SYNERGIES BETWEEN CASH AND CARE INTERVENTIONS TO IMPROVE HIV OUTCOMES FOR ORPHANS AND VULNERABLE CHILDREN:

PROGRAMMING BRIEF

Michael Samson, Selwyn Jehoma & Preksha Golchha, Economic Policy Research Institute (EPRI)

Introduction

"Cash plus care" programming has recently gained momentum in the social protection discourse as policymakers realize the potential efficiency gains derived from integrating cash transfers with social services like health, education and psychosocial support to reduce HIV risk.[1] This programming approach is particularly compelling for its potential to reach orphans and vulnerable children (OVC) with support for HIV prevention and adherence to treatment. Combined interventions appropriately tackle the multidimensional risks and vulnerabilities affecting OVC populations. Consequently, cash plus care programs are gaining ground as core instruments of HIV responses.

This brief examines the experience of the Isibindi project, sponsored by South Africa's government, and community intervention work by eSwatini's Salvation Army to demonstrate the need for a holistic set of interventions to effectively respond to the range of vulnerability factors affecting OVC populations. These programs reveal that cash plus care interventions offer an effective system of interventions that generate interactive and multiplicative effects to reduce HIV prevalence and transmission. Based on these programming examples, this brief highlights the key design elements for effective cash plus care interventions, to inform future policy development.

WHY INTEGRATE CASH AND CARE?

Cash transfers enable caregivers to improve food security and nutrition, shelter, and access essential services such as education and health care for the children in their care (Cluver et al., 2016). Cash transfers also contribute positively to psychosocial wellbeing and mental health (Handa et al., 2015).

Care programs deliver psychosocial support, improve mental health, and promote self-esteem. They strengthen family and community support systems. Care support has been found to reduce HIV risk behaviors (Gittings et al., 2016). Care programs are effective in areas where cash transfers on their own fail to yield behavioral impacts. Additionally, they can facilitate economic opportunities through the provision of skills training, enhance individuals' abilities to be more productive and engender more positive psychosocial development (Asfaw et al. 2016).

[1] For more detail on the evidence as it pertains to orphans and vulnerable children, see Samson, Jehoma and Golcha, 2019, "Synergies between cash and care interventions to improve HIV outcomes for orphans and vulnerable children: Cash plus Care evidence brief."

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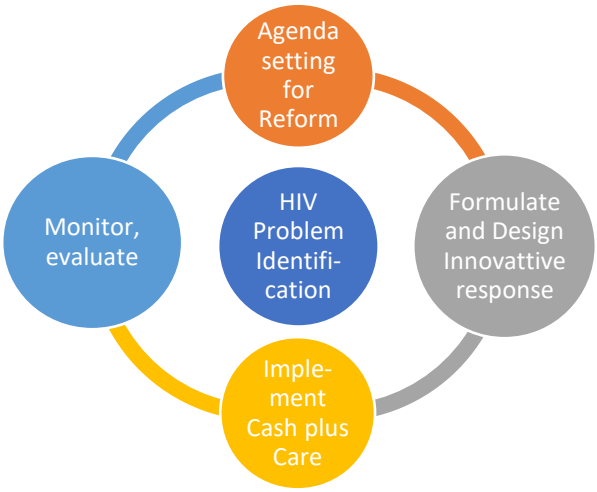
Cash plus care programming offers new avenues for reducing HIV-related risks. An integrated approach to social protection programming – including comprehensive vehicles such as cash transfers combined with access to care-related services – improves outcomes across multiple domains. For instance, benefits encompass improved nutrition, education, physical and mental health, economic stability and ART-adherence (Cluver et al., 2016; Gittings et al., 2016).

Cash-plus-care policy design

By showcasing two key programs in South Africa and eSwatini, this section illustrates key design features of cash-plus-care interventions. In both countries, standalone efforts in cash-only and care-only interventions had not attained the scope of desired results. Rampant HIV-related issues continued to threaten families and communities. Cognizant of the chronic problem, the government of South Africa and the Salvation Army in eSwatini identified the need to review policy and design appropriate interventions based on institutional monitoring and evaluation cycles. Figure 2 shows the potential design of a cash-and-care policy cycle

Figure 1: The Policy Cycle: Design Approach



THE CHALLENGE IDENTIFIED

More than 11 million children in Sub-Saharan Africa have lost one or both parents to HIV and AIDS (UNICEF, 2017). The region is also home to an estimated 3.4 million orphans and vulnerable children below the age of 15 who suffer from HIV (USAID, 2017). Children made vulnerable by HIV suffer from a higher incidence of youth unemployment and school drop-out rates. Elevated levels of substance abuse, legal troubles and risky sexual behavior further magnify the risk of contracting HIV or other infections. These and similar risks are compounded by weak or non-existent support networks.

AGENDA SETTING

As a result of the large-scale devastating impact of the disease, the fight against HIV ranks highly on national and international development agendas, particularly in sub-Saharan Africa. In both South Africa and eSwatini, joint efforts by the media, NGOs and civil society compelled their governments to make the fight against HIV and the support and care of individuals and communities affected by the pandemic top priorities.

POLICY FORMULATION AND DESIGN

The Salvation Army in eSwatini was operating in a context that did not have a universal cash transfer program for children. Seeing that its care framework for those affected by HIV and AIDS was not producing the intended results, the Salvation Army implemented an in-kind (food parcels) program that provided sustenance to vulnerable households. The program also provided money for transportation to health clinics. While not cash transfers per se, these interventions alleviate economic pressure on the household by helping to meet basic needs.

By contrast, South Africa already had a child support grant in place that had significantly improved access to basic services, education and health care for vulnerable children. In a move to increase efficiency, the government reviewed its position on home and community-based healthcare services and subscribed to more comprehensive HIV and AIDS policy interventions.

POLICY IMPLEMENTATION

The Salvation Army, eSwatini

The Salvation Army distributed food parcels to people in need, provided transport money for visits to health care centres, and introduced home-based health care for households affected by HIV. Medical staff conduct home visits, deliver medication, and provide care to people who are physically or financially unable to bear long-distance transportation. The Salvation Army also provides child and youth focused interventions, such as school support and mentoring. The program uses education and skills training to occupy children and youth, reducing opportunities for HIV risk behaviors while providing skills to help them successfully transition to adulthood.

Isibindi in South Africa

South Africa's Child Support Grant is a government cash transfer program that has demonstrated a positive impact on HIV-affected children. In the interest of further increasing the impact of the grant, the government partnered with an established local NGO, the National Association of Child Care Workers (NACCW) to forge a more holistic protection strategy.

The Isibindi program's implementation makes access to cash transfers a priority and further ensures that orphans and vulnerable children are supported to overcome barriers in accessing the cash benefit through what they term "circles of care". Child care workers are deployed in communities in order to support children within their life-spaces. The package includes helping affected families with basic household chores or gardening and information about essential health and nutrition. Children are also taught relevant life skills and HIV knowledge. Currently, the Isibindi program reaches more than 100,000 children and aims for national scale-up. It has obtained critical and popular acclaim and inspired replication in Zambia and Lebanon.

Monitoring and Evaluation

Objective and effective monitoring mechanisms inform the Salvation Army of gaps in their policy design and implementation. The monitoring and evaluation system forms an integral part of the group's scheme to ensure program efficiency and impact. The Salvation Army's efforts receive assistance from the Government of eSwatini's National AIDS Program. The National AIDS program, which is poised to deliver a "coordinating mechanism, strategic framework, and a national monitoring and evaluation framework" (Swaziland National AIDS Programme, n.d.).

In South Africa, monitoring and evaluation assessments are backed by The South African National AIDS Council (SANAC). The Council is a voluntary association of institutions

established by the government to ensure the monitoring of progress against the targets set in the National Sector Plan (NSP) in a country-wide response to HIV and AIDS. SANAC also evaluates the NSP's mid and end of term performance.

POLICY CONCLUSION

Single responses of just cash (South Africa) or only care (eSwatini) generated inadequate impacts. In both countries, integrated programs better addressed basic needs, strengthened resilience, improved adherence to treatment interventions and reduced the prevalence of HIV and associated risk behaviors.

Key policy design considerations

Targeting in line with policy and legislation: Many countries in sub-Saharan Africa have legal and/or policy frameworks that are subject to the Convention on the Rights of the Child, which calls on adherents to "ensure the child such protection and care as is necessary for his or her well-being" and "undertake all appropriate legislative, administrative, and other measures for implementation" of the rights in the convention (United Nations, 1990). Although global evidence emphasizes the efficacy of cash transfers on child development, few countries in Eastern and Southern Africa have delivered national-scale cash transfer programs reaching all orphans and vulnerable children.

Decide on a "care" services package: the concept of "care" is contextually variable. Most institutions have adapted and updated specific responses as programs evolved and needs changed, while still remaining within the framework of care. A growing body of literature points to effective care interventions for orphans and vulnerable children, but have not yet demonstrated causality.

Lack of cash plus care operational models: National jurisdictions regularly include cash transfers or care programs, but integrated combinations on a national scale are scarce. Similarly, operational models to implement and sustain comprehensive packages are rare.

Imbalance between demand and supply: The nature and availability of care services is a primary concern of policy development. NACCW, for instance, has collaborated with community-based NGOs to set up an extensive national infrastructure in order to deliver care services, such as skills development for unemployed persons.

Standards and quality assurance: The implementation of cash plus care programs require established standards and quality assurance. In Swaziland and South Africa, ongoing implementation evaluations document program success. Nevertheless, future progress depends on further research on the interplay between the schemes and their quality assurance mechanisms.

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