



HIV-SENSITIVE SOCIAL PROTECTION:

WITH FOCUS ON CREATING LINKAGES BETWEEN SOCIAL CASH TRANSFER PROGRAMMES AND HIV SERVICES

Eastern and Southern Africa carries the global burden of HIV/AIDS and the impact on children, adolescents and their families is tremendous. UNICEF advocates for an HIV response that effectively focuses on the needs of children, adolescents and pregnant women and integrates HIV responses across sectors, including social protection.

Social cash transfer programmes address the structural drivers of HIV, including social and economic inequalities, thereby reducing risky sexual behaviour among adolescents and improving access to healthcare. When social cash transfers are combined with interventions such as adolescent-sensitive clinical care, the effects on HIV prevention, mitigation and adherence to treatment can become even greater.

In light of this, UNICEF conceived an intervention, aiming to strengthen the linkages between HIV services and national social protection programmes. The focus of the programme is on families with children and adolescents, vulnerable to, or affected by HIV and AIDS. The programme, funded by the Government of the Netherlands, is now being implemented in Malawi, Mozambique, Zambia and Zimbabwe in close collaboration with national, provincial and district level governments.

IMPORTANT ASPECTS OF PROGRAMMES LINKING SOCIAL CASH TRANSFER PROGRAMMES WITH HIV SERVICES:

- **Capacity strengthening:** Training of community volunteers/workers to be better able to provide information about sexual and reproductive health and HIV to adolescents in cash transfer households.
- **Referrals for additional social services:** Outreach to cash transfer households by community workers to assess the needs of the household members and refer them to available health (and other social) services.
- **Awareness building:** Targeted outreach to adolescents in social cash transfer households by trained community social welfare volunteers to promote adolescent-responsive sexual and reproductive health services at local health centres; and use of cash transfer pay points to provide HIV-related information and services.
- **Strengthening existing services:** Improve the availability of adolescent friendly health services.

DESIGN OF PROGRAMMES LINKING CASH TRANSFER BENEFICIARIES TO HIV SERVICES IN THE FOUR COUNTRIES:

Malawi - Development of a “Linkages and Referral” programme

To address multi-level vulnerabilities in Malawi, the Government of Malawi introduced a “Linkages and Referral” programme linking individuals in social cash transfer households to additional services, including HIV-related services. The linkages and referral system includes three components:

1. Identifying the availability, capacity and willingness of service providers to participate in the programme;
2. Home visits to households included in the programme to identify the needs of beneficiaries and refer them to the appropriate services;
3. Monitoring of the referrals where both service seekers and service providers fill in a quality survey to assess the satisfaction and performance of the received service.

Mozambique – Providing information and services through social action fairs

In Mozambique, activities focused on strengthening the social protection system through supporting the development of the newly adopted National Basic Social Security Strategy for 2016-2024 (ENSSB II) and its Operational Plan 2017-2019. Moreover, investments have been made towards strengthening a community-based case management system able to link vulnerable children and their families (including social protection beneficiaries) to available health and social services. Finally, linkages between social protection and HIV have been created through the organization of so-called health and social action fairs providing social services (including HIV counseling and testing) at site and to communities and members of social protection beneficiary households in 10 targeted districts.

Zambia - Creating demand for HIV services while improving the availability of services

In Zambia, the demand for HIV services is being strengthened through community volunteers who target adolescents in households receiving cash transfers. The availability of adolescent friendly services is improved through increased capacity of health workers and peer educators to provide adolescent-responsive HIV and sexual and reproductive health services. In addition, adolescent friendly spaces have been created at health centers where peer educators provide adolescents with sexual and reproductive health information (including HIV), free condoms and referrals to on-site voluntary counseling and testing for HIV.

Zimbabwe – Providing support to adolescents and care-givers affected by HIV

In Zimbabwe, children from households included in the Harmonized Social Cash Transfer (HSCT) Programme receive child protection and welfare services. Trained community peer support volunteers known as Community Adolescent Treatment Supporters (CATS), help identify adolescents living with HIV, support them cope with HIV-status, facilitate clinical referrals, offer psychosocial support and support adherence to treatment. The cash transfers pay-point is used as a point of information provision, identification and referral for services, reaching both cash transfers beneficiary households and the wider community. Health service providers also identify cases that may require peer support and refer for them to CATS for ongoing community level support. The model includes cross referrals between the health sector and the social welfare sector for child protection and welfare related support.

LESSONS LEARNED

- **Ensure the basics of a cash transfer programme is in place first:** Before linking social cash transfer beneficiaries to additional services, it is important that the basics of the cash transfer programme itself is working. Additional components or linkages should be added when the cash transfer programme is well established.
- **Clear roles and responsibilities:** Accountabilities of implementing ministries need to be formalized to improve management of resources and activity implementation at the district level. While working across sectors provide many advantages it also becomes more important that the responsibilities of the different actors are clearly defined.
- **Embedded structures:** Government leadership and coordination at national and sub-national levels aligning the initiative within current structures rather than as a “project” outside the ministries work is needed to ensure sustainability and inclusion of linkages programmes in the current social protection systems.
- **Adaptive programme design:** When developing a linkages programme, it is important to ensure there is flexibility in the design to allow for improvement based on lessons learned.
- **Strengthening capacity:** Capacity development and empowerment of government teams, from community and district workers to decision makers, to improve the understanding of social protection and the needs of children and adolescents in beneficiary households, is crucial.



Ministry of Foreign Affairs of the Netherlands



For further information on the initiative to expand and scale up HIV-sensitive social protection in Malawi, Mozambique, Zambia and Zimbabwe, please contact: Pamela Dale, Social Policy Specialist, UNICEF Regional Office for Eastern and Southern Africa pdale@unicef.org, or Anurita Bains, Regional Advisor HIV/AIDS, UNICEF Regional Office for Eastern and Southern Africa, abains@unicef.org.

http://www.unicef.org/esaro/5482_HIV_AIDS.html

https://www.unicef.org/esaro/5483_social_protection.html

MALAWI:
Key Statistics



Population
16,833,000¹



Population <18yrs
53%¹



**HIV prevalence rate
(15–49 years)**
9.2%²



**HIV prevalence (15–24
years) (male/female)**
2.2% / 4.5%²



**Knowledge about HIV
prevention among young
people aged 15-24**
79.3%²



**New annual HIV infections
(all ages)**
36,000²



**Population below national
poverty line**
50.7%³



**Multidimensional child
poverty**
63%⁴



**Number of Social Cash
Transfer Programme (SCTP)
beneficiaries**
758,000⁵



**Percentage of SCTP
beneficiaries that are
children**
59%⁵



© UNICEF/Zambia 2016/Schembrucker

HIV-sensitive Social Protection in Malawi:

Providing support through **social cash transfers** and linking beneficiaries to additional services, with a focus on **adolescents**

KEY MESSAGES:

- The Social Cash Transfer Programme in Malawi is reaching poor households affected by HIV through targeting ultra-poor and labour constrained households.
- Cash alone is not enough to address the multiple needs of poor families in Malawi. By providing information and referring beneficiaries to additional services through the newly designed linkages and referral system, some of these needs can be met.
- Adolescent girls in households benefiting from social cash transfers have a reduced HIV risk through delayed sexual debut.
- Availability and access of adolescents to sexual and reproductive health and HIV services has been improved through community outreach activities in

Eastern and Southern Africa carries the global burden of HIV/AIDS and the impact on children, adolescents and their families is tremendous. Social cash transfer programmes address some of the structural drivers of HIV, including social and economic inequalities, reducing risky sexual behaviour among adolescents and improving access to healthcare. When social cash transfers are combined with interventions such as adolescent-sensitive

care, the effects on HIV prevention, mitigation and adherence to treatment can become even greater.

In light of this, UNICEF conceived an intervention, aiming to strengthen the linkages between HIV services and national social protection programmes. The focus of the programme is on families with children and adolescents, vulnerable to, or affected by HIV and

Sources:

1 National Statistical Office of Malawi 2016

2 UNAIDS estimate 2016

3 Integrated Household Survey 2010

4 Malawi Child Poverty Report 2016

5 Malawi Social Cash Transfer Programme management information system March 2018

AIDS. The programme, funded by the Government of the Netherlands, is now being implemented in Malawi, Mozambique, Zambia and Zimbabwe in close collaboration with national, provincial and district level governments.

HIV and Social Protection in Malawi

In Malawi, an estimated 1 million people are living with HIV.¹ Adolescent girls and young women are among those bearing the highest burden of the epidemic. Prevalence among young women is 4.5 per cent while prevalence among young men is 2.2 per cent.

Malawi has had a social protection policy since 2012, with a flagship Social Cash Transfer Programme (SCTP). The SCTP is currently reaching over 177,000 households which equals approximately 758,000 individuals in 18 of the 28 districts in the country.

The SCTP targets households that are ultra-poor and at the same time labour constrained. This typically includes: households that are headed by elderly grandparents taking care of their orphaned grandchildren; households with chronically ill members; and child headed households. While HIV status is not a specific criterion for inclusion in the SCTP, the programme criteria ensure that poor households affected by HIV are included.

A longitudinal impact evaluation of the SCTP showed that the programme led to delayed sexual debut and delayed first pregnancy for females in poor households in addition to reducing some risky sexual behaviours and a reduction in outcomes such as forced sex and age-disparate sex.

The SCTP Linkage and Referral System

To address multi-level vulnerabilities in Malawi, the Government of Malawi introduced a linkages and referral system, connecting individuals in social cash transfer households to additional services. The linkage and referral system was designed with recognition that cash alone is not enough to address the multiple and varied vulnerabilities and exclusions that poor households face. Household members also require access to additional services such as health, nutrition, HIV-related services and education for children.

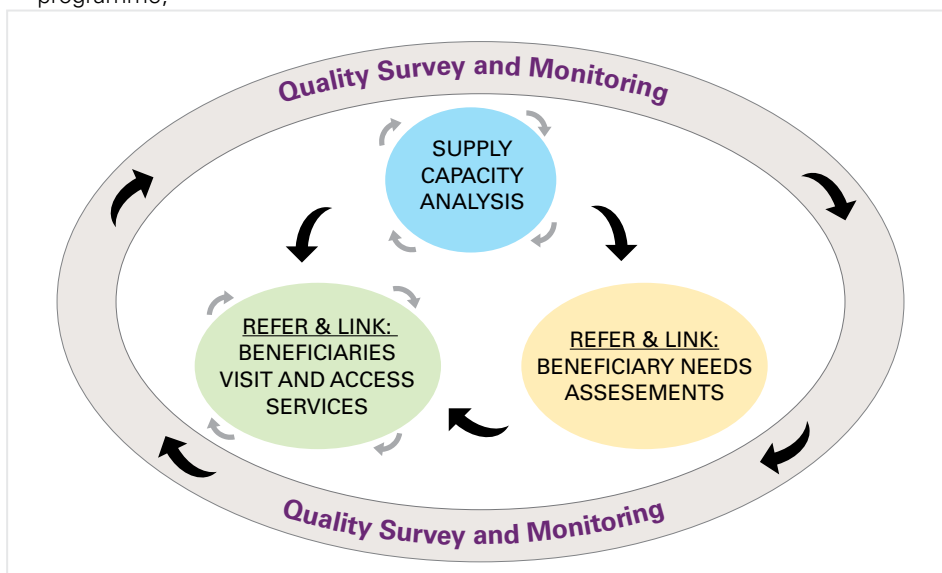
The linkages and referral system includes three components:

1. Supply Capacity Analysis: Identifying the availability, capacity and willingness of service providers to participate in the programme;

2. Refer and Link: Home visits to households included in the programme to identify the needs of beneficiaries and refer them to the appropriate services;

3. Quality Survey and Monitoring: Monitoring of the referrals where both service seekers and service providers complete a quality survey to assess the satisfaction and performance of the received service.

The linkage and referral system has been designed and implemented in eight of the SCTP districts. A total of 5,157 services have been mapped and 1,870 government staff have been trained to make linkages and referrals for SCTP beneficiaries. To date, over 15,000 referrals of cash transfer beneficiaries have been made including 2,832 referrals to education services and 1,788 referrals to health services, including HIV and sexual and reproductive health (SRH) services for children.



Serving Underserved Youth and Adolescents

The availability of HIV services for adolescents is limited, restricting the possibility for referrals. To strengthen the availability and access of SRH and HIV services UNICEF has partnered with the Family Planning Association of Malawi (FPAM), a local non-governmental organization, to provide SRH and HIV and AIDS information and services to adolescents including those benefitting from the SCTP in five districts.

Cynthia Chikoya, District Manager for FPAM in Dedza, explains that youth make up the largest proportion of Malawi's

population (53 per cent of Malawi's population is below the age of 18 years) and most of them live in rural areas, yet 58.9 per cent of young people do not have comprehensive HIV knowledge. It is also apparent that the poorest in the nation are most affected by HIV and bear the brunt of the disease due to a lack of resources, limited choices and an inability to control their fortune.

FPAM provides SRH services through specially designed Youth Life Centres and community-based outreach and mobile clinics, focusing on hard to reach and

underserved communities, who typically do not have access to such facilities if they are not delivered close to where they live. The outreach sites are located throughout a district, close to secondary schools and communities.

Through sports, games and outreach services, 300,000 adolescents have been targeted to receive HIV and AIDS information and services including HIV testing and counselling, family planning services, and screening and treatment for sexually transmitted infections.



Lorraine and her mother Consolata have been in the Social Cash Transfer Programme since 2015. © UNICEF Malawi/2018/Amanda Sefu

Lorraine's story

Lorraine Jasteni is a confident 17-year-old. The glint in her deep brown eyes shows she is a very determined girl. "I am going to be an English teacher or a doctor, I haven't decided yet," she says. Lorraine is one of over 50 young people gathered at Msesa school football ground in Dedza district, Malawi. FPAM, a UNICEF partner, has pitched a mobile clinic there for the day. Lorraine and the others sit on wooden benches, the sun shining, waiting patiently for their turn to access the free SRH services being provided.

Lorraine says she really enjoys her English class but she is also very enthusiastic about science subjects and performs very well in mathematics. "I have written my standard 8 (primary school leaving) examinations this year and I am waiting to get the results to find out if I made it into secondary school," she says.

Lorraine is the second-born child in a family of three, she has an older sister who is sickly and a younger brother. She lives with her mother who earns a living growing tomatoes and other vegetables which she sells at the local market. Lorraine doesn't remember her father, he left when she was very young.

Being older than her brother and physically stronger than her older sister, Lorraine is responsible for a lot of chores around the house. Every morning she wakes up, prepares her brother for school, makes sure he takes his bath and eats his breakfast, if food is available. Once he is off to school, she joins her mother in tending to the vegetable garden where they work until noon, at which time Lorraine returns home and prepares lunch for the family.

In the afternoon, when most of the chores are completed, Lorraine catches up with her friends and they walk a few kilometres to the borehole to get drinking water, "we always walk in a group because it is more fun that way" she says.

Consolata, Lorraine's mother relies on her daughter to take care of her siblings while she runs the vegetable business to provide for them. The family is one of over 15,000 families in Dedza district that benefit from the Government of Malawi's



Lorraine drawing water from the borehole. 462,628 children directly benefit from the SCTP across Malawi. © UNICEF Malawi/2018/Amanda Sefu

SCTP, locally known as Mtukula Pakhomo. Lorraine's family receives MK7,200 (about US\$10) every month to enable them to meet their basic daily needs.

"At the end of 2017 I fell very ill and I was bed-ridden for almost two months. During that time, my mother had to stop her business to take care of me. I went to the hospital many times, but the doctors could not determine what was wrong with me, it scared me a lot because I started to wonder if I might be HIV positive," narrates Lorraine. "Once I got better, I decided to get tested so I would know

for sure what was happening in my body. I had to walk a long way to the nearest health centre the first time I got tested. The test came out negative, but you know they always tell you that you need to come back after three months. That is why I am here today to get my second test."

Lorraine feels that it is important for her to know her HIV status because she will then know how to take care of herself and can remain strong enough to look after her siblings and help her mother, "when I got sick I could not care for them and neither

could my mother because she had to take care of me," she says.

The partnership between UNICEF and FPAM will enable young people like Lorraine to access SRH services so they can make informed decisions about their sexual activities and protect their health.



Cynthia addressing the youth at Msesa School outreach site. © UNICEF Malawi/2018/Amanda Sefu

For further information, please contact:

Johannes Wedenig
Representative
jwedenig@unicef.org
UNICEF Malawi



unicef 
for every child

MOZAMBIQUE:
Key Statistics



Population
28,861,863¹



Population <18yrs
48.1%¹



**HIV prevalence rate
(15–49 years)**
12.3%²



**HIV prevalence (15–24
years) (male/female)**
2.8% / 4.6%²



**Knowledge about HIV
prevention among young
people aged 15–24**
34.9%²



**New annual HIV infections
(all ages)**
83,000²



**Population below national
poverty line**
46.1%⁴



**Multidimensional child
poverty**
46.3%⁵



**Number of Social Cash
Transfer Programme (SCTP)
beneficiaries**
371,419



© UNICEF/Mozambique

HIV-sensitive Social Protection in Mozambique: Strengthening systems for a comprehensive response to the needs of vulnerable children

KEY MESSAGES:

- Current social protection programmes are reaching poor families affected by HIV through in-kind food assistance targeting chronically ill and orphaned children; cash transfers targeting the elderly often with orphans and vulnerable children; and public works programmes implemented in areas with high HIV prevalence.
- Under the new social protection strategy 2016–2024, social cash transfers in Mozambique will be expanded to also cover children aged 0–2 years, orphaned children in poor and vulnerable households and child headed households.
- UNICEF is working with the Government of Mozambique to strengthen the social protection and child protection systems to more effectively respond to the needs of vulnerable children.
- HIV and sexual and reproductive health information and services are being

Eastern and Southern Africa carries the global burden of HIV/AIDS and the impact on children, adolescents and their families is tremendous. Social cash transfer programmes address some of the structural drivers of HIV, including social and economic inequalities, reducing risky sexual behaviour among adolescents and improving access to healthcare. When social cash transfers are combined with interventions such as adolescent-sensitive care, the effects on HIV prevention, mitigation and adherence to treatment can become even greater.

In light of this, UNICEF conceived an intervention, aiming to strengthen the linkages between HIV services and national social protection programmes. The focus of the programme is on families with children and adolescents, vulnerable to, or affected by HIV and AIDS. The programme, funded by the Government of the Netherlands, is now being implemented in Malawi, Mozambique, Zambia and Zimbabwe in close collaboration with national, provincial and district level governments.

Sources:
1 2017 demographic census
2 UNAIDS estimates 2016
3 DHS 2011
4 World Bank 2015
5 UNICEF 2017

HIV and Social Protection in Mozambique

In Mozambique, an estimated 1.8 million people live with HIV,¹ of which 200,000 are children aged 0–14 years. In addition, about 1.2 million children (aged 0–17 years) are orphaned due to HIV/AIDS.² Young people aged 15–24 years accounted for 34.5 per cent of all new infections in 2016, with females in this age cohort accounting for 21.2 per cent of all new cases.³ The high incidence and prevalence of HIV/AIDS among adolescent girls and young women, combined with early sexual debut, and correlations between economic insecurity and transactional sex, make adolescent girls and young women a priority population for HIV prevention in Mozambique.

Current social protection programmes in Mozambique include social cash transfers, emergency in-kind assistance, public works and social welfare services. The social cash transfer programme currently has 371,419 beneficiaries. Under the new National Basic Social Security Strategy 2016–2024 (ENSSB II) a child grant component has been introduced as part of the social cash transfer programme. The child grant has three target groups: children aged 0–2 years; orphaned children in poor and vulnerable households and children in child headed households. The age 0–2 years grant will be piloted in four districts starting 2018 and introduces the cash and care model to address vulnerabilities and social risks.

The targeting criteria under the current social protection programmes include HIV-related features: The social cash transfer programme targets elderly-headed households, often with orphans and vulnerable children; the in-kind assistance programme covers chronically ill and orphaned children with food assistance; the public works programme is targets the poor, including in regions with high HIV incidence rates; the cash and care model considers households living with, at risk of, or affected by HIV as a key target group.



Providing services with a focus on systems strengthening

UNICEF together with the Government of Mozambique have focused on three interrelated areas of work which aim to expand coverage of social protection to vulnerable children and improve access to health and social welfare services. These are:

- Support to the development of ENSSB II and to the design and testing of new social protection programmes, including with an HIV-sensitive lens.
- Development of an integrated HIV-

sensitive case management system to improve poor and vulnerable children's access to social services, and to prevent and respond to child protection risks through active and informed involvement of community committees and statutory services.

- Targeting community members and members of social protection beneficiary households with improved knowledge on issues such as HIV

prevention, prevention of mother-to-child transmission of HIV (PMTCT), sexual and reproductive health and family planning, and access to HIV counseling and testing services through health and social services fairs. The community is mobilized by activists from Programa Geracao Biz (a nationwide programme on adolescent and youth HIV prevention and sexual and reproductive health) and civil society organizations involved in HIV

1 UNAIDS 2016 estimates

2 ibid

3 IMASIDA 2015



Luzina's story

Exhausted from the heat and the long walk, 24 year old Luzina had returned home from the village well, carrying a heavy jerry can on her head, her 11-month-old baby girl who she carried on her back was crying, demanding to be fed. Luzina was just starting a fire to cook for her sons and her husband who was still out catching crayfish to be sold at the local fish market, when suddenly a young man in a white polo shirt knocked on the door.

Twenty-nine-year-old Mussa introduced himself as a community health volunteer and asked if he could talk with Luzina for a moment about HIV. Given that her hungry family was waiting she was rather annoyed by his presence and thought his visit unimportant. Her husband had told her that this 'AIDS stuff' is nothing to worry about and so Luzina had always left it to him to take care of these things. Luzina escorted the young man out, but immediately he had left, she had regrets. Actually, Mussa had been very friendly and seemed to be competent and genuinely cared for her well-being. He had urged that she also had a right to know more about her health and sexuality and had invited her to a health fair in Moma town on Saturday. A 6 km walk would

be very exhausting, she thought, but her curiosity was aroused.

The next day at the well again, she met her neighbour and best friend Lina who is four years older and has always been a mentor to her, giving her good advice - be it about the birth and upbringing of her children or with personal problems. Apparently, the young man had also visited Lina who was now very motivated to go to the fair and insisted Luzina accompany her. Lina told Luzina how dangerous an HIV infection can be and that her 20-year-old brother had died from HIV/AIDS when Lina was only 17 years old. Ever since, Lina had taken an HIV test every year – she told Luzina there are ways to protect oneself and that Luzina should come and learn about these things. The fair was also announced on the local radio, saying there was even an opportunity to register the births of children at the fair which would allow Luzina's loved ones to access services like health care and basic education.

When Saturday finally arrived, Lina knocked very early on Luzina's door. Together with their children they walked the long way to Moma town. In the

market place there was dancing and music and already hundreds of people had gathered. The visit was a welcome change from the hard daily routine in the country side and Luzina thought to herself how much she liked this community spirit. Everybody had gathered, motivated and with a smile on their faces to tackle a common problem together.

The registration of the children was easy. After filling out some forms, the two women received birth certificates for their children. Only a piece of paper, but it would make such a difference to the lives of their young ones. At the next stall were young people who explained how to avoid risky sexual behaviours and protect oneself from an HIV infection by using condoms. Luzina said that she would never had thought that she could speak so openly about such things, but since the counsellors were her age, she didn't feel intimidated or ashamed at all. It felt like talking to one of her friends.

Next Luzina went for the blood test. Now that she had learned how dangerous HIV can be, she was a little worried. At the same time she had learned that the infection can be treated with drugs, so

it would be better to know the results to protect herself and her family.

While she disappeared into the doctor's tent, Alfa, the organizer of the fair and manager of the non-governmental organization Ophavela walked around the market place and gave instructions to the different service providers. Like most service providers he had spent seven hours on bumpy dirt roads coming from Nampula to reach this remote location in Northern Mozambique, but Alfa knew that the difficult logistics were worth the effort: "Health fairs give us a good opportunity to deliver services to the most disadvantaged people who often have no

access to these services, either because of distances or because of long waiting time. People are living a hard life out here and bringing different services together in one big community fair motivates folks to come and get things done in one joint effort."

Later Alfa explained that more than 200 people had profited from the birth registration, counselling and testing that day. Luckily only one person had been tested HIV positive who was referred for antiretroviral drug treatment. The individual's partner and family would also be tested and the whole village community would receive awareness

training to avoid stigmatization and exclusion.

Lina and Luzina walked home, a bit exhausted from the exciting day but happy knowing that they had achieved so much for the well-being of their families.

"If it hadn't been for you, the whole community and all the friendly volunteers, I think I would never have had the energy and time to register my children and get HIV preventive counselling and testing done." said Luzina as she kissed her friend good-night at the door.



For further information on HIV-sensitive social protection in Mozambique, please contact:

Marcoluigi Corsi, Representative
mcorsi@unicef.org
UNICEF Mozambique



unicef 
for every child

ZIMBABWE:
Key Statistics



Population
13,061,239¹



Population <18yrs
41%¹



**HIV prevalence rate
(15–49 years)**
13.5%²



**HIV prevalence (15–24
years) (male/female)**
2.8% / 5.7%



**Knowledge about HIV
prevention among young
people aged 15-24**
46.5%³



**New annual HIV infections
(all ages)**
40,000²



**Population below national
poverty line**
72.3%⁴



**Multidimensional child
poverty**
59.6%⁵



**Number of Social Cash
Transfer Programme (SCTP)
beneficiaries**
64,035



**Percentage of HSCT
beneficiaries that are
children**
47%



© UNICEF/Zimbabwe

HIV-sensitive Social Protection in Zimbabwe:

Providing support to adolescents in cash transfer households through a holistic approach

KEY MESSAGES:

- The harmonized social cash transfer (HSCT) programme is reaching labour constrained and food poor households in Zimbabwe, typically including households affected by HIV.
- The HSCT reduces HIV risk behaviour by delaying sexual debut and increasing age at first sex among adolescents in households benefiting from the programme.
- HSCT pay points are used to provide information, identify and refer children to child protection, legal, disability and HIV services, strengthening the links between social protection and additional social services and increasing uptake of services by HSCT household members and their communities.
- Community adolescent treatment supporters (CATS) are available both at the HSCT pay points and in communities, providing support to HIV-positive adolescents and providing information on HIV-prevention, treatment adherence

Eastern and Southern Africa carries the global burden of HIV/AIDS and the impact on children, adolescents and their families is tremendous. Social cash transfer programmes address some of the structural drivers of HIV, including social and economic inequalities, reducing risky sexual behaviour among adolescents and improving access to healthcare. When

social cash transfers are combined with interventions such as adolescent-sensitive care, the effects on HIV prevention, mitigation and adherence to treatment can become even greater.

In light of this, UNICEF conceived an intervention, aiming to strengthen the linkages between HIV services and

Sources:

- 1 Zimbabwe Population Census 2012
- 2 UNAIDS 2016
- 3 2015 Behavioural Surveillance Survey
- 4 World Bank 2011
- 5 UNICEF Zimbabwe 2016

national social protection programmes. The focus of the programme is on families with children and adolescents, vulnerable to, or affected by HIV and AIDS. The programme, funded by the Government of the Netherlands, is now being implemented in Malawi, Mozambique, Zambia and Zimbabwe in close collaboration with national, provincial and district level governments.

HIV and Social Protection in Zimbabwe

Significant progress has been made: since 2010, new HIV infections have decreased by 49 per cent and AIDS-related deaths have decreased by 45 per cent.¹ Several factors have contributed to these important achievements, including reduced risky sexual behaviour, increased use of condoms and scale-up of the national HIV treatment programme.

In Zimbabwe, the National Action Plan for Orphans and Vulnerable Children phase three (NAP III), is guiding programming

for children infected and affected by HIV, addressing the impact of HIV focusing on both prevention and response for the most vulnerable children. Through NAP III, the harmonized social cash transfer (HSCT) programme is responding to the economic needs of labour constrained and food insecure households. The HSCT is the flagship social assistance programme in Zimbabwe reaching 23 of the 65 districts in the country. The National Case Management System (NCMS) is

likewise the flagship programme of child protection and child safe guarding and has been rolled out nationally, led and coordinated by the Ministry of Labour and Social Welfare's Child Welfare and Protection Services Department. The NCMS is implemented in partnership with civil society organizations which provide specialist services for children.

Providing support to adolescents and care-givers affected by HIV

To improve access to additional social services for HSCT beneficiaries, a cash plus care (cash+) model has been developed so that pay points are used to identify children in need of child protection, health, education, birth registration, legal assistance, disability related assistance and HIV services and to link them with the appropriate services through the NCMS. When beneficiaries come to collect their cash, service providers, community case workers and community adolescent treatment supporters (CATS) provide information, identify children in need of support and conduct referrals, reaching both cash transfer beneficiary households and the wider community. The model includes cross referrals between the health sector and the social welfare sector and legal services.

CATS are trained community adolescents peer support volunteers who help identify adolescents living with HIV, support them to cope with HIV-status, conduct home visits and facilitate clinical referrals, offer psychosocial support and support adherence to HIV treatment. The Government of Zimbabwe has adopted



the Zvandiri model, which is currently being rolled out nationally and which provides HIV care services through peer support, facilitated by the CATS, with active participation and support from families and communities. To further improve the quality of services, service

providers are trained to manage and support children and adolescents to ensure that the services provided are sensitive to their needs. The main aims are to retain adolescents in care of HIV, improve adherence to treatment and reduce HIV-related deaths.

Kimo's Story: Mudzi Kids Help Peers in Fight Against HIV

Tears well up in Kimo's* eyes as she recalls the day her aunt threw her out of her home in Mudzi district condemning her to an early marriage that left her infected with HIV. "I was late coming home one day, and my aunt chased me out of the house and told me to go back to my boyfriend," she explains. "After my uncle sided with my aunt I had nowhere else to go so I went back to my boyfriend's house."

As a result, the 18-year-old found herself hastily married to a man she hardly knew, thus starting a journey that left her HIV positive and divorced within the space of six months.

"To make matters worse, soon after being diagnosed with HIV I discovered my husband had been taking antiretroviral drugs behind my back. I was devastated," Kimo says, "but I have moved on now and all I want is to help others."

Kimo is now one of the CATS, a volunteer group of young people who are living positively with HIV and who assist other young people who are HIV positive. In 2017 UNICEF supported Africaid to rollout the Zvandiri programme to seven new districts, including Mudzi district where a total of 19 CATS were trained.

With funding and technical support from UNICEF, Africaid's role has centered on training and mentorship of provincial and district level Social Welfare and Protection Officers on HIV-sensitive case management, as well as linking CATS and Case Care Workers. Significant advances have been noted by the Ministry of Labour and Social Welfare, Ministry of Health and Child Care and UNICEF in terms of

© UNICEF/Zimbabwe



identification, referral and management of children and adolescents with HIV in need of child protection services.

To improve access, efficiency and effectiveness of these services, Zvandiri recently introduced the Zvandiri Mobile Database Application (ZVAMODA), which is a mobile management information system developed by Africaid to track the progress of each child, adolescent and young person registered in the Zvandiri programme. The digital application allows CATS and their Zvandiri mentors to enter real-time data, collected during every contact with a client. It is also used for sending HIV treatment adherence and clinic visit reminders and providing e-mentorship to individual CATS in different locations.

By integrating child protection into social protection through the implementation and design of the cash+ intervention, CATS link the targeted population to other social protection programmes that address negative coping strategies that put adolescents at risk of protection violations, as well as to community-based models to promote adherence to antiretroviral treatment, retention in HIV care and reduced HIV transmission.

"My life may not have turned out the way I had hoped and dreamt, but I am still young and I am grateful that I now have a purpose and I can help other young people live a fulfilled life," says Kimo. "Living with HIV is no longer a death sentence and I look forward to a bright future."

**Name withheld to protect their identity*

For further information on HIV-sensitive social protection in Zimbabwe, please contact:

Dr. Mohamed Ayoya,
Representative
mayoya@unicef.org
UNICEF Zimbabwe

Jolanda Van Westering,
Chief of Child Protection
jvanwestering@unicef.org
UNICEF Zimbabwe



unicef 
for every child