HIV and Social Protection Assessments – Experience from Zambia and Kenya

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What is the HIV and Social Protection Assessment?
What is the HIV and Social protection Assessment

A birds eye-view of existing social protection programs and their interface or lack of with the AIDS response. Seeks to gather information on:

- What social protection schemes exist in different countries and locations, their purpose, eligibility criteria, coverage and HIV sensitivity

- Whether people living with HIV, adolescent girls and young women at high risk of HIV infection, key populations and others eligible to benefit from social protection are accessing existing schemes
  - If not what are the key barriers people face in accessing social protection benefits

- What needs to be done to include them in existing social protection programs?
Why the HIV and Social Protection Assessment?
Increasing evidence of the impact of social protection on HIV Prevention

Source: World Bank
Increasing evidence of social protection impact on HIV prevention

Early in the epidemic, people with higher education had higher HIV prevalence (Hargreaves et al, 2002). However, Fylkesnes (2001) and De Walque (2005) noted that new infections were declining among people with higher education and increasing among people with low education.

Hargreaves (2008) confirmed the inversion, with less educated people now having higher prevalence

In South Africa, HIV prevalence was **16.9%** among girls who did not finish high school and **8.6%** among girls who did, Pettifor (2008)

Similar associations have also been reported in Malawi and Uganda (Behrman, 2015)

In KwaZulu-Natal, South Africa, each additional year of schooling reduced HIV risk by **7%**

Bärnighausen, 2007

Beyond associations, De Neve (2015), used a regression discontinuity natural experiment to assess the causal effect of additional schooling.

A decade later, HIV prevalence was **17%** among those receiving one additional year’s schooling and **25%** among those who did not.

The additional year of education was **cost-effective for HIV alone**, with cost-effectiveness ratios of **$1,703** per DALY without ART and **$4,387** per DALY with ART

Source: World Bank
Increasing evidence of social protection impact on HIV treatment

Source: Cluver, Toska, Orkin, Meinck, Hodes, Yakubovich, Sherr, AIDS Care 2016
Increased presence and HIV sensitivity of social protection

Availability of HIV sensitive Social Protection

- HIV Sensitive Social Protection
- Not HIV sensitive
- In progress and HIV sensitive
- In progress and not HIV sensitive
- Not available
- No information
Specific challenge of HIV particularly among adolescent girls and young women in ESA
What will the information gathered from the assessment be used for?
Purpose of the information gathered from the Assessment

Information gathered through the assessment is intended to:

• Support decision making in strengthening the HIV sensitivity of social protection programs

• Inform the development and revision of National AIDS Strategies, HIV Investment Cases, Concept Notes for the Global Fund and other social welfare and poverty alleviation programs.

• Catalyse cross sector co-programming and co-financing of HIV and social protection programs including portals http://socialprotection.in/
The HIV and Social Protection Assessment tool
Composition of the HIV Social protection Assessment data collection tool

The data collection tool is made up of 25 questions on 13 pages comprising of 7 sections:

- Identification
- Availability of health financing
- Accessibility of health financing
- Availability of social protection schemes
- Access to social protection schemes
- Co-ordination/Management and accountability of social protection schemes
- Co-ordination and management of Health Financing
**HIV and Social Protection Assessment Tool**

**Availability and access to social protection programs excluding health financing**

6. **Existence of an approved social protection strategy**

<table>
<thead>
<tr>
<th>Does the country have an approved Social Protection Strategy?</th>
<th>If Yes, is the Social Protection Strategy HIV sensitive?</th>
<th>If No, when is the Social Protection strategy going to be approved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Protection Strategy</td>
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</table>

Any comments (please specify)

[Form fields for comments]
Who faces the most barriers in accessing social protection?

HIV and Social Protection Assessment Tool

Access to social protection programs excluding health financing

9. In your country, list 4 populations that are excluded in accessing social protection services (check up to 4 populations)

- People living with HIV
- Adolescent girls and young women
- Children
- Sex workers
- Pregnant women and lactating women living with HIV
- Transgender people
- Displaced people and migrants
- Men who have sex with men
- Prisoners
- People who inject drugs
- People with disabilities
- People 50 years and older

Other (please specify)
### Availability and access to social protection programs excluding health financing

<table>
<thead>
<tr>
<th>Program</th>
<th>Is the scheme operational</th>
<th>If yes, name the target population</th>
<th>What is the age group in years of target population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child grant</td>
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<tr>
<td>Scholarships</td>
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<td>Disability grant</td>
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<tr>
<td>Pensions for old people</td>
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<tr>
<td>Survivors benefits</td>
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<tr>
<td>Public Works Program</td>
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<tr>
<td>Means Tested Cash transfer programs</td>
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<tr>
<td>Other regular cash payments</td>
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<td></td>
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<tr>
<td>Housing</td>
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<tr>
<td>In School Feeding</td>
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<tr>
<td>School Block Grants</td>
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<tr>
<td>Teacher Support</td>
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<td></td>
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<tr>
<td>Other in kind support</td>
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</tbody>
</table>

Any comments (please specify)
List the most barriers people face in accessing social protection benefits.
Results from the Zambia and Kenya Pilots
Results from the Zambia Pilots

HIV relevant Social Protection

- Social Cash Transfer
- Public Welfare Assistance scheme
- School Feeding
- Food Stamps and vouchers
- GEWELS (Girls Education & Women’s Empowerment & Livelihoods Project)
- Cash plus care (Senanga, Lukulu, Lufwanyama & Itezhi-Tezhi)
- DREAMS Partnership – Lusaka, Ndola, Chingola

Estimated HIV incidence (% of 15 – 45 newly infected) by province, Zambia, 2015

- Eastern: 0.3%
- Muchinga: 0.2%
- Northern: 0.8%
- Luapula: 0.4%
- Copperbelt: 0.7%
- Southern: 0.4%
- Western: 0.5%
- North Western: 0.3%
- Central: 0.4%
- Lusaka: 0.5%
- Northern: 0.8%
- Muchinga: 0.2%
- Eastern: 0.3%
Results from the Kenya Pilot

HIV relevant Social Protection

- OVC Cash Transfer
- Food Relief
- Hunger Safety Nets
- Unconditional Transfers for older people
- Persons with severe disabilities cash transfer
- DREAMS Partnership in Homabay, Kisumu, Siaya, Nairobi
Results from the Pilots

- Ensure the right mix of the team with requisite knowledge participate in the assessment. Purposely support people living with HIV and key population particularly with logistics. Include a pull down menu that shows the different groups represented.

- Rename the categories of the social protection programmes to differentiate the them – e.g. UCT, CCT, In-kind CT, In-kind UCT, Housing subsidies etc. Include a glossary of terms to clarify the different terms be used in the tool.

- Rename to “populations who are excluded” to populations who face the most barriers since people are not excluded but face barriers in accessing social protection benefits – expand the categories of populations beyond the 12 populations included in the Gap Report.

- Describe or rename health financing into to make it clear to people who may not be conversant with health financing.
Way forward
Way Forward

- Generate high-level leadership and political commitment for effective HIV and social protection assessment. Leadership of Ministries of Health and social welfare, Planning, Finance, and NAC in conducting the assessment is essential for stronger follow-up.

- The HIV and Social Protection Assessment tool is being made available for countries to conduct assessments by December 2016. The countries interested should in collaboration with the respective UNAIDS Country Office inform UNAIDS Hq about their willingness to conduct the assessment.

- Additional detailed assessments may be needed if countries desire to collect more evidence from providers and People Living with, at risk and affected by HIV who benefit from social protection programmes.

- Use the evidence from the assessment to ensure that people living with at risk and affected by HIV benefit from social protection programmes through the entire lifespans and to strengthen existing social protection programmes.
Acknowledgement
Acknowledgement

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Selected relevant slides
Who conducts the assessment?

- The national AIDS and social protection authorities should lead the HIV and social protection assessment.

- These government bodies should be supported by a team specifically formed that includes UNAIDS Co-sponsors as represented in the UN Joint Team on AIDS.

- Specific efforts must be made to ensure that populations most affected by HIV including people living with HIV, women groups, representatives of key populations participate in the assessment.

- Care must be taken to ensure that the team is multidisciplinary and reflect the multi-sectoral nature of social protection.
Increasing evidence of the impact of social protection on HIV Prevention

Results of CAPRISA 007—KwaZul Natal, South Africa

**Design:** Matched-pair cluster-randomized controlled trial of 14 schools (n=3,217 students)

**Intervention:** Grade 9 and 10 students received cash up to approximately $175 for
- Participation in educational and skills-based youth program, Academic achievement, Annual HIV testing

**Endpoint:** Completion of community project

![Graph showing 30% reduction in incidence of HSV-2 and HIV infections](image)

Source: Quarraisha A.K. et al Impact of conditional cash incentives on HSV-2 and HIV in rural high school students in South Africa

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Increasing evidence of the impact of social protection on HIV Prevention

Results of HPTN 0068 | Mpumalanga, South Africa

**Design:** Randomised controlled trial among girls and parents in 24 villages (n=2,533 enrolled girls in grades 8-11)

**Intervention:** Parents and girls received cash up to approximately $30 conditional on ≥80% school attendance

**Endpoint:** HIV incidence and school attendance

Source: Pettifor. A et al Cash Incentive for HIV preventione2015
Projected impact of ART on 20 year old person living with HIV in high income countries

Era before highly active antiretroviral therapy (mono- and dual therapy)

Era of highly active antiretroviral therapy (triple therapy)

Potential survival gains

+80
+70
+60
+50
+40
+30
+20
+10
0
-10
-20
-30
-40
-50
-60
-70
-80

+8 years
+36 years
+45 years
+51 years
+55 years
+60 years

HIV+ 1995-1996
HIV+ 2000-2002
HIV+ 2003-2006
HIV+ 2006-2007
HIV+ 2010
HIV uninfected
Challenges in reaching the most vulnerable

Social protection missing the (20 years and above) HIV vulnerable group

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Sources: (Zambia) Micro CASH Transfer Evaluation; UNAIDS, 2013 Estimates
Challenges in reaching the most vulnerable

- Widespread impact
- Selective impact

<table>
<thead>
<tr>
<th>Country</th>
<th>% or per capita consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana LEAP (old)</td>
<td>5</td>
</tr>
<tr>
<td>Kenya CT-OVC (big)</td>
<td>10</td>
</tr>
<tr>
<td>Burkina</td>
<td>15</td>
</tr>
<tr>
<td>TAZAF</td>
<td>20</td>
</tr>
<tr>
<td>Kenya CT-OVC</td>
<td>25</td>
</tr>
<tr>
<td>RSA CSG</td>
<td>30</td>
</tr>
<tr>
<td>Lesotho CGP (base)</td>
<td>35</td>
</tr>
<tr>
<td>Ghana LEAP (current)</td>
<td>40</td>
</tr>
<tr>
<td>Kenya CT-OVC (small)</td>
<td>45</td>
</tr>
<tr>
<td>Zim (HSCT)</td>
<td>50</td>
</tr>
<tr>
<td>Zambia CGP</td>
<td>55</td>
</tr>
<tr>
<td>Zambia MCP</td>
<td>60</td>
</tr>
<tr>
<td>Malawi SCT</td>
<td>65</td>
</tr>
</tbody>
</table>

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