

# 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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# Foreword

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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

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“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

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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

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“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 implementation. The findings informed this report and are presented in more detail in four case studies that describe the challenges and opportunities from each country's experience. As such, the pilot also aimed to help “walk the talk” in strengthening people-centredness of cash transfers in the HIV context.



**Table 1.**

Overview of the UNAIDS/WFP cash transfer pilot initiative in western and central Africa, 2020

	Burkina Faso	Cameroon	Côte d'Ivoire	Niger
Target/actual number of households	1000/1000	1395/925	1328/1328	1087/607
Geographical focus	Entire country	Entire country	Greater Abidjan	All regions except Niamey
Target populations	People living with HIV, gay men and other men who have sex with men and sex workers	People living with HIV, young people living with HIV, gay men and other men who have sex with men, sex workers, transgender persons and vulnerable young women	People living with HIV and key populations living with HIV (gay men and other men who have sex with men and sex workers)	People living with HIV, gay men and other men who have sex with men and sex workers
Cash transfer amount	76 000 CFA Franc (US\$ 133)	76 000 CFA Franc (US\$ 133)	50 000 CFA Franc US\$ 87	65 000 CFA Franc US\$ 113
Partners	REGIPIV-BF (national network of people living with HIV), Association African Solidarity, SOS Jeunesse et Defis and gouvernement - Secrétariat Permanent du Conseil national de lutte contre le SIDA (SP/CNLS)	Affirmative Action, Care and Health Programme, Horizon Femmes, Presse Jeune Development, two national people living with HIV networks (RECAP+, RECAJ+) and Cameroon National Planning Association for Family Welfare	Networks of people living with HIV and key populations, United States President's Emergency Plan for AIDS Relief (PEPFAR) implementing partners and Government (Ministry of Health and Public Hygiene [MSHP])	Réseau Nigérien des Personnes vivant avec le VIH (RENIP+), Mieux Vivre avec la Sida and Réseaux Nigérien des populations clés (national networks of people living with HIV and key populations)
Financial service provider	Orange Money	Western Union	MTN Mobile Money	BNIF-AFUWA
Modality of distribution	Cash via mobile money distributor	Cash at window	Cash via mobile money distributor	Cash at window
Total expenditure in country	US\$ 199 000	US\$ 149 963	US\$ 200 000	US\$ 149 963
Per cent of which was delivered to beneficiaries	67%	93%*	58%	61%

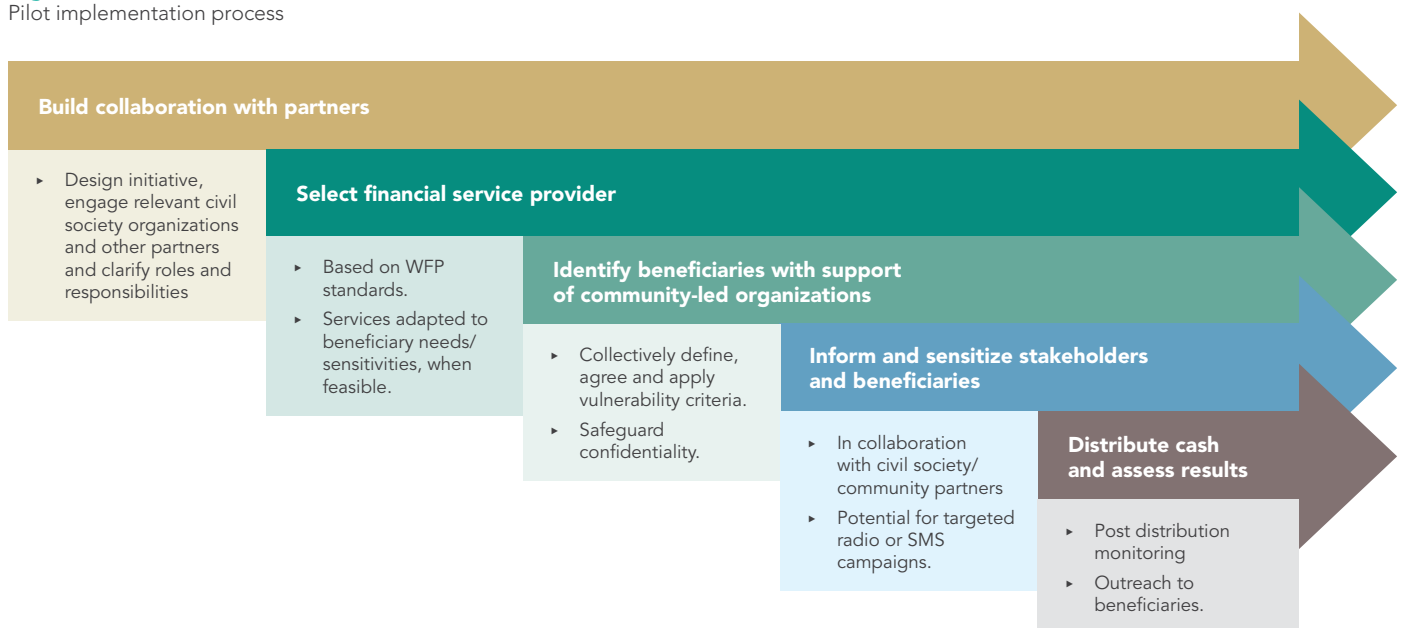
\* Unlike the other three countries, Cameroon did not allocate part of the budget to conduct capacity building, baseline study and/or post distribution monitoring activities, which resulted in more of the budget going directly to recipients. Cameroon is conducting monitoring activities using other funds.

# How? A collaborative implementation strategy

The pilot prioritized collaboration with critical partners in the four countries—first and foremost between WFP and UNAIDS country offices—to design the initiative and determine key programmatic aspects, such as target beneficiaries, geographical scope, cash transfer value and accompanying support. These decisions were informed by country specificities, such as the need to align to government cash transfer amounts in Côte d’Ivoire, the existing presence and location of WFP operations and FSPs in Niger and the epidemic risk profile in Cameroon. The latter, for example, was the only country to specifically target vulnerable young women, independent of HIV status, in addition to adults living with HIV, sex workers and gay men and other men who have sex with men. Contextual factors related to the pandemic led Côte d’Ivoire to include the distribution of hygiene kits as part of the process, and Burkina Faso to integrate nutrition education, malnutrition screening and referral for treatment. Depending on the country, government representatives from Ministry of Health and/or Social Protection as well as National AIDS Councils were informed and invited to provide input towards the initiative. A joint WFP/UNAIDS advisory group helped coordinate the pilot at the regional level, facilitate the exchange of experiences, guide teams during the initial phases of implementation and enable collective learning.

Key steps in the pilot implementation process are shown in Figure 1 and were implemented within approximately three to six months, depending on the country. For a comprehensive understanding of each country’s experience and learning, please refer to the individual country case studies (17).

**Figure 1.**  
Pilot implementation process



# Country-level outcomes and lessons

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WE CANNOT SUPPORT THESE VULNERABLE PEOPLE WITHOUT HELPING THE ORGANIZATIONS THAT WORK WITH THEM.”

Representatives of population working with gay men and other men who have sex with men in Abidjan, Côte d’Ivoire.

A summary of the rapid response initiative’s key outcomes and lessons from each country is provided in Table 2. Overall, despite certain challenges, the exercise clearly demonstrated that it is feasible to deliver unconditional cash transfers to people and households that are regularly marginalized and stigmatized, and thus hard to reach. Partnering with community-level organizations was critical in all countries. The initiative showed that the intensity of communication and depth of collaboration were important. Those countries that engaged people living with HIV and key population-led groups as “true partners” and ensured the full sensitization of beneficiaries regarding process, modality and value of the assistance they would receive also experienced fewer misunderstandings and criticism in recipient communities. The need for rigorous processes, systematic communication and ample investment in community-led organizations to deliver this critical income support to marginalized people living with HIV and key populations should not, however, be viewed as a barrier. Rather, by focusing on the how, these findings and the consolidated insights in the next section, serve as an operational complement to the evidence for cash transfer programmes’ effectiveness.

Salome (not her real name), a beneficiary of the cash-transfer program and one of the 430,000 HIV positive people in Côte d’Ivoire, looks after the cooking of her smoked fish. It is a popular food choice in the country, and Salome relies on selling it to make end’s meet. With the arrival of the Covid-19 pandemic, her business shrank and she struggled to buy the nutritious food she needs to take the Anti-Retroviral drugs she needs for the HIV treatment.

NB: HIV-related stigma and discrimination remains a major concern amongst people living with HIV. To protect their identity, the photos produced for WFP by by Anzul Multimedia & Consultancy feature actors to illustrate this cash transfer initiative. © WFP



**Table 2.**

Overview of country-level outcomes and lessons

Burkina Faso	Cameroon	Côte d'Ivoire	Niger
<ul style="list-style-type: none"> <li>• 1000 households reached through 641 people living with HIV, 319 sex workers and 40 gay men and other men who have sex with men. Total of 4598 household beneficiaries, of which 57% are women.</li> <li>• 87% of Post Distribution Monitoring (PDM) survey respondents reported no challenges in accessing the cash from the FSP.</li> <li>• 200 beneficiaries encountered challenges due to the short window (4 days) to access the cash if not an Orange Money subscriber and the limited sensitisation of the beneficiaries. (30 days for an OM subscribe)</li> <li>• Use of agents ("mandataires") for some vulnerable key populations who did not have phones and/or ID cards created an opportunity for fraud and extortion (approximately 13% of beneficiaries).</li> <li>• Lack of clear communication about processes and expectations with CSO partners, and weak capacity of some community-based organizations increased the potential for misunderstandings, tensions and reputational risk.</li> <li>• 62% of the cash went to purchase food; other uses were for debts, housing, health care and savings.</li> </ul>	<ul style="list-style-type: none"> <li>• 996 households reached through 493 <u>adult</u> people living with HIV; 85 <u>young</u> people living with HIV; 197 adolescent girls and young women; 125 gay men and other men who have sex with men/ transgender persons; and 96 sex workers.</li> <li>• Close collaboration with CSOs, who took a proactive role in not only identifying beneficiaries, but also facilitating the process for them to receive their cash transfers was different from other countries.</li> <li>• Challenges in accessing cash experienced by 18% of beneficiaries due to strict requirements of Western Union related to identification.</li> <li>• In-kind support received from the Global Fund Principal Recipients for two network organizations who were sub-recipients to help compensate for their efforts on the initiative.</li> <li>• No post-distribution survey conducted; however, recipients reported using their cash transfer for food and income-generating activities. Monitoring continued in early 2021.</li> </ul>	<ul style="list-style-type: none"> <li>• 1328 people living with HIV households reached (of which 437 were also key populations) in Greater Abidjan. A total of 7698 household beneficiaries.</li> <li>• Robust information and sensitization process with stakeholders/ partners; vulnerability assessment; and identification process based on lessons from initial cash transfer exercise.</li> <li>• Collaboration with MSHP and PEPFAR partners enabled more visibility for the exercise and paving the way for sustainability and potential integration of beneficiaries in national systems.</li> <li>• Some beneficiaries expressed concern about how the post distribution survey was conducted in terms of sensitivity/ confidentiality.</li> <li>• 35% of funds used for food; 18% for income-generating activities; 15% for school fees; 11% for health; 12% for utilities and 8% for other costs, including payment of debts.</li> </ul>	<ul style="list-style-type: none"> <li>• 607 households reached (more than planned number of 585) through 443 people living with HIV, 49 key populations living with HIV and 115 sex workers and gay men and other men who have sex with men. Approximately 3100 beneficiaries across 7 regions (all but Niamey), the majority of whom are women.</li> <li>• Cash received by 100% of the beneficiaries within the designated timeframe and with respect for confidentiality through specific support from BNIF (FSP), and with limited challenges in terms of access, security, etc.</li> <li>• Initiative helped improve the database of vulnerable people living with HIV to receive support, and better follow-up and care.</li> <li>• Strong and proactive collaborative effort between UNAIDS and CSO networks.</li> <li>• Weak capacity, inadequate financial support and cultural expectations of community associations contributed to their requests for fee payments from beneficiaries.</li> <li>• 54% of funds used for food; other expenditures included Income-generating activities, donations, health care and school fees.</li> </ul>

Source: Virtual focus group discussions and interviews with administrators, partners and beneficiaries of the pilot initiative.

# Insights to inform replication, integration and expansion of such initiatives

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“I DON’T THINK ONCE-OFF SUPPORT IS THE RIGHT THING—BUT I THINK WE NEED TO HELP MAKE THE PEOPLE THEMSELVES SUSTAINABLE—TO ACTUALLY GIVE MORE FUNDS TO HELP THEM HAVE OTHER OPTIONS AND GENERATE ADDITIONAL WORK WHEN THEY CAN’T ENGAGE IN SEX WORK.”

Head of organization working with sex workers in Abidjan, Côte d’Ivoire.

The pilot initiative revealed the feasibility of delivering unconditional cash transfers to vulnerable people living with HIV and key populations, but it is also complex. In many cases, preconceived ideas and/or standard practices may need to be questioned and adjusted to obtain buy-in and support from all relevant actors. Deliberate targeting of people who face high levels of stigma and discrimination requires an in-depth understanding and careful consideration of the country context, the critical partners and how to communicate about the initiative to avoid any public outcry, concern or increase in stigmatization. Programme design is best informed by consultation with beneficiary communities to determine what their needs and constraints are; which accompanying services would be useful as Cash+; and how best to facilitate sensitization, confidentiality and easy access to the cash for recipients.

The following consolidated insights from the pilot initiative aim to support countries to replicate, integrate or expand cash transfer programming for vulnerable people living with HIV, key populations and other marginalized people and communities. These insights emphasize the need for bottom-up engagement, investment in community partners and adaptable approaches so that people are truly at the centre of the intervention and communities assume a leadership role.

## **A. Identifying, reaching and supporting marginalized populations is complex, and requires an inclusive and differentiated service delivery approach that is tailored to their needs and builds on the trust that they have in their peers and in community-based organizations.**

- i. Different understandings and levels of competence among development partners working with civil society, people living with HIV and key populations should be acknowledged and addressed. Facilitating engagement of community-led organizations from the start and throughout the process as true “partners,” such as in Cameroon, ensures that target recipient perspectives and sensitivities are heard, understood and respected.
- ii. There is a need to integrate flexibility and adapt programmes to the real-life circumstances of vulnerable and marginalized target beneficiaries, notably youth and sex workers, to overcome “administrative” challenges in reaching them, (i.e. providing phones or the required sim cards if people do not have them; or ensuring alternative, reliable options for obtaining cash for people who do not have IDs). This is also critical for digital cash transfers for women in view of the significant gender gaps in account and phone ownership, notably in western and central Africa (18).

## **B. Close, transparent collaboration between partners and actively including communities (through CSOs and networks) are critical and require sufficient time.**

- i. Clear roles and responsibilities among UNAIDS and WFP and other partners must be articulated, and standard operating procedures, service level agreements and memorandum of understanding developed to avoid misunderstandings, ensure shared expectations, safeguard confidentiality and facilitate smooth operations.
- ii. Clear, consistent, two-way communication among all partners is critical from the start about what cash-based programming entails. This includes the objectives, expectations, beneficiary identification process, independent verification and distribution, and monitoring requirements to ensure that partners are aligned, and community-level organizations can effectively inform, sensitize, and support recipients.
- iii. Engaging government partners from the beginning, such as in Côte d'Ivoire, generates buy-in and legitimacy, and prepares the ground for sustainability by promoting inclusion of these populations in national social protection systems. Ideally, existing coordination platforms for cash transfers and social protection should be leveraged.

**C. Community-led organizations have varying levels of organizational capacity and funding and need adequate support to fulfil their role in the partnership.**

- i. Training for community-level partners and timely and sufficient financial support must be integrated to enable them to effectively perform the activities expected and mitigate the potential for fraud and extortion during beneficiary identification and cash distribution processes.
- ii. The urgency of the crisis must be balanced against the time needed for adequate preparation, coordination, and communication, which directly influence the ability to effectively identify beneficiaries, mitigate potential tension in communities and ensure the successful distribution of the cash.
- iii. Promoting linkages and information exchange between community-led people living with HIV/key population organizations and social welfare actors in health facilities and at local, subnational and national levels can help ensure that vulnerable people living with HIV and key populations are better able to access social protection support in a timely manner.

**D. Development of clear and objective vulnerability criteria is essential and must be accompanied by capacity-building of community partners to ensure that beneficiary identification and verification processes are consistent, unbiased and accountable.**

- i. Aligning selection criteria and cash transfer value to existing national programmes helps reduce potential stigma and promote equity in support across vulnerable groups.
- ii. Engaging community actors in the definition of these criteria is recommended to ensure their buy-in, understanding and support in sensitizing and explaining the selection process to peers, communities and recipients themselves.
- iii. Use of modern technology and secure registration applications in the identification process, such as in Côte d'Ivoire, help promote rigour, respect

for agreed selection criteria and confidentiality, but depends on the level of connectivity, capacity and infrastructure in the country.

- iv. Two-step identification and verification processes help ensure that the most vulnerable are on the final recipient list and avoid challenges in distribution. Elaboration of agreed standard operating procedures among all partners can help ensure coherence and consistency in this process.

**E. Leveraging cash assistance to empower vulnerable populations requires comprehensive sensitization in advance of the transfer and ensuring that recipients are able to spend on what is most urgent and important for them.**

- i. Proactive efforts to sensitize beneficiaries about their cash transfer is key and should clarify the objective, the amount, when it will be received, their rights, and any fees involved and provide them with a focal point or hotline to call in case of any questions or challenges.
- ii. The fact that many beneficiaries used part of their cash for critical expenditures other than food (health care, education fees, debts, investing in income-generating activities, etc.) demonstrates that although food is critical during a crisis, other needs are also urgent and that holistic, multipurpose support is effective.
- iii. Although this one-off support was useful, beneficiaries and CSO leaders explained that what they really require is more substantial and/or sustainable support to develop income-generating activities.

**F. Partners should be mindful of and ideally measure the broader impact of the operation in the community, beyond the beneficiary households.**

- i. Ensuring close, transparent and supportive collaboration with the community-led organizations helps strengthen their reputation, whereas insufficient engagement and lack of clear beneficiary selection processes can tarnish reputations, jeopardize working relationships and cause unintended community tension and conflict.
- ii. Accompanying the initiative with capacity-building and governance support for community-level partners can enhance community systems and promote resilience in future crises.
- iii. That many beneficiaries developed some income-generating activities and/or provided donations to others in their communities with part of their cash, such as in Niger, indicates that there is scope to examine the community-level benefit of such operations. This is also the case when the intervention is delivered as Cash+, such as in Burkina Faso, which accompanied the effort with nutrition support aiming to enhance consumption of locally grown, high-nutrient produce.
- iv. Monitoring of such initiatives should ideally be expanded, involve communities themselves and include more HIV, health and socioeconomic indicators in recognition of the multipurpose aspect of cash.
- v. Planning, implementation and evaluation of such initiatives should incorporate access to HIV and health services and the attainment of broader HIV outcomes.

# Broader policy implications

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“...IF UNAIDS OR PEPFAR COULD ASSIST TO DO COMMUNITY-LED MONITORING THAT WOULD BE USEFUL TO DEMONSTRATE WHAT THE CHALLENGES ARE. THERE IS STILL STIGMA AGAINST PEOPLE LIVING WITH HIV IN VARIOUS COMMUNITIES AND COMMUNITY-LED MONITORING WOULD HELP TO DEMONSTRATE AND OVERCOME THAT.”

Head of people living with HIV network in Cameroon.

Although one-off cash transfers are not sustainable, by definition, the outcomes of the pilot confirm the evidence that when delivered during a time of severe crisis, an adequate and timely injection of cash enables vulnerable households to withstand short-term economic shocks (3). However, the fact that the COVID-19 pandemic has evolved into a protracted, long-term socioeconomic crisis underscores the need to integrate populations who are currently left behind in broader social protection systems. This is further supported by a growing body of evidence about the dramatic impact of regular and predictable income support on HIV prevention and treatment adherence outcomes, especially when combined with complementary services (19, 20). The challenge is how to ensure that vulnerable and marginalized populations are effectively reached and included, especially those who face pervasive stigma and discrimination.

The pilot initiative reaffirmed longstanding lessons from the HIV response that have led to social contracting and differentiated service delivery. Reaching those who are left behind with HIV treatment requires intentional effort, tailored rights-based approaches and close involvement with communities. Applying these lessons towards delivery of broader social protection services will promote inclusivity and enhance responsiveness and accessibility for people in need.

Although this exercise focused on people living with HIV and key populations, the lessons learned and policy implications are relevant for a wide range of vulnerable and/or marginalized populations, such as young women, migrants, internally displaced persons, people living with disabilities and people who use drugs. As such they stand to inform advocacy efforts by civil society actors as well as action and collaboration by the full range of partners working on social protection, notably national governments, and international organizations with long standing social protection mandates such as the World Bank and UNICEF.

## **A. Promote the integration of vulnerable and marginalized people living with HIV and key populations in holistic crisis preparedness and response plans.**

The wide-ranging impact of the COVID-19 pandemic has reaffirmed the interdependency between health and socioeconomic welfare, especially for marginalized people living with HIV and key populations. These groups are especially vulnerable to economic, spatial and social inequalities and disruptions in the provision of and effective access to basic services and social assistance. There is a need to develop holistic preparedness plans and differentiated service offerings that address their chronic health, psychosocial and economic needs, provide adequate support and promote resilience. This requires strengthening collaboration and information sharing across health and social services, and reinforcement of capacity for social services in HIV and health facilities. National crisis preparedness and response efforts must ensure that the specific needs and



vulnerabilities of people living with, at risk of or affected by HIV are effectively integrated and addressed. Vulnerable people living with HIV and key populations will benefit greatly if social protection and safety net services are integrated into national HIV and Health programmes.

- B. Support evolution from crisis support to more multipurpose, sustainable social protection coverage.** As COVID-19 continues to impact countries through multiple variants and waves, like many crises, what began as a short-term response now needs to evolve to longer-term, sustainable solutions. A range of rigorous evaluations have demonstrated that social safety nets can improve equity, resilience and opportunities for the benefit of the poor and vulnerable. However, for these systems to play this role, they need to be brought to scale and provide effective and predictable coverage in a sustainable manner. To achieve beneficial development impact, they should also be combined with investments in human capital (3). Linking future cash transfer initiatives with skills building and livelihood promotion will help strengthen the economic independence of these vulnerable and marginalized populations. For vulnerable people living with HIV, key populations, adolescents and young people, such programmes will benefit if accompanied by HIV prevention commodities and services (condoms, access to pre-exposure prophylaxis, etc.), adherence and nutrition support, and sexual and reproductive health and rights, gender equality and sexual and gender-based violence prevention interventions.
- C. Build linkages and enhance advocacy to strengthen inclusivity of national social protection systems.** Although targeted cash transfers for specific vulnerable populations have their place, there is a need to ensure linkages with national social protection systems. Advocacy, information sharing and coordination are required to align vulnerability criteria and cash transfer amounts for specific programmes, and to promote expansion of eligibility criteria of existing, government-led social assistance schemes to ensure inclusion of vulnerable people living with HIV and key populations (for example, through unique/integrated social protection registries). This would help ensure that they are eligible for national or subnational social assistance programmes, whether current or in the future. Beyond social assistance, access to social insurance, notably health insurance, is of particular relevance for people living with HIV. Working with government to ensure holistic and integrated social protection and health services for affected communities in HIV hot spots is critical to improving HIV and broader development outcomes.
- D. Invest in community-level capacity-building on social protection and overall system strengthening to build resilience and accelerate community-led advocacy and service delivery.** As the AIDS response has demonstrated for decades, reaching and supporting vulnerable people living with HIV and key populations can only be achieved with the active involvement of community-led organizations. Yet, the rigour and accountability inherent to cash transfer, crisis response and social protection programmes necessitate a level of knowledge, capacity and governance that many community-level organizations do not have. There is a need to invest in

“... THERE IS NO SOCIAL SUPPORT FROM GOVERNMENT ... WHEN YOU WANT TO SPEAK TO THE GOVERNMENT ABOUT SOCIAL SUPPORT—THEY SAY THAT MEDICATION IS FREE, VIRAL TESTS AND CD4 COUNTS ARE FREE.”

Head of people living with HIV network in Cameroon.

community actors, and to strengthen their knowledge, organizations and systems. This will support them to participate in the governance of social protection systems and deliver complementary community-led social protection services. Community-level organizations are best placed to inform governments of community needs, monitor programmes and support their peers to access existing social services and programmes.

- E. Leverage experience from working with communities in the HIV response to strengthen people-centredness of cash-based assistance.** The HIV response has consolidated the decades-long experience of the benefits of working closely with communities and affected populations and taking a holistic, multi-sectoral approach. It has also demonstrated how civil society, NGO and UN actors can effectively advocate for and reach populations who are characterized by intersecting layers of vulnerability and are regularly left behind through data-driven advocacy and participatory programming and evaluation. This has helped gain political buy-in for policies and programmes that may not necessarily align with cultural and social norms. This experience, together with the HIV response’s unwavering principles of human rights and confidentiality, are a tremendous repository of learning and guidance that can be leveraged to strengthen the people-centredness of cash-based assistance.



Christelle (not her real name), a beneficiary of the cash-transfer programme, keeps track of her business accounting, after a day of work.

NB: HIV-related stigma and discrimination remains a major concern amongst people living with HIV. To protect their identity, the photos produced for WFP by Anzul Multimedia & Consultancy feature actors to illustrate this cash transfer initiative. © WFP

# Conclusions

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African governments are increasingly positioning social protection, and in particular, social cash transfers, as a core pillar to address poverty and vulnerability. Although programmes are expanding and coverage is growing, there is a need to ensure a holistic and inclusive approach that is informed by beneficiaries and acknowledges the reality on the ground. Flexible and differentiated programming is required to support marginalized populations who face persistent stigma and discrimination.

The new Global AIDS Strategy 2021-2026 emphasizes the need for meaningful investment in inclusive HIV-sensitive social protection safety nets, and stronger institutions and systems to link people at risk of HIV with social protection services. COVID-19 has compounded existing inequalities at multiple levels, and effectively responding to this and future crises requires investment in, and partnership with the communities and affected populations themselves. A core component of this is capacity strengthening of community actors to promote their leadership in the advocacy, design, implementation and monitoring of people-centred cash transfers and other social protection programmes. It is only with communities that we will effectively reach those who continue to be left behind.

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