UNAIDS 2019

World Food Programme (WFP)

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

Organizational report 2018

Contents

Key strategies and approaches

WFP assisted 91.4 million people in 83 countries in 2018. WFP is the leading humanitarian agency saving lives and changing lives by delivering food assistance in emergencies and working with communities to improve nutrition and build resilience. WFP supports national and regional efforts to ensure food security for all, including the poorest and most vulnerable children, women and men, focusing efforts to reach those left behind. WFP works with a range of partners, such as governments, United Nations agencies, nongovernmental and international organizations, civil society and the private sector, to reach the goals of Agenda 2030.

As a UNAIDS Cosponsor, WFP has contributed to joint responses to HIV for over a decade. WFP works with governments and partners to address the HIV epidemic, using a nutritionally integrated, multisectoral approach that places nutrition at the centre of integrated, people-centred programme implementation, relief and rehabilitation. WFP ensures that food and nutrition support are provided to people living with HIV or TB and their households to support treatment adherence, improve nutrient uptake, and meet complex nutritional needs. WFP also promotes HIV prevention by engaging with vulnerable groups to reduce high-risk behaviours and thus prevent HIV transmission. WFP leverages multiple context-appropriate entry points, including food and nutrition support, social safety nets, emergency preparedness and response, opportunities afforded by the delivery of technical support to governments and national partners, school meals, economic strengthening, livelihood generation, and supply chain and logistics support services. WFP also uses a number of modalities for service delivery, including cash transfers and in-kind assistance.

The HIV-related work of WFP has a strong focus on linking food and health systems through the provision of social protection and food and nutrition assistance, with the aim of improving testing and treatment outcomes. Facilitating nutritional recovery for malnourished people living with HIV or TB and improving adherence to treatment and treatment success are the pillars of WFP's integrated HIV programming. Under the updated 2018 UNAIDS Division of Labour, WFP is responsible for ensuring food and nutrition issues are integrated into all systemwide responses to HIV. WFP also co-convenes work on HIV-sensitive social protection along with the International Labour Organization (ILO), and on addressing HIV in humanitarian contexts with UNHCR.

Highlights of results

In 2018 WFP reached 205 081 beneficiaries in 35 countries and 5 regions with HIV and TB programmes. Not included in this report are results relating to the many more vulnerable people living with or affected by HIV who were assisted through WFP general food assistance. In 2018 WFP continued to pursue an holistic, gender-responsive approach to HIV. WFP reached additional beneficiaries through its HIV- and TB-sensitive programming, including school meals and other activities that address the needs of children and adolescents while promoting school attendance and reducing risk-taking behaviour; support for HIV-sensitive social safety nets in several regions; technical support to governments and national partners; and support for supply chains to prevent shortages of HIV treatment and prevention supplies, working with partners such as the Global Fund and WHO.

WFP provided technical assistance to 21 governments (Benin, Burkina Faso, Burundi, the Central African Republic, Chad, Eswatini, Ethiopia, Ghana, Guinea, Lesotho, Malawi, Mali, Mozambique, Myanmar, Rwanda, Senegal, Somalia, South Sudan, Togo, Uganda, Zimbabwe) in 4 regions to integrate food and nutrition services into the national HIV response through the development of national guidelines on nutrition assessment counselling and support, analysis of nutrition and food security vulnerability assessments among people living with HIV, and training on nutrition assessment counselling and support to health personnel.

Supply chain and logistics support was provided to eleven countries (Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Guinea, Liberia, Mali, Niger, Nigeria, Sierra Leone) in four regions, supporting respective governments, humanitarian partners, the Global Fund, the French Red Cross, the Burundi Red Cross and WHO. The provision of supply chain services to health actors such as the Bill & Melinda Gates Foundation and the Global Fund exemplifies the contributions of WFP to SDG 17 and leverages innovative approaches to tackling chronic constraints in supply chains. Health actors increasingly look to WFP to support them in reaching the most vulnerable populations in the most unstable and hard-to-reach locations, leveraging WFP's extensive fleet of trucks, vessels and aircraft for last-mile deliveries in the toughest terrain and leave no one behind.

In 2018 WFP provided direct nutrition support or social protection to malnourished or food-insecure people on antiretroviral therapy and their household members in 14 humanitarian, refugee and other food-insecure countries (Burundi, Cameroon, Central African Republic, Congo, Democratic Republic of the Congo, Kenya, Lesotho, Malawi, Rwanda, Somalia, South Sudan, Uganda, United Republic of Tanzania, Zimbabwe) across 3 regions. WFP also worked with governments to integrate food and nutrition support into programmes for the prevention of mother-to-child transmission and into maternal, newborn and child services for malnourished pregnant and breastfeeding women in 17 countries (Burundi, Central African Republic, Congo, Democratic Republic of the Congo, Eswatini, Ghana, Guinea, Kenya,

Malawi, Mozambique, Rwanda, Sierra Leone, Somalia, South Sudan, Uganda, United Republic of Tanzania, Zimbabwe) in 3 regions.

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

WFP advocates for the integration of HIV testing in food and nutrition support services. In many contexts, improved food security can increase attendance to HIV testing and counselling and adherence to treatment. WFP implemented nutrition assessment counselling and support (formerly known as “food by prescription”, whereby food is provided to address nutritional recovery, treatment success and survival rates and to improve consumption within targeted households) in 12 countries (Cameroon, Central African Republic, Democratic Republic of the Congo, Eswatini, Ghana, Guinea, Malawi, Myanmar, Sierra Leone, Somalia, South Sudan, United Republic of Tanzania) across 3 regions. In Rwanda responsibility for nutrition assessment counselling and support was transitioned to the Government, with WFP being responsible for capacity-strengthening, including training of health-care workers and supporting the supply chain and commodity system. Throughout the El Niño response in Eswatini, WFP worked with Save the Children and Mothers2Mothers to promote HIV testing for food-insecure people and strengthened referral pathways to existing health facilities, contributing to knowledge of status among 91% of beneficiaries.

WFP supported national authorities in undertaking nutrition and food security vulnerability assessments among people living with HIV in three countries (Burkina Faso, Ghana, Uganda). In Burkina Faso the study focused on and gathered baseline data, which the Government, WFP and partners used to strengthen advocacy and resource mobilization efforts. Gender disaggregation revealed undernutrition in 16% of people living with HIV (20% in men, 14% in women) and anaemia in 56% of people living with HIV. Only 39% of women of reproductive age living with HIV were found to have a minimum acceptable diet.

WFP co-convenes the Inter-Agency Task Team on HIV in Humanitarian Emergencies with UNHCR. In 2018 the Inter-Agency Task Team developed a module on HIV in emergencies that was included under the Global Health Cluster Coordinator training hosted in France; included guidance on treatment in the Inter-Agency Task Team annual face-to-face meeting; and participated in the Yemen Crisis Group calls, helping to identify mitigation measures (e.g. grab bags with six months’ supply of antiretroviral medicines) to prevent disruption of services.

In 2017 WFP became an enabling partner in a multistakeholder partnership funded by the Bill & Melinda Gates Foundation. The partnership, Supply Chain Optimization through Logistics Visibility and Evolution, along with UNFPA, improves supply chains and accelerates availability of HIV and other health commodities in 17 countries. In the United Republic of Tanzania in 2018, WFP assisted the Government in identifying and addressing supply-chain challenges.

SRA 2: New HIV infections among children are eliminated and the health and well-being of the children's mothers are sustained

In its provision of technical support for the integration of food and nutrition services into programmes to prevent mother-to-child HIV transmission and maternal in 17 countries in 2018, WFP primarily provided support to governments, including support for the development of guidelines and educational materials. This work aims to improve adherence to prevention of mother-to-child transmission protocols and secure better health outcomes for newborns.

In Zimbabwe, WFP partnered with UNFPA and the Ministry of Health and Child Care to provide a monthly food basket consisting of cereals, pulses, vegetable oil and specialized nutritious foods to over 2000 women every month at maternity waiting homes and sites for the treatment of obstetric fistulas nationwide. The project has seen improved attendance among pregnant women and better treatment adherence among those living with HIV. The programme ensures that women receive skilled assistance in the final stages of pregnancy, during delivery and during treatment for fistula, along with health and nutrition messaging.

SRA 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

WFP strengthens country capacity to meet the HIV-related health and education needs of young people and adolescents. In partnership with UNFPA and UNICEF, HIV-sensitive school meals reached 17 million people in 60 countries. In Malawi WFP feeding programmes in 879 schools reached over 1 million children. Certain school meal programmes are tailored to target specific groups, such as adolescent girls and young women, which can prevent early child marriage, early pregnancy, and high-risk behaviours that can result in HIV acquisition.

In partnership with UNFPA, in 2018 WFP conducted a study in the Democratic Republic of the Congo to explore the knowledge, attitudes and practices of young people, including adolescents and pregnant and lactating women, regarding nutrition, family planning and HIV. The results of the study will assist the Government in designing effective programmes that meet the needs of young people, including adolescents.

In 2018 WFP joined with Anthrologica and Unilever to conduct a qualitative study in Cambodia, Guatemala, Kenya and Uganda that engaged adolescents on issues of nutrition, health and sustainable development, with the aim of developing effective ways to reach adolescents with nutrition programming. In Kenya national stakeholders identified pregnant adolescents, adolescent mothers, and adolescents living with HIV as groups at high risk of malnutrition. In Kenya and Uganda, adolescents were reticent to attend health facilities because of their negative associations with HIV and mandatory testing. Girls specifically emphasized they did not attend for antenatal care because of the stigma associated with HIV, suggesting that HIV testing within integrated service delivery is actually a barrier to care for adolescent girls.

SRA 5: Women and men practise and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

The annual WFP Orange Campaign took place during the 16 Days of Activism Against Gender-based Violence. WFP provides guidance on gender-based violence prevention and response, working to ensure that efforts to combat gender-based violence are embedded firmly in the context of food assistance. For example, the WFP-sponsored Safe Access to Fuel and Energy initiative provides fuel-efficient stoves to food-insecure households, reducing their dependence on firewood and reducing women's need to undertake risky forays out of the house. Over 6 million people have benefited from this initiative in Ethiopia, Haiti, Kenya, Sri Lanka, Sudan and Uganda. In the Democratic Republic of the Congo, WFP helps survivors of sexual violence by fighting the stigma of rape. WFP provides specialized services at treatment centres beyond medication, by offering psychological counselling and advice on socioeconomic and legal matters.

SRA 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed

WFP co-leads the Stigma and Discrimination in Emergencies Working Group under the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination. In 2018 WFP HIV sensitization activities in 3 health zones of the Democratic Republic of the Congo reached 18 061 women (including 3365 pregnant women) and 16 672 men.

In the United Republic of Tanzania, in partnership with the University of Dar es Salaam, WFP trained and sensitized nearly 400 commercial truck drivers on topics related to HIV, nutrition, gender and child protection. Following the initial training and education campaign, private logistics and retail companies have approached the University of Dar es Salaam to collaborate on and lead additional training and education courses.

In Ethiopia WFP partnered with NEP+ to host several workshops on stigma and discrimination experienced by people living with HIV in health-care settings. In the Gambella and Somali regions, HIV stakeholders were sensitized to the bottlenecks and challenges that people living with HIV regularly face when attempting to obtain care. Participants came from various regional offices of Government agencies such as the Health Bureau, the Labour and Social Affairs Bureau, and the HIV/AIDS Prevention and Control Office. Community representatives including people living with HIV also attended.

SRA 7: The AIDS response is fully funded and efficiently implemented based on reliable strategic information

WFP is committed to a fully funded and efficiently implemented HIV response based on reliable strategic information. WFP continues to leverage its expertise in technology and innovation to enhance information-sharing and improve data dissemination among partners to enable effective joint implementation and targeting of programmes. These improved methods of information-sharing have resulted in better outcomes for beneficiaries, particularly in terms of programme delivery.

In line with its ongoing digital transformation and new nutrition policy, WFP in 2018 expanded its SCOPE digital beneficiary and transfer management system, a cloud-based solution for beneficiaries, specifically for the electronic registration, tracking and management of beneficiaries of community-based management of acute malnutrition programmes. The newly expanded system, SCOPE CODA (Conditional On-Demand Assistance), is used for registration, intervention setup, distribution planning, entitlement transfers and distribution reporting and has been rolled out to over 15 000 beneficiaries in South Sudan, Tajikistan and Uganda. SCOPE CODA allows frontline workers to record information, track a person's nutrition and health status, identify when a person has recovered, indicate whether treatment has been successful, and provide updates for global stakeholders with the most up-to-date information for decision-making to improve programmes in near real time. SCOPE has been used in Congo, Sierra Leone, Somalia, South Sudan and Uganda to provide nutrition and HIV technical support to staff in the ministries. For example, in Somalia, SCOPE training was conducted as part of the nutrition assessment counselling and support in four regions, improving understanding of the tool and capacity for mobilization among networks of people living with HIV and peer educators. In each of these networks, which are implementing activities with a Global Fund programme under UNICEF, peer educators sensitize members on, for example, good health and nutrition practices, treatment adherence, care and support.

In El Salvador WFP helped link the national programme on sexually transmitted infections, HIV and AIDS with the Social Policies Directorate of the Technical Secretariat of the Presidency in order to connect people living with HIV to the poverty eradication strategy. A database of people living with HIV residing in 60 high-priority municipalities was created. With

the support of the Directorate single registry of participants, the database was cross-referenced with a national database to gauge the underreporting of people living with HIV.

SRA 8: People-centred HIV and health services are integrated into stronger health systems

Social protection programmes are increasingly recognized as facilitators of improved HIV prevention and treatment outcomes. WFP provided technical assistance and support to the Government of Lesotho for an HIV-sensitive social protection assessment in 2018. With UNAIDS, UNICEF and WHO, WFP plans to continue working with the Government of Lesotho in 2019 on assessment planning, analysis and recommendations.

WFP worked with a PEPFAR-funded emergency drought relief project in Eswatini. The project provided nutrition assessment, counselling and specialized nutritious food to malnourished people living with HIV, orphans and other vulnerable children in 86 clinics in the country's most food-insecure areas, as identified by the Eswatini Vulnerability Assessment Committee.

In 2018 WFP staff working in western and southern Africa conducted two regional workshops on HIV with an emphasis on social protection. Workshops were organized by WFP in collaboration with members of the Joint United Nations Team on AIDS for western and southern Africa as part of a capacity-strengthening process to ensure social protection programming meets the needs of people living with, affected by or exposed to HIV.

In Cameroon, Congo and Sierra Leone, WFP worked closely with governments to provide safety nets for vulnerable people living with HIV and beneficiaries leaving nutrition support programmes and worked to strengthen their economic status. WFP used cash-based transfers to improve livelihood options, avoid relapse into malnutrition, and encourage better adherence to treatment and improve health outcomes, while preserving people's dignity and offering comprehensive social protection. In the Democratic Republic of the Congo, WFP provided cash-based transfers once a month for 8 months to 217 households with members living with HIV or TB, which improved short-term nutrition and HIV treatment adherence of beneficiaries.

In Sierra Leone WFP used vulnerability profiling to select 200 malnourished people on antiretroviral therapy participating in the nutrition support programme to receive direct cash transfers for 3 months. The project was implemented by WFP in collaboration with the national AIDS control programme and the national AIDS secretariat, along with the network of people living with HIV. Each beneficiary received US$ 51–60, depending on their level of vulnerability. Beneficiaries also received training and learnt management strategies to help them engage in small-business entrepreneurship, contributing to improved treatment

retention, self-esteem and resilience-building, and reduced likelihood of relapse into malnutrition.

WFP continues to strengthen its partnership with governments and the greater United Nations system. For example, in Ethiopia WFP supported the Ministry of Labour and Social Affairs in 2018 by employing a technical assistant, who provided direct support to the Social Welfare Development Promotion Directorate. This improved the targeting of people living with HIV by the urban productive safety net programme. It also fostered the sharing of information and documentation among stakeholders and increased engagement with UNICEF and the Joint Team on further collaboration and programming related to social protection. These collective actions led to the signing of a new memorandum of understanding in Ethiopia for 2019 by the Ministry of Labour and Social Affairs and WFP.

Following the revision of the UNAIDS Division of Labour in 2018, ILO and WFP became co-conveners of the SRA on HIV-sensitive social protection. Inter-Agency Task Team membership was reviewed and additional members from academia, research institutions and UNAIDS Cosponsors were invited to join. The TB constituency in the Inter-Agency Task Team was also increased. The Inter-Agency Task Team drafted a concept note providing a framework for its work on HIV-sensitive social protection, along with a workplan.

In 2018 WFP attended a business meeting focused on advocacy on HIV-sensitive social protection and adolescents organized by the Coalition for Children Affected by AIDS to mobilize partners and stakeholders. The meeting provided an opportunity to present the Inter-Agency Task Team and WFP activities as part of a roundtable discussion—The Bidirectional Benefits of Holistic Support for Children Affected by HIV/AIDS: The Win–Win for HIV and Broader Social and Economic Development Sectors. The Coalition agreed to attend the next face-to-face meeting of the Inter-Agency Task Team to present innovative social protection programmatic solutions focused on early childhood development throughout the lifecycle.

WFP organized a meeting with the London School of Hygiene and Tropical Medicine, the University of California and Oxford University to discuss research aimed at filling gaps in the evidence base needed for cost-effective HIV- and TB-sensitive social protection that helps prevent HIV and TB and improve treatment adherence for people living with HIV or TB. A research agenda and proposal have been developed and will be submitted jointly by WFP and the London School of Hygiene and Tropical Medicine for consideration by an academic peer-reviewed journal in 2019.

Financial information

Table 1

Funds available in 2018 (US$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	1,242,500
Sub-total	3,242,500
2018 country envelope	1,039,300
TOTAL	**4,281,800**

Table 2

Expenditure and encumbrances by Strategy Result Area (US$)

Strategy Result Area (SRA)	Core *	Non-core	TOTAL
SRA 1: HIV testing and treatment	893,451	9,351,333	10,244,784
SRA 2: eMTCT	34,913	938,946	973,859
SRA 3: HIV prevention and young people	48,666	2,154,139	2,202,805
SRA 4: HIV prevention and key populations	-	6,962	6,962
SRA 7: Investment and efficiency	-	26,151	26,151
SRA 8: HIV and health services integration	1,149,105	5,313,075	6,462,180
TOTAL	**2,126,135**	**17,790,606**	**19,916,741**

***** includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

Table 3

Expenditure and encumbrances by region (US$)

Region	Core *		Non-core	TOTAL
	Core global	Core-country envelope		
Asia and Pacific	-	49,304	650,892	700,196
Eastern and southern Africa	731,018	209,284	11,652,480	12,592,781
Latin America and the Caribbean	212,633	33,282	100,360	346,276
Middle East and North Africa	59,698	36,284	267,500	363,482
Western and central Africa	102,653	190,061	4,871,902	5,164,616
Global	1,020,133	-	247,472	1,267,605
TOTAL	**2,126,135**	**518,216**	**17,790,606**	**20,434,957**

***** includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

Table 4

Core expenditure and encumbrances by category (US$)

Cost Category	Core Global	Core Country Envelope	TOTAL
Staff and other personnel costs	1,230,097	128,544	1,358,641
Contractual services	48,907	84,973	133,880
General operating expenses	229,430	202,326	431,756
Transfers and grants to counterparts	89,232	-	89,232
Travel	389,376	70,745	460,121
Programme Support cost	139,093	31,628	170,721
Total Expenditure	***2,126,135***	***518,216***	***2,644,351***
Encumbrances	-	-	-
TOTAL	**2,126,135**	**518,216**	**2,644,351**

Case study: empowering women living with HIV in Djibouti to live a fulfilling and dignified life

WFP, in collaboration with the United Nations Development Programme (UNDP), UNAIDS and the National Network of People living with HIV in Djibouti (RNDP+), has established an income-generating activity programme to support the long-term empowerment of and provide regular incomes to the most vulnerable women living with HIV enrolled on antiretroviral therapy. The project's overarching objective is to help women in the city of Djibouti achieve financial security, sustain their food and nutrition security, and improve access to health-care services. Ultimately, income-generating activity programmes have a powerful potential to help people living with HIV to adhere to antiretroviral regimens and optimize health outcomes.

The provided loans, ranging from US$ 141 to US$ 438 per person, targeted retail businesses that did not require complex structural installations and were further complemented by training on business entrepreneurship. The beneficiaries were selected from among two networks of people living with HIV, ARREY and Oui à la Vie, affiliated to RNDP+. Government enactment of favourable policy and legislation coupled with political goodwill catalysed successful implementation of the project activities.

Among the beneficiaries, Fatouma remembers how things changed for the better. "In 2014, I received a 40 000 DJF [US$ 250] loan that I used to develop and improve my retail garments business. I also benefited a lot from business entrepreneurship training that impacted me with critical business skills, including marketing, customer satisfaction, savings and investments. From a struggling retail business, I now import my clothes directly from Dubai and Somaliland and I now earn a decent income from the business that helps me support my 25-year-old son, my 16-year-old daughter in secondary school and my 3-year-old adopted son. I am able to pay my rent, electricity and water and have decent meals."

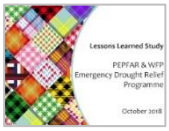
Ibado Abdillahi Ainan now lives a positive and fulfilling life after the introduction of the income-generating activities programme. Ibado, who lost her husband to AIDS, lives with six orphans. As she lost her job in the hospitality sector due to deteriorating health, stigma and discrimination, she started her own clothing business and received a 50 000 DJF (US$ 313) loan to expand her business. The loan was repaid within 10 months, and her business has since expanded into furniture and electronics. She now has an employee who she pays 15 000 DJF (US$ 94) per month. As she puts it: "I am no longer a desperate woman. I make enough to take care of my family and dependants."

The income-generating activities programme has improved the quality of life of many Djiboutian women, allowing them to regain dignity in their communities, ensuring financial security and reducing gender disparities. Building on the belief that empowering women living with HIV and their households to be financially independent strengthens adherence to treatment and leads to more fulfilling and dignified lives, the income-generating activities

programme contributes to the broader strategic contribution of WFP towards ending AIDS as a public health threat by 2030. It empowers women and girls to protect themselves from HIV, to make decisions about their own health, to live free of violence, and to be financially independent.

Knowledge products

Impact of the Nutritional Programme on HIV Treatment Retention



Lessons Learned Study: PEPFAR & WFP Emergency Drought Relief Programme

Etude sur le statut nutritionnel, les connaissances, les attitudes et les pratiques des adolescents, jeunes, femmes enceintes et allaitantes sur la nutrition, la planification familiale et le VIH en RD Congo

Global Report on Food Crises 2018

Rapid Assessment of the Impact of Drought on HIV Response in Arid and Semi-arid Lands in Kenya

HIV/TB Country Profiles in the Context of WFP Programming in East and Central Africa

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