

Implementing Cash Transfers in the context of HIV/AIDS

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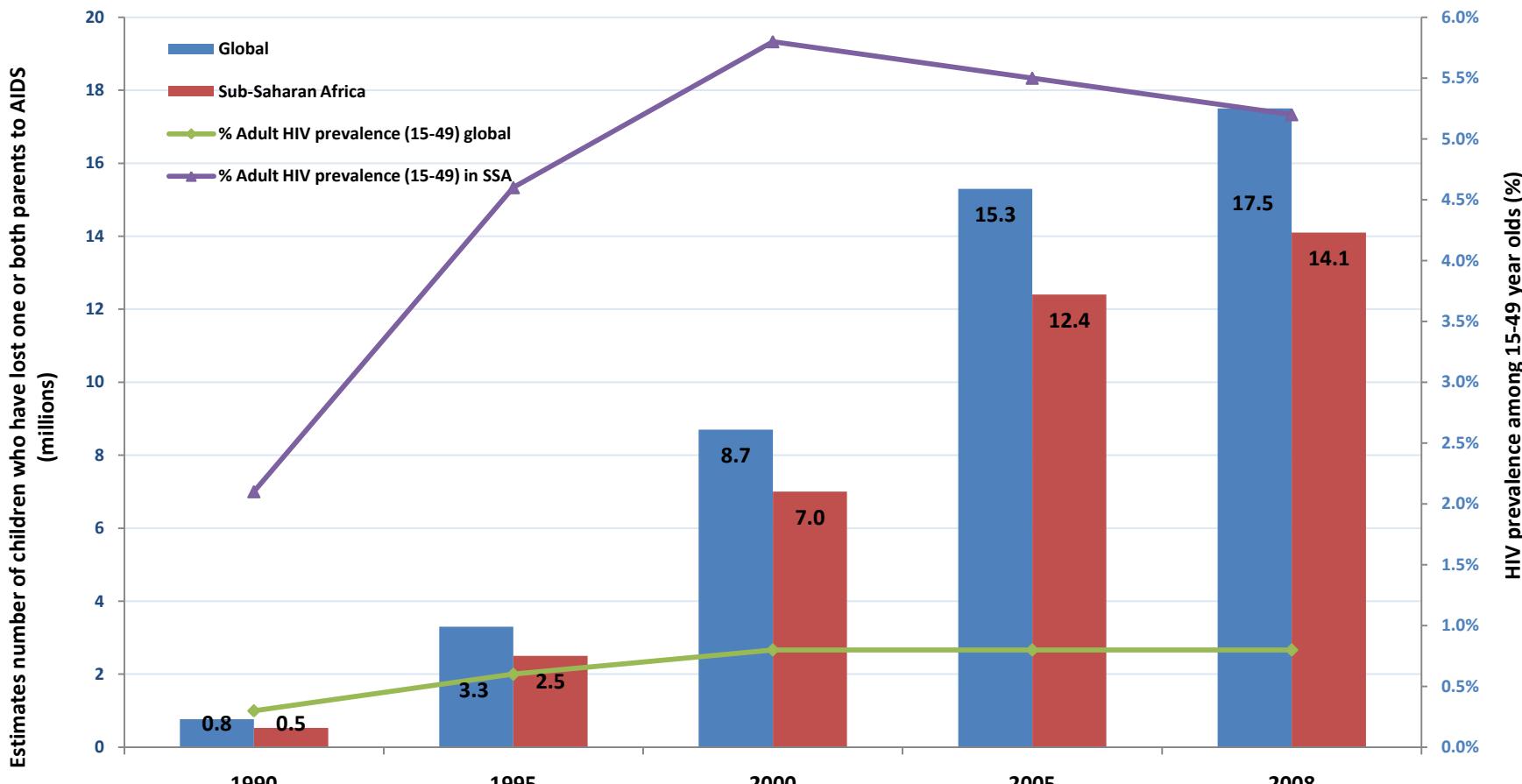
**Acknowledgements: Rachel Yates,
Jerker Edstrom, Miriam Temin, Ashu Handa**



Why look at HIV and AIDS in relation to social protection?

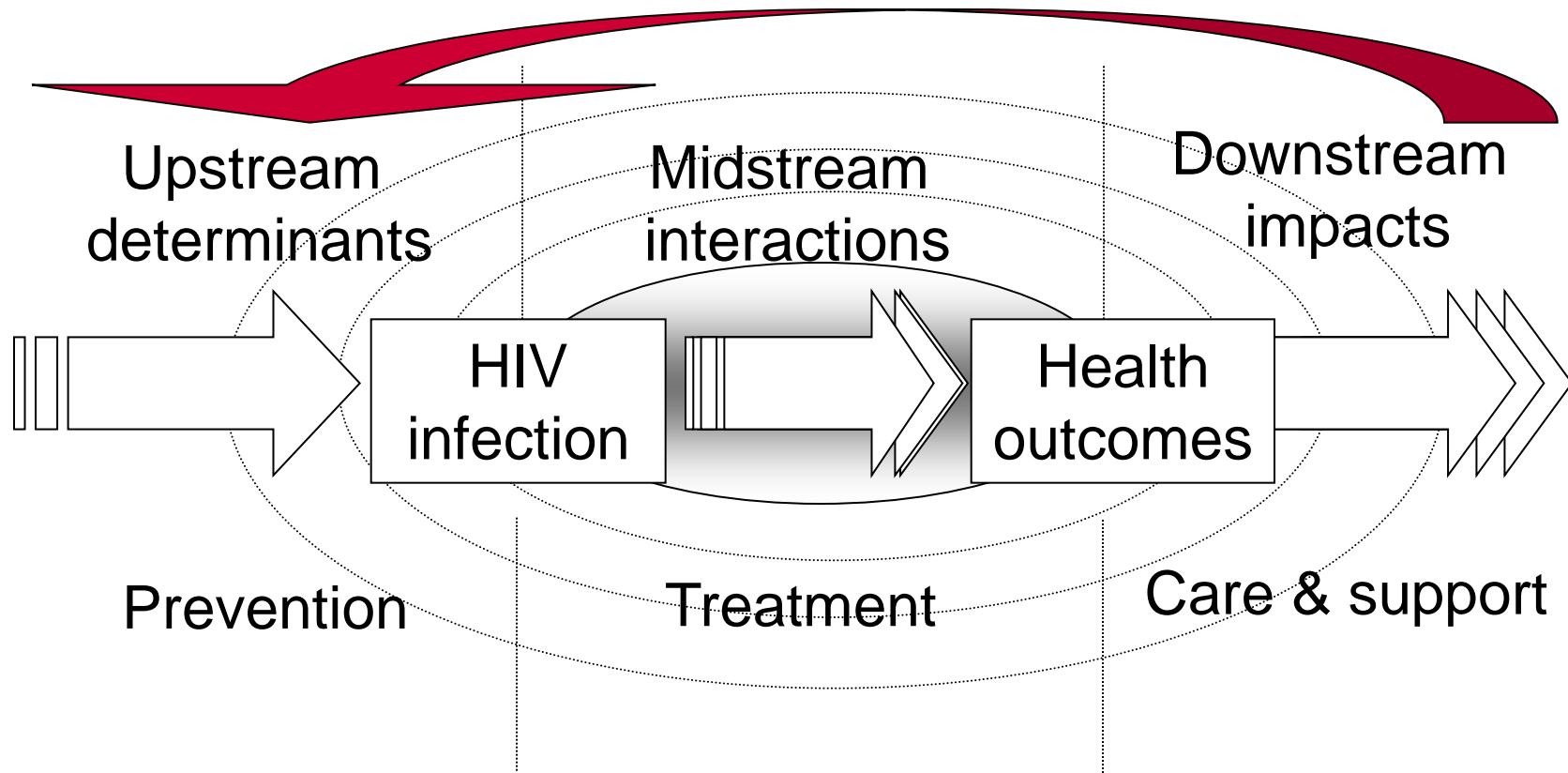
- Magnitude of impact in the region – not only in terms of infection
- HIV represents a livelihoods crisis for many
- Inequality, marginalisation and gender inequity play key roles both in
 - (a) how the epidemic operates and
 - (b) how social protection is conceived and delivered
- Social protection as a response to vulnerability and marginalisation has potential to contribute to tackling the epidemic & its impacts

Estimated number of children (0-17) who have lost one or both parents due to AIDS globally, 1990-2008



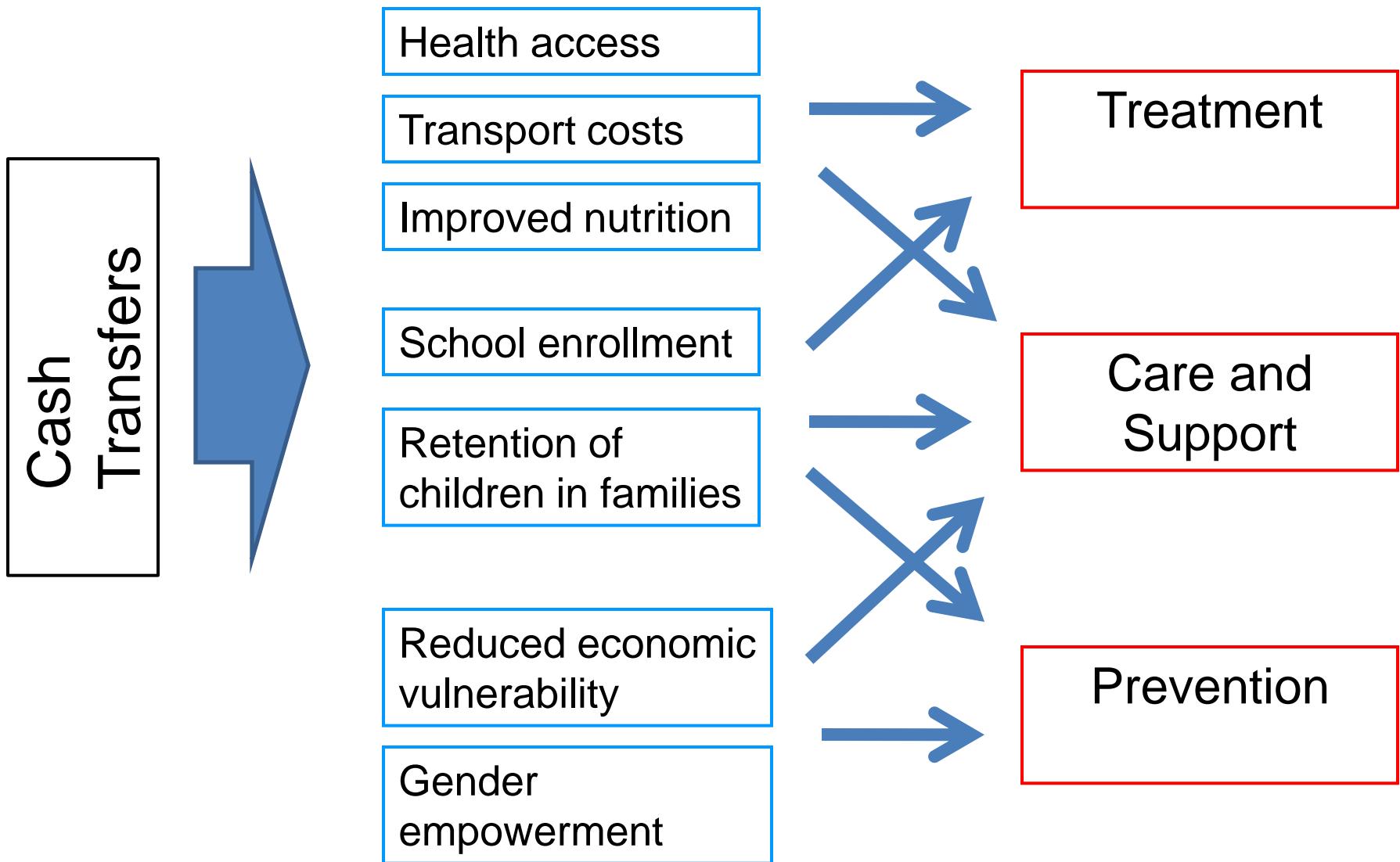
Source: UNAIDS/WHO, 2009 AIDS epidemic update

Potential of cash transfers to reduce HIV-related vulnerability



Edstrom , 2010

Impact of cash transfers on HIV/AIDS: Potential pathways



What does it mean to be HIV/AIDS sensitive in design & implementation?

- Target population & targeting method
 - HIV-inclusive vs –exclusive → issues of stigma, poverty/vulnerability relative to others
 - Infected/Affected/Carers
 - Who is vulnerable to infection?
 - Retargeting/exit strategies – current status vs. vulnerability (dynamic)
- Benefit levels – sufficient for what?
 - ARVs & health access
 - Care & Support for orphans – education & health costs, food security, clothing
 - Treatment – ARVs, health access, transport, nutrition (links to treatment adherence & effectiveness of ARVs)
- Participation & appeals processes
 - Taking into account issues of stigma and marginalization

What does it mean to be HIV/AIDS sensitive in design & implementation?

- **Linkages** - Crucial in the context of HIV/AIDS!
 - Education (prevention, care & support)
 - Health, including voluntary testing
 - Social welfare services: social/family support (e.g. survivor planning), home-based care
 - Awareness communication, life skills
- **Economic links & impacts**
 - Opportunities to take advantage of other economic/SP programmes; e.g. ‘social’ public works, productive inputs
 - HIV infected enabled to be productive longer; protecting investment in children → long-term economic benefits
- **Impact evaluation**
 - Are we reaching HIV/AIDS infected & affected – coverage?
 - What indicators do we need to include to measure impacts on HIV/AIDS prevention, treatment, care & support?

Few examples of innovation

- Zomba Cash Transfer Experiment for Adolescent Girls
 - Significant improvements in school attendance, early marriage, pregnancy, and self-reported sexual activity
 - Impacts similar in conditional/non-conditional arms
 - Amongst beneficiaries who were enrolled in school at baseline, HIV prevalence 60% lower than control group – BUT HIV data not collected at baseline
- Baird et al., 2009, World Bank, 2009/10; Ozler 2010
- Cash transfers as incentives for VCT
 - Even small incentive – 1/10 of daily wage – increased returns for results by 50%.
- Thornton R.(2006)
- Cash Transfers to Improve Adherence in HIV Treatment
 - Transfers to Cover Clinic Transportation Costs in Rural Uganda → Adherence scores significantly higher in intervention group

Emenyonu, N et al (2010)



Questions for discussion

- How has your programme addressed HIV/AIDs in design and implementation?
- Does it take into account prevention, treatment, and/or care and support?
- Are there any ways in which you think your programme could more effective in this area?
- What do you see as challenges?