

# Côte d'Ivoire: Providing cash transfers for vulnerable people living with HIV and key populations

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Lessons learned from a World Food Programme and UNAIDS initiative to mitigate the impact of COVID-19 in western and central Africa



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# Context

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Côte d'Ivoire is Francophone West Africa's economic hub and is one of the world's fastest growing economies. However, the country's rapid socioeconomic development is not inclusive and it has one of the highest gender inequality rates in the world. An estimated 46% of its 25.5 million inhabitants are living in poverty. Food security remains an important challenge, notably for female-headed households. The country also suffers from the triple burden of malnutrition, represented by micronutrient deficiencies, undernutrition and overnutrition, with significant regional disparities (1–4).

HIV prevalence among adults 15–49 in Côte d'Ivoire was 2.1% in 2020 and approximately 380 000 people (all ages) were living with HIV in 2020, 77% of whom know their HIV status (5). Increasing access to antiretroviral treatment (ART) has contributed to a 69% decrease in AIDS-related deaths since 2010, but coverage is substantially higher among adult women (83%) than adult men (61%), and only 49% of children ages 0–14 are on ART. Key populations have higher HIV prevalence, estimated at 4.8% among sex workers, 7.7% among gay men and other men who have sex with men (MSM) and 3.4% among people who inject drugs (PWID). Combination prevention efforts have led to a 72% decrease in new infections over the last decade (5). HIV awareness and testing among sex workers is high, but there is a need to increase coverage of prevention and treatment services for other marginalized populations, notably gay men and other men who have sex with men and people who inject drugs. Despite considerable progress in its HIV response, persistent stigma and the lack of equitable access must be addressed for Côte d'Ivoire to achieve national and global HIV targets.

Such inequities have been further compounded by the coronavirus (COVID-19) pandemic, with vulnerable and underserved populations bearing the brunt of the consequences. A rapid survey conducted by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in April 2020 identified three main categories of immediate needs for people living with HIV (PLHIV) and key populations: (1) information on COVID-19; (2) information on the availability of and access to antiretrovirals; and (3) information on access to medical care, COVID-19 protection kits, condoms and social assistance. A subsequent survey conducted with support of UNAIDS in partnership with the Network of African People Living with HIV West Africa revealed that the livelihoods of 79% of people living with HIV had been impacted by the pandemic. Although a variety of support services were available, 55% of people living with HIV required financial and/or food assistance. The pandemic was also causing stockouts and transport challenges, which in combination with individual fears about contracting the coronavirus, had resulted in 4% of people living with HIV experiencing a disruption to their ART access and 20% of them having had to change how or where they accessed their medication (6).

Covid-19 pandemic-related curfews and movement restrictions have been especially challenging for marginalized and vulnerable communities, including key populations, and notably for sex workers and gay men and other men who have sex with men, hindering their ability to work and interact with their peers. As in other countries, the socioeconomic consequences of movement restrictions, combined with stigmatization and criminalization of these populations, have only heightened their vulnerability during the pandemic, with many struggling to cover their basic needs for food, accommodation and education for themselves and their families (7).

In recognition of challenges to its population, the government announced the provision of a 25 000 CFA Franc (US\$ 44) cash transfer to 177 000 households early on in the COVID-19 pandemic. Côte d'Ivoire must also be commended for its efforts to launch a social security scheme dedicated to reach 80% of workers in the informal sector. However there remains an urgent need to complement this with targeted efforts to support the most vulnerable and marginalized populations who are currently being left behind.

## Côte d'Ivoire map



- ▶ 46 % living in poverty
- ▶ 21.6% of children ages 2– 5 years are chronically malnourished
- ▶ 2.4 % HIV prevalence (adults 15-49)
- ▶ 380 000 people living with HIV (all ages)
- ▶ 340 000 AIDS orphans
- ▶ Key population estimates as of 2020
  - » 87,900 sex workers (4.8% HIV prevalence)
  - » 56,000 gay men and other men who have sex with men (7.7% HIV prevalence)
  - » 2600 PWID (3.4% HIV prevalence)
- ▶ 73% of people living with HIV know their status
- ▶ 63% of people living with HIV are on ART
- ▶ 50% of people living with HIV are virally suppressed
- ▶ Approximately 64% of people living with HIV with only primary schooling or less
- ▶ 52.8% of the population is illiterate (2018)
- ▶ 16 047 cases and 102 COVID-19 deaths as of 31 July 2020
- ▶ Ranked 154 out of 162 countries on 2019 Gender Inequality Index
- ▶ Ranked 162 out of 189 on the 2020 Human Development Index

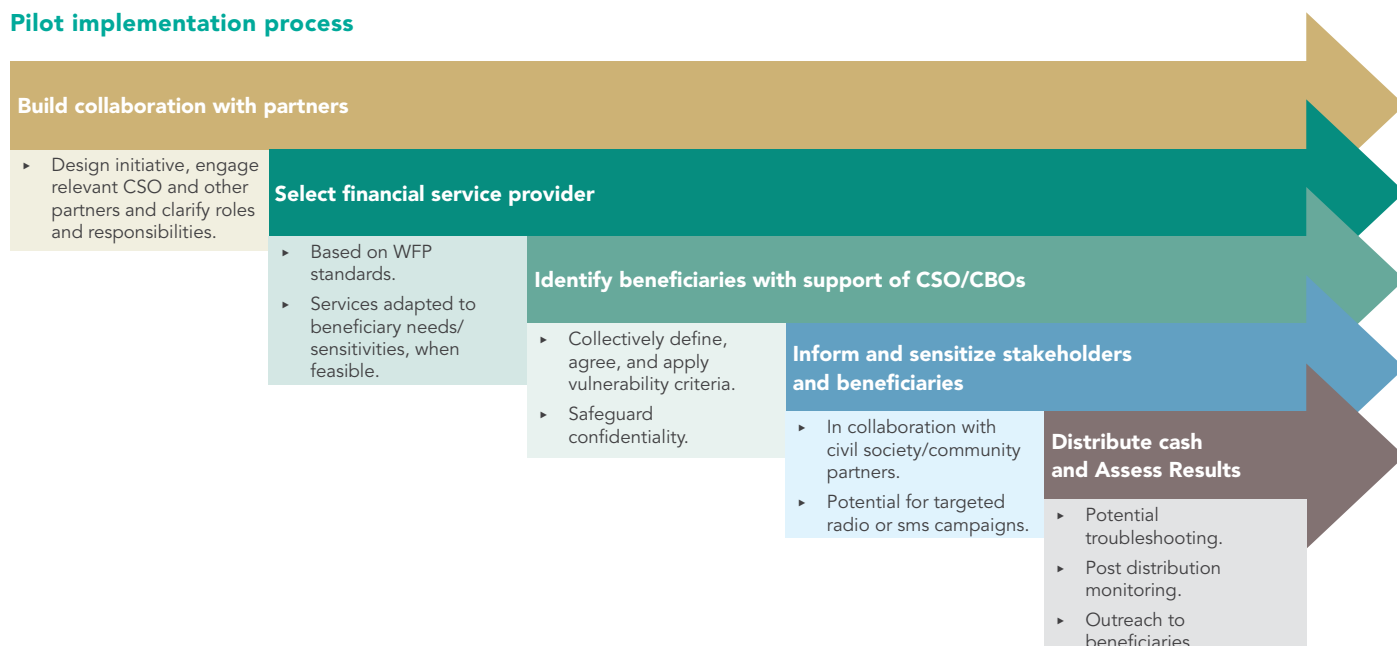
Sources: AIDSinfo, UNDP, WFP, World Bank, Worldometer

# Piloting cash transfers for marginalized populations in western and central Africa

In the context of the COVID-19 pandemic in western and central Africa, and with support from the Grand Duchy of Luxembourg, UNAIDS and World Food Programme (WFP) launched a rapid response initiative in July 2020 targeting 5 000 people living with HIV and key population households with one-off, unconditional, direct cash transfers across four priority countries in the region: Burkina Faso, Cameroon, Cote d'Ivoire and Niger. The pilot builds on the global recognition of cash transfers as a critical social protection tool, especially in the context of humanitarian crises (8, 9). The initiative sought to demonstrate how such transfers can be effectively implemented to mitigate the socio-economic and psychosocial impact of HIV and COVID-19 among especially marginalized and stigmatized populations. It also responded to information and concerns shared by networks and associations of people living with HIV and key populations about the consequences they were experiencing in relation to socioeconomic welfare and access to services.

Although the four countries followed a similar implementation strategy, each country contextualized its approach according to local realities and circumstances. This resulted in somewhat different practices and modalities to achieve the same overarching objective of alleviating the impact of the COVID-19 pandemic on vulnerable populations in an effort to leave no one behind, while respecting all national pandemic related hygiene and security measures. At the same time, all countries faced a common dilemma: balancing urgency of action with diligence of the process, while working under extreme time and movement constraints.

## Pilot implementation process



## Côte d'Ivoire's contextualized approach

Since Greater Abidjan was most severely impacted by the COVID-19 pandemic the cash transfer exercise focused on households based in vulnerable areas of the city. UNAIDS and WFP partnered with key population nongovernmental organizations (NGOs) for gay men and other gay men and other men who have sex with men, transgender persons, sex workers (Alternative Côte d'Ivoire, Gromo, Bléty, COVIE), the Network of Women Living with HIV (COFCI), ENDA santé and implementing partners (IPs) funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR): EGPAF, ARIEL, Population Services International Côte d'Ivoire, FHI 360 and Save The Children. These organizations undertook the identification and sensitization of beneficiaries through their peer educators and community counsellors. The Ministry of Health and Public Hygiene (MSHP) was informed and involved from the beginning, and it gave the keynote address during the first of several virtual information sessions for all partners.

A robust identification and verification process was put in place, which was facilitated using the Open Data Kit application (ODK app), which was loaded on smartphones that were used by the community counsellors who were trained by WFP and partners. Community counsellors and peer educators received hygiene kits to protect them from COVID-19 and received financial support for their transport and communication costs from UNAIDS. Multiple capacity-building sessions were provided by UNAIDS and WFP to ensure that all partners understood the process, knew the selection criteria and were aware of the implications of fraud. This was complemented by one-on-one technical support to certain partners throughout the process. A pre-distribution survey was conducted by WFP to assess the vulnerability of beneficiaries and to develop a baseline understanding of their situation while also sensitizing them about the cash transfer process and providing them with the hotline number in case of challenges. The cash transfer was distributed in several waves and a post distribution survey of a subset of the beneficiaries was conducted via telephone eight weeks later.

MTN Mobile Money was selected as the financial service provider because it had a large presence across all regions and was easily accessible. Beneficiaries provided their phone numbers during the identification process via ODK, which facilitated the payment, but no other identifying data were provided to MTN Mobile Money, which guaranteed confidentiality about HIV status.



Mobile money distribution point © WFP

## Application of recent lessons learned

Côte d'Ivoire was the only country of the four involved in the pilot cash transfer initiative that had already conducted a similar cash transfer exercise several months earlier. WFP and UNAIDS collaborated with a local NGO just after the start of the COVID-19 pandemic to support 1000 households in greater Abidjan, of which 100 included a member living with HIV, with a cash transfer of 50 000 CFA Franc, accompanied by the distribution of health kits for protection against COVID-19. This exercise reaffirmed the huge need among marginalized and vulnerable people living with HIV in greater Abidjan. It yielded important lessons about the potential for fraud during the identification of beneficiaries and the steps required to strengthen accountability. It also served to establish a strong working relationship between UNAIDS and WFP, built an understanding of each other's roles and contributions to the exercise, and of the operational aspects that needed to be put in place. Moreover, it provided valuable practical lessons that were addressed during the larger pilot, by building in sufficient time to ensure a robust identification and verification process for beneficiaries that safeguarded confidentiality, and extensive training and capacity-building support to civil society and CBOs. The approach and results of the Côte d'Ivoire pilot reflect the internalization of these lessons.



Field visit on sensitization of HIV, COVID-19 and barrier measures © UNAIDS



## Côte d'Ivoire Results

Cash Transfer Recipients	Geographic Location	Transfer Amount	Accessing Funds	Use of Funds
<p>7698 persons received assistance in 1328 people living with HIV households with average household size of 6 persons including significant number of children and elderly.</p> <p>Of the total number of households, 437 were headed by a people living with HIV who is also a representative of a key population (SW or gay men and other men who have sex with men).</p> <p>Out of 402 heads of household surveyed, 59% have primary education or less; and 54% are female of whom 80% are either widowed or single.</p>	Greater Abidjan.	<p>51000 CFA Franc of which 1000 was to cover transfer fees aligned to the government cash transfer amount.</p> <p>Accompanied by hygiene kits to protect against Covid-19.</p> <p>Covers two months of food requirements for an average household.</p>	97.3 % accessed the cash within 8 weeks, and 84% received it in one lump sum. 68% of cash transfers were collected by women.	<p>Of 402 households surveyed: 35% of funds used for food; 18% for income generating activities; 15% school fees; 11% for health; 12% for utilities and 8% for other costs including reimbursement of debts.</p> <p>The cash transfer contributed to an increase in the number of households where small business is a main source of revenue from 34.1% - 40.7%; it also contributed to reducing household stress level linked to the lack of food (rCSI 20.7% to 13.1%). However, 85.1% of households continue to use livelihood strategies.</p>

Source: WFP/UNAIDS Post Distribution Monitoring Report, December 2020

## Adopting a people-centred approach

STRATEGY	APPROACH IN CÔTE D'IVOIRE	INSIGHTS AND OUTCOMES
<b>BUILD AND STRENGTHEN COLLABORATION WITH KEY PARTNERS</b>	<ul style="list-style-type: none"> <li>WFP and UNAIDS worked with Networks of people living with HIV and Key populations and PEPFAR Implementing Partners (IPs).</li> <li>Government (MSHP) was closely engaged in the process.</li> <li>UNAIDS supported all CSOs and IPs with transport and communication costs and PPE.</li> </ul>	<ul style="list-style-type: none"> <li>Varying levels of capacity among civil society and community based partners required targeted attention and individualized support.</li> <li>More frequent and consistent two way communication from conceptualization through implementation of the exercise was requested by partners to support their own follow up and ensure they feel fully involved.</li> <li>Informing Government from the beginning strengthened interest and involvement.</li> </ul>
<b>SELECT FINANCIAL SERVICE PROVIDER AND MODALITY</b>	<ul style="list-style-type: none"> <li>The cash transfer was delivered through MTN Mobile money based on the existing relationship and agreements with WFP.</li> </ul>	<ul style="list-style-type: none"> <li>Some beneficiaries were challenged by lack of a phone or ID or MTN sim card, but measures were put in place to adapt.</li> <li>In future, for those beneficiaries with no phone recommended to consider phone distribution as part of the exercise.</li> <li>Beneficiaries could easily access their funds and had to provide phone number, code and usually ID.</li> </ul>
<b>IDENTIFY MOST VULNERABLE BENEFICIARIES</b>	<ul style="list-style-type: none"> <li>CSO and PEPFAR NGO partners employed their peer educators and community counsellors to identify the beneficiaries based on clear vulnerability criteria using ODK App.</li> <li>List reviewed and analysed in order to finalize.</li> <li>Pre-distribution monitoring survey conducted to assess vulnerability and inform of "ligne verte" hotline.</li> </ul>	<ul style="list-style-type: none"> <li>The simple technology of ODK app facilitated a rigorous process of identification and verification of vulnerable beneficiaries using geospatial localization.</li> <li>Some partners (Eg Save the Children) used their own vulnerability assessment tools ensured complementarity with other social assistance programmes.</li> <li>CSO leaders noted that some beneficiaries were uncomfortable with the way the pre-distribution monitoring survey was conducted and felt they could have supported by providing sensitivity training or conducting the survey themselves.</li> </ul>
<b>INFORM AND SENSITIZE STAKEHOLDERS AND BENEFICIARIES</b>	<ul style="list-style-type: none"> <li>Multiple joint information sessions held with all partners and included MSHP participation.</li> <li>Training sessions on ODK app to support identification process Beneficiaries sensitized via peer educators and regular SMS communication.</li> </ul>	<ul style="list-style-type: none"> <li>Information sessions were well attended and the interactive format enabled all participants to ask questions and raise concerns.</li> <li>NGOs and some peer educators trained on ODK and fraud, planned training of community counsellors could not take place due to lack of time – would have been beneficial.</li> <li>Beneficiaries used the "ligne verte" hotline to flag and mitigate isolated fraud attempts reaffirming the value of directly sensitizing beneficiaries and ensuring they are fully informed of the type of support and the amount.</li> </ul>
<b>SAFEGUARD CONFIDENTIALITY</b>	<ul style="list-style-type: none"> <li>Only known peers and community counsellors had personal contact with beneficiaries.</li> <li>Use of ODK app to ensure direct transmission of data.</li> <li>Use of patient code within all lists to maintain anonymity of beneficiaries.</li> </ul>	<ul style="list-style-type: none"> <li>Confidentiality was upheld and there were no issues expressed aside from unease with some questions and approach of the pre-distribution monitoring survey.</li> <li>Reaffirmed the value of working closely with trusted community based organizations and counsellors.</li> <li>ODK App ensured confidentiality, and helped to rapidly mitigate any attempts at fraud since provided clarity on which community counsellors were working in which geographical locations.</li> </ul>

Source: Virtual interviews with programme administrators, beneficiaries and key informants.

<b>ASSESS RESULTS</b>	<ul style="list-style-type: none"> <li>• Reference survey conducted for preliminary results.</li> <li>• Post distribution monitoring survey among a subset of recipients (402 households).</li> </ul>	<ul style="list-style-type: none"> <li>• 99.3% of households surveyed received their funds and 90% of them knew how much they would receive.</li> <li>• 25% were not aware of why they were selected, and 31% were not able to contact UNAIDS or WFP for information or to complain.</li> <li>• Main sources of income did not change, but increase observed in number of small businesses (34.1%-40.7%).</li> <li>• Small increase in % of acceptable food intake (90.3%-91.5%) but increase also observed in poor food consumption among key populations (6.9% - 10%).</li> <li>• 7 households out of 402 surveyed (1.7%) confirmed they had experienced extortion of a portion of their funds (3000-20000 CFA Franc).</li> <li>• 38% of households considered the cash transfer amount sufficient, 61% considered it either medium or not enough.</li> </ul>
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## Placing people at the centre: learning from beneficiary's experience

JM is a 29-year-old peer educator for a civil society organization that provides support for key populations and lives in Abobo Belleville in Abidjan. The COVID-19 pandemic hindered his ability to support himself and his eight-year-old daughter. He was incredibly grateful for the support but noted that the struggle continued and times were still hard.

### Beneficiary experience

#### IDENTIFICATION

JM was identified via the CSO Alternative and was required to provide his name and phone number. He was told that he would be contacted by WFP.

#### SENSITIZATION

JM received information about the food support from Alternative and knew that it was cash support. He was called on two occasions by WFP and he found some questions to be quite intimate which made him uneasy.

#### TRANSFER AMOUNT

JM was aware of the transfer amount of in advance and that it would arrive via mobile money but did not know when he would be receiving it.

#### ACCESS

JM was able to access the funds immediately at a nearby MTN outlet and only had to provide his number and the code received.

#### USE OF CASH

JM used 25,000 of the cash to buy food and the rest went towards his daughter's school fees. He chose to split it 50/50.

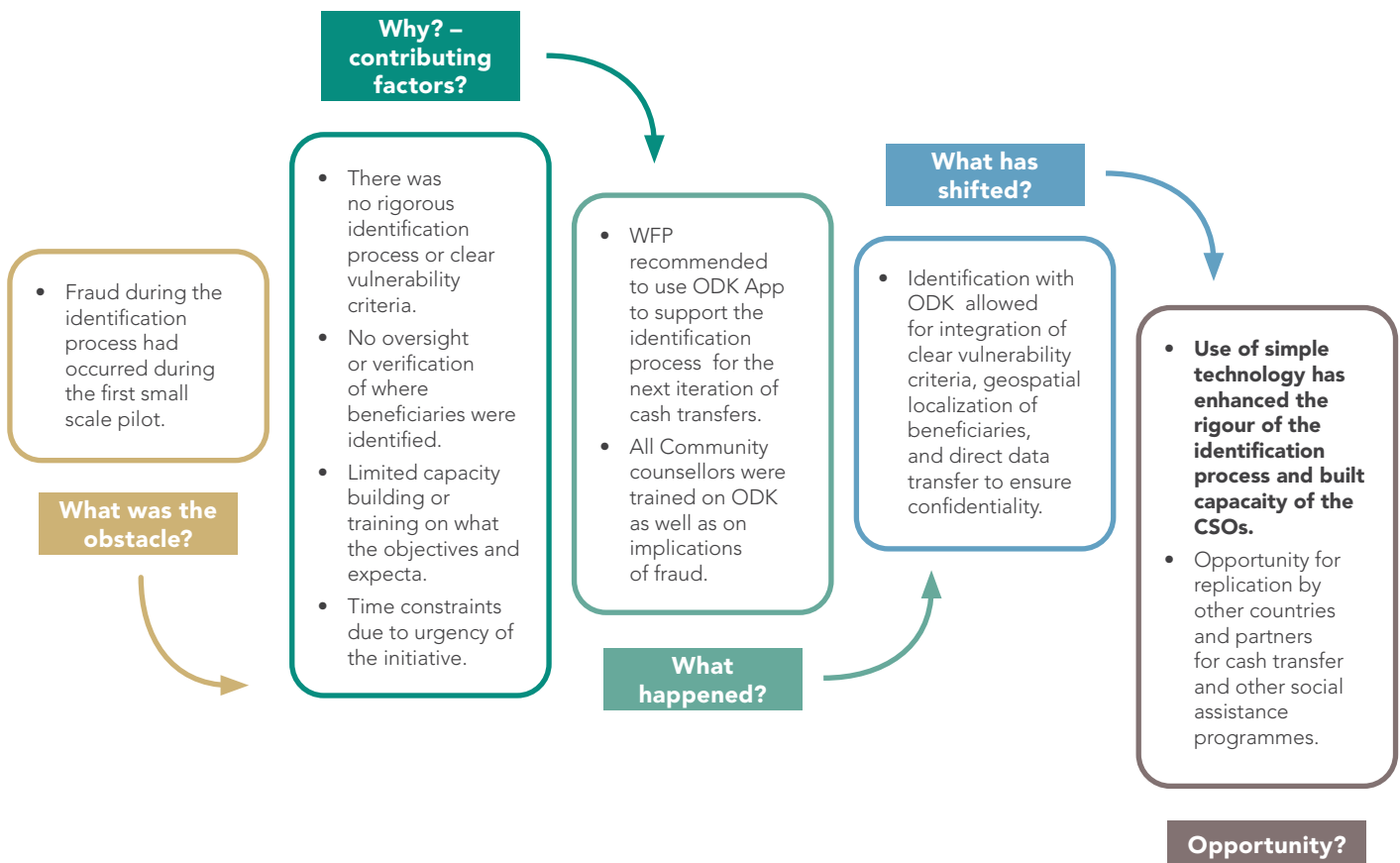
#### FOLLOW UP

JM was not contacted since he was not included in the subset of households for post distribution monitoring.

## Critical learning: combining multiple measures to promote accountability

UNAIDS and WFP were sensitive to the fraud challenges that arose during the first exercise with a local NGO, not only because of the financial losses, but also because of the risk it posed to CSO reputation and credibility, and the impact it has on their own ability to advocate effectively with the government. It was clear that multiple measures were required to promote and facilitate accountability. This included (1) the use of modern technology with the ODK app for mobile data collection that integrated clear vulnerability criteria, geospatial localization of identified beneficiaries and real-time monitoring of the process; (2) multiple group and individual sensitization and information meetings with the CSO and CBO partners; (3) outreach to beneficiaries with a hotline number “ligne verte”; and (4) financial and in-kind support (PPE and sanitizer) for the community counsellors and peer educators who supported the process. In an environment where large swaths of the population, including CBOs and community counsellors themselves, were struggling, there was a need for partners to accompany and support them in understanding and upholding their role in safeguarding the social contract and ensuring accountability.

### From obstacle to opportunity: community system strengthening to enhance resilience



## Leveraging the initiative to support the broader AIDS response: partner mobilization

In Côte d'Ivoire, a significant effort was made to situate the cash transfer initiative in the broader national HIV response. As such, critical partners, such as PEPFAR and the Ministry of Health and Public Hygiene (MSHP), were involved from the beginning and were supported in different capacities. PEPFAR identified several of its IPs to support the identification and sensitization process and the MSHP took a leadership role by speaking with all partners during information and sensitization sessions and ensuring support of its public facility staff for the identification process. United Nations Development Programme was also mobilized to collaborate with UNAIDS in follow-up to this initiative by distributing food and hygiene kits to pregnant and lactating women living with HIV. These collaborative efforts demonstrate how the exercise can be used to leverage existing partnerships and open the door to new ones, which also generates shared ownership, investment and accountability for longer-term objectives.



United Nations agency heads collaborating around COVID-19 prevention © UNAIDS

“WE ARE STILL LIVING WITH THE SAME DIFFICULTY. THE CASH HELPED A BIT BUT THERE IS NOTHING TO KEEP US GOING. WE NEED MORE DURABLE SUPPORT, OR A LARGER SUPPORT TO CREATE A SMALL INDEPENDENT BUSINESS.”

*Leti, widow with two children in Abidjan.*

## Key lessons and takeaways

The experience in Côte d’Ivoire, coupled with learning from the other pilot countries, revealed important lessons about how to effectively deliver cash transfers to vulnerable and marginalized people living with HIV and key population beneficiaries. The lessons concern the design, implementation and monitoring of the pilot initiative and are intended to inform and guide replication and scale-up of inclusive cash transfer and social protection measures in the country.

- ▶ **Engage civil society from the beginning and encourage two-way communication and updates throughout the process.**
  - » The close collaboration and communication with CSOs from the beginning enabled specific concerns to be raised and addressed early on, such as ensuring financial support for transport and communication and protective hygiene kits for community counsellors and peer educators.
  - » Facilitate shared ownership of the initiative by IPs through regular briefings and exchanges before and during implementation to help promote adequate sensitization of beneficiaries and ensure that they can access support, if required.
- ▶ **Integrate modern technology and sufficient time for sensitization and capacity-building of CSO and CBO partners and beneficiaries.**
  - » Experiences from the two cash transfer exercises in Côte d’Ivoire revealed the benefit of using simple technology (ODK app) and devoting time for in-depth training and capacity-building of CSO and CBO partners. Enhanced training of community counsellors should ideally be included in a repeat exercise as this also prepares the ground for sustainable community engagement on broader social protection.
  - » Ensuring that beneficiaries and community counsellors have sufficient awareness and understanding of their roles in promoting accountability in the initiative helps reduce the risk of fraud and the extortion of funds.
- ▶ **Involve government and other key actors early on to leverage synergies, promote shared ownership and enhance sustainability.**
  - » Close engagement with the MSHP and with PEPFAR ensured that there is a coalition of support for advocacy and scale-up of such social assistance efforts for vulnerable and marginalized populations.
  - » Efforts should be made to integrate other activities, such as nutrition promotion, in the COVID-19 response for such populations.
- ▶ **Develop intentional approaches that respond to specific sensitivities of different populations.**
  - » The identification of beneficiary households by the community counsellors from the NGOs/people living with HIV networks and key populations is necessary for the management of confidentiality.

- » Although PWID could not be included in this exercise due to the modalities, they are clearly in need and strategies for assistance must be designed to reach them and other extremely marginalized populations, such as migrant sex workers.
- ▶ **Generate potential for more sustainable benefits through longer-term, people-centred approaches.**
  - » All partners applauded the initiative; however, the clear message from stakeholders and beneficiaries was that although a one-off initiative is helpful, what is really required is longer and/or more substantial support that will help these very vulnerable households mount an independent sustainable activity to generate income because currently, only 7.5% were receiving any other form of assistance.

## Next steps on the road to sustainability

- ▶ Share the results and lessons learned from this initiative with all stakeholders and explore opportunities for similar cash transfer exercises with WFP, PEPFAR, the Global Fund and others such as National AIDS Council, women's groups, trade associations, industry players and others who can help to support those vulnerable people who could not be included in the first two exercises.
- ▶ Continue engagement with national government (Ministry of Social Protection and Solidarity), United Nations and other partners, and advocate together with CSOs and communities themselves for intentional inclusion of these vulnerable and marginalized populations in broader social protection and social safety net initiatives, ensuring that their specific needs are considered.
- ▶ Advocate for the integration of community system strengthening efforts in broader crisis and pandemic preparedness plans and mobilize support for civil society and CBOs to build their capacity and enhance community resilience.
- ▶ Explore the potential to conduct a national HIV and social protection assessment to move toward inclusive, HIV sensitive social protection at the national level.
- ▶ Mobilize funding for social aspects related to people living with HIV and key populations, including advocacy for support measures that help vulnerable households develop sustainable income-generating activities.

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