

UNAIDS 2020

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# World Food Programme (WFP)

Unified Budget Results and Accountability Framework  
(UBRAF) 2016-2021

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Organizational report 2018-2019



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## Key strategies and approaches to integrate HIV into broader agency mandate

WFP assists HIV- and TB-affected households and individuals to meet their basic nutritional needs via operations in 36 countries across all regions worldwide, including conflict-affected, fragile, and emergency contexts. WFP's vast network and outreach to poor, often marginalized people in developing countries saves millions of lives each year. WFP has mainstreamed HIV within its Corporate Results Framework, with several indicators that measure WFP's response to HIV/TB globally.

WFP uses its last-mile expertise to reach the furthest behind and works with partners to ensure that people living with HIV have access to food and good nutrition. Using multiple entry points (e.g. food and nutrition support, social protection, emergency response and global partnerships), WFP in 2018–2019 provided targets HIV and TB programming to over 605 000 beneficiaries, dramatically improving quality of life, increasing retention in care, reducing HIV vulnerability, helping mothers safely breastfeed and enabling people to attend work and children to go to school.

## Contributing to progress towards the SDGs

The WFP Strategic Plan for 2017–2021<sup>1</sup> aligns the organization's work to the Agenda 2030 Global Call to Action Against Poverty, which prioritises efforts to end poverty, hunger, all forms of malnutrition and inequality, encompassing humanitarian as well as development efforts through the humanitarian development nexus. The Strategic Plan is guided by the SDGs, in particular, SDG 2 on ending hunger and SDG 17 on revitalizing global partnerships for implementation of the SDGs. This is articulated through WFP's Strategic Objectives and Results, against which progress can be measured. Nutrition and food assistance will need to continue to be integrated in the HIV multisectoral response, including in emergency and fragile contexts, and an HIV-sensitive lens will need to be applied to the fields of health, education, social protection, food security and nutrition.

### SDG 1.3

WFP's social protection interventions address the root causes of poverty and hunger by tackling structural drivers and vulnerabilities at scale. WFP ensures social protection systems are inclusive of people living with, at risk of or affected by HIV at the policy, programme and intervention levels. During the Asia Pacific Social Protection Week in September 2019, WFP co-organized a session on the state of HIV-sensitive social protection, with a focus on ageing people living with HIV, leading to the decision by three Ministers of Health from the Asia-

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<sup>1</sup> <https://www.wfp.org/publications/wfp-strategic-plan-2017-2021>

Pacific regions to attend a UNAIDS HIV Sensitive Social Protection Assessment Tool advocacy session.

WFP reached beneficiaries through its HIV and TB-sensitive programming, including school meals and other activities that address the needs of children and adolescents, especially adolescent girls, while promoting school attendance and reducing risk-taking behaviour; supporting HIV-sensitive social safety nets in several regions. In 2018, WFP provided school meals or snacks to over 16.4 million children, and take-home rations in the form of food or cash to over 630 000 children in over 64,000 schools in 61 countries globally. Studies have shown school feeding increases enrolment by 9%, decreases dropout rates among adolescent girls by 40%, reduces household poverty by 10%, as drives gains in local agricultural economies by as much as 33%.<sup>2</sup>

WFP provided technical assistance to government-led school feeding in an additional 10 countries. Further, 3.4 million children received school feeding in emergency contexts. In Malawi, WFP reached 762 857 children in 879 schools during the biennium. These programmes alleviate short-term hunger and food insecurity, increase enrolment and retention and enabling students to stay in school in order to improve educational outcomes, which in turn contributes to reduced high-risk behaviours.

In 2019, WFP collaborated with the Accelerate Hub to develop a policy brief on HIV-sensitive social protection highlighting the evidence on the impact of HIV-sensitive social protection and identifying potential entry points, and opportunities in the development and implementation of national HIV response, poverty-reduction and development plans.

## *SDG 2*

In 2018 WFP implemented nutritional programming in 66 countries, reaching 15.8 million beneficiaries. The programmes took a holistic and gender-responsive approach to HIV, leveraging context-specific entry points and partnerships to provide nutrition-sensitive support and social protection to vulnerable people living with HIV and TB and their households, WFPs nutrition-sensitive activities, like take-home rations and cash-based transfers, reached over 1 million beneficiaries in 22 countries across four regions.

In emergency contexts, WFP supports the daily nutritional requirements, treatment adherence, and reduced vulnerability to HIV. For example, in 2019, as an emergency response to Cyclones Idai and Kenneth, WFP Mozambique provided food and nutrition support to 15 000 people living with HIV receiving ART.

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<sup>2</sup> [https://docs.wfp.org/api/documents/WFP-0000102338/download/?\\_ga=2.51664172.483358929.1584962704-696317795.1571729295](https://docs.wfp.org/api/documents/WFP-0000102338/download/?_ga=2.51664172.483358929.1584962704-696317795.1571729295)

During the biennium, WFP worked together with partners to integrate food and nutrition support in programmes to prevent mother-to-child transmission and mother and child health and nutrition services in 21 countries across three regions. In 2018, WFP reached 5.6 million pregnant and lactating women with nutrition-specific programming<sup>3</sup>, helping improve both adherence to prevention protocols and health outcomes for newborns. Increasingly, WFP is integrating pregnant and lactating women and their infants into, WFPs general nutrition programmes, instead of establishing parallel support, which is meant to further reduce stigma.

WFP conducted several studies on the impact of nutrition support and HIV and TB treatment outcomes. In the East and Adamawa regions of Cameroon, where 4655 malnourished people receiving ART and TB therapy from both refugee and host populations received nutrition support, an annual nutritional recovery rate of 96.57% was reported in 2019 (vs. 95.5% in 2018); with a death rate of 2.01% (vs. 2.4% in 2018) and a non-response rate of 1.41% (vs. 2.1% in 2018). Default rates among treatment clients in areas where nutrition support was provided fell from 14% in 2016 to 1.08% in 2017 and 0% in 2018 and 2019.

In 2018–2019, WFP provided technical assistance to 18 governments across five regions to integrate food and nutrition services into the national HIV response through the development, or revision, of national guidelines on nutrition and HIV and/or development of other Nutrition Assessment Counselling and Support (NACS) related tools. WFP also supported six governments across two regions in conducting Nutrition and Food Security Vulnerability Assessments among people living with HIV. In Ghana, where an assessment found that 21% of 1666 HIV-affected households were food-insecure, report recommendations spurred an initiative that built the capacity of people living with HIV networks to develop livelihood activities and promote food security and treatment adherence. WFP provided NACS training to more than 3000 health care workers, health management teams and community health workers in 23 countries across four regions.

In 2019, a conceptual framework linking food insecurity to HIV and TB burden<sup>4</sup> was developed by WFP and the London School of Hygiene and Tropical Medicine, outlining pathways linking food insecurity and global HIV and TB burden. Preliminary findings show that food insecurity is also strongly associated with unequal power relationships (with especially concerning consequences for vulnerable girls and women), inadequate food intake, overweight and obesity due to poor-quality food intake (thereby increasing risks of diabetes among people living with HIV) and depression and anxiety, especially among mothers. Following up on the pathways identified in this study, data was extracted from 195 countries from 2000–2018, leading to preliminary findings that **achieving SDG 2 would lower global HIV incidence by 67% and global TB incidence by 47%.**

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<sup>3</sup> Nutrition in Numbers (2018). WFP Nutrition Division.

<sup>4</sup> Developed by the London School of Hygiene and Tropical Medicine, Epidemiology and Population Health Division - preliminary findings

### *SDG 3*

In 2019, 132 million people in 42 countries globally required humanitarian assistance. WFP works with governments and partners to ensure food and nutrition support to people living with HIV and vulnerable groups and works on HIV prevention through sensitizing high-risk groups through social and behaviour change communication and providing social protection such as school meals to keep children at school longer, especially in emergencies.

### *SDG 5*

A global study in 2019 estimated that adolescents account for 27% of WFP's beneficiaries (15 227 237), with most of these adolescents reached through general food distribution or on-site school feeding. A separate four-country qualitative study carried out with Anthrologica and Unilever, generated recommendations to improve ways of reaching adolescents in nutrition programming.

### *SDG 17*

Towards generating strategic information for action on HIV and food security, WFP forged two substantial and concurrent research collaborations with London School of Hygiene and Tropical Medicine and the University of California at San Francisco. WFP and their strategic academic partnerships focus on innovative, novel research on both HIV and TB-sensitive approaches linked to WFP's operations.

WFP co-convenes the Inter-Agency Task Teams for HIV in emergencies with UNHCR and HIV sensitive social protection with ILO.

In 2018–2019, WFP provided logistical and supply chain expertise to the Global Fund, by helping them better assess current stocks and future needs, and by storing and delivering medications and other supplies by plane, truck, motorbike and even canoe. Together with the Global Fund, WFP provided supply chain and logistics support in the form of non-food items for HIV, TB and malaria-related commodities across eight countries<sup>5</sup> across three regions, totalling US\$ 36 million in commodity value. WFP supply chain helped deliver US\$ 3.7 million in HIV commodities and US\$ 442 000 in TB commodities, reaching 14 million beneficiaries.<sup>6</sup>

Together with the Bill and Melinda Gates Foundation and UNFPA, WFP supported the Supply Optimization through Logistics, Visibility and Evolution (SOLVE) initiative, which helps meet the Family Planning 2020<sup>7</sup> initiative in 17 countries and serves as a channel for financial

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<sup>5</sup> Burundi, Cameroon, CAR, Chad, Mali, Syria, Yemen and Zimbabwe

<sup>6</sup> WFP Supply Chain (2019).

<sup>7</sup> Family Planning 2020 is a global initiative that supports the right of women and girls to decide, freely and for themselves, whether and when to have children, and how many they want to have.

contributions to both global and country-level activities to enable access to modern contraceptives to an additional 120 million women and girls.

## **Case study: Restoring hope in Cameroon: nutrition support and economic empowerment as pathways to positive and healthy living among people living with HIV**

In the East and Adamawa regions of Cameroon, where poverty rates are high HIV prevalence is elevated (5.9% and 4.9% HIV prevalence respectively against 3.6% at national level) and where one in six people receiving ART is estimated to be malnourished and half of HIV-affected households are food-insecure or vulnerable to food insecurity, WFP six years ago initiated a nutrition rehabilitation programme with the government to support retention in care and medication adherence. Malnourished HIV treatment clients (approximately 2000 currently, one-third of them women) receive specialized nutritious food, nutrition counselling, sanitation and hygiene sensitization, and home follow-up visits.

The programme has shown impressive results, with marked increases in nutritional recovery rates, declining HIV treatment default rates and a nearly 80% decrease in mortality. However, after a study found that 33% of clients exiting the nutrition rehabilitation programme had relapsed into malnutrition, WFP designed an additional intervention to help the most vulnerable build their livelihoods. Between 2017 and 2019, 850 persons have joined 37 Village Savings and Loan Associations. All received training on agriculture, small livestock rearing or petty trading and start-up kits. They managed to produce 11.7 tons of food (maize, peanut, and soybeans), raise 1600 broilers and sell them for a total of US\$ 12 000 while small businesses made a profit of US\$ 6000. Beneficiaries collectively saved US\$ 4500, granted US\$ 3200 as interest credit, and mobilized US\$ 1800 for solidarity funds with their associations.





The programme has been life-changing. Aubin, a 19-year-old who tested HIV positive and started treatment after having lost both his parents to AIDS when he was 10, joined the economic strengthening programme and started a business in poultry rearing that enables him to take care of himself and support his family. He started small, with 10 broilers, but now raises 35 chicks with the ambition to become the reference breeder in his hometown. Likewise, Madeleine, who weighed 38kg before joining the programme, now weighs 80 and can feed her grandchildren and send them to school thanks to her small retail business. “Before this project we felt worthless,” she says. “Now we have something to be proud of”.



**Case study: Investing in community radio for enhanced prevention and treatment services of HIV and TB during emergencies** *[Article written by Programme Policy Officers Arghanoon Farhikhtah and Sara Saija, WFP, Mozambique Country Office, March 2020]*

*“When you are well informed, you take the medicine, when you are badly informed, you give up.”* Says Julieta\*, partaking in community HIV/TB debates, in Sofala province of Mozambique, as part of a World Food Programme (WFP) HIV emergency response project. People living with HIV account for 12.6% of Mozambique’s general population and Sofala province, which was hit by what was recorded the strongest cyclone on the African continent in March 2019, has over 360 000 people living with HIV. Tropical Cyclone Idai and its subsequent flooding affect over 1.5 million people and displacing more than 18 000.

In times of emergencies, daily life becomes more difficult for everyone. However, vulnerable groups in society, especially people living with HIV take an even stronger hit. Moreover, displaced populations especially adolescent girls and young women may adopt risky sexual behaviours including transactional sex as a coping



*Figure 1: Destruction by TC Idai in Sofala province capital, Beira*

strategy, increasing the risk of HIV transmission. The lack of food which may occur during natural disasters also impacts people living with HIV and their families drastically. Food insecurity has been found a critical barrier to adherence to ART and retention in care among adults living with HIV and/or TB.

The cyclone disrupted health systems, preventing people living with HIV from accessing life-saving treatment and other essential services. Community members living with HIV were unsure of where to receive treatment as many health centres were destroyed and their belongings were lost, including ART medication and medical cards. There was a need to act quickly.



**Figure 2: Temporary health centre tents set up outside closed health centre due to TC Idai, in Sofala province attending patients**

WFP was one of the first organizations on the ground, providing life-saving support to people affected by the cyclone. With financial support from the UNAIDS Secretariat, WFP partnered with a local media organization to scale-up support to the Government to reach vulnerable groups, such as people living with HIV/TB with nutritional support and community-based sensitization via radio programmes and debates.

WFP and partners worked with community radio journalists who conducted interactive radio programmes with medical staff, creating a trusted information platform about HIV/TB. The aim was to promote health seeking behaviour, increase treatment adherence and reduce stigma around HIV/TB. *“In order to get listeners to share success stories, we offered to tell their stories on their behalf on air, rather than the community member doing so themselves”* said community radio journalist Antonio Rocha in Sofala. To gauge interest but also inspire each other, the project encouraged community members to share their stories of how the information on the radio had influenced them to get back on treatment after the cyclone had disrupted their daily lives. The radio also informed people where to seek healthcare in case their health centre had been destroyed or their medical cards were lost in the cyclone.



**Figure 3: Community debate in Sofala province hosted by community radio journalists and medical staff**

*“Everyone always listens to the radio, at least one time per day”* says Maria\* in Nhamatanda district of Sofala when we meet her in October 2019. Eight months ago, the cyclone turned her life upside down. *“I lost my husband in the cyclone. I was left with five kids and a destroyed house. I lost everything, and I couldn’t find my medical card. I thought it meant that I could no longer get the medication.”* She was one of the community members that heard the WFP supported radio programmes. *“They said anyone who lost their cards could go to the temporary health centres and get a new one and continue receiving medication. After joining a community debate, I felt empowered by the stories people shared about going back to treatment after the cyclone. So, I decided to do the same.”*

Over the course of the project, more than 7300 people participated in the community debates and an estimated 36 000 people tuned in to the radio programmes.








These interventions can have a significant impact on peoples’ lives, especially in emergencies. They act as a critical platform for rural communities and temporarily displaced families to understand where to receive assistance and how and where to access HIV/TB services. Efforts to push the 90–90–90 agenda should always apply, regardless of circumstances. People should have the right to know of their HIV status, be on treatment and to be virally suppressed, even in times of crisis. WFP continues to be the leading humanitarian agency worldwide, saving and changing lives, and through our partnership with UNAIDS, we can ensure no-one is left behind.



*Figure 4: Community radio journalist and medical staff conducting a live session about HIV/TB in Beira city*

*\*Julieta and Maria are fictional names.*

## Knowledge products

	<p><b>WFP and HIV in Emergencies Fact Sheet. Internal Guidance. 2019.</b> HIV is rarely among the priorities in humanitarian response. People living with HIV often lack access to prevention, treatment, care and support services. Humanitarian emergencies exacerbate all forms of inequality, as people face increased food insecurity, the destruction of their livelihoods and extreme poverty. Many people living with HIV in emergencies suffer service disruptions and restrictive policies that threaten their lives</p>
	<p><b>Integrating HIV in the IASC Cluster Response. 2019.</b> Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action, e.g. water, health and logistics. They are designated by the Inter-Agency Standing Committee (IASC) and have clear responsibilities for coordination.</p>
	<p><b>RBC's position paper to contextualize HIV and AIDS response vis-a-vis Zero Hunger goal. 2019.</b> The Regional Bureau Cairo (RBC) covers the Middle East, North Africa, Central Asia and Eastern Europe.</p>
	<p><b>Enhancing the HIV/TB Emergency Response in Tropical Cyclone Idai Affected Areas in Mozambique. Case study. 2019.</b> WFP was one of the first organizations on the ground, providing life-saving support to those affected by TC Idai. WFP and partners worked with community radio journalists who conducted interactive radio programmes with medical staff, creating a trusted information platform about HIV/TB. The aim was to promote health seeking behaviour, increase treatment adherence and reduce stigma around HIV/TB</p>
	<p><b>Accelerating Achievement for Africa's Adolescents (Accelerate) Hub. HIV-sensitive Social Protection Policy Brief—Leaving no-one behind: How WFPs approach to HIV-Sensitive social protection will help us achieve zero hunger in Eastern and Southern Africa. 2019</b></p>
	<p><b>Regional report on WFPs social protection strategy in the LAC Region linked to SDGs. 2019.</b></p> <p>[WFP]</p>
	<p><b>Regional report on HIV-sensitive social protection and safety nets. 2019.</b></p> <p>[WFP]</p>

	<p><b>Development of new IATT HIV-E website</b> (change of platforms, and subsequent redesign). Beta-testing 2019; official launch 2020</p>
	<p><b>The role of food and nutrition support in the HIV and TB response in refugee camps across Eastern and Southern Africa.</b> This document will be published in 2020.</p>
	<p><b>Impact of food and nutrition in WFP HIV/AIDS and TB programmes in refugee camps across East and Southern Africa.</b> Will be published in 2020.</p>
	<p><b>Nutritional Support and HIV &amp; TB Treatment Outcomes Report in Eswatini.</b> 2019.</p>
	<p><b>WFP Global HIV/AIDS TB Dashboard.</b> An Information Management Officer was recruited to develop a dynamic, real-time HIV/AIDS/TB dashboard linked to WFP's corporate reporting system and agency-wide corporate Country Office Monitoring and Evaluation Tool (COMET). COMET provides a comprehensive M&amp;E tool for users across the organization from Country Office to Regional Bureau to HQ. 2019.</p>





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