health staff who provide HIV/AIDS services to adolescents have been trained. This model was piloted in 4 districts and

will be scaled to 12 additional districts; and child protection interventions will be integrated in the package. Data extracted from the pilot district health facilities shows an increase in uptake of HIV services among adolescents. The project is achieving efficiency gains by using volunteers who were already visiting cash beneficiaries to now bring quality HIV services for adolescents.

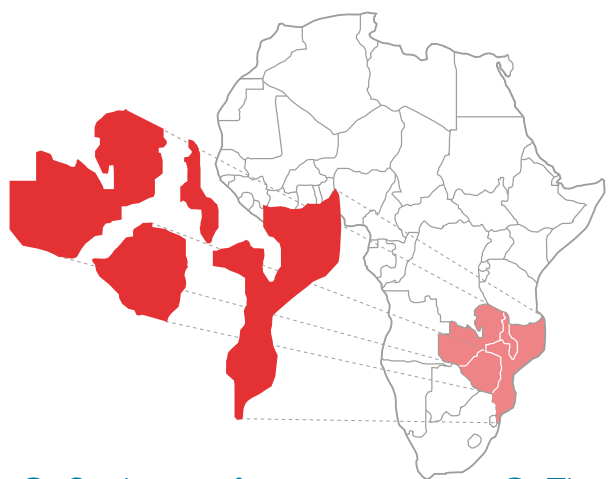
¹ Lucie Dale Cluver et al (April 2016), 'Structural drivers and social protection: mechanisms of HIV risk and HIV prevention for South African adolescents' Journal of the International AIDS Society.

Lucie D. Cluver et al (December 2015), 'Social protection: potential for improving HIV outcomes among adolescents' Journal of the International AIDS Society.
UNAIDS, (April 2014), Expert consultation meeting report, 'Action on Social Drivers to End AIDS and Extreme Poverty'.

In Zimbabwe, the project supported the setting up of referral capacity for HIV services jointly with cash transfers in two districts reaching 23,000 children. This was achieved by forging a partnership between the department of child welfare and social services, and innovatively using HIV-positive community adolescent volunteers to provide psychosocial support and referrals to health services at cash transfer pay-points. As well, community workers and district level staff have been trained. Going forward, there are plans to introduce Internal Lending and Savings (ISAL) systems to help households overcome economic barriers to access health services in the long run.

In Malawi the project initially focused on creating a “unified beneficiary register” of people benefitting from all types of social protection programmes. Along with this, a referral system for cash-transfer beneficiaries has been designed and piloted in two districts that links vulnerable children to social services including HIV/AIDS, health and education. This linkage and referral system will be scaled up nationally.

In Mozambique, the project has placed HIV/AIDS as a key pillar in the new Social Protection strategy and is supporting the government in operationalizing the strategy. At community level, it supported 22,000 children in cash transfer households and linked them to referral services. In the next two years the project will concentrate its efforts in one of the poorest provinces of Nampula and Zambezia.



The implementation of the grant has led to some common observations in all four countries:

● **Cash transfers are HIV-sensitive:**

While they do not use HIV/AIDS as a specific targeting criteria, the transfers are rolled out in heavily AIDS-affected regions, and most of them use multiple vulnerability criteria and proxy indicators to capture labour constrained, ultra-poor families, that included those affected by the epidemic.

● **The role of case management workers is critical to reach communities effectively and should be sustained:**

In all four programmes, community workers were mobilised in order to identify vulnerable cases, and referring them to adequate care, support. They need to be sustained and incentivised beyond the project lifecycle.

● **Collaboration across a range of ministries:**

In all countries, the project has supported and strengthened linkages at national level and mobilized inter-ministerial collaboration that has led to a trickle-down effect at grassroots level.

LOOKING AHEAD

Eighteen months after implementation, all four countries involved in the ‘Cash Plus Care’ project have made considerable progress in combining HIV services with cash transfer provisions. In the second phase, the project will support scale up of the model developed and coordinate with other social protection components in order to address various vulnerabilities of children. Initial data is already being collected. The linkages are demonstrating that cash transfers are an important tool to be implemented as part of designing effective combination strategies for HIV/AIDS.

FOR MORE INFORMATION:

http://www.unicef.org/esaro/5482_HIV_AIDS.html
and http://www.unicef.org/esaro/5483_social_protection.html



Ministry of Foreign Affairs of the Netherlands