



TOWARDS A TRANSFORMATIVE SOCIAL PROTECTION AGENDA FOR ADOLESCENTS LIVING WITH HIV IN ESA REGION

A Scoping Review Of Literature



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**REGIONAL INTERAGENCY TASK TEAM ON CHILDREN AND AIDS IN EAST AND SOUTHERN
AFRICA (RIATT-ESA)**

REPSSI, 266 West Ave, Unit 2, Waterfront Office Park, Randburg, GP, 2194, South Africa

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ABSTRACT

This paper presents a critical scoping review of social protection interventions for adolescents living with HIV in Eastern and Southern Africa (ESA), a region disproportionately affected by the HIV epidemic. Employing the Transformative Social Policy (TSP) framework, this review offers a critical analysis of the intersection between social protection and adolescents living with HIV, addressing a significant gap in the current literature. The methodology comprises a three-stage process which includes conceptualisation of social protection, a systematic mapping of interventions, and a comprehensive literature analysis. This approach allows for a rigorous examination of both universal and targeted interventions, categorising the literature by type while assessing methodological approaches. As it utilises the TSP framework, this review transcends traditional social protection paradigms, offering a more holistic and transformative perspective. It critically examines how existing interventions address - or fail to address - structural inequalities, promote long-term wellbeing, and foster sustainable development for adolescents living with HIV. The review's findings reveal a complex landscape of interventions, highlighting at times discrepancies between policy intentions and practical implementations. It identifies crucial gaps in current approaches, particularly in addressing the multifaceted challenges faced by adolescents living with HIV in the region. This scoping review contributes to the field by providing a comprehensive mapping of recent interventions and a critical analysis of their effectiveness through the TSP lens, providing a robust foundation for future research and policy development. It challenges existing paradigms and proposes a more integrated, transformative approach to social protection for this vulnerable population.

Keywords: *adolescents, Eastern and Southern Africa, HIV, social protection, scoping review, Transformative social policy*

Introduction and Background

The HIV epidemic continues to pose significant challenges globally, with the Eastern and Southern Africa (ESA) region bearing a disproportionate burden. Recent data from UNAIDS (2023) indicates that the ESA region is home to 20.8 million people living with HIV, and this represents over half of the global total. While the region has made substantial progress, as evidenced by a 57% decrease in new infections and a 58% reduction in deaths since 2010, the absolute numbers remain concerning. The heterogeneity of the epidemic within the ESA region has further complicated the situation, with varying incidence rates across countries (UNAIDS, 2023). What has been of particular concern has been the impact of HIV on adolescents who are defined by UNICEF (2024) as individuals aged 10-19 years. The ESA region is said to account for an estimated 1.74 million adolescents living with HIV, constituting 60% of the global total in this age group (UNICEF, 2021a).

Further disaggregation of the data has revealed that 63% of children aged 0-4 years and 69% of older adolescents aged 15-19 years in the region are living with HIV. This has been in a context where the region accounts for 46% of new HIV infections in children and 55% in adults, as well as 43% of AIDS-related deaths in children and 67% in older adolescents

(UNICEF, 2023a). These statistics highlight the disproportionate impact of HIV on young people in the region, a situation that is likely to be exacerbated by the projected 23% increase in the adolescent population over the next decade (UNICEF, 2021a). The challenges facing adolescents living with HIV in the ESA region can be seen as being multifaceted and interconnected. Mokomane et al. (2023) highlight a complex interplay of structural, cultural, and legal barriers, including poverty, inequality, gender-based violence, discrimination, food insecurity, and limited access to education and employment opportunities. These factors do not only contribute to the high prevalence of HIV, but they also exacerbate AIDS-related mortality. For them this emphasises the urgent need for comprehensive and targeted interventions.

In response to these challenges, there has been a growing focus on the utility of the concept of HIV-sensitive social protection. This is a comprehensive approach to social protection programs and policies aimed at specifically considering and addressing the unique needs and vulnerabilities of individuals and families affected by HIV/AIDS. It recognises that HIV-affected populations often face multiple, interconnected challenges that extend beyond health concerns to include economic, social, and psychological dimensions and it is advocated for by the United Nations Fast-Track Strategy (UN General Assembly, 2016). This approach aims to utilise social protection mechanisms to address the HIV epidemic, with ambitious targets including reducing new HIV infections to fewer than 500,000 globally, achieving 90-90-90 testing, treatment, and viral suppression targets, and eliminating AIDS-related discrimination (UNAIDS, 2018, 2021). The strategy recognises the multidimensional nature of HIV drivers, and it seeks to integrate HIV response within broader poverty and inequality reduction efforts (UNAIDS, 2014, 2018, 2021). The potential of HIV-sensitive social protection in addressing the epidemic in the ESA region has been recognised by several researchers (Chipanta et al., 2022; Mokomane et al., 2023), but more research is still needed in this area. The HIV-sensitive social protection approach thus encompasses a range of interventions aimed at enhancing income, employability, livelihoods, and skills development, as well as broader measures to reduce HIV risk and vulnerability while mitigating its social and economic impacts. Importantly, the HIV-sensitive social protection paradigm adopts an inclusive approach, serving both HIV-affected populations and others to avoid discrimination while ensuring comprehensive coverage (UNAIDS, 2014).

The existing literature on HIV/AIDS and social protection includes numerous systematic reviews, some of which focus on the ESA region. These reviews have examined various aspects of socio-economic interventions, including their effectiveness in supporting key and vulnerable populations (Kennedy et al., 2014; van der Wal et al., 2021), HIV prevention and risk reduction strategies (Swann, 2018), gender-based violence interventions (Gibbs et al., 2017), and the impact of cash transfers on HIV outcomes (Stoner et al., 2021). In addition, literature reviews have explored livelihood and micro-enterprise interventions for HIV-affected populations, gender-sensitive approaches, and multi-sectoral interventions for HIV prevention (Clacherty & Clacherty, 2023; Cui et al., 2013; Rogers et al., 2024; van der Wal et al., 2024). Despite this growing body of literature, there remains a significant lacuna

regarding the mapping of recent interventions at the intersection of social protection and adolescents living with HIV in the ESA region. To address this gap, this paper presents a schematic scoping review of published literature, aiming to map contemporary social protection interventions targeting adolescents living with HIV in the ESA region. The review process is structured into three main stages:

1. **Conceptualisation of social protection** - This stage involves exploring the theoretical frameworks and rationales underpinning the social protection paradigm in the context of HIV.
2. **Mapping of interventions** - This stage identifies and categorises different social protection interventions in the ESA region, with a focus on those targeting adolescents living with HIV. The review will examine both universal and targeted approaches.
3. **Analysis of literature** - This stage categorizes the available literature (e.g., primary research, conceptual/theoretical works, policy analyses, reviews) to understand the sources of information and methodologies employed.

The findings from this schematic scoping review are expected to contribute significantly to identifying gaps in both literature and programming. These insights will be instrumental in developing a research agenda for The Eastern and Southern Africa Regional Inter-Agency Task Team on Children Affected by AIDS (RIATT-ESA) and will inform an advocacy brief containing key messages derived from the existing literature. This comprehensive analytical approach aims to provide a thorough understanding of the current landscape and guide future strategies for social protection interventions targeting adolescents living with HIV in the ESA region.

Definition of Concepts

To ensure methodological rigour and conceptual clarity, it is essential to define the key terms underpinning this scoping review. The primary focus of the review is on 'social protection,' a concept that has evolved through various ideological and paradigmatic lenses, influencing its scope, objectives, and implementation mechanisms.

Social Protection

The multifaceted nature of social protection is evident in its diverse interpretations, shaped by welfare state theories,¹ development approaches,² risk management strategies,³ human

¹ These theories view social protection as a responsibility of the state to ensure the well-being of its citizens. They advocate for state-provided safety nets, such as unemployment benefits, pensions, and healthcare.

² Social protection is viewed as a means to promote social and economic development. They focus on policies that not only provide safety nets but also promote access to opportunities, such as education and employment.

³ This paradigm views social protection as a way to manage risks and vulnerabilities. It includes strategies like insurance schemes and conditional cash transfers.

rights frameworks,⁴ as well as gender equality and social inclusion paradigms⁵ (Devereux & Sabates-Wheeler, 2004; Canelas & Nino-Zarazua, 2022; UNICEF, 2012). These perspectives have contributed to a complex understanding of social protection. Social protection is thus defined as ‘...all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalized groups’ (Devereux & Sabates-Wheeler, 2004, p. 9). It includes ‘policies and programmes designed to reduce and prevent poverty, vulnerability and social exclusion across the life cycle of an individual, empowers women, men and children to reach or maintain an adequate standard of living and good health throughout their life’ (Canelas & Nino-Zarazua, 2022, p. 6). This makes it ‘a set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation’ (UNICEF, 2012, p. 12).

For this review, a synthesis of these perspectives is made with social protection being viewed as a comprehensive set of public and private initiatives designed to provide income or consumption transfers to economically disadvantaged populations. It protects vulnerable groups against livelihood risks, enhances the social status and rights of marginalised individuals while reducing and preventing poverty, vulnerability, and social exclusion across the life cycle. It also empowers individuals to achieve and maintain adequate living standards and health outcomes. This definition can be seen capturing the multidimensional nature of social protection, encompassing both preventive and responsive measures which are aimed at addressing both social and economic vulnerabilities.

Adolescents

In the context of this review, there was the adoption of a developmental perspective on adolescence. Traditionally defined as the period spanning 10 to 19 years (Sawyer et al., 2018), some scholars argue for an extended range of 10-24 years to more accurately reflect the biological, psychological, and social transitions characteristic of this life stage (Toska et al., 2016). The World Health Organisation (WHO) defines adolescents as individuals in the 10-19 years age group and the youth as the 15–24-year age group (WHO 2023). For this review and for the purposes of the analysis, primary focus on the 10-19 age range, aligning with the World Health Organization's definition. We however remain cognisant of the extended conceptualisation were relevant, particularly when considering interventions that address the broader spectrum of adolescent development and transition to adulthood.

Through clearly delineating these concepts, we established a robust foundation for our comprehensive analysis of social protection interventions targeting adolescents living with HIV in the ESA region. This conceptual clarity was considered useful in guiding the

⁴ This approach emphasises social protection as a human right and the role of social protection is ensuring the realisation of these rights.

⁵ This perspective highlights the role of social protection in promoting gender equality and social inclusion.

scoping review process, ensuring consistency in identifying, categorising, and analysing relevant literature and interventions.

Methods

This study employed a rigorous scoping review methodology to identify and analyse recent social protection interventions for adolescents living with HIV in the ESA region. The review process adhered to the framework initially developed by Arksey & O'Malley (2005) and subsequently refined by Levac et al. (2010). This methodological approach ensured a comprehensive and systematic examination of the available literature, comprising five key stages:

1. **Research Question Formulation** - The study began with the careful articulation of a focused research question, designed to guide the subsequent stages of the review process.
2. **Literature Identification** - A comprehensive search strategy was developed and implemented across multiple databases and sources to capture relevant literature on social protection interventions for HIV-positive adolescents in the ESA region.
3. **Literature Selection** - A strict inclusion and exclusion criteria was applied to screen and select the most pertinent studies for in-depth analysis, ensuring the review's focus on recent and relevant interventions.
4. **Data Extraction and Charting** - A standardised data extraction form was utilised to systematically chart key information from the selected literature, facilitating subsequent analysis and synthesis.
5. **Data Synthesis and Reporting** - The extracted data was collated, summarised, and analysed to identify patterns, trends, and gaps in the existing body of knowledge on social protection interventions for the targeted population.

This methodical approach allowed for a robust and transparent review process, enabling the identification of key themes and areas for future research.

Search strategy

The scoping review was centred on the ESA region, with a specific focus on social protection interventions for adolescents living with HIV. The search strategy was carefully designed to identify a broad spectrum of literature that aligned with the review's scope, especially in mapping the targeted social protection interventions. The search strategy was thus underpinned by a geographical focus on the ESA region, which is home to a significant number of adolescents living with HIV. Key search terms were identified, and this involved the compilation of a comprehensive list of search terms aimed at casting a wide net for the relevant literature. These terms encompassed various facets of social protection interventions and they included, but were not limited to social protection, adolescents living with HIV, conditional and unconditional cash transfers, education, legal aid, social insurance, economic empowerment, health insurance coverage, food security, nutrition security, and

vocational training among others. To enhance the analytical depth of the search, these terms were grouped into thematic categories such as financial aid (cash transfers, social insurance, economic empowerment), health support (health insurance coverage), nutritional aid (food security, nutrition security), educational assistance (education, vocational training), legal support (legal aid) among others. This allowed for a more focused search within each thematic category. To ensure a comprehensive search, these terms were used in conjunction with the geographical focus (ESA region) and specific demographic details (adolescents living with HIV).

The search strategy was designed to access a wide range of literature, ensuring that all relevant studies, reports, and articles were included. This was enhanced by using multiple databases, considering grey literature, and employing citation and reference tracking. The Google internet search engine was utilised, and databases, which included Web of Science, PubMed Central, JSTOR, Scopus, Cochrane Library, Public Library of Science (PLOS), EBSCO, Google Scholar and National Library of Medicine were searched for relevant literature. Repositories of grey literature, which included reports, policy briefs, handbooks, guidelines among others, were searched. The websites of international and local NGOs, international development agencies, national government, United Nations Agencies, and academic institutions, among others, were also searched. The search strategy was underpinned by the logic of not just trying to find relevant literature, but to systematically map the landscape of social protection interventions for adolescents living with HIV in the ESA region. This required a careful balance between breadth (capturing a wide range of literature) and depth (analysing the literature in detail).

The inclusion and exclusion criteria of the scoping review is summarised in Table 1 below:

Table 1: Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
Geographical focus of literature on the ESA region	Outside geographical scope
Literature involving adolescents (10-19 years) living with HIV	Literature focusing a lot on other populations or not specifically addressing HIV
Type of intervention studies that evaluate social protection interventions	Non social protection intervention studies examining interventions which cannot be classified as social protection
Studies that measure the impact and outcome of measures.	Studies that do not measure outcomes relevant to the social protection of persons living with HIV.
Studies that utilised the qualitative, quantitative or mixed methods approach.	Editorial or opinion pieces that do not present original data.

Recent studies published in the past 10 years ⁶	Studies published more than 10 years ago.
Studies published in English.	Studies not available in English.

Literature selection and analytical refinement process

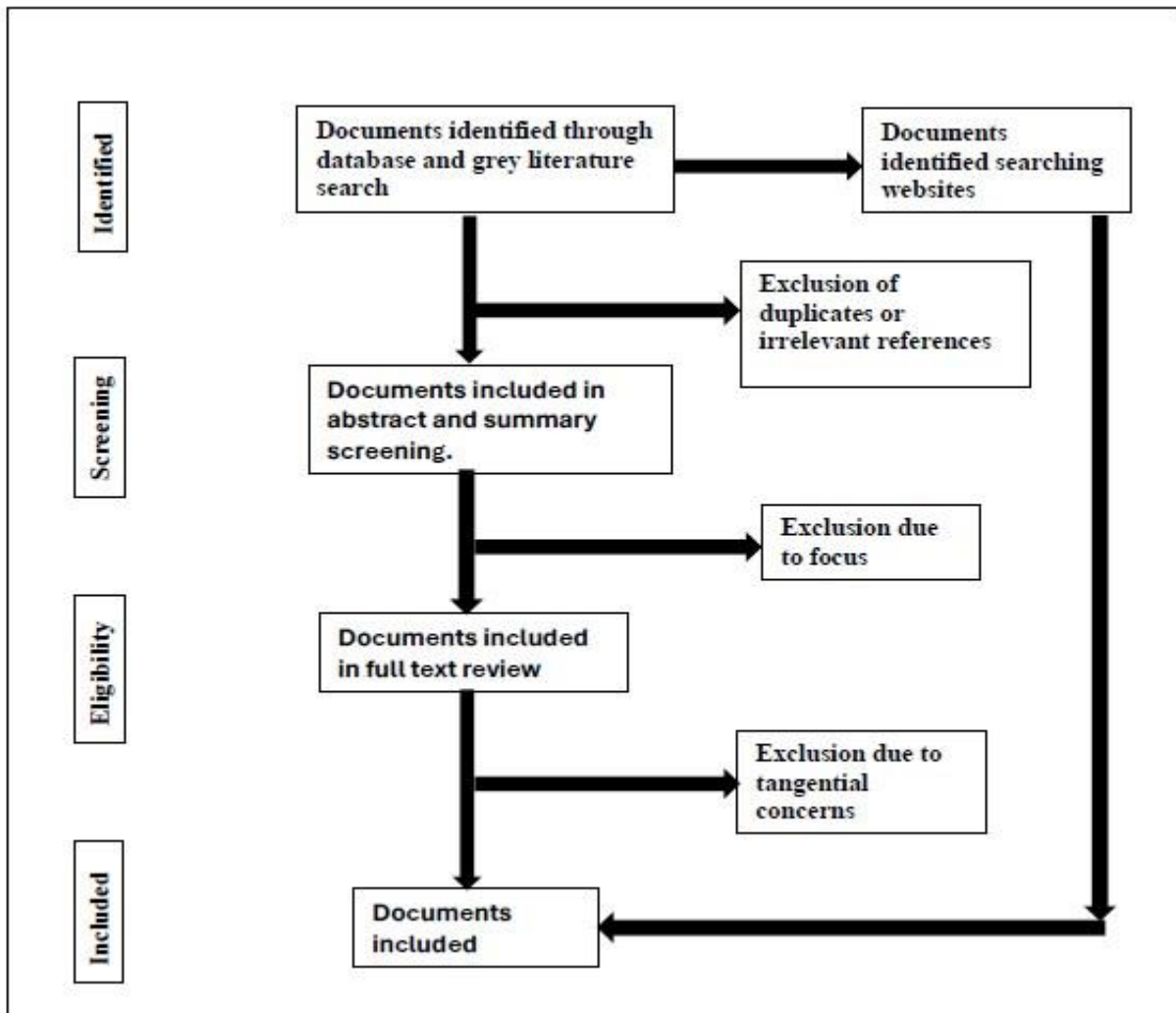
The scoping review employed a rigorous and analytically driven approach to literature selection, balancing comprehensiveness with relevance to ensure a robust foundation for analysis. The initial search, guided by carefully selected terms and predetermined inclusion criteria, yielded 186 potential references. This broad initial capture reflected the review's commitment to exhaustiveness, aligning with best practices in scoping review methodology (Arksey & O'Malley, 2005). The sheer volume of initial results however necessitated a critical refinement process. This saw the removal of duplicates and preliminary screening of abstracts and executive summaries which reduced the pool to 111 references. This initial culling, while necessary, raised questions about the potential loss of critical or boundary-spanning research that may not be immediately apparent from abstracts alone.

The subsequent thematic coding process further narrowed the selection to 71 primary references, supplemented by 32 tangentially related sources. This multi-stage refinement process, while enhancing focus, also introduced the risk of selection bias. The criteria for thematic relevance and the decision-making process for inclusion warranted careful scrutiny to ensure that diverse perspectives and emerging trends in social protection interventions for adolescents living with HIV were not inadvertently excluded. The final selection of 71 core references represented a focused dataset for analysis. This narrowing process was seen raising critical questions about the representativeness of the selected literature. It was important to reflect on whether this data set adequately captured the full spectrum of social protection interventions for adolescents living with HIV in the ESA region. The inclusion of 32 peripheral references represented an acknowledgment of the broader context, but the integration of these sources into the analysis required careful consideration to avoid diluting the review's focus. While focusing on current practices was considered crucial, neglecting the evolutionary context of social protection strategies was considered to avoid limiting the review's analytical depth.

An illustration of the reference search is illustrated in the Figure 1 below:

⁶ The aim was to ensure contemporary relevance.

Figure 1: Illustration of reference search undertaken



The identification and categorisation of references in this scoping review was considered important as it provided for the foundation for systematic mapping of the existing literature, identifying trends and gaps in research, and providing the basis for future, more focused systematic reviews or primary research in specific areas of social protection for adolescents living with HIV. It was guided by a comprehensive framework of social protection interventions. The framework, rather than presenting mutually exclusive categories, acknowledged the interconnected nature of these interventions and their potential for synergistic implementation. The categorisation schema thus reflects a critical understanding of the multifaceted challenges faced by adolescents living with HIV and the need for holistic support systems. The framework encompasses seven key intervention categories:

1. **Economic Strengthening Interventions:** These interventions aim to enhance the economic resilience of adolescents living with HIV and their families. They encompass a variety of strategies, including conditional and unconditional cash transfers, micro-

finance programs, and vocational training. This category recognises the critical role of economic stability in health outcomes and overall well-being, aligning with research on the social determinants of health.

2. **Health and Psychosocial Support:** These interventions adopt a holistic approach to well-being, integrating physical health care with mental health support. This dual focus reflects the growing recognition of the bidirectional relationship between physical and mental health in HIV management. These interventions are seen underlining the importance of a holistic approach to health, recognising that mental well-being is integral to overall health.
3. **Adolescent Engagement and Advocacy:** These interventions emphasise the importance of youth agency and participation. This approach aligns with the shift towards rights-based interventions in global health, recognising adolescents as active agents in their care rather than passive recipients.
4. **Adolescent-Friendly Healthcare Services:** They represent a tailored approach to healthcare delivery, acknowledging the unique needs and vulnerabilities of adolescents living with HIV. This category reflects the growing emphasis on patient-centred care in health systems research. They foster a sense of agency and self-efficacy among adolescents. They are crucial for personal development and societal involvement.
5. **Food Security Interventions:** These highlight the critical intersection between nutrition and HIV management. This category recognises food security as a fundamental component of effective HIV treatment and care, aligning with research on the role of nutrition in antiretroviral therapy efficacy. Focus is on nutrition education, policy changes and sustainable practices which highlight the multifaceted nature of food security.
6. **Community-Based Support:** These interventions highlight the potential of social capital and community resources to create supportive environments for HIV-positive adolescents. This approach reflects the growing recognition of the role of community systems in health promotion and disease management. They foster a sense of community and mutual support, providing forums for shared coping strategies and challenges.
7. **School-Based Provision and Sensitisation:** These interventions highlight the role of education in health outcomes and social integration for HIV-positive adolescents. They include free education; school feeding programmes and sensitisation sessions to eliminate stigma and promote HIV testing and treatment adherence. This category aligns with research on the protective effects of education on health behaviours and outcomes.

This framework provides a comprehensive lens through which to analyse and map current social protection interventions for adolescents living with HIV. By encompassing economic, health, psychosocial, nutritional, and educational dimensions, it enables a holistic assessment of the intervention landscape. This approach aligns with contemporary understandings of health as a product of multiple, interacting factors, as articulated in socio-ecological models of health (Scarneo, et al 2019). The non-mutually exclusive nature of these categories allows for the identification of integrated interventions that address multiple aspects of adolescents' lives simultaneously. This perspective is crucial for understanding the complex interplay of factors affecting the well-being of HIV-positive adolescents and for identifying comprehensive, multi-faceted approaches to support.

Conceptual framework

The Transformative Social Policy (TSP) approach, originating from the United Nations Research Institute for Social Development (UNRISD), was used as a framework in this scoping review. TSP aims to enhance human wellbeing, address structural inequalities, and balance the burden of reproduction with other social tasks (Adesina, 2015; 2020). It critiques the narrow focus of neoliberal policies and advocates for a more integrated approach to social policy (Mkandawire, 2004, 2006). TSP represents a paradigm shift towards holistic approaches that prioritise equity, solidarity, and long-term wellbeing, emphasising the need for policies that foster long-term resilience and empowerment (Adesina, 2019, 2020; Mkandawire, 2004, 2006, 2007). TSP prioritises policy instruments like education, health, and social insurance to foster socio-economic outcomes and a more equitable society. It encourages participation from marginalised groups and counters the stratified, segregated and segmented social policy architecture while promoting social solidarity and shared goals (Fischer, 2018).

Table 2: The utility of the TSP framework for the scoping review

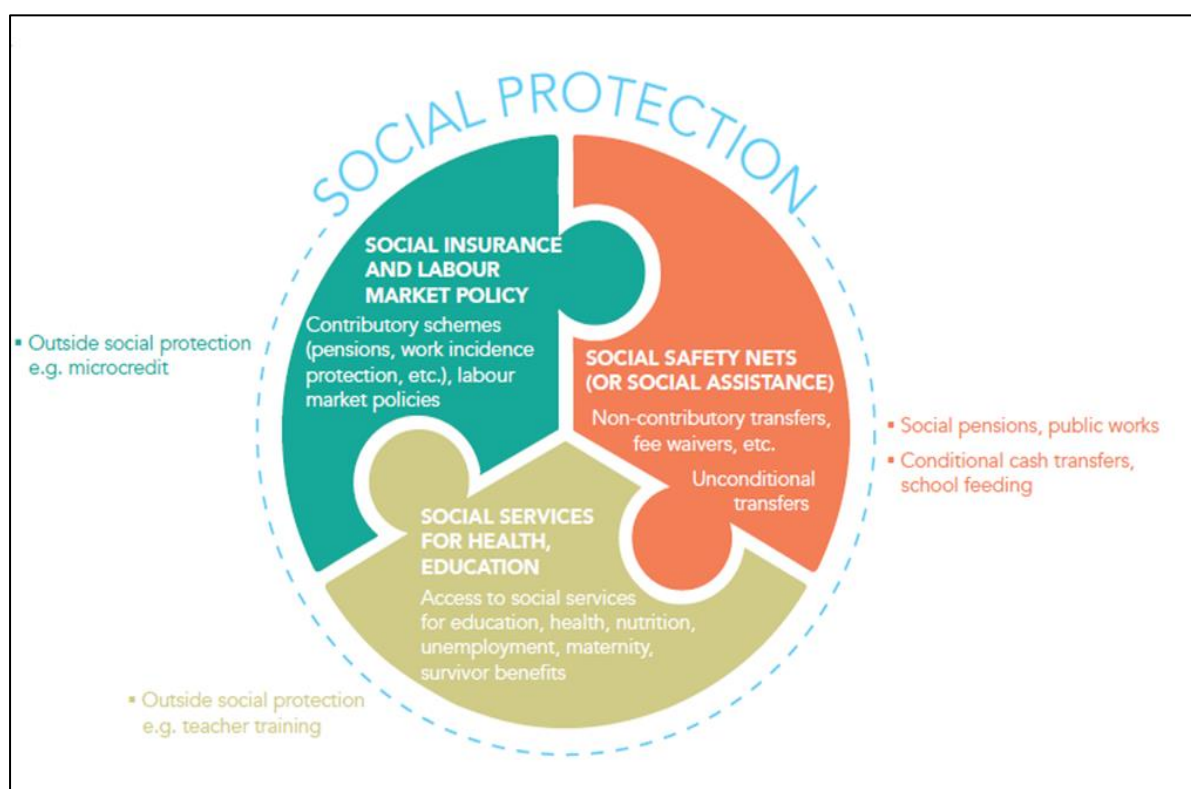
Clarifying definitions and boundaries	The TSP framework can help define concepts. This is crucial for identifying relevant literature and understanding variables, relationships, assumptions, and findings
Outlining key concepts	The framework is useful in identifying key concepts and their interrelations. These concepts can guide the search for studies addressing issues in the context of social protection for adolescents living with HIV. It is also very useful in mapping the breadth of evidence available.

Defining the scope of the review	TSP framework has utility in determining aspects of social protection which are relevant for adolescents living with HIV. This can be useful when considering the inclusion and exclusion criteria of the scoping review.
Identifying research gaps	TSP can highlight areas where existing literature is lacking.
Guiding data charting	TSP can be useful for providing a structure for organising and synthesising findings from the included studies and interventions.

Social Protection

Social protection is recognised globally and in the ESA region as a strategic response to escalating HIV rates, mitigating social and economic vulnerabilities (UN DESA, 2021; Toska et al., 2016; UNICEF, 2019). It enables HIV-related outcomes through interventions like poverty reduction, improved healthcare access, economic development, food security, education, psycho-social and community-based support (Toska et al., 2016; UNICEF, 2019). These multifaceted programs aim to alleviate poverty, inequality, safeguard household finances, build resilience, and ensure access to health, education, and housing services. They target the poor and vulnerable, including adolescents, and advocate for legal and policy reforms (UN DESA, 2021; UNAIDS, 2018, 2023; UNICEF, 2012, 2019). Social protection addresses poverty, deprivation, promotes economic opportunities, and transforms societal power imbalances (Save the Children International, 2015). It extends beyond cash and social transfers, encompassing poverty reduction, insurance, employment assistance, health financing, and basic service access interventions (Toska et al., 2016; UNAIDS, 2018). It's delivered through formal, traditional, and informal means (UNAIDS 2018, UNICEF 2019, UNDESA 2017, ACPF, 2014). Figure 2 below provides the World Bank (2015) perspective on social protection. It involves measures to alleviate risk, vulnerability, and poverty. It includes social safety nets providing regular support to the poor, social security offering benefits for age, disability, and unemployment, and labour market policies. These policies and programs enable access to social services like education, health, housing, and nutrition. The scope and delivery mechanisms of these systems vary across countries (UNAIDS, 2018; World Bank, 2015).

Figure 2: Components of the social protection system



Source: World Bank (2015)

In the ESA region, social protection is seen as a tool for mitigating life cycle risks and vulnerabilities and enhancing access to quality basic services (Save the Children International, 2015). HIV-sensitive social protection, advocated by UN agencies, helps mitigate the impacts of HIV and increases access to prevention, treatment, care, and support for affected individuals, particularly adolescents (UNICEF 2018). Child-Sensitive Social Protection (CSSP), promoted by UNICEF and Save the Children, aims to secure basic incomes and reduce risks for children in extreme poverty, often through cash or in-kind transfers (Save the Children International, 2015; Zelenev, 2023). This scoping review mapped literature on social protection interventions for adolescents living with HIV in the ESA region, noting significant progress in HIV social protection and CSSP strategies.

Findings

Literature on social protection interventions and programs on adolescents living with HIV.

This scoping review explored social protection interventions for adolescents living with HIV in the ESA region, identifying numerous references that show various support and multisectoral interventions specifically targeting this group (Birdthistle et al., 2022; George et al., 2020; Toska et al., 2016; Mulwa et al., 2021; Naledi et al., 2022; Rogers et al., 2024;

Stoner, Edwards, et al., 2021; Stoner, Kilburn, et al., 2021; Toska et al, 2022; UNICEF, 2021b, 2023b; Van Heerden et al., 2020; Wambiya et al., 2023; Williams et al., 2017; Willis et al., 2019; World Food Programme (WFP), 2019). The review also identified references which reported on adolescents within the targeted parameters (Charles & Lath, 2024a, 2024b, 2024d, 2024c; Rogers et al., 2024; Economic Policy Research Institute (EPRI), 2018; Roelen et al., 2020; Tirivayi et al., 2021; UNICEF, 2020, 2023b; UNICEF Office of Research - Innocenti, 2020, 2023; UNICEF Office of Research- Innocenti, 2022). Identified initiatives included the REACH program, which stands for Re-Engaging Adolescents and Children with HIV, and the READY+ and READY 2 programs, which are part of the Resilient and Empowered Adolescents and Young People initiative. These can be seen as having been implemented in several countries including Angola, Ethiopia, Kenya, Malawi, Uganda, Zambia, Eswatini, Mozambique, Tanzania, Zimbabwe, and Cameroon. These interventions, along with others like the Safeguard Young People (SYP) Programme in Angola, Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Tanzania, Zambia and Zimbabwe, the Botswana-Baylor Children's Clinical Centre of Excellence in Botswana, Shaping the Health of Adolescents (Shaz!) in Zimbabwe, Women First and Go Girls in Mozambique, and the Ujana Salama Cash Plus Model for safe Transitions and Productive Adulthood in Tanzania are some of the interventions grounded in social protection dimensions. There is also the Suubi4Her, Subi-Maka, Suubi Project and Suubi+ Project in Uganda as well as the Women of Worth (Cash Plus) in South Africa, Adolescent Girls Empowerment Programme (AGEP) in Zambia; Bridges to the Future and Bridges Plus in Uganda, the Biruh Tesfa (Bright Future) in Ethiopia among others. These interventions could be seen aligning with the review's conceptual framework of TSP, demonstrating a concerted effort to provide targeted support to adolescents living with HIV. The homogeneity in approach highlights the recognition of the importance of social protection in addressing the challenges faced by the vulnerable group of adolescents living with HIV. Table 3 below provides a comprehensive list of references captured in the scoping review process which capture social protection interventions targeting adolescents living with HIV in the ESA region

Table 3: References highlighting social protection interventions targeting adolescents living with HIV in the ESA region.

Author, Year	Target Population and Geographical setting	Study Design	Methods	Interventions	Measures/Outcomes	Summary of reference and comment in relation to outcomes in social protection interventions for adolescents living with HIV in ESA
Rogers et al. (2024)	Adolescents and young people Africa	Systematic review of quantitative and qualitative studies Studies published between 2005-2023	Search of PubMed, EMBASE, and Web of Science databases Use of predefined inclusion/exclusion criteria to screen and select studies Two reviewers independently extracted data from included studies Synthesized findings across studies narratively.	Bundled interventions combining at least one economic strengthening component and one health/life skills component Common combinations included: - Cash plus health information - Cash plus life skills - Cash plus mentoring - Vocational training plus life skills - Vocational training plus health information - Savings account plus cash, fiscal literacy, and health information	Primary outcomes: - HIV incidence/prevalence - STI incidence/prevalence Secondary outcomes (mediators): - Sexual behaviours Sexual and reproductive health knowledge/services use - School attendance - Health-seeking behaviours - Violence - Gender attitudes - Psychosocial well-being - Economic outcomes (e.g. savings, income)	This systematic review examined bundled interventions combining economic strengthening and health/life skills components targeting adolescents and young people aged 10-24 in Africa, with a focus on HIV prevention and related outcomes. The review included 58 studies (43 quantitative, 15 qualitative) evaluating 26 unique interventions, primarily in Eastern and Southern Africa
Willis et al. (2019)	Adolescents living with HIV Zimbabwe	Randomized trial Conducted over 12 months (December 2014 to November 2015)	Participants were HIV-positive adolescents aged 10-15 years old, on ART. Data collection via questionnaire administered at baseline, then	CATS aged 18-24 trained to provide counselling and support. Weekly home visits providing HIV/ART information, counselling, adherence monitoring.	Improved linkage to services and retention in care in intervention group. 3.9 times higher likelihood of adhering to ART in intervention group.	This study report on the Zvandiri programme in Zimbabwe. The model is a service model for children and young people (0-24 years) living with HIV. It trains HIV-positive adolescents (18-24 years) to become peer counsellors, known as Community Adolescent Treatment Supporters (CATS). The study provides evidence that peer-led community interventions like CATS can improve

		Two arms: intervention (CATS services plus standard care) and control (standard care only) 94 participants total, with 47 randomly allocated to each arm	repeated at 3, 6, 9, and 12 months Analysis used descriptive statistics and odds ratios to assess effectiveness of CATS intervention	Support for caregivers and referrals to other services as needed. Encouraged participation in support groups	Increased confidence, self-esteem, self-worth and quality of life in intervention group. Decreased stigma in intervention group (not statistically significant)	multiple outcomes for adolescents living with HIV, including treatment adherence, retention in care, and psychosocial wellbeing. As a social protection intervention tailored for adolescents, it demonstrates the potential of using trained peer supporters to address the unique needs of this population. The positive result in a rural setting is considered important, as many studies focus on urban areas. While limited by small sample size, this research supports scaling up peer support models as part of differentiated service delivery for adolescents living with HIV in Eastern and Southern Africa.
Willis et al. (2018)	Adolescents living with HIV	Article analyses routine program data and reviews various materials to document the scale-up process of the Zvandiri Programme. No specific description of study design.	No description of methods	CATS trained as peer who provide support. Integration with government health services. Home visits, support groups, clinic visits, and Health interventions. Differentiated support based on individual needs. Multisectoral approach involving health, social welfare, and education sectors	Improved uptake of HIV testing services. Improved linkage to care (94% of those diagnosed initiated on ART). Improved retention in care (96% at 6 months, 98% at 12 months). Improved self-reported adherence in one district (from 44.2% to 71.8%). Improvements in psychosocial wellbeing reported.	The Zvandiri program is seen demonstrating a scalable model for comprehensive social protection of adolescents living with HIV in Eastern and Southern Africa. It integrates peer-led support with health, education, and social welfare services, thus addressing multiple dimensions of care including health access, psychosocial support, and child protection. Its successful national scale-up in Zimbabwe and expansion to other countries is seen providing valuable lessons for implementing holistic interventions for this vulnerable population across the region.
Brooks et al. (2022)	Adolescents living with HIV	Article does not present a specific study design or	Not specified	YLC programs can effectively provide mental health support and HIV-related services to adolescents living with HIV.	There are no specific outcomes highlighted but article suggests that well-designed YLC programs can	The article highlights the potential of youth lay counsellor (YLC) programs as a valuable component of social protection interventions for adolescents living with

	Zimbabwe	intervention, proposes principles for implementing youth lay counsellor (YLC) programs based on experiences from several initiatives in Southern Africa.		Peer-to-peer approaches may be particularly effective for engaging youth. YLC programs should include structured supervision, clear roles and responsibilities, appropriate training, and support for the mental health of the counsellors themselves. Programs can provide employment and skill development opportunities for young people living with HIV who serve as counsellors. Integrating YLCs into health systems, as done in Zimbabwe, can help sustain these interventions	be an effective component of social protection interventions for adolescents living with HIV, addressing both health and economic dimensions of social protection.	HIV in the ESA region. Drawing from experiences in Zimbabwe and Botswana, it proposes key principles for implementing effective YLC programs. These programs address multiple aspects of social protection by providing peer-led mental health and HIV-related services, improving health outcomes, and offering employment opportunities for young people living with HIV. The success of initiatives like Zimbabwe's Zvandiri program in improving antiretroviral therapy adherence and mental health outcomes demonstrates the potential impact of well-designed YLC interventions. Through integrating YLCs into health systems and following these principles, countries in the region can enhance their social protection efforts for vulnerable adolescents while also empowering youth counsellors themselves.
UNICEF (2021b)	Adolescents living with HIV (ALHIV) ESA Region	The review integrates information from academic and grey literature in a mixed-methods approach.	Qualitative data gathered through interviews with 87 key stakeholders, including government representatives, service providers, and adolescents themselves. Stakeholder engagement utilised as well as	Economic Strengthening - Programs such as group savings and loans, government welfare grants, food aid, and school feeding programs are highlighted. These interventions aim to alleviate poverty and improve access to education and healthcare for ALHIV Care Support - Care components which include HIV support groups and	Health Outcomes - Achieving good health outcomes for ALHIV seen requiring the addressing of multiple social and structural challenges. Increase in social protection for vulnerable households but few programs are specifically tailored for adolescents or ALHIV Adherence to Treatment - Studies indicate that when families cannot afford ART,	The study findings suggest that while there is progress in addressing the needs of ALHIV, the pace remains slow compared to the growing demands. The need for tailored programs that specifically address the unique challenges faced by adolescents living with HIV is evident. The review calls for scaling up effective interventions and enhancing research to identify promising practices that can be implemented widely

			evaluation of the outcomes of interventions.	positive guidance for parents and caregivers, which are essential for fostering a supportive environment for adolescent	food, or educational costs, adherence to treatment and overall health outcomes suffer. Education and Retention - Cash grants and other economic interventions shown to increase school attendance and retention, particularly for girls, is vital in reducing the risk of acquiring HIV	
Toska et al. (2022)	Adolescent mothers and children living with HIV South Africa	The study involved 1,046 adolescent girls and young women aged 10 to 24 who had their first child before the age of 20. Of these, 311 were living with HIV, while 735 were not.	Interviews were conducted in 2018-2019, utilising questionnaires that included validated scales to assess various SDG-related indicators	The study did not detail specific interventions	The study assessed maternal and child outcomes across 35 SDG-related targets, including education, health, and food security. Social Protection Impact - Findings indicated that while social protection interventions were available, the overall attainment of SDG indicators was low among adolescent mothers. For instance, food security rates were lower among mothers (71%) compared to their children (91%) Education and Employment - Only two-thirds of adolescent mothers returned to school after childbirth, and just one-fifth were either studying or	The study highlights the critical role of social protection interventions in supporting adolescent mothers living with HIV. Despite high access to cash transfers, the low rates of educational and employment outcomes suggest that these interventions alone may not be sufficient. There is a need for comprehensive support systems that address both immediate financial needs and long-term educational and mental health challenges for adolescents living with HIV.

					employed, indicating significant barriers to educational attainment. Mental Health - Adolescent mothers living with HIV reported worse mental health outcomes compared to their HIV-negative peers, which could be linked to the challenges they face in accessing social support and achieving educational goals.	
Williams et al. (2017)	Adolescents living with HIV	Study employs a meta-ethnographic approach, synthesising qualitative research to understand factors influencing engagement in HIV care among adolescents in sub-Saharan Africa (SSA)	The researchers systematically searched five databases for qualitative or mixed-methods studies published between January 2005 and March 2016. They included studies that involved adolescents aged 10-19 years and assessed factors influencing engagement with at least one stage of the HIV care cascade. A socio-ecological framework was applied to situate	Study emphasises the need for psychosocial interventions targeting adolescents and their families to improve engagement in HIV care. These interventions should focus on enhancing well-being and reducing the risk of ill-health and mortality Addressing stigma and providing adolescent-friendly services are critical components of effective interventions.	Stigma found to be the most significant barrier to care engagement, affecting adolescents at multiple levels of the socio-ecological model (SEM) Factors such as self-efficacy in managing HIV and support from family or social networks seen as being critical enablers for adolescents to initiate and retain care. Health System Issues - The availability of efficient, confidential, and comfortable services was highlighted as essential for sustained engagement in care.	The outcomes suggest that social protection interventions must address the unique challenges faced by adolescents living with HIV, particularly stigma and the need for supportive environments. The findings indicate that interventions should not only focus on medical aspects but also incorporate psychosocial support to enhance overall engagement in HIV care. In addition, the study highlights the importance of tailoring interventions to the specific needs of adolescents, recognizing that their experiences and barriers may differ significantly from those of adults living with HIV. This tailored approach is crucial for improving health outcomes and ensuring that adolescents are not left behind in the fight against HIV.

			the findings across different levels of influence			
Toska et al. (2016)	Adolescents living with HIV ESA Region	The research is a systematic review that includes both intervention studies and policy mapping. It aims to gather comprehensive evidence on social protection's role in HIV prevention for adolescents	The study involved a rigorous literature review, which included: A systematic search of peer-reviewed articles using databases like OVIDSp and EBSCOhost, focusing on key terms related to social protection, children, adolescents, and HIV/AIDS. A desk review and mapping of existing policies in Southern and Eastern Africa. The review process scanned 905 titles and abstracts, leading to the inclusion of 11 relevant studies after full-text reviews.	The interventions assessed included various forms of social protection, particularly those that combine cash transfers with care and capability-building components (referred to as "cash-plus-care")	The study evaluates outcomes related to HIV prevention, including the reduction of risk behaviours such as early sexual debut, unprotected sex, and transactional sex It also considers the broader impacts of social protection on alleviating economic and structural drivers of HIV risk, such as poverty and gender inequalities.	The systematic review findings indicate that social protection interventions can play a significant role in HIV prevention among adolescents in the ESA region. Evidence shows that interventions combining cash with care components are more effective than cash-only approaches, emphasising the need for a multifaceted strategy in social protection. In addition, these interventions can address economic and structural factors contributing to HIV risk, such as poverty and social exclusion, thereby enhancing resilience among adolescents. The study also highlights critical research gaps regarding the implementation and effectiveness of these programs, and the necessity for further investigation to optimize social protection interventions for HIV prevention. The review further advocates for integrated and responsive approaches to meet the unique needs of adolescents in the fight against HIV in ESA.

Tirivayi et al. (2021)	General population, the youth, adolescents, children Kenya Lesotho Malawi Tanzania Zambia Zimbabwe Mozambique Ghana Burkina Faso	Study employs a longitudinal, mixed methods approach to evaluate the impacts of cash transfer programs.	The project conducts rigorous impact evaluations to assess the effectiveness of government-implemented unconditional cash transfer programs across multiple countries in SSA. Includes analysing demographic data, economic impacts, and social outcomes Cross-country analysis and comparisons to identify best practices and lessons learned from different contexts, which can inform future interventions.	Interventions include cash transfers combined with additional support services, such as health insurance enrolment and educational support. Targeted support programs to target vulnerable populations, including adolescents living with HIV and ensuring that interventions are tailored to meet their specific needs	Increased enrolment in health services is one of the key outcomes. It was observed that there was an increase in enrolment in health services, such as the National Health Insurance Scheme, which is crucial for adolescents living with HIV. Economic and Social Benefits - The cash transfers are expected to provide economic stability, allowing families to invest in health and education, which are critical for the well-being of adolescents living with HIV.	The evidence generated from these interventions indicates that cash transfers can significantly improve health and economic outcomes for adolescents living with HIV. The success, however, of these programs is contingent upon timely and predictable payments, as well as the integration of additional support services to address the multifaceted needs of this vulnerable population. While cash transfer programs show promise in enhancing the lives of adolescents living with HIV in ESA, ongoing evaluation and adaptation of these interventions are essential to maximize their impact.
UNICEF Office of Research - Innocenti (2023)	Adolescents Tanzania	The Ujana Salama study employed a mixed-methods design, combining quantitative and qualitative approaches	Quantitative Analysis - Data was collected from a panel sample of adolescents in both intervention and control villages, allowing for comparisons over	The Ujana Salama program consisted of three main components: Training - Adolescents received training on livelihoods and sexual and reproductive health (SRH)-	Economic Participation - Positive impacts were noted in participation in economic activities and gender-equitable attitudes. Health Knowledge - Improvements in HIV and	The findings highlight the potential of cash plus interventions in enhancing economic and health outcomes for adolescents living with HIV. While some positive impacts were observed, the lack of significant changes in certain areas, such as violence experiences and health-seeking behaviours, suggests that further strengthening of linkages to HIV and SRH services is necessary. This

			time between the two groups. This included a baseline sample of 2,458 adolescents, with follow-up interviews conducted at midline and Round 3, resulting in a panel sample of 2,191 adolescents re-interviewed at Round 3 Qualitative Analysis - In-depth interviews were conducted with a subsample of 32 adolescents across three rounds to explore mechanisms and pathways for impacts.	HIV life skills over a 12-week period. Mentoring and Grants - Participants were provided with mentoring on livelihood options and life concerns, along with productive grants intended for schooling, vocational training, or business plans. Strengthening Services - The program aimed to enhance health facilities and linkages to youth-friendly services for HIV, SRH, and violence response.	SRH-related knowledge were observed. Violence Reduction - The intervention led to a reduction in experiences of sexual violence by 3.7%. Linkages to Services - No significant effects on marriage/cohabitation or the likelihood of adolescents having a girlfriend/boyfriend	indicates that while financial support is crucial, it must be complemented by comprehensive health education and access to services to achieve sustainable outcomes for adolescents in the ESA region.
UNICEF Office of Research - Innocenti (2020)	Adolescents Tanzania	The study utilised the Intent-to-Treat (ITT) Design - An ITT design, which means that all eligible youth in the selected villages were included in	Baseline sample consisted of 2,458 youth aged 14-19, with interviews conducted in both treatment and control arms across different villages.	Intervention specifically targeted adolescents living in households benefiting from the PSSN (Productive Social Safety Net) programme, aiming to provide them with resources and support to navigate their transition to adulthood safely.	Health-Seeking Behaviour - Social protection interventions, particularly cash transfers, positively influenced health-seeking behaviours among adolescents. Includes increased access to HIV testing and SRH services,	The study findings suggest that while cash transfers and additional support can improve access to health services, there is a need for more targeted interventions that directly address the unique challenges faced by adolescents living with HIV. This includes enhancing the quality and availability of adolescent-friendly services in poorly resourced settings. The study highlights the importance of integrating

		the analysis regardless of whether they participated in the intervention or not.	Data was collected through interviews with eligible youth in the villages. Study utilised Differential Attrition Analysis:	Cash Plus Model - Intervention combined cash transfers with additional support aimed at enhancing livelihoods and improving access to SRH services.	which are crucial for this vulnerable population.	social protection interventions with health services to support adolescents living with HIV effectively. The combination of financial support and educational resources can lead to improved health outcomes, but ongoing challenges must be addressed to ensure a successful transition to adulthood.
UNICEF Office of Research-Innocenti (2022)	Adolescents Tanzania already receiving support from the Productive Social Safety Net (PSSN) program.	Study employs a mixed-methods approach, integrating quantitative and qualitative data.	Study utilises surveys and interviews. An Analysis of Covariance (ANCOVA) is used to control for baseline values of the considered outcomes.	Cash Plus Model - Intervention combines cash transfers with complementary programming, such as training and linkages to health services. Program emphasises improving access to health services, enhancing knowledge about HIV prevention, and promoting gender-equitable attitudes among participants.	The study reports positive effects on adolescents' knowledge of SRH and HIV, as well as improvements in gender-equitable attitudes. A noted shift in the types of health services sought by program participants, with an increased focus on prevention services rather than pregnancy care. For adolescent-friendly services - The health services provided were found to be more adolescent-friendly, although no significant impact was observed on the quality of discussions or perceived service quality.	The findings suggest that integrated social protection interventions, like the cash plus model, can effectively support adolescents living with HIV by enhancing their knowledge and access to health services. Challenges remain, such as the need for economic opportunities to further support safe transitions to adulthood. The study highlights the importance of combining financial support with educational and health services to address the multifaceted challenges faced by adolescents in the ESA region.
Stoner, Edwards, et al. (2021)	Adolescent girls and young women living with HIV	The study was based on observational data from the HPTN 068 study, which followed 2328	Statistical analyses which included calculating risk differences and risk ratios using the complement of the extended Kaplan	Focus was on combining the South African Child Support Grant (CSG) with interventions aimed at increasing caregiver care and reducing adolescent	Providing the CSG, enhancing caregiver care, and addressing adolescent depression, which collectively aimed to reduce HIV incidence.	Providing the CSG alone was not independently associated with a reduction in HIV incidence among AGYW, highlighting the importance of combining cash transfers with other psychosocial interventions for greater impact. Combining the monthly grant with interventions to increase

Stoner, Kilburn, et al. (2021)	South Africa	HIV negative adolescent girls and young women (AGYW) aged 13-20 years for 4 years. It utilized a Monte Carlo simulation based on this cohort with a total of 10,000 simulations to model the impact of interventions on HIV incidence among AGYW.	Meir estimator and assessing interaction effects between various exposures.	depression to reduce HIV incidence among AGYW. The combination of providing the CSG along with enhancing caregiver care and addressing adolescent depression showed the largest reduction in HIV incidence with the fewest number of combined interventions.	The combination of these interventions led to a significant reduction in HIV incidence, with the largest reduction observed when all three components were implemented together.	caregiver care and reduce adolescent depression showed a substantial reduction in HIV incidence above the provision of cash alone, emphasising the significance of multifaceted interventions in HIV prevention among AGYW. Results suggest that interventions combining economic resources (cash transfers) with psychosocial support (caregiver care, addressing depression) may have a more significant impact on reducing HIV risk factors and ultimately HIV incidence among adolescent girls and young women in South Africa.
Economic Policy Research Institute (EPRI) (2018)	Adolescents Malawi Mozambique Zambia Zimbabwe	Evaluation	- Structured desk research. - Review and analysis of secondary data. - Key informant interviews with government and non-government stakeholders. - Focus group discussions with beneficiaries, community workers, and volunteers	A 'cash plus' model, combining cash transfers with additional support services such as sexual and reproductive health (SRH) services.	The initiative contributed to increased access to SRH services and reduced stigma towards individuals affected by HIV.	The initiative achieved positive outcomes, such as improved access to SRH services and reduced stigma for individuals affected by HIV. It however faced challenges in equitably reaching all intended beneficiaries, resulting in many vulnerable groups feeling excluded. Resource constraints hindered the expansion of coverage, and despite some improvements in targeting systems, barriers to equitable uptake of social protection remained. The evaluation pointed out limited sustained progress in effectively reaching vulnerable children and adolescents, emphasising the need for better service delivery and resource allocation. While the initiative made progress in addressing the needs of

						adolescents living with HIV, ongoing challenges necessitate a continued focus on equitable access and resource optimisation to enhance outcomes in social protection interventions.
Roelen et al. (2020)	Adolescents living with HIV in ESA region	A mixed-methods approach, combining quantitative and qualitative data.	Surveys, interviews, and focus group discussions. Statistical analysis of quantitative data and thematic analysis of qualitative data.	Cash Plus Program programs provide regular cash transfers along with additional support services including: - Behavioural and Psychosocial Support - Access to Health Services - Educational Support	Cash transfers can lead to improved well-being for children and families, particularly in enhancing access to health and education services.	While cash transfers are beneficial, integrating additional support services is crucial for maximising the positive impacts on adolescents living with HIV. The study calls for ongoing research to explore the long-term effects and the processes that contribute to successful outcomes in social protection interventions. Comprehensive social protection strategies can better support adolescents living with HIV, addressing both immediate needs and long-term development goals.
UNICEF (2023c)	Children Burundi Ethiopia Kenya Mozambique Rwanda Tanzania	A synthesis of six case studies of cash plus programs documented by UNICEF in the ESA region.	Qualitative assessments and endline reviews of programs.	Cash plus programs including cash transfers supplemented with additional components aimed at improving nutrition and health outcomes. "Plus" elements often involved Social and Behaviour Change (SBC) strategies and systematic links to health and nutrition services,	Increase in knowledge regarding Infant and Young Child Feeding (IYCF) practices among participants. Quantitative outcomes related to adolescents living with HIV not detailed, the overall aim of these interventions was to improve access to food, services, and optimal care practices.	The synthesis of results highlights the importance of integrating social protection and nutrition systems to effectively address the multifaceted challenges faced by adolescents living with HIV. The findings suggest that without a coordinated approach, the potential to meet SDG'S related to poverty and malnutrition may be compromised. It highlights the need for continued investment in social protection interventions that are tailored to the specific needs of adolescents living with HIV, ensuring that they receive comprehensive support to improve their health and wellbeing.
Charles & Lath (2024a)	Adolescents living with HIV	A mixed-methods design	Combination of quantitative and qualitative approaches	Cash transfers, health services, educational support, and psychosocial services	Improvements in health outcomes, including better adherence to HIV treatment	Findings highlight the importance of integrated social protection interventions in improving the lives of adolescents living with HIV. By addressing multiple facets of

	Malawi		Surveys, interviews, and focus group discussions	tailored to the needs of adolescents living with HIV.	and reduced viral loads among participants. Enhanced social support networks leading to reduced stigma and improved mental health among adolescents. Increased school attendance and performance.	their lives including health, education, and social support, these programs not only enhance individual outcomes but also contribute to broader public health goals. The evidence suggests that such comprehensive approaches are essential for fostering resilience and improving the quality of life for this vulnerable group in ESA region. Study highlights the critical role of social protection in addressing the complex needs of adolescents living with HIV.
Charles & Lath (2024b)	Adolescents living with HIV Somalia	The research employs a cost-benefit analysis (CBA) and a fiscal space analysis (FSA) to evaluate the effectiveness and financial viability of CSSP interventions.	The primary method used in the study is Cost-Benefit Analysis (CBA) Fiscal Space Analysis (FSA) Categorical and community targeting	CSSP interventions including cash transfers aimed at improving nutrition, education, and healthcare access for adolescents living with HIV Programs like SAGAL and Baxnaano which provide regular cash transfers, targeting vulnerable groups, including children and adolescents.	Significant socioeconomic outcomes, such as reductions in stunting and child poverty rates. Enhanced prioritisation of education and healthcare among beneficiaries, as well as improvements in mental health and positive parenting practices. Returns and cost effectiveness of programme.	The outcomes of social protection interventions for adolescents living with HIV in the ESA region are promising. The integration of cash transfers with essential services not only addresses immediate financial needs but also fosters long-term improvements in health and education. The focus on mental health and positive parenting is particularly crucial, as these factors significantly influence the overall development and resilience of adolescents facing the challenges of living with HIV. The evidence suggests that scaling up CSSP can lead to substantial benefits, making a compelling case for increased investment in these programs to support vulnerable populations effectively.
Charles & Lath (2024c)	Adolescents living with HIV Uganda	Research employs a cost-benefit analysis (CBA) and a fiscal space analysis (FSA)	CBA focuses on the NutriCash program, which targets young children, especially during the critical	CSSP framework includes policies and programs tailored to address child poverty, with a focus on cash-plus interventions that provide both financial support and	Study projects significant non-monetary benefits from CSSP investments, including: Expectations to yield an additional 1.3 million years of schooling, save 8,500	The findings indicate that investing in CSSP is not only cost-effective but also essential for addressing the unique challenges faced by adolescents living with HIV in the ESA region. The anticipated outcomes highlight the importance of integrating health and education services within social protection

			first 1,000 days of life. Analysis of Senior Citizens Grant (SGC)	access to essential services like healthcare and education.	children's lives, and avert 13,000 stunting cases between 2023 and 2060 More ambitious, projecting of 8.3 million additional years of schooling, saving 53,000 children's lives, and averting 82,000 stunting cases in the same period.	frameworks to foster holistic development for vulnerable populations. This approach can significantly contribute to reducing child poverty and improving overall human capital development in Uganda and similar contexts.
Charles & Lath (2024d)	Adolescents living with HIV Uganda	Research employs a cost-benefit analysis (CBA) and a fiscal space analysis (FSA)	Study methods not explicitly detailed in the provided context. Can be inferred on relevant aspects based on the general themes of social protection and child-sensitive social protection (CSSP).	Cash-Plus Programs - The CBA focuses on cash-plus programs, which provide financial support along with additional services such as health and nutrition. Targeting Strategies - Categorical and community targeting to ensure that the most vulnerable populations.	Child Poverty Reduction - Interventions aim to alleviate child poverty. Health and Education Improvements- CSSP is expected to contribute to better health and education outcomes for adolescents. Economic Growth - By investing in CSSP, the interventions are anticipated to foster economic growth and enhance human capital development, which is vital for the future of adolescents living with HIV.	Emphasis on CSSP is crucial for addressing the specific challenges faced by adolescents living with HIV, particularly in a context where child poverty and health issues are prevalent. The combination of financial support and targeted services can significantly improve their quality of life and future prospects. The need for prompt action is highlighted, as investing in these interventions can harness Zambia's demographic dividend and lead to substantial economic returns in the long run
World Food Programme (WFP) (2019)	Adolescents, particularly those living with, at risk of, or affected by HIV	The study employs a mixed-methods approach, integrating quantitative and qualitative data	Quantitative and qualitative approach	Cash Plus Care Plus Classroom - Intervention combines cash transfers, psychosocial support, and educational initiatives.	Behavioural Changes - The interventions have shown a reduction in HIV-risk behaviours among adolescents, contributing to better health outcomes	The evidence presented in the article highlights the effectiveness of HIV-sensitive social protection interventions in improving health and social outcomes for adolescents in the ESA region. By addressing the multi-dimensional vulnerabilities faced by these adolescents, the interventions not only support their immediate health needs but

	Eswatini Ethiopia			Nutrition and Health Linkages - Tailored nutrition interventions, such as the Nutrition Assessment, Counselling, and Support (NACS). Implemented to link food and health systems. This includes in-kind, cash, and voucher transfers to food-insecure HIV-affected households. Adherence Support - Social protection transfers designed to improve adherence to antiretroviral therapy (ART)	Increased Health Service Uptake - Social protection programs have been linked to increased uptake of critical health services, such as prevention of mother-to-child transmission (PMTCT) treatment and counselling, which is vital for reducing HIV transmission. Support During Emergencies - Interventions play a crucial role in mitigating the effects of climatic shocks on HIV-affected households, ensuring that families can maintain adherence to ART and avoid risky coping strategies during humanitarian crises.	also contribute to broader goals of reducing poverty and achieving zero hunger. The integration of cash transfers with health and educational support is particularly important, as it creates a holistic approach to tackling the challenges faced by this vulnerable population. Findings highlight the importance of inclusive social protection systems that are sensitive to the needs of adolescents living with HIV, ultimately aiming to enhance their quality of life and health outcomes in the region.
UNICEF (2023b)	Adolescents living with HIV especially girls and young women South Africa	Longitudinal cohort study. Employs a mixed-methods approach, integrating quantitative and qualitative data	Quantitative and qualitative approach Surveys and interviews	Comprehensive sexuality education. Access to contraception. Support services tailored for adolescents living with HIV.	outcomes measured included rates of sexual risk exposure, ART adherence, and the prevalence of unintended pregnancies and sexually transmitted infections (STIs) among adolescents living with HIV. Adolescents recently diagnosed with HIV exhibited increased vulnerability to sexual risk compared to those who acquired HIV perinatally.	The study highlighted the importance of tailored interventions that address the unique needs of adolescents living with HIV. It emphasises that while some interventions are linked to lower rates of sexual risk exposure, there remains a significant gap in dual protection usage among this population. The findings suggest that enhancing access to comprehensive SRH services and addressing social stigma are crucial for improving outcomes for adolescents living with HIV in the ESA region. This holistic approach is essential for fostering a supportive environment that enables these young individuals to thrive

The Table 3 above is important for this scoping review as it not only highlights scholarship on social protection interventions targeting adolescents living HIV in the ESA region, but it also shows the evolving conceptualisation of social protection for these adolescents. The different references which are premised on different contexts can be seen reflecting a growing understanding of the complex challenges faced by this population. Toska et al. (2016) links the rise of AIDS-related issues among adolescents in ESA to structural deprivations, highlighting the need for social protection that addresses broader determinants of health and well-being. Moving beyond traditional economic support, contemporary approaches encompass health, psychosocial, and community-based interventions. There is a recognition that the challenges which adolescents face are not solely medical but also socio-economic, psychological, and structural (Rogers et al., 2024).

From the references, it can be noted that there is a shift towards "HIV-sensitive" social protection. This approach acknowledges the unique vulnerabilities of adolescents living with HIV and aims to tailor interventions, accordingly, challenging the efficacy of one-size-fits-all measures. The emergence of "Cash Plus" or integrated social protection programs represents a significant advancement in addressing these multifaceted needs. An example in the references is the 'Ujana Salama' initiative in Tanzania which combines cash transfers with additional programming, training, and services, demonstrating positive impacts on HIV and SRH knowledge, gender-equitable attitudes, and livelihoods (UNICEF Office of Research - Innocenti, 2020, 2022, 2023). From the references in Table 3, it can be observed that diverse range of interventions can be seen as having been implemented across the ESA region. Table 3 needs to be read in conjunction with Table 4 below which has additional references, but it is focused on specifically highlighting the different programmes and projects which have been implemented with social protection outcomes that target adolescents living with HIV.

An example from both Tables is the Zvandiri programme in Zimbabwe, which trains HIV-positive adolescents as peer counsellors. It exemplifies the potential of peer-led interventions in improving care, retention, and psychosocial well-being (Willis et al., 2019; Willis et al., 2018; Brooks et al., 2022). Similarly, various other cash transfer schemes, such as Malawi's Social Cash Transfer Programme, highlight attempts to address economic vulnerabilities (Charles & Lath, 2024a). The prevalence of pilot programs and initiatives supported by international organizations raises concerns about long-term sustainability and scalability within national social protection systems.

The literature on these interventions comprises a mix of primary research, reviews, policy analyses, and conceptual works. Examples are, Stoner, Edwards, et al. (2021) and Stoner, Kilburn, et al. (2021) who provide a quantitative analyses of the South African Child Support Grant's impact on HIV rates when combined with psychosocial strategies. Conversely, Williams et al. (2017) offer qualitative insights into factors influencing adolescents' engagement in HIV care. This diversity in research approaches provides a rich body of evidence, yet it also highlights the need for more standardised evaluation methods to enable cross-program comparisons.

Despite the wealth of interventions and research, Tables 3 and 4 reveal that several critical gaps persist. The context-specificity of interventions remains a challenge, with questions about the transferability of successful programs across the diverse cultural, economic, and epidemiological landscapes of the ESA region. Gender considerations, while acknowledged in studies like UNICEF (2023b), often lack the depth needed to address the vulnerabilities of adolescent girls and young women living with HIV. In addition, while many studies report positive outcomes, there is a pressing need for more rigorous, long-term evaluations to understand the sustained impact of these interventions on HIV-related outcomes and overall well-being.

From the review of literature, it is quite clear that the field of social protection for adolescents living with HIV in the ESA region is clearly evolving, with initiatives like UNICEF's efforts to enhance HIV-sensitive social protection systems (Economic Policy Research Institute, 2018). However, translating this conceptual understanding into effective, sustainable, and scalable interventions remains a key challenge. Future research and policy efforts must contend with optimising service integration, ensuring equitable access, and aligning interventions with broader development goals to truly transform the lives of adolescents living with HIV in the region.

Table 4: Summary of specific interventions targeting adolescents in the ESA region

Author and Year	Country	Targeted Population	Intervention Name	Specific Intervention	Period of Intervention
Floyd et al. (2022) Nelson et al. (2024) Gourlay et al. (2022) Wambiya et al. (2023) Birdthistle et al. (2022) Mulwa et al. (2021) Mthiyane et al. (2022) George et al. (2020)	Kenya South Africa	Adolescent girls and young women (AGYW)	DREAMS	DREAMS Package aimed economic strengthening through the provision of cash transfers and subsidies for education.	Kenya – 4 years South Africa – 2 years 3 years for post DREAMS baseline implementation
Van Heerden et al. (2020) Pelletier et al. (2022)	Lesotho	AGYW who are pregnant and attending antenatal clinics aged 13-22 years. AGYW and Caregivers	DREAMS	DREAMS Package aimed economic strengthening through the provision of cash transfers and subsidies for education.	2 years 4 years
Naledi et al. (2022) ISRCTN (2020)	South Africa	AGYW aged 19-24 years	Women of Worth (Cash Plus)	Psycho-social support, care services, skills building, promotion of HIV testing, contraception, ARV and HIV PEP	18 months
Chimwaza-Manda et al. (2023)	Malawi	Very young adolescents	DREAMS- Girls Only Club	DREAMS Package for economic strengthening through cash transfers and education subsidies. Strengthening of interventions including HIV testing, prevention, linkages to care. Interventions on gender-based violence, family caregiving and social assets building.	Period of intervention not specified
Gangaramany et al. (2021) Gichane et al. (2022)	Tanzania	AGYW aged 15-23 years.	DREAMS SAUTI WORTH+ Project	Economic strengthening interventions include mentorship, entrepreneurial training, cash transfers, savings and loan groups. Community based testing and counselling, behavioural interventions, peer led education and health promotion, HIV, STI and GBV prevention sessions, family planning and health seeking sessions	18 months

Curley et al. (2016) Ssewamala et al. (2019) Ssewamala et al. (2016)	Uganda	AIDS orphans aged 11-17; Adolescent girls aged 14-17 years	Suubi Project Suubi+ Project	Economic strengthening intervention as well as life skills and behavioural interventions. Includes support, counselling, mentorship, school supplies, workshops (financial education, career planning, asset building). 1+1 matched service for youth development account (YDA)	Not specified and 2 years
Karimli & Ssewamala (2015) Tutlam et al. (2023)	Uganda	Adolescent orphaned by one or both parents due to HIV. Enrolled in primary school for last 2 years and living in family setting. Male orphaned adolescents aged 12-16 years	Subi-Maka Project	Matched child savings account with cap of US\$10 a month per family or \$200 for 20-month period. Training sessions on business management. Provision of school lunches (food aid), textbooks, notebooks and mentorship. Family level income generating projects (micro-enterprises, monetary savings)	20 months, not specified
Filiatreau et al. (2023)	Uganda	Adolescent girls and young women	Suubi4Her	Safe spaces provided for different families to gather and discuss challenges, experiences, mental health issues and potential mitigatory interventions.	12 months
Ranganathan et al. (2022) Waidler et al. (2022) UNICEF Office of Research-Innocenti (2022) UNICEF Office of Research - Innocenti (2023)	Tanzania	Adolescent girls aged 14-19 resident in households receiving government cash transfers.	Ujana Salama Cash Plus Model for Safe Transitions and Productive Adulthood	Economic interventions including livelihoods training, productive grant and mentoring. Life skills training strengthening of HIV and SRH services, linkages to existing services for adolescents	12 weeks for training in livelihoods and life skills, 9 months for mentoring
Lenzi et al. (2019) Burke et al. (2019)	Mozambique	OVC's aged 13-17 years	Women First and Go Girls	Economic strengthening interventions including capacitating beneficiaries to sell products (cooking oil, cakes, soap) in local communities. Accumulated savings and credit associations. Life skills, health and behavioural interventions like harmful gender norms, pregnancy and HIV prevention, social empowerment	Not specified
Austrian et al. (2020)	Zambia	Adolescent girls aged 10-19 years	Adolescent Girls Empowerment	Financial education, health voucher for services, savings account. Life skills and financial education, Mentor led groups, teaching on SRH and HIV.	2 years

			Programme (AGEP)		
Dunbar et al. (2014)	Zimbabwe	Adolescent girls and young women aged 16-19 years	SHAZ!	Financial literacy and vocational training, guidance and counselling, grant. STI and reproductive health, relationship negotiation, community-based home-based care training.	6 months
Karugaba et al. (2023) Karugaba et al. (2022)	Botswana	Adolescents and Young adults living with perinatally acquired HIV	Botswana-Baylor Children's Clinical Centre of Excellence	Treatment, clinical and psycho-social support services, education and training, outreach services, support to young parents and their children, comprehensive family centred health care (including primary and speciality medical care and social service needs of those living with HIV.	Access to support services every 3 months
UNFPA (2022)	Angola Botswana Eswatini Lesotho Malawi Mozambique Namibia Rwanda South Africa Tanzania Zambia Zimbabwe	Adolescents and young people aged 10-24 years (including those living with HIV)	Safeguard Young People (SYP) Programme	Integrated HIV and youth friendly sexual and reproductive health services, comprehensive sexuality education, youth empowerment, youth participation, life skills development, access to education and opportunities, active citizenship.	2013 to 2026
Hyde (2019) Paediatric-Adolescent Treatment Africa (2017)	Angola Ethiopia Kenya Malawi Uganda Zambia Eswatini Mozambique Tanzania Zimbabwe Cameroon	Adolescents living with HIV aged 10-19 years.	REACH (Re-Engaging Adolescents and Children with HIV) READY+ READY+2 (Resilient and Empowered Adolescents & Young People)	Economic empowerment, personal development, advocacy, youth friendly health services, access to SRH commodities, community mobilisation for change and action, family strengthening, youth engagement, support and leadership, secure livelihoods, training.	2016-2020 2021-2026
Brooks et al. (2022)	Zimbabwe	Children, adolescents, and young people	Zvandiri	Training and support for mentors and adolescent peer counsellors, community engagement, peer counselling;	Since 2004

Willis et al. (2019)		living with HIV who are aged between 6 and 24 years.		comprehensive support for treatment, ongoing care, mental health and ARV medications.	Current strategy 2021-2025
Willis et al. (2018)					
ICAP Global Health (2023)	Burundi	General adult population, children, adolescents living with HIV	Baho Mbeho (You live, I live)	HIV testing, care and prevention; training and mobilising peer educators; treatment; support for health facilities; technical assistance to service providers; support for HIV responses.	5 years

Beyond the references enumerated in Table 3 and 4 above, the scoping review revealed several interventions and studies that focus on social protection measures for adolescents, including those living with HIV. These references, unlike those in Table 3 and 4, do not specify the exact names of the programmes or projects. The scoping review thus revealed various social protection interventions for adolescents, including those with HIV. Sitienei & Pillay (2019) detail a South African community-based organisation's support for orphaned adolescents, including psycho-social aid, mentoring, healthcare, life skills training, and transportation. Mason et al. (2022) reports a Kenyan initiative targeting adolescent girls in schools, offering cash transfers tied to 80% attendance, and education on Sexual and Reproductive Health (SRH) and menstrual hygiene. In Zambia, Hegdahl et al. (2022) and Banda et al. (2019) describe interventions providing cash transfers and school fees for girls, alongside community meetings and youth clubs focusing on education, SRH, life skills, family planning, and more. These interventions indicate a tailored approach to adolescents' unique needs, potentially enhancing their effectiveness.

Reflections

The scoping review provides a comprehensive overview of social protection interventions in the ESA region, highlighting their diversity and impact, particularly on HIV-sensitive and child-sensitive social protection. These initiatives, including cash transfers, health support, education support, and psycho-social support, are crucial in addressing the complex needs of adolescents, especially those living with HIV. The review suggests **that the effectiveness of these interventions could be enhanced by tailoring them to the target population's specific needs and circumstances, considering factors like age, health status, and socio-economic background.** Continuous monitoring and evaluation, along with collaboration and coordination among various stakeholders, are deemed critical for the success of these interventions. Despite the positive outcomes reported, such as poverty reduction, economic development, and improved wellbeing, there are challenges and gaps that need to be addressed, particularly for adolescents living with HIV. **The review highlights the potential of social protection interventions to be more effective when integrated into mainstream social policies at the national level, advocating for comprehensive, rights-based, and state-led strategies to address social issues.** This approach could potentially contribute to long-term social transformation by addressing the root causes of social vulnerabilities.

Identified Gaps and Mapping the Way Forward

Inclusivity of social protection programs: The scoping review, from a TSP perspective, shows a significant focus on adolescent girls and women living with HIV, with fewer initiatives for boys and young men. The emphasis on girls and women is due to their higher vulnerability and prevalence rates. However, it is crucial to not overlook boys and young men in these interventions. The TSP framework advocates for inclusive strategies that address all

vulnerable group's needs. Therefore, considering the unique needs and challenges of boys and young men is essential for effective and equitable social protection interventions.

Need for integrated social protection approaches: The scoping review highlights the widespread use of cash transfers for poverty reduction, enhancing health and wellbeing, and mitigating HIV risks among adolescents. The TSP advocates for an integrated approach, combining cash transfers with other initiatives to address adolescents living with HIV's diverse needs. This approach should be intersectoral and address power relations, promote equity, and combat exclusion. Overemphasis on cash transfers can lead to a neoliberal decoy, diverting social policy from its transformative agenda and resulting in a fragmented social policy architecture. Therefore, cash transfers should be part of a broader approach that addresses social vulnerabilities, root causes and promotes sustainable development.

Addressing key populations: The scoping review highlights a gap in strategies for HIV-positive LGBTQI adolescents, a sensitive issue in most ESA countries. These adolescents often face marginalisation, and their unique needs are overlooked. The Zvandiri initiative in Zimbabwe, referenced by Lariat et al. (2024), revealed the concealment of LGBTQI identity and HIV status, leading to inequality, stigma, and marginalisation. This under-discussed topic indicates a blind spot in ESA interventions. It is crucial to develop inclusive policies addressing these adolescents' needs, aiming to eliminate systemic barriers and promote equality. This requires societal attitude shifts, facilitated by education and awareness campaigns. The goal is an inclusive society where all adolescents are treated with dignity, regardless of sexual orientation or HIV status. This is not just a health issue, but a matter of social justice and human rights, emphasising policy transformation.

Learning from COVID-19 Realities: The scoping review reveals a disengagement with post-Covid-19 realities in the ESA region, especially for HIV-positive adolescents. These realities encompass socio-economic, political, and ecological crises, increasing inequalities, and weakening social contracts, hindering progress towards the SDG's (UNRISD, 2023). There's an urgent need for TSP's and interventions. Advocacy should mirror the urgency of our crisis-ridden, unequal world with deteriorating social contracts. The ESA region needs to actively engage in discussions for a future eco-social contract benefiting all, including adolescents living with HIV.

Demonstrating the linkage between social protection and economic policies: The scoping review, through a TSP lens, highlights the need for balanced social and economic policies. International organisations, NGOs, and CBOs play a key role in supporting adolescents living with HIV, but the role of the state in shaping national social policies and providing fiscal support is crucial. These social policies should be on par with economic policies to prevent social policy marginalisation. This approach highlights a multi-stakeholder strategy's importance in addressing challenges faced by adolescents and the need for synergistic social and economic policies. It calls for policy revaluation, commitment to transformative change, and structural transformation to address root causes, not just symptoms. This is essential for sustainable, inclusive societies that support all individuals, including HIV-positive adolescents.

Conclusion

The scoping review reveals a complex and evolving landscape of social protection interventions for adolescents living with HIV in the ESA region. It shows that this evolving landscape is marked by both progress and persistent challenges. While there has been a commendable shift towards more comprehensive, "HIV-sensitive" approaches that recognise the multifaceted nature of adolescents' needs, critical gaps still remain. The diversity of interventions across the region reflects attempts to tailor solutions to specific contexts, yet questions of sustainability, scalability, and integration into national systems remain. Despite the wealth of research, the field is hampered by a lack of standardised evaluation methods and long-term impact assessments, limiting our understanding of the efficacy of interventions. What is of note is that the scoping review exposes significant inclusivity issues, with an overemphasis on adolescent girls and women potentially neglecting the needs of boys and young men, and a glaring absence of support for LGBTQI adolescents living with HIV. This points to deeper societal and policy challenges that must be addressed. In addition, the lack of engagement with post-COVID-19 realities in the region has highlighted a concerning disconnect between current interventions and the rapidly evolving socio-economic landscape. While the push for integrating social protection into mainstream policies is encouraging, it also highlights the tension between ambitious goals and the practical challenges of implementation in resource-constrained settings. Moving forward, the field of social protection has to contend with these complexities, striving for more inclusive, sustainable, and truly transformative approaches that can address root causes of vulnerability and contribute to broader social change. This can be seen as not only requiring continued research and innovation but also a critical re-examination of existing power structures and policy frameworks to ensure that social protection interventions can effectively meet the needs of all adolescents living with HIV in the ESA region.

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