



Stop Aids Alliance brief on Social Protection

Introduction

Social protection is one of Stop AIDS Alliance’s (SAA) four thematic areas. Achieving social protection for people and households affected by HIV is a critical step towards the realisation of universal access to prevention, treatment, care and support. Evidence shows that HIV-sensitive social protection can reduce vulnerability to HIV infection, improve and extend the lives of people with HIV, and support individuals and households. Social protection plays a critical role in helping people overcome the structural inequalities that drive the HIV epidemic and that serve as barriers to treatment, testing, schooling and other essential services.

Linking social protection with Universal Access outcomes: indicative instruments & populations

Adapted from Edstrom, J. IDS 2010

	HIV Prevention for those most vulnerable to HIV infection	Treatment for people living with HIV	Care & Support for people living with and affected by HIV
Financial protection • Social assistance protection for very poor • Livelihoods support for poor and vulnerable	Transfers for the very poor to support HIV prevention Income generation or micro-credit to reduce HIV risk for poor key population groups	Transfers to poor PLHIV for better HIV treatment access & adherence Economic empowerment for PLHA to prolong & improve life	Transfers to mitigate the impact of AIDS on individuals & households Income generating activities, livelihoods strengthening, micro-finance for affected
Access to affordable quality services • E.g., Social Health Protection for vulnerable	Social insurance to prevent HIV risk (social security, public finance of RH, MH & HIV prevention services etc.)	Social health protection to ensure access to health care & to prevent erosion of savings	Preventive insurance measures appropriate for those affected (pension schemes, funeral clubs etc.)
Laws, policy, regulation • Social justice for the marginalised	Legal reform, policy process, and protection regulation to reduce HIV risk (decriminalisation)	Protection of rights to health, treatment and work to improve life for PLHA (anti-discrim)	Legal protection for affected (widow’s and orphans’ property rights, birth registration etc.)

The SAA partnership aims at promoting the inclusion of HIV into key social protection policy frameworks developed by donors, governments and agencies, while also contributing to developing cross-organisational learning and best practices on HIV sensitive social protection between SAN! and the Alliance.

This briefing outlines the SAA position on HIV sensitive social protection to inform policy and decision-makers about the critical importance of HIV sensitive social protection. SAA contributed to the current international guidance¹ on HIV sensitive social protection through UNAIDS and provides further recommendations on the key elements that SAA believes need to be considered while developing policies and programmes on social protection if we are to achieve the universal access targets for HIV prevention, treatment, care and support by 2015 and beyond.

Recommendations

The Stop AIDS Alliance recommends:

1. All social protection policies and programmes need to be HIV sensitive

Social protection policy and programmes should be HIV sensitive which means including and responding to the needs of people who are at risk of being infected by HIV, those living with HIV and those affected by HIV including children, carers and key populations. Being HIV-sensitive means taking an inclusive approach in which all vulnerable groups are able to participate and benefit.

An HIV sensitive approach to social protection takes into account that the experience of poverty and vulnerability may be exacerbated by the epidemic. Those affected by HIV can be more vulnerable to disease, malnutrition, abuse and exploitation. HIV sensitive social protection recognises these different vulnerabilities within its interventions.

2. Programmes should be nationally owned and involve civil society

For social protection programmes to operate at scale and be sustained they need to be nationally owned with an emphasis on harmonisation and alignment. Civil society has an important role to play in planning, implementation, monitoring and evaluation of Social Protection Programmes, although Government is primarily responsible for National Social Protection Plans. For effective HIV sensitive social protection, it is essential to create an enabling framework for community involvement and target group participation.

Civil society can play an important role to:

- Build capacity of local government bodies that are responsible for implementation of the programmes;
- Deliver social protection interventions to those in hard to reach or especially vulnerable communities
- Ensure all stakeholders are involved in the programmes (both on national and local level) to achieve coordination and effectiveness;
- Raise awareness and mobilise communities to 'demand' entitlements;
- Facilitate beneficiary selection and hold government accountable for effective implementation;
- Monitor effectiveness and the impact of the programmes.

¹ UNAIDS (2011) HIV and Social Protection guidance note

Malawi Social Cash Transfer Programme

The Social Cash Transfer Programme in Malawi started in 2006 and runs in 7 districts. It is one of the instruments of the Malawi Social Support Policy (yet to be adopted by the government). The objectives of the Scheme are: 1) to reduce poverty, hunger and starvation in all households living in the pilot area that are ultra poor and at the same time labour constrained, and 2) to increase school enrolment and attendance of children living in the target group households and invest in their health and nutrition status.

These objectives are achieved by handing out monthly, unconditional cash transfers to the targeted households. Households with children in the school-going age also receive conditional cash transfers aimed at covering school costs. Some of the results of the Programme are: improved food security, improved health among adults and children, increased expenditure on children's schooling, reduction in child labour, significant accumulation of household and productive assets and increased agricultural production. The Social Cash Transfer Programme in Malawi is inclusive; although the programme doesn't target HIV-affected households or children, a large part of the beneficiaries (over 70%) consists of HIV-affected households and OVC.

STOP AIDS NOW! Pilot Project: Strengthening the Social Cash Transfer Programme

In 2010 four Malawian civil society organisations, with the support of STOP AIDS NOW!, ran a pilot project in Chitipa district aimed at strengthening the Social Cash Transfers Programme. The objectives of the pilot were: 1. to contribute towards improved management and implementing capacity of the district to deliver Social Cash Transfers, 2. to contribute towards improved national, district and community level commitment and support for the implementation and scale up of the Social Protection Policy and Social Cash Transfers Programme, and 3. to contribute towards improved linkages between the Social Cash Transfer Programme and other social support services. In 2011 another pilot with the same objectives was implemented in Mangochi district. In March 2012 both pilot projects were externally evaluated.

The main conclusion of the evaluation was that civil society can accelerate changes in a government-led Social Cash Transfer programme. In the two pilots in Malawi the most important change that was enabled was that beneficiaries of the Social Cash Transfer programme were linked to other social support programmes, such as Village Savings and Loans, and fertilizer subsidy programmes. This gives beneficiaries the opportunity to escape the poverty trap and offer opportunities to their children.

Other changes that were enabled by the involvement of civil society were a reduction of the time spent on the actual cash distribution, and taking away negative views on the Social Cash Transfer Programme among various stakeholders. The project also successfully advocated for a government contribution towards the otherwise donor-funded Programme. Collaboration between the various stakeholders, i.e. government (national and district level), beneficiaries and civil society, has thus resulted in a more effective and efficient Programme.

3. Programmes should include community systems strengthening

Community systems are critical in promoting access to health and social welfare. Community system strengthening is an approach that “promotes the development of informed, capable and coordinated communities and community based organisations, groups and structures”² with the aim of improving health outcomes. It builds strong links between home and community-based services, the public health and social welfare services and social protection. It is a process that directly supports the core components of community systems including: advocacy, community networks and co-ordination, resources and capacity building, community activities and service delivery; organisational and leadership strengthening; and monitoring and evaluation³.

Comprehensive social protection programmes can only be scaled up in terms of reach and service delivery if civil society and community engagement is included as an integral component. While many interventions are delivered at a national level by the state, community mobilisation is key in the promotion of access to entitlements, building demand for services and ensuring equitable targeting and inclusion. In addition a number of interventions are community-led and delivered such as home based care, community child protection, savings and credit schemes. Local innovation and learning should be incorporated well into programming to ensure effectiveness and sustainability.

Zambia: Coordinated community targeting within a social protection framework

Alliance Zambia is providing technical support to CBOs in the Copperbelt Province and working with the Ministry of Community Development and Social Services (MCDSS), to strengthen both the community’s and the government’s ability to design, implement and deliver quality, coordinated services to the most vulnerable children and families through the Public Welfare Assistance Scheme (PWAS), a social protection framework designed by the Zambian government.

Community welfare assistance committees (CWAC) and community members meet to identify and select poor households that are caring for vulnerable children using a targeting tool from the Public Welfare Assistance Scheme This approach aims to ensure non-discriminatory selection approaches that are community driven and a government-led coordinated effort for support to vulnerable children. Community members promote awareness about the scheme; ensure those eligible are accessing entitlements; create demand for grants schemes; and support and assist district officers to work directly with the community.

4. Comprehensive social protection programmes should include preventative promotive and transformative elements

Social protection programmes must be comprehensive moving beyond cash and food transfers to include preventive measures that ensure access to healthcare, prevent increased HIV risk and mitigates increased economic burden (social and health insurance measures such as pension schemes, social security, health insurance and elimination of user fees). It should also include promotive and transformative strategies through livelihoods, microfinance and savings, employment, workplace policies, care and support, legislation and civil registration that promote greater social justice.

² The Global Fund to Fight AIDS, Tuberculosis and Malaria, The Community Systems Strengthening Framework, 2010, p.

³ Ibid.

5. Social protection mechanisms should recognise and support community care and support and caregivers:

Social protection includes many but not all of the core components of comprehensive care and support. Comprehensive care and support includes clinical, psychosocial, social and economic, nutritional, legal, and human rights services, as well as family and community support that people and households affected by HIV require. HIV-sensitive social protection include the supportive elements of socio-economic, nutritional, legal and human rights support but does not cover the medical/care elements of clinical and psychosocial support.

In resource-poor communities it is often community-based care and support initiatives and caregivers who are instrumental in supporting community members to access social protection mechanisms (either directly through service delivery or through referrals). National social protection plan and programmes should actively include and support community care and support initiatives and caregivers in their planning, design, delivery and monitoring. It is also critical that social protection mechanisms are inclusive of those providing care in the community as many caregivers (both primary and secondary) are made poorer by the work they do due to lack of resources and support.

6. Social Protection must foster social justice and be fully inclusive:

While social protection is aimed at targeting the poorest, in many situations it excludes those it should aim to reach. The vulnerability of key populations such as sex workers, people who use drugs, people living with HIV, are at times not recognised. Laws and systems that criminalize and stigmatise act as barriers to entitlements and even within services individuals and their families are discriminated against and driven away from support.

Reducing vulnerability through greater social justice and inclusion, social protection has the potential to have positive impacts for key populations in accessing services and addressing economic barriers. In addition addressing legal and attitudinal barriers through decriminalisation allowing sex workers, men who have sex with men, people who use drugs and their families to claim their rights to health for themselves and their families, to access services and participate in society.

CHAHA

CHAHA is a Global Fund programme implemented by Alliance India in four states reaching 64,000 children. The programme worked with families affected by HIV and key success was the linking of vulnerable families to national government social welfare services including widows' pensions; ration cards; nutritional services for under-fives income generation support; and guaranteed employment schemes.

The project also developed a directory of essential services and government schemes and families were supported to access these by the project's 350 outreach workers, who also help them with registration and grant collection. Despite this increase in access to entitlements there were programme clients that experience of stigma within the social welfare system.

A female member of the support group in Pune who is living with HIV and a mother of 2 children reported her experience of accessing her widow's pension. Having been recently widowed; her husband's family threw her out of the family home and seized the family ration card. Outreach workers from the programme helped the family access emergency shelter, HIV testing and treatment for the children, and other cash and food support. They also helped her access her national social welfare entitlements, the main support being the widow's pension. However, when visiting the office to pick up her payment, the officer removed half as his "payment" for supporting her application. He also announced her HIV status to a waiting room full of people. The distressed caused by this discrimination has made her feel unable to return to this office and access her benefits again