This webinar will be the first of a series of webinars that present the evidence on the effectiveness of social protection for ART adherence and HIV-related outcomes for children and adolescents in Eastern and Southern Africa

13 September, 14:00 South Africa time

Webinar Moderator: Edson Mugore - Swiss Agency for Development and Cooperation

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Attending a RIATT-ESA webinar is easier than riding a bike. Here is how you do it.

• When you first join a session, the Control Panel appears on the right side of your screen. Use the Control Panel to manage your session.

• Now put your headphones on and turn up the sound.

• During the webinar the attendees will be muted. But you are welcome to send us your questions at any point.

• The panellists will answer your questions in the question and answer session.

• If you have to step out, no stress, the webinar is being recorded, and you can binge watch it later.
The Regional Inter-Agency Task Team on Children and AIDS in Eastern and Southern Africa is an African network of organisations working together with a shared commitment to promote and prioritise children in the HIV&AIDS response.

RIATT-ESA uses an evidence driven approach across three pillars of ACTION-Research, Knowledge sharing and Advocacy with the aim of supporting programme and policy makers in efforts to provide comprehensive care and support for children infected and affected by HIV in the region.

Now that you know who we are, don’t waste another minute!
Go to our website to see how you can join the network.
Now let's take you through today's agenda:

- **Introduction to the research and panellists**
- **Then we will dive right into the presentations and discussions.**
- **Q&A is your chance to have your voice heard. At this point the panellists will answer the questions you asked via the chat box.**
- **Closing - We will close with a quick vote of thanks to all our sponsors, and most importantly: YOU!**

**REMEMBER:** The single most important thing to remember during this webinar is that we want to hear from you, so ask questions, tweet and tag us @RIATTESA use the hashtag #SocialProtection
Webinar Panellists

Resourcing Resilience: The case for social protection for adherence and HIV-related outcomes in children and adolescents in Eastern and Southern Africa.

- Presented by Lesley Gittings and Elona Toska- AIDS & Society Research Unit, Centre for Social Science Research, University of Cape Town, South Africa

- Discussant: Dr Tavengwa Nhongo- Africa Platform for Social Protection, Kenya
RIATT-ESA Webinar: Resourcing resilience
The case for social protection for adherence and HIV-related outcomes in children and adolescents in Eastern and Southern Africa

Presentation by:
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Report & Analysis also by:
Dr. Rebecca Hodes, Prof. Lucie Cluver, Dr. Mpumi Zungu, Dr. Kaymarlin Govender, KE Chademana, VE Gutiérrez, Dr. Franziska Meinck, Ms. Marija Pantelic, Prof. F. Mark Orkin, Prof. Lorraine Sherr

13 September 2016
1. What is the evidence on the effectiveness of social protection for ART adherence and HIV-related outcomes for children and adolescents in ESA?

2. What are the key challenges to implementing child- and adolescent-sensitive social protection programmes?

3. What are the critical research gaps in social protection, ART adherence and HIV-related outcomes?
AIDS-related illness is the leading cause of death amongst adolescents in the region;

Structural deprivations are key factors in child and adolescent anti-retroviral therapy (ART) adherence and loss to follow-up;

Social protection addresses complex vulnerabilities, disadvantages and risks, and foster resilience in the general adolescent population.
What is child- / adolescent-sensitive social protection?

“A set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation”

“Addresses the inherent social disadvantages, risks and vulnerabilities children may be born into, as well as those acquired later in childhood”

(UNICEF 2012)
Methodology

- **Rigorous review** of academic, policy, and grey literature on child-sensitive social protection in Eastern and Southern Africa;

- **Expert consultations** with 27 experts from national, regional, and international institutions and research bodies;

- **In-depth interviews** with 26 local providors, researchers, and stakeholders in the Eastern Cape Province of South Africa;

**Mzantsi Wakho study:**

- Participatory research with 39 South African adolescents

- Qualitative ethnography (2013-2018, led by Dr. Hodes, UCT) with 150 adolescents, caregivers, and healthcare providers.

- Quantitative longitudinal panel study (2014-2018, led by Prof. Cluver, Oxford) of 10-19 year olds (N=1,527), N=1,060 of whom are HIV-positive.

‘Grant mapping’ with HIV-positive adolescent mothers
Conceptual framework – an social-ecological approach to resilience

**Inputs**
- Social cash transfers/cash-in-kind
- Care
- Capabilities
- Policies/legal framework

**Process**
- Enabling/proximal factors
  - Individual/household level:
    - Food (in)security
    - Future expectations
    - Attitudes towards risk
    - Information and literacy
    - Gender norms
    - Mental health, stigma
    - Life skills, employability
  - Community/schools:
    - School access/enrolment
    - Social support networks
    - Stigma and discrimination
  - Government services:
    - Access to healthcare services
    - Quality of services
    - Functioning child-protection services

**Outcomes/Impact**
- Infants/younger children
- Older children/adolescents
- Adult caregiver(s)

- Reduced food insecurity
- Improved family support and parenting/caregiving
- Reduced child abuse (physical, emotional, sexual)
- Reduced transactional sex and intimate partner violence
- Access to contraception and sexual health services
- Enrolment/retention in schools
- Improved employment opportunities for youth
- Improved material well-being
- Increased access to quality health services

Adapted from UNICEF’s conceptual framework for social cash transfers (UNICEF, 2015)
Known risk factors for adolescent non-adherence and HIV-related outcomes include:

1. Transportation costs, travel distance to clinics and food insecurity
2. Disrupted family structures and caregiver-child relationships
3. Non-disclosure of HIV-positive status to children by an appropriate age
4. Mental health issues
5. Stigma
6. Caregiver physical illness and emotional challenges
7. Transition from paediatric to adult care
## Evidence on Social Protection Type

<table>
<thead>
<tr>
<th>Evidence on Social Protection Type</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic ‘cash’/ in-kind only</td>
<td>Burkina Faso, Kenya, Malawi, South Africa</td>
</tr>
<tr>
<td>Psychosocial ‘care’ only</td>
<td>D.R. Congo, South Africa, Tanzania, Uganda, Zambia, Zimbabwe</td>
</tr>
<tr>
<td>‘cash + care’</td>
<td>Kenya, South Africa, Uganda, Zambia, Zimbabwe</td>
</tr>
<tr>
<td>‘cash + capability’</td>
<td>Kenya</td>
</tr>
<tr>
<td>‘care + capability’</td>
<td>Botswana, South Africa, Uganda, Zambia, Zimbabwe</td>
</tr>
<tr>
<td>‘cash + care + capability’</td>
<td>Uganda, Zimbabwe</td>
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<tr>
<td>transformative social protection – have at least one social protection policy in place or under development</td>
<td>Angola, Botswana, Burundi, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe</td>
</tr>
</tbody>
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Findings – social protection works!

- Strong evidence for HIV prevention
- Growing evidence for ART adherence
- Further research on the types and combinations of cash transfers for improved adolescent adherence is needed.

The power of social cash transfers
National programming in South Africa: Child grant reduces incidence of transactional Sex and age-disparate sex for girls (n+3500, RSA)

But Combinations may work better!

‘The importance of deliberate, politically-backed and sustainable combinations of child-sensitive social protection mechanisms cannot be overstated.’

(Expert Consultation)
Findings - Combinations are better - adherence

Rates of past-week adolescent ART non-adherence, by social protection access of food security, HIV support group and parental monitoring/supervision (controlling for socio-demographic co-factors)
Combination social protection and unprotected sex

% predicted probabilities of unprotected sex among HIV-positive adolescents by access to social protection provisions (controlling for socio-demographic co-factors)

- None: 22%, 49%
- Good parental supervision: 15%, 38%
- School access: 13%, 34%
- Adolescent-sensitive clinic care: 11%, 23%
- School access + parental supervision: 8%, 24%
- Parental supervision + sensitive clinic care: 7%, 16%
- School access + sensitive clinic care: 6%, 13%
- All three social protection: 4%, 9%

- All HIV+ adolescents
- HIV-positive adolescent girls
Care Combinations and Protective Sexual Practices

Probability of protective sexual practices by type of care
(controlling for socio-demographics)

- **82%** 56% 89% 68% 89% 69% 93% 79% 92% 81% 95% 88% 95% 88% 97% 93%

- **none**  **good supervision**  **school disclosure**  **supervision + school disclosure**  **clinic care**  **supervision + clinic care**  **clinic care + school disclosure**  **all three**

- all HIV+ adolescent  HIV+ girls

TOSKA, GITTINGS, CLUVER (IN PROGRESS)
The critical outcome of psychosocial support is resilience. Resilience is the ability to get up when life has knocked you down and still stand up and keep going... If you can imagine a child with enough people around them, enough hands reaching them, that in fact they never fall all the way to the ground.

As life is knocking them, there are hands there to help them keep moving. And not just keep moving, but look up and see the stars and have hope that there is a better tomorrow and that I will reach that better tomorrow... Resilience is what enables us to face challenges and even to find the opportunity within those challenges... That is the belief that will help them take their medication.’

(Mudekunye, L. 2015, REPSSI - from PATA, 2016)
'The acknowledgement of care and support needs to be more explicit. We talk about interventions that many wouldn’t see as social protection, that are social protection... (the term ‘social protection’) it is so closely associated with cash... I think we need to reclaim ... care and support.'

‘If you are looking to promote adherence, you must look at the whole package – social, psychological, economic as well as clinic... For example, treatment may be free at point-of-delivery, but transportation costs, travel costs and support to go to the clinic are also required.’
Care and capability

Care may have an impact by:
1) direct benefits as stand-alones or in combinations;
2) flexible mechanisms that buffers and responds to specific needs; and
3) acting as ‘glue’ for other forms of social protection

‘Capability’ interventions focus on long-term transfer of skills and knowledge that address structural inequalities faced by children and adolescent.

‘Building self-esteem and life skills is important. It makes sure that we are empowering the child and adolescent to be able to live in this world.’

‘(A social protection programme) might provide cash, but if families aren’t cognizant of other needs that children have, the cash may not have as much of an impact. Children most feel loved, care for, belonging.’
Topography of access (to social protection services) is wildly different. Needs are also difference… situations are fluid and dynamic geographically as well as in the life course of an adolescent.

‘Social protection should be very dynamic to adapt to the evolving needs that children may have… the stagnant nature of some social protection mechanisms mean that they can’t adapt to the needs of young people as they go through adolescence’
Key policy and programmatic messages

- **Good targeting strategies, or means tested provisions** are needed.
- **Sustainable national programmes** are crucial.
- **Transition and age-appropriate social protection mechanisms** require greater attention and comprehensive approaches.

*The success of [social protection] programmes is incumbent on whether governments are willing to take responsibilities of ownership... owned or co-financed (interventions) by governments are more sustainable.*

‘The success of [social protection] programmes is incumbent on whether governments are willing to take responsibilities of ownership... owned or co-financed (interventions) by governments are more sustainable.’
Is the provision of child- and adolescent-sensitive social protection feasible?

• Well-designed social assistance programmes are cost-effective.
• Numerous African states have an established history of social protection.
• Social protection is a long-term cost-saving mechanism.
• Co-financing by multiple government departments.

‘If we are going to reach all of those that have not been tested, if we are to get to 90% of treatment, if we want to end AIDS by 2030, we all have to collaborate. Not one sector by itself is going to achieve this. We all have to pull together.’
Barriers to effective social protection initiatives:

- Social and political attitudes among state actors and citizens, based on perceptions in terms of who is deserving of support (with young people often being deemed undeserving), politics and bias.
- The transient nature of donor-led social protection schemes. Young people may be made more vulnerable after becoming dependent on short-term interventions that are withdrawn.
- Discrepancies between social protection policy provisions and successful implementation. Supply-side barriers may include: human and financial resources, poor government coordination, inadequate awareness among implementers, inadequate skills, and inconsistent service provision.
Onwards! Future directions in research and programming:

- Actively combining social protection and biomedical programmes.
- Population-specific focus.
- Further work on adolescent masculinities (as well as femininities).
- Prevention for positives.

‘Research is needed to identify the most cost-effective combinations that generate impact... we often live in a world where evaluation technologies drive policy solutions, rather than the most important policy interventions driving demand for evidence building approaches.’
Sustainable, age-appropriate and context-specific social protection is an important tool to support child and adolescent adherence to ART and reduce HIV transmission in ESA.

Certain combinations of social protection, specifically ‘cash’-plus-‘care’ are more effective than single mechanisms.

‘Care’ and ‘capability’ interventions are promising and require greater policy, programmatic and research attention.

Social protection may be a feasible and cost-effective way for national governments to improve HIV-related health outcomes and merits greater attention by researchers and policy makers.
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**Research assistants:** N Bhambra, N Bobrowitz, K Kidia, A Naik, A Redfern.
ENKOSINI KAKHULU! Thank you!
The role of Child Sensitive Social Protection in supporting adolescents

Tavengwa M Nhongo
Africa Platform for Social Protection (APSP)
RIATT-ESA Webinar
13th September, 2016
• While there are a number of definitions on Social Protection, the African Union and SADC definitions provide an accurate and clear understanding of social protection (AU SPF, 2009 & SADC code on social security, 2007)

• Social Protection is broader than Social Security since includes Social Services
Contributory SP is available in every country of the region – historically introduced to settler workers but increasingly to the black population – 1889 in Botswana, 1928 in SA (extended to a few blacks in 1944), 1921 for Uganda.

Throughout the region, coverage is small, accounting for between 5-10% of the workers.

Agricultural, domestic and informal sectors are largely not covered.
• In terms of the non contributory provisions, Southern Africa leads with social transfers to specific groups such as older persons, children and people with disabilities.

• Huge programmes such as the Productive Safety Net Programme in Ethiopia, reaching 8.3 million people, the VUP in Rwanda reaching 105,000, TASAF in Tanzania reaching around 9 million people and the OVC programme in Kenya which is now national; are examples of some of the programmes.

• The region has pilot programmes targeting various target groups.

• Zakat programme in Sudan is an interesting idea now reaching 260,000 households.
While there has been an impressive uptake of social protection in the region, an analysis shows that children are poorly served by these programmes.

Adolescents particularly are at risk of being left out or not adequately covered by the programmes.

Child Sensitive Social Protection seeks to avoid the negative impacts on children and mitigate risks that directly affect them.

It considers age and gender specific risks and vulnerabilities throughout the child's lifecycle and make special provisions for excluded children.

It includes voices of children and caregivers in design of social protection programmes and ensures that social protection should be holistic and comprehensive.
Reviews on social protection have consistently demonstrated positive outcomes in:-

• Education for all children; ensuring that children do not only attend school but achieve the best results
• Health; ensuring that children of all ages have access to adequate health care
• Food; ensuring that children have access to nutritious food
• Child development; ensuring that children develop to their full potential
Some recommendations

• A number of countries in Eastern and Southern Africa have already developed some Social Protection Policies. These provide a guide on the social protection programmes to develop. It therefore will not add value to recommend that new policies be developed. The recommendation, rather, is that programmes that are developed should deliberately target the adolescents.
Cash transfer programmes are usually developed for certain cohorts of children (the under five’s; those living with HIV; those attending primary school, etc. However, there is always a gap when those programmes leave out a population of children, such as the adolescents. The recommendation is that programmes should take into account the needs of all children, including adolescents.

Adolescents are usually the ones being recruited as child soldiers or sexually abused or lured into drugs and programmes should be developed that seek to prevent children falling into these traps.
The concept of graduation in cash transfer programmes should be considered with care since it has a tendency to leave out adolescents without support. Programmes that aim to support children in attending primary school will expose adolescents when they stop when the children should now go into secondary school. Equally, when children finish secondary school, unless there is support after that, they will fall into disastrous circumstances.
• Holistic programmes that provide the basics as well as the psychosocial needs of children should be considered during the design and implementation stage.

• The affordability argument has been used since the social protection concept was introduced. Governments tend to argue that they cannot afford social protection programmes because they are a drain on resources. That argument is not supported by facts. Countries such as Lesotho have implemented a transfer for older persons from their own budget and they have managed. It is a matter of political will and the commitment of governments.
Thank you!
Questions and Answers

Time for your questions to be answered.

Don’t forget to follow @RIATTESA on twitter, join the conversation and tag #SocialProtection
We would like to thank RIATT-ESA for hosting this event, thank our sponsors, our wonderful panellists.

But most importantly Thank YOU for attending.
Please send your feedback and comments to naume.kupe@repssi.org

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