

Burkina Faso: 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

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.

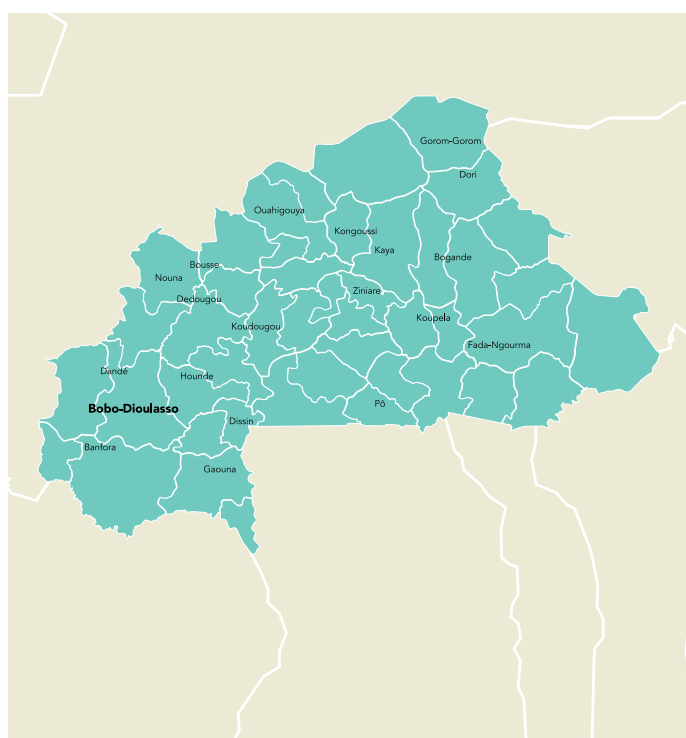
HIV prevalence among adults (15-49) in Burkina Faso was estimated to be 0.7% and among all ages an estimated 97 000 were people living with HIV (PLHIV) (2). Seventy-three per cent of persons living with HIV are aware of their status and the increasing availability of antiretroviral treatment has contributed 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

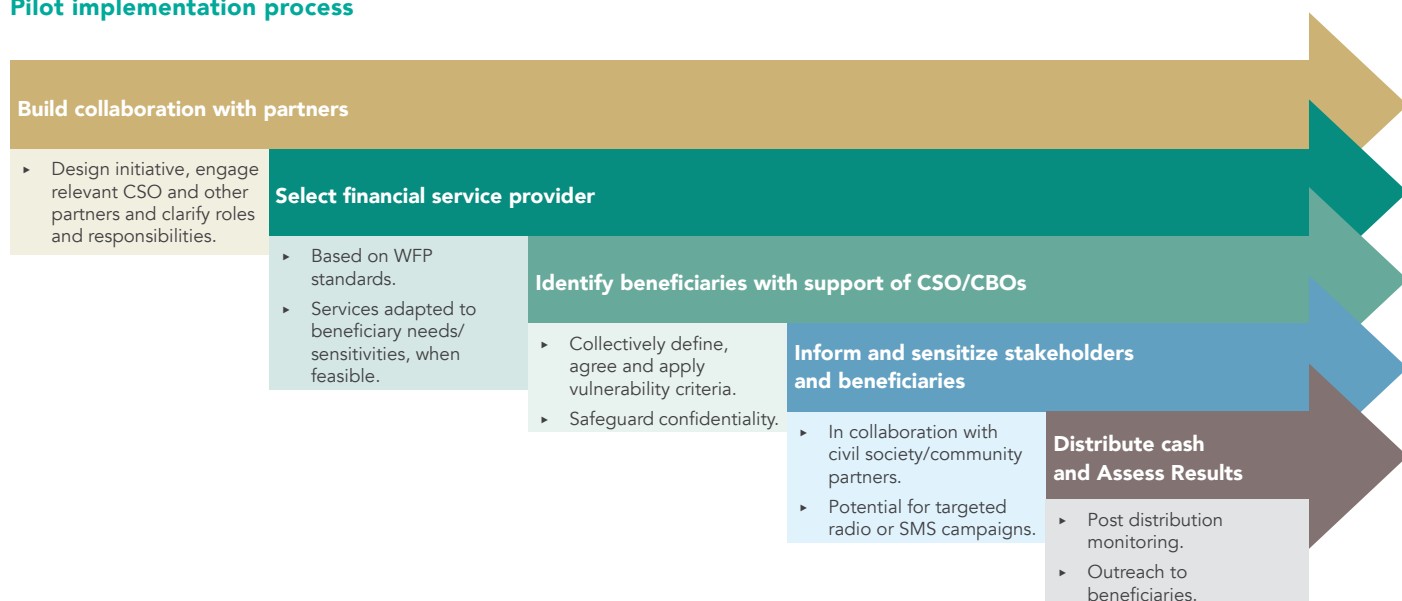
Sources: AIDSinfo, UN News, UNDP, USAID, WFP, World Bank, Worldometer

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

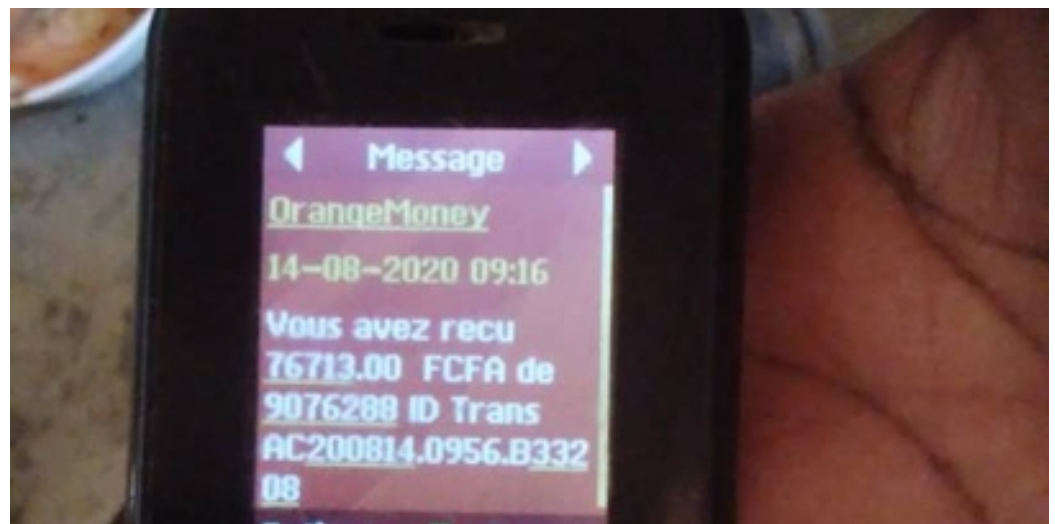


Burkina Faso's contextualized approach

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 8% debt repayment 7% donations 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
<p>BUILD AND STRENGTHEN COLLABORATION WITH KEY PARTNERS</p>	<ul style="list-style-type: none"> WFP and UNAIDS worked in close collaboration with REGIPIV based on an MoU established for this purpose. REGIPIV coordinated with regional people living with HIV associations and AAS and SOS/JD to reach key pops. Government (SP/CNLS) was informed and supportive of the exercise. 	<ul style="list-style-type: none"> Effective collaboration between WFP/UNAIDS and REGIPIV was established. Enhanced understanding of contextual realities of vulnerable people living with HIV and key pops as well as organizational capacity gaps within community based organizations. Sufficient preparation time is required to ensure clearer two way communication and shared understanding and expectations of the entire process as well as roles and responsibilities among all partners.

SELECT FINANCIAL SERVICE PROVIDER AND MODALITY	<ul style="list-style-type: none"> The cash transfer was delivered via mobile money using Orange-Money as the financial service provider. 	<ul style="list-style-type: none"> Approximately 20% of beneficiaries could not access their transfer due to the short delay in pick up time for non-orange sim card holders (4 days) as opposed to 30 days for Orange subscribers - requiring follow up and reimbursements. 13% surveyed (experienced challenges in accessing funds due to security concerns, distance, and requests for kickbacks or contributions from some association members and FSP staff. Majority who travel to collect the funds are women (65%) while heads of household were 55% men. Need for an ID card and tel number led to nearly 10% of beneficiaries using "agents" to receive money for them.
IDENTIFY MOST VULNERABLE BENEFICIARIES	<ul style="list-style-type: none"> CSO networks/orgs employed their association focal points and peer educators to identify beneficiaries based on agreed vulnerability criteria and using their existing database. Initial list was verified and quality checked. 	<ul style="list-style-type: none"> Severe time constraints, complexity of identification data collection tool, and fears of stigma among people living with HIV and Key pops led to difficulty in identifying most vulnerable. 14% of surveyed beneficiaries reported that 2 people in their household received the transfer and 15% felt that some people on the list were not truly vulnerable. 14% of surveyed beneficiaries reported that 2 people in their household received the transfer and 15% felt that some people on the list were not truly vulnerable. Errors in data collected led to lots of people being dropped from the list, need for rapid replacements and tensions in the community due to many thinking they would receive but did not. This reflects a need for capacity building of association focal points engaged in the exercise.
INFORM AND SENSITIZE STAKEHOLDERS AND BENEFICIARIES	<ul style="list-style-type: none"> UNAIDS provided information to the CSO networks who shared information with their focal points – however did not reveal that it was a cash support. Beneficiaries sensitized via associations and peer educators but often too late. 	<ul style="list-style-type: none"> Time and funding constraints meant that the full sensitization process of stakeholders/partners and beneficiaries was not complete when the cash transfer was made. Lack of awareness of the full process contributed to challenges with accessing funds, and discomfort and reluctance of beneficiaries to speak freely when they were called by WFP for monitoring. CSOs partners required more information to effectively support and respond to complaints of their identified beneficiaries.
SAFEGUARD CONFIDENTIALITY	<ul style="list-style-type: none"> The WFP identification matrix was adjusted to remove HIV and key population status when provided to Orange Money. 	<ul style="list-style-type: none"> Beneficiaries needed an ID and phone number to access their money, but their HIV status or identity as key population was not compromised.
ASSESS RESULTS	<ul style="list-style-type: none"> Post distribution monitoring survey conducted by WFP Consultation with beneficiaries to obtain testimonials. 	<ul style="list-style-type: none"> Clear results available for primary beneficiaries. Need for additional insights /data on secondary beneficiaries. Certain beneficiaries felt uncomfortable with the way the follow up survey was conducted. Complaints and instances of fraud and extortion are being investigated.

Placing people at the centre: learning from beneficiary's experience

Aicha is a 36-year-old single mother living in the eastern region of Burkina Faso who had a small business selling crickets and perfume that she purchased in Niger and sold in her town in Burkina Faso. She is no longer able to travel far from home or cross the border due to COVID-19 and security challenges, and although the cash support was a welcome relief, she is still trying desperately to find a way to generate income for herself and her family.

Beneficiary experience

IDENTIFICATION

Aicha was identified through her local association of people living with HIV TodiYaba and asked to provide her name and phone number

SENSITIZATION

Aicha was informed that she would receive a support towards life expenses and food but she did not know what it would be or how it would be received. She received some information on Covid-19 and malnutrition.

TRANSFER AMOUNT

Aicha received two transfers of 15,000 and then 76,000 which were a surprise, especially the fact that they came via her cell phone.

ACCESS

Since Aicha could read, she knew that she had to go quickly to collect the cash (within 4 days) and she told her association and informed others of the 20 selected beneficiaries in her area who were illiterate.

USE OF CASH

Aicha used her cash transfer to buy food (rice, corn, condiments) for herself and her son and donated some food to some people living with HIV friends who did not receive the transfer. She also bought items for her small business.

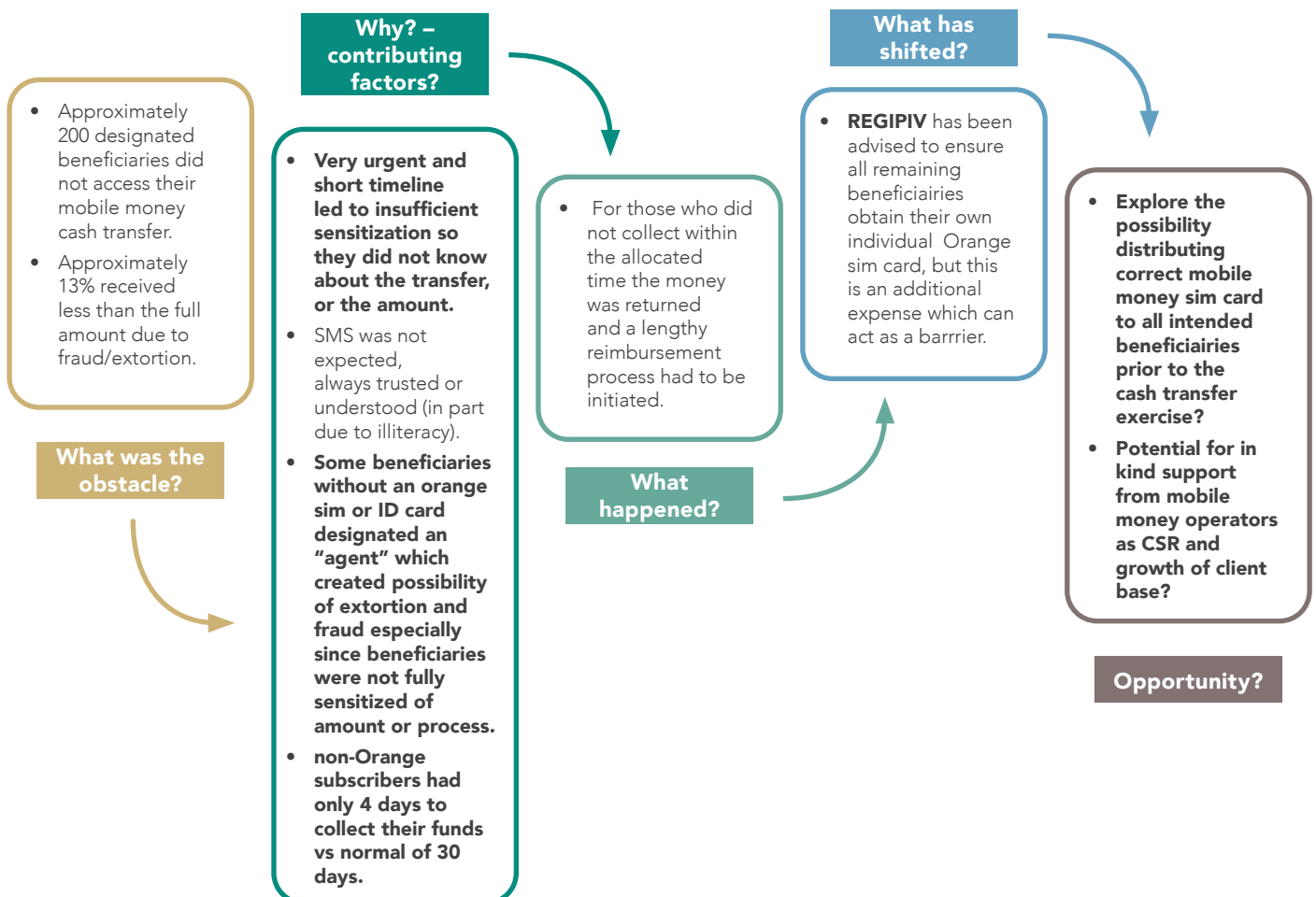
FOLLOW UP

Aicha was called by WFP and asked to provide information on her experience which she said went well. She also received support to participate in interview to provide her testimony of in an interview by WFP.

Critical learning: extensive sensitization of partners and beneficiaries on the full process is key

The urgency of the initiative, extreme time constraints, organizational capacity gaps and challenges due to COVID-19- related movement restrictions hindered sufficient information sharing among civil society partners and associations. This resulted in inadequate common awareness and understanding of the full process of the cash transfer initiative, from the identification of beneficiaries to the receipt of funds to the monitoring process. It also limited the partners' ability to provide correct information and effectively sensitize their beneficiaries, thus generating potential for community tensions, reputational risk for the CSOs and possible extortion and fraud, not to mention frustration on the part of some CSOs who felt that they were not adequately engaged in the process. Extensive information sharing and sensitization about the entire process (amount of funds, expected use and how to register complaints) is time-consuming but essential for all stakeholders and beneficiaries. It also needs to take place in advance of the actual cash transfer exercise. This will ensure that beneficiaries are waiting for their SMS to arrive, do not fear that it could be a prank and make it a priority to go to the mobile money distribution point as soon as possible.

From obstacle to opportunity: building an advocacy case for in-kind support from mobile money operators



Supporting individuals and contributing to the local economy

By accompanying the unrestricted cash transfer with information and education about nutritious local foods based on seasonal availability, the pilot initiative contributed to demand creation for locally grown products and investment in the local economy. It also supported people in a manner that avoided the generation of suspicion or stigma—which may accompany the distribution of dry goods to vulnerable households—because it is discreet and empowers recipients to choose what is right for them. Although significant preparation is required for the complementary nutrition activities, the results from the post distribution monitoring survey indicate that 56% of respondents had an acceptable level of diversity in food intake and only 14% had poor diversity. However, this was considerably higher than the national average of poor food intake diversity, which was 6.5% in 2019, thus reaffirming the vulnerability of these populations (7)



Beneficiary in Fada who was able to resume her small business of selling homemade food
© REGIPIV-BF

Key lessons and takeaways

The experience in Burkina Faso, coupled with learning from the other pilot countries, reveals important lessons about how to effectively deliver cash transfers to vulnerable and marginalized people living with HIV and key population beneficiaries. The lessons concern the design, implementation and monitoring of the pilot initiative and are intended to inform and guide replication and scale-up of inclusive cash transfer and social protection measures in the country.

- ▶ **Close and transparent collaboration with community-based partners must be ensured from the start and should include capacity-building and support for resilience.**
 - » Adequate time and effort must be devoted to ensure clear two-way communication and shared understanding of all steps in the process, clear expectations and roles and responsibilities among civil society partners, focal points, peer educators and beneficiaries. This was facilitated through the development of the MoU between UNAIDS and REGIPV-BF, but more clarity and standard operating procedures are required, especially when one organization is expected to coordinate and inform the others.
 - » All partnering CSOs and CBOs should receive stipends for communication and transport costs in advance, and a potential reserve amount should be allocated for unforeseen challenges that arise when addressing populations that are difficult to reach.
 - » Sufficient training and capacity-building for CBOs is critical because the whole exercise depends on their contributions, and recognition and support for their efforts promotes accountability and resilience, while mitigating the potential for fraud and extortion.
- ▶ **Intentional, bottom-up approaches that are sensitive to the often-complex circumstances of key populations are necessary to reach them effectively.**
 - » Specific key populations, such as marginalized sex workers (notably those who work in bars or who may be refugees and internally displaced persons), often do not have ID cards or access to their own phones. Although allowing for “agents” or *mandataires* to serve as intermediaries is one solution, it also created the opportunity for fraud and extortion.
 - » Concerted sensitization of beneficiaries and proactive engagement is required to ensure they cash transfer recipients make the most out of what they receive, while also identifying other strategies that could work for them.
- ▶ **The diversity of national and subnational contexts and environments (insecurity, humanitarian conflicts, cultural norms and practices, COVID-19 restrictions) needs to be understood and effectively adapted to.**
 - » The security challenges and humanitarian crises that prevail in certain areas of Burkina Faso necessitate specific approaches and attention, and the particular needs of mobile populations, only 5% of whom were included in this initiative, merit further exploration.

“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 gay men and other men who have sex with men beneficiary living with a physical disability in Ouagadougou who is looking to start his own washing business.

- ▶ **Unconditional cash assistance during a time of crisis empowers the beneficiaries and enables them to spend on what is most urgent for them.**
 - » Beneficiaries and the CSOs that supported them were grateful for the cash assistance; however, they would have preferred to know what the support was, and how it was being distributed so that they could plan accordingly, manage expectations and ensure accountability.
- ▶ **Enhanced coordination and capacity across health and social services is required to ensure holistic support for vulnerable people living with HIV.**
 - » There is a need to ensure the presence of social workers at HIV treatment centres and capacitate them to maintain current data on the socioeconomic vulnerability of people living with HIV and facilitate adequate social protection support.



Beneficiary of the cash transfer initiative
© REGIPIV-BF

Next steps on the road to sustainability

- ▶ Share the lessons learned from the pilot initiative and explore opportunities for similar cash transfer exercises with WFP, national government, and/or other partners to ideally support those vulnerable people who could not be included in the pilot, making sure to adjust processes and procedures, as required, to overcome the challenges experienced during the pilot.
- ▶ Strengthen engagement with national government and United Nations partners, such as Office of the United Nations High Commissioner for Refugees and United Nations Children's Fund, and advocate for intentional inclusion of these vulnerable and marginalized populations in broader social safety net initiatives, taking into account their specific needs.
- ▶ Support civil society and community based organizations to strengthen their governance and project management capacity so that they are even better positioned to assist in similar initiatives in the future.
- ▶ Explore the potential to conduct a national HIV and social protection assessment to help strengthen national-level HIV-sensitive social protection in Burkina Faso.
- ▶ Advocate for shifts in social and economic policy and engage with policy makers to support action that promotes inclusive social protection as a right for all residents in Burkina Faso.

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