


Independent Joint Evaluation

The Work of the Joint UN Programme on HIV and Social Protection (2018-2022)

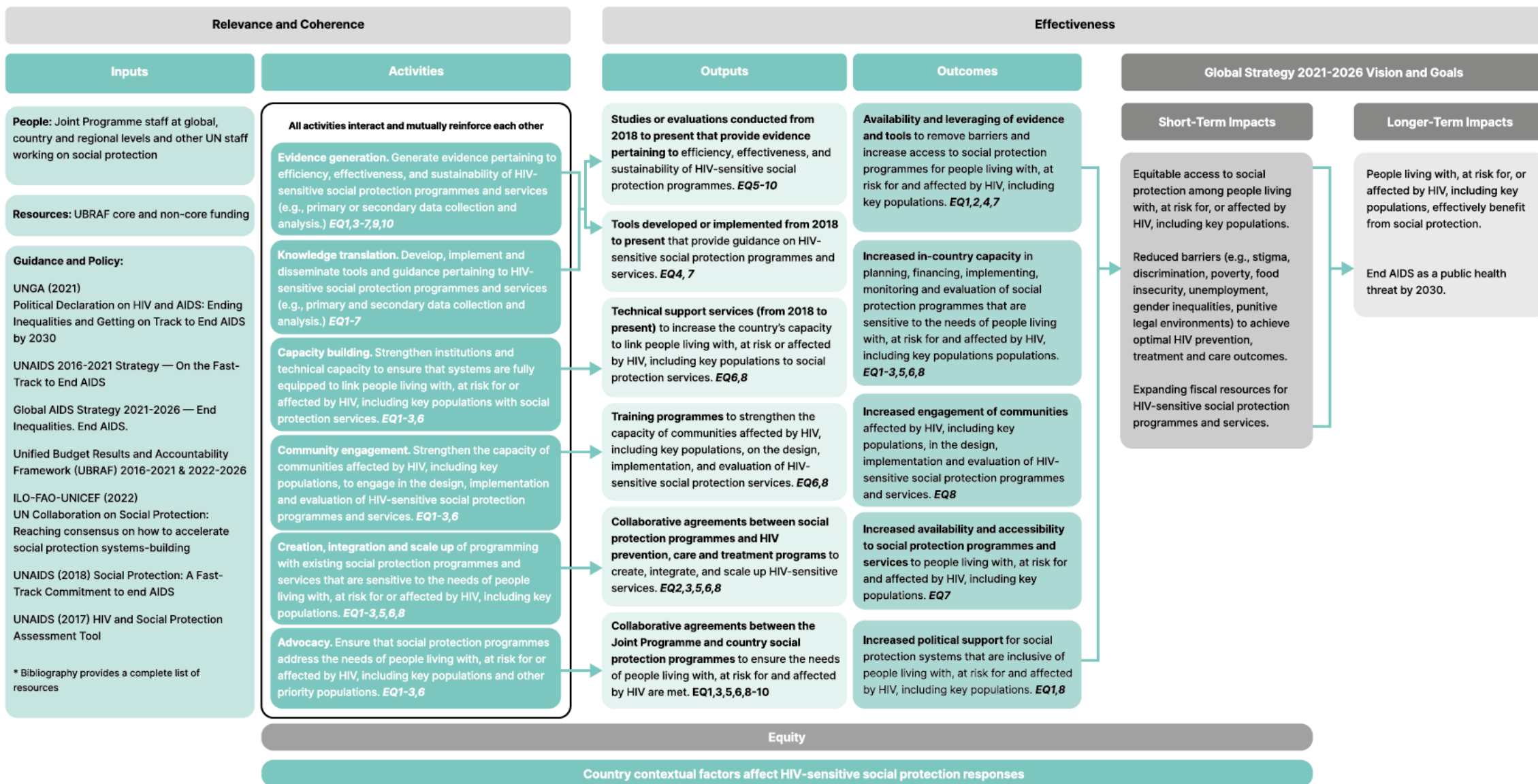


Aim & Scope of Evaluation

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- To assess the **relevance, coherence, effectiveness, efficiency, and equity** of the Joint Programme's work in HIV-sensitive social protection 2018-2022, including assessment of work at global, regional, and country levels
 - To contribute to **the strategic assessment and future planning** of HIV-sensitive social protection initiatives, programmes, and/or activities to strengthen their reach and inclusion of people living with, at risk for, or affected by HIV, including key, vulnerable, and other priority populations

Reconstructed Theory of Change for Joint UN Programme on HIV and Social Protection

UNAIDS Strategic Priority 3: Fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings, and pandemic responses



Evaluation Criteria & Questions

Relevance & Coherence

EQ1. Role

What has been the specific role of the Joint Programme in HIV-sensitive social protection and how has it complemented the role and contribution of other UN and global actors?

EQ2. Country relevance

How is the work of the Joint Programme on national social protection systems perceived at country level and how well does it embed in national systems?

Effectiveness

EQ3. Partnerships

What successful partnerships have been established and what has been the role and comparative advantage of other partners (civil society, government, others)?

EQ4. Models

Which would you consider exemplary model(s) in HIV-sensitive social protection?

EQ5. Progress

From your perspective, what progress has been made in recent years regarding HIV-sensitive social protection systems and what are the main challenges ahead?

Efficiency

EQ6. Contribution

How has the Joint Programme contributed to countries' progress in HIV-sensitive social protection programmes at global and country levels (please mention specific countries)?

EQ7. Tool

What is your experience with the UNAIDS assessment tool for social protection systems and how do you assess its adequacy and robustness?

EQ8. Regional activities

How effective has been the work of the Joint Programme in regional initiatives to advance HIV-sensitive social protection?

Equity

EQ9. Inclusion

What is the coverage and access to social protection for populations living with, at risk of or affected by HIV, including key populations, and who is left behind by current practices?

EQ9. Inclusion

What are the main contributions of the Joint Programme in increasing access and coverage across population groups and epidemic profiles?

COVID-19

EQ10. COVID-19

How has the COVID-19 crisis affected achievements in HIV-sensitive social protection and how do you assess adaptation to the pandemic and the related crisis by the Joint Programme?

Data Collection



- Benin
- China
- Dominican Republic
- Fiji
- Ghana
- Malawi
- Morocco
- Peru
- Uzbekistan*

Limitations

- HIV-sensitive social protection is not a well-established area of work in all settings;
- Some details of the work of the JP were not available to evaluators;
- Broad geographic scope & limited available budget for field missions;
- Longer time dedicated to field missions due to competing activities (*e.g. COP 2023, Global Fund planning meetings*), and events (*e.g., Tropical Cyclone Freddy in Malawi*) impeded the evaluation team from conducting a global survey to further triangulate data;
- Not all selected key informants could be reached or accepted invitations to be interviewed;
- Findings from Uzbekistan not incorporated as contact with the national consultant was lost just before the report was due.



Findings

Activities of the JP are **well aligned** with the Global AIDS strategies and **reflective of mandates and roles** outlined in UBRAF

There was **agreement amongst global and country-level** key informants of the **importance of HIV-sensitive social protection** activities and alignment to JP's work globally & nationally

At the country level, HIV-sensitive social protection was not viewed as a stand-alone area of work and was **not well-established**.

There was **considerable variation** in understanding of HIV-sensitive social protection amongst all KIs.




Relevance & Coherence

EQ1 : To what extent is the role of the Joint Programme in social protection aligned with its overall mandate and strategy?

The general work of UNAIDS Country Offices and Cosponsors was **well aligned with national priorities**, policies, plans and strategies.

All countries **rely on participating organizations** for coordination of funding and collaboration with national ministries prevent redundancy in overall fight against HIV/AIDS.

The overall rationale of HIV-sensitivity does not always reflect governments' priorities, particularly where **PLHIV are not explicitly included**.




Relevance & Coherence

EQ2 How relevant are the Joint Programme guidance and efforts to integrating HIV into national social protection systems, and how connected to national systems are they?

Field studies revealed that **social protection systems do not always explicitly specify inclusion of people living with or affected by HIV and data on their effective coverage is generally lacking.**

Field missions found that HIV-sensitive social protection is **not a clearly established area of work** in all countries.

Stigma and discrimination against key population groups, coupled with processes and systems that were not sensitive to the needs of PLHIV, were the key barriers to the integration of HIV in the national social protection system.



Effectiveness

EQ5 To what extent has the Joint Programme contributed to HIV (and, to a certain extent, tuberculosis, or TB) integration into national social protection programmes?

What are the contributing and/or hindering factors for this integration?

Other factors hindered integration, including:

- lack of national HIV strategies;
- barriers and limitations of social registries;
- lack of surveillance data;
- and lack of awareness about social protection measures among the key populations.

The Assessment Tool **was completely unknown** to country informants in most field missions. These included China, Fiji, Malawi, Morocco, and Peru.



Effectiveness

EQ5 To what extent has the Joint Programme contributed to HIV (and, to a certain extent, tuberculosis, or TB) integration into national social protection programmes?

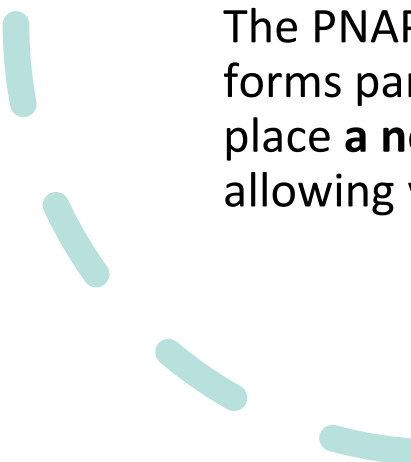
What are the contributing and/or hindering factors for this integration?

EQ7 How effectively is the (UNAIDS) HIV and Social Protection Assessment Tool (and related tools by other agencies) used to link people living with, at risk for, or affected by HIV to social protection services?

In Malawi, the Social Cash Transfer Programme includes PLHIV as a **chronic illness**, which could help to better integrate PLHIV in SP programmes while preserving confidentiality and avoiding additional stigmatisation.

In Ghana, WFP conducted a food security assessment of PLHIV, which found that **21% of ART users are food insecure**. This led to recommendations for providers of food and cash aid on targeting criteria for aid delivery, and phasing-out of strategies based on livelihood support.

The PNAPS is a psychological and social support programme that forms part of the Moroccan national plan against AIDS. It puts in place **a network of social workers** that link PLHIV to SP benefits, allowing vulnerable people to access benefits more easily.



Effectiveness

EQ4 What models or instruments for HIV-sensitive social protection are feasible and available in resource-constrained environments, and what are the gaps relevant to the Joint Programme's work?

In China, an in-depth analysis on employment, income and SP of PLHIV in poor regions has identified key barriers that prevent this population from accessing employment opportunities and SP measures. As a result, a guide on fair employment has been produced and pilot activities including job placement services have been supported.

Effectiveness

EQ4 What models or instruments for HIV-sensitive social protection are feasible and available in resource-constrained environments, and what are the gaps relevant to the Joint Programme's work?

Mixed evidence was found at country level on the capacity of the Joint Programme to contribute effectively to HIV-sensitive social protection. Some country reports highlight lack of resources, while others report an effective use of the capacities distributed across Joint Programme offices and cosponsors.


In **Fiji**, concerns were expressed about the lack of adequate resources available to the UNAIDS as a lead agency with an HIV mandate, to effectively support government and civil society in their efforts.

In **China**, the joint activities seemed to be more efficient and effective despite a decrease in the Joint Programme's funding.



Efficiency

EQ6 How well equipped is the Joint Programme to effectively contribute to HIV-sensitive social protection and what should its role be going forward?



There was consensus across national consultants that sexual and gender minorities experience difficulties in accessing SP benefits **due to stigma and discrimination.**

The JP has helped improve inclusive access by:

- **mapping of vulnerable groups** and PLHIV/TB
- developing **non-discriminatory policies** for LGBTQIA+
- **strengthening CSOs** supporting key populations
- integrating SP schemes with **HIV services**,
- conducting HIV behavioural and biological surveys

The **lack of data** hinders additional analysis on populations left behind



Equity

EQ9, What are the main contributions of the Joint Programme to increasing access and coverage of HIV-sensitive social protection, including for key populations?

COVID-19 **negatively impacted social protection program delivery** in Malawi, China and Ghana. Operational costs of cash transfers increased as a result of the pandemic.


The pandemic highlighted the fragility of many social protection systems, including those in Peru and Morocco. This provided opportunity for reform and **improved collaboration between government and CSOs**.

The COVID-19 pandemic led to enhanced SP systems, and produced opportunities for learning, enhanced partnerships, and triggered reforms.



Equity

EQ10 What key lessons have emerged from government- and community-led COVID-19-related social protection services supported by the Joint Programme?





Conclusions





+ The Joint Programme has been assigned the **relevant responsibility** of advocating for and providing technical support and assistance in implementing HIV-sensitive social protection programs globally.

- + Stakeholders reported positive perceptions about the multi-sectoral approach of UNAIDS' contributions to the advancement of programmes, strategies, and policies relevant to the needs of people living with, at risk of, or affected by HIV, including key populations
- But the UNAIDS Secretariat was not seen as a leader in social protection.
- + ILO, UNICEF, and WFP were viewed as lead agencies in social protection
- * However – cosponsors demand the involvement of the UNAIDS Secretariat in the role of coordinator of HIV-social protection activities

+ *In general*, the work of the Joint Programme aligns well with national priorities, plans and strategies related to HIV prevention, care and treatment.

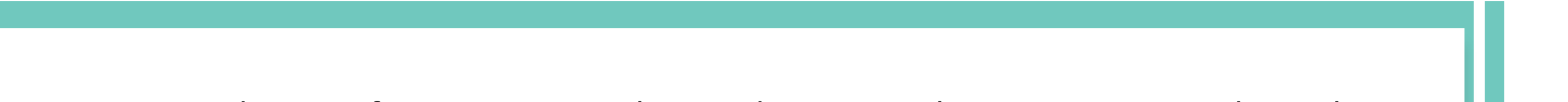
+ This alignment is facilitated by close collaboration of UN agencies, national governments and donors

- *However*, most national social protection systems do not explicitly indicate people living with, at risk of, or affected by HIV as priority populations for social protection benefits – despite evidence of the existence of stigma-related barriers for PLWH, key and other vulnerable populations to access social protection



*This highlights an important gap
in broader social protection services.*



- + Joint Programme reports inform of progress towards HIV-sensitive social protection worldwide
- + Target established in the 2016-2021 UBRAF of 70% of reporting countries with HIV-sensitive social protection strategies by 2020 has been met
- data on their effective coverage are generally lacking
- Programme monitoring data is not consistently used as a basis for program planning at the country level
- HIV-sensitive social protection is not a well-established area of work of UNAIDS at country level
- Conceptual definition and scope of HIV-sensitive social protection is not clear to key stakeholders across sectors


+ In many countries reporting to the JPMS and in all countries where field missions were conducted, evidence was found on how the Joint Programme members have been **effective** in addressing concrete discriminatory practices as well as barriers that exclude people living with, at risk of, or affected by HIV.



Great degree of agreement on the need to revisit the UNAIDS HIV and social protection assessment tool.

- Unknown in most countries included in field missions
 - Reported as cumbersome, the training too long, and that is required considerable adaptation by national experts before use
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- + UNAIDS Secretariat and Cosponsors have established partnerships and collaborations with organisations, networks and civil society groups in all regions
 - Amongst country-level informants, there was little to no awareness of regional activities related to HIV-sensitive social protection
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- + At global and country level, respondents indicated a strong commitment to promoting social protection for marginalized and other vulnerable populations
 - Emphasized that there must be a continued focus on ensuring that strategies are inclusive of key populations – including youth, sexual and gender minority populations [especially transgender people], and people who use or inject drugs AND that are responsive to country-specific challenges
 - In country reports, the groups cited as being left behind were sexual and gender minority populations, and people who use or inject drugs

- +/- Mixed evidence on the capacity of the Joint Programme to effectively enhance HIV sensitivity in SP systems across countries
- + Capacity distributed across the Cosponsors
 - Limited resources
 - Staff / position reductions – especially the UNAIDS post for an officer in HIV-sensitive social protection
 - Compromises potential influence of the Joint Programme
 - Affects general outlook of staff, especially at the global & regional levels

- COVID-19 has added pressure to JP resources, public finances, and livelihood strategies
- + has put social protection on many governments' agendas & has improved knowledge and partnerships on service delivery

Opportunities for social protection reform arise and such opportunities could be taken to advocate for an explicit focus and increased sensitivity to HIV.



Recommendations



Recommendation 1

Clarify the future of the **social protection position** at the UNAIDS Secretariat and consider its inclusion in a broader area of work of the Secretariat, such as in eliminating stigma and discrimination, and its connection with the data department.

Recommendation 2

Articulate a **common understanding** of HIV-sensitive social protection as an area of work of the Joint Programme and reinforce the roles of the UNAIDS Secretariat and each of its Cosponsors in the implementation and evaluation of efforts in supporting all HIV-vulnerable groups through sustained linkage to available social protections.

Recommendation 3

In collaboration with UCOs and national stakeholders, promote ownership of the monitoring of HIV-sensitive social protection, and the use of the related data for planning and monitoring actions at the country level. Identify and leverage existing survey mechanisms to extract or embed **monitoring indicators**; utilise these data to provide evidence of the Joint Programme's impact on HIV-sensitive social protection. Where possible, disaggregate data by key population and other priority populations.

Recommendation 4

In collaboration across Joint Programme organisations, **review the UNAIDS Social Protection Assessment Tool** and revise guidance for its implementation to optimise efficiency, as well as guidance for data analysis and use. For the sake of sustainability and considering implementation challenges in the past, the review should consider integration in other tools designed and systematically applied by Joint Programme Cosponsors or more broadly across relevant UN agencies.

Recommendation 5

In collaboration with Regional Support Teams, establish geographic priorities for the work of the Joint Programme in HIV-sensitive social protection on the basis of challenges (e.g., high prevalence, criminalization) and opportunities (e.g., social protection reform and expansion). Enhance **collaboration** across Joint Programme agencies in those regions and/or countries.

Recommendation 6

The Joint Programme must explore all opportunities to engage with social protection programmes, policies, schemes, conferences, etc., to ensure that HIV concerns are highlighted. This recommendation is applicable at the global, regional and country levels.

Recommendation 7

Once concepts and tools have been revised, tap into opportunities at the regional level (facilitated by the Regional Support Teams) to provide training in HIV-sensitive social protection, with a view **to strengthening existing HIV and social protection expertise at the country level among UNAIDS Country Offices civil society organizations (CSOs), government and other partners, including the development of various skillsets required, and the matching of skills to contexts and programme aims.**

Recommendation 8

UCOs should concentrate efforts in **advocacy** on improved accessibility of social protection and provision of appropriate and adequate benefits and programmes for people living with, at risk of or affected by HIV, including key population groups (including sexual- and gender-minority populations, people who use or inject drugs, and youth), in connection with broader advocacy work on universal social protection.

Recommendation 9

UCOs, in collaboration with Joint Programme agencies in country, should engage national social protection programmes and advocate for the voices of key and vulnerable populations to be included at all stages in the conceptualization, design, analysis, planning, implementation, monitoring and evaluation of social protection schemes at the country level.

Recommendation 10

UCOs, in collaboration with Joint Programme agencies in country, should engage representatives of **key and other vulnerable populations, including groups that are most neglected in the country, **to identify barriers** to accessing available social protections and to collaborate in finding appropriate solutions.**

Recommendation 11

UCOs should provide **technical support and other resources to CSOs** to enhance their role in documenting coverage and access to social protection programmes and to removing barriers among community members across the life course.

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