This webinar explores the latest research findings on the role social protection plays on HIV outcomes and examines their implications for how we design, fund and deliver support to HIV-affected communities.

Webinar Chair: Noreen Huni, Chief Executive Officer, Regional Psychosocial Support Initiative (REPSSI)
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.

- Put your headphones on and turn up the sound.

- During the webinar the attendees will be muted. But you can send us questions at any point via the chat box.

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

- If you have to step out don’t worry, the webinar is being recorded and you can watch it later.
The Regional Inter-Agency Task Team on Children and AIDS in Eastern and Southern Africa (RIATT-ESA) is a unique, multi-sectoral partnership of organisations. Though a evidence driven approach RIATT-ESA influences global, regional and national policy formulation and implementation for children and their families affected by AIDS in eastern and southern Africa.

Contact us: naume.kupe@repssi.org : www.riatt-esa.org : @riattesa

The Coalition for Children Affected by AIDS brings funders and technical experts together to advocate for the best policy, research, and programs for children because children are a vulnerable population that has too often been overlooked.

Contact us: corinna.csaky@ccaba.org : www.ccaba.org : @childrenandHIV
Now lets 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 most important thing to remember during this webinar is that we want to hear from you, so ask questions, tweet and tag us @RIATTESA and @childrenandHIV using the hashtag #SocialProtection
• Lucie Cluver is a Professor of Child and Family Social Work, in the Centre for Evidence-Based Social Intervention in the Department of Social Policy and Intervention, and an Honorary Lecturer in Psychiatry and Mental Health at the University of Cape Town.

• Paul Quarles van Ufford is currently Chief Social Policy with UNICEF Tanzania. Up to end 2016 he occupied the same position with UNICEF Zambia, working on social protection, child poverty, and public finance for children.

• Jason Wolfe, Bill and Melinda Gates Foundation. Jason Wolfe leads the Demand & Community Mobilization portfolio within the Integrated Delivery team at the Bill & Melinda Gates Foundation.

• David Chipanta is Senior Advisor Social Protection with UNAIDS based in Geneva. David provides leadership within UNAIDS to develop and implement new and innovative high profile strategies, tools for mobilization of Social Protection Care and Support actors.
Adolescents, HIV and Social Protection

the Next Generation of Research
Beyond cash alone: cash plus care

Citation: Cluver, L, Orkin, M, Meinck, F, Boyes, M, Yakubovich, A, Sherr, L (2017) Can social protection improve sustainable development goals for adolescent health? PLOS One
Beyond theory: specific combinations

**Figure 1**

**Past-year incidence of economic sex** among girls (%)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Predicted Probability (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO INTERVENTION</td>
<td>10.5</td>
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<tr>
<td>PARENTAL MONITORING</td>
<td>6.8</td>
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<tr>
<td>CHILD GRANT</td>
<td>5.7</td>
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<tr>
<td>FREE SCHOOL</td>
<td>4</td>
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<tr>
<td>MONITORING + CHILD GRANT</td>
<td>3.6</td>
</tr>
<tr>
<td>MONITORING + FREE SCHOOL</td>
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<tr>
<td>CHILD GRANT + FREE SCHOOL</td>
<td>2</td>
</tr>
<tr>
<td>ALL INTERVENTIONS</td>
<td>2.1</td>
</tr>
</tbody>
</table>

Beyond theory: specific combinations

![Bar chart showing past-year incidence of careless sex among girls (%)](chart.png)

**Past-Year Incidence of Careless Sex**

**Among Girls (%)**

*Predicted probability (%)*

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Incidence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Intervention</td>
<td>15.1</td>
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<tr>
<td>Parental Monitoring</td>
<td>10.5</td>
</tr>
<tr>
<td>School Feeding</td>
<td>10.5</td>
</tr>
<tr>
<td>Both Interventions</td>
<td>6.9</td>
</tr>
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</table>

*Interventions received at times 1 and 2*

Beyond girls: to their male partners

**Figure 3**

Past-year incidence of careless sex** among boys (%)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Incidence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No intervention</td>
<td>18.7</td>
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<tr>
<td>Parental monitoring</td>
<td>13.7</td>
</tr>
<tr>
<td>Child grant</td>
<td>10.4</td>
</tr>
<tr>
<td>Free school</td>
<td>9.5</td>
</tr>
<tr>
<td>Monitoring + child grant</td>
<td>7.5</td>
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<tr>
<td>Monitoring + free school</td>
<td>6.8</td>
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<tr>
<td>Child grant + free school</td>
<td>5</td>
</tr>
<tr>
<td>All interventions</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Beyond the negative: HIV-positive prevention

**Figure 2**

Predicted probability of unprotected sex (%) (controlling for socio-demographic factors)

- **NONE**: 49
- **PARENTAL SUPERVISION**: 38
- **SCHOOL ACCESS**: 33
- **SENSITIVE CLINIC CARE**: 23
- **SCHOOL ACCESS + PARENTAL SUPERVISION**: 24
- **PARENTAL SUPERVISION + SENSITIVE CLINIC CARE**: 16
- **SCHOOL ACCESS + SENSITIVE CLINIC CARE**: 13
- **ALL THREE**: 9

Beyond HIV-risk behavior: ART Adherence

Probability rates (%) of past-week adolescent ART adherence by social protection type: food security, HIV support group

Beyond the black box: understanding how social protection works

Beyond 2015: social protection and the SDGs

Citation: Cluver, L, Orkin, M, Meinck, F, Boyes, M, Yakubovich, A, Sherr, L (2017) Can social protection improve sustainable development goals for adolescent health? PLOS One
Beyond 2015: social protection and the SDGs

Citation: Cluver, L, Orkin, M, Meinck, F, Boyes, M, Yakubovich, A, Sherr, L (2017) Can social protection improve sustainable development goals for adolescent health? PLOS One
Considering conditioning?

• Zomba (Baird et al): reduced HIV-prevalence for both school-conditional and unconditional

• HTPN068 (Pettifor et al): school-conditional. Reduced HIV-risk behavior but high school attendance and low HIV-incidence overall

• CAPRISA007 (Abdool Karim et al): School and activity conditional. Reduced HSV-2 but low HIV-incidence overall

• Kenya OVC (Handa et al): Unconditional. Reduced sexual initiation and pregnancy, no HIV biomarkers.
What next for social protection?

- Younger children (Sherr et al, Community care study)
- Reintegrating institutionalised children (CRS 4Children study)
- The next generation: children of HIV+ adolescents (HEY BABY study)
- Household economic strengthening + HIV education (ASPIRES)

Sherr et al: Moderation effect of child HIV status on the association between grant receipt and school performance (OR=0.34; CI=0.11, 1.004; p=.051).
Funders: thank you
Implications and Opportunities for Policy and Practice: Lessons from Zambia

Paul Quarles van Ufford, UNICEF Tanzania
Policy implications of available evidence:

- Support comprehensive social protection policies for coordinated, coherent, and integrated interventions

- Cash transfer strong entry point with demonstrated impacts on pathways to reduced HIV risk. Can be optimized through:
  - Cash plus other social protection interventions [livelihood support; social health insurance; fee waivers for instance]
  - Cash/social protection linkages with basic social services in health, nutrition, education, protection] or other complementary programmes [e.g. parenting]

- Cash transfers: broad categorical targeting most likely to be inclusive of vulnerable groups
Zambia: HIV and SCT linkage

– Target beneficiaries: adolescents from Social Cash Transfer beneficiary households
– Objective: To increase utilization of HIV services

– Main features:
  • Enhanced capacity of health professionals and volunteers to deliver adolescent friendly HIV services (mainly condoms and HTC)
  • Enhanced awareness and capacity of Community Welfare Assistance committees to act as referrals
  • Enhanced demand and access among adolescents for HIV services through peer-to-peer and other community-based channels (e.g. drama groups, youth spaces etc.)
  • Enhanced data collection at health facilities (disaggregated by age and gender)
  • Assessment of interventions (including KAP survey among SCT adolescents)
Comprehensive HIV Knowledge Among Adolescents from Social Cash Transfer Households All 4 Learning Districts

Health Workers as Sources of HIV Information among Adolescents from Social Cash Transfer Households All 4 Learning Districts
Condom Use at Last Sex Among Adolescents from Social Cash Transfer Households All 4 Learning Districts

Males 15-19 | Females 15-19
---|---
Baseline: 47.1 | Endline: 60.8
Baseline: 50 | Endline: 64.3

HIV Testing Among Adolescents from Social Cash Transfer Households All 4 Learning Districts

Males 15-19 | Females 15-19
---|---
Baseline: 46 | Endline: 56
Baseline: 63 | Endline: 73
Lessons learned:

- Expanding cash transfer programme as the opportunity (via a stronger social welfare sector)

- Health and Social Welfare coordination and collaboration is critical yet not obvious

- Link vulnerable adolescent boys and girls to services available to the entire community

- In a resource-constraint environment, develop modular intervention packages
Implications from a Donor Perspective
Case Study
## Informing DREAMS Core Package Design

<table>
<thead>
<tr>
<th>Biological Outcomes</th>
<th>Behavioral Outcomes</th>
<th>Violence Outcomes</th>
<th>Selected for Core Package</th>
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<tbody>
<tr>
<td>CASH TRANFSERS</td>
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*cash+care / economic+social empowerment*
DREAMS investments demonstrate a social-ecological approach involving the individual, her family, and her community.

About $1 of every $5 in DREAMS funds was invested in new CASH + CARE (+ CLASSROOM) interventions for adolescent girls and young women.

Existing social protection platforms provide both benefits in their own right as well as a channel for layering additional interventions for AGYW and their families.
...and Beyond
...beyond DREAMS

**OPPORTUNITIES**

Differentiated care + Treat All
Family-centered approaches
Life cycle approach
Case management

**CHALLENGES**

Evidence
Economics
Equity
Epidemiology
Exposure
Exit
Tackling HIV through social protection: Research implication for policy and practice

Social Protection Fast-Track Commitments to end AIDS

David Chipanta
Senior Advisor Social Protection
March 30, 2017
Time for your questions to be answered.

You can follow @RIATTESA and @childrenandHIV on twitter, and follow continue this conversation on #SocialProtection.
Closing

We would like to thank RIATT-ESA and The Coalition for Children Affected by AIDS 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
Thank you!