World Food Programme (WFP)
Unified Budget Results and Accountability Framework (UBRAF) 2016-2021
Organizational report 2021
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Key strategies and approaches to integrate HIV into WFP’s mandate

As the world’s largest humanitarian agency, the World Food Programme (WFP) uses its "last-mile" expertise to reach people who are left furthest behind and most vulnerable, working with partners to ensure access to food and nutrition support among people living with, at risk of and affected by HIV. In 2020–2021, WFP supported nearly 50 countries in integrating food and nutrition into national HIV and TB responses, and assisted 720 000 people living with HIV and TB and their families to meet their basic nutritional needs via direct support (in the form of food, cash or vouchers) across all regions world-wide, including conflict-affected and emergency contexts. WFP reached tens of thousands of additional beneficiaries through its HIV- and TB-sensitive programming which included general food distribution and school feeding, as well as individual capacity-strengthening activities, such as social behavioural change communication. WFP support helps improve households’ socioeconomic and food and nutrition security situation, contributing to improved treatment access and adherence for vulnerable groups, while reducing high-risk behaviours to prevent and reduce the transmission of HIV and TB.

Top achievements on HIV in 2020-2021

▪ **High-level regional social protection workshop in western and central Africa.** WFP actively collaborated with ILO and the UNAIDS Secretariat, together with UNICEF and the Civil Society Institute for Health and HIV, in organizing a virtual regional workshop that brought together over 100 participants from governments, UN agencies, civil society organizations, NGOs, academia and other partners from 10 countries. Each country had representation from both the HIV and social protection spheres.

▪ **Regional social protection convening in eastern and southern Africa.** A similar initiative was undertaken in eastern and southern Africa, where WFP partnered with the Economic Policy Research Institute, the ILO and the UNAIDS Secretariat to conduct a regional workshop on advancing the regional HIV-sensitive social protection agenda. This provided a platform for interactive learning and discussion on designing, implementing, financing and managing inclusive social protection systems in the region.

▪ **Country-level social protection advances.** In Djibouti, WFP spearheaded the HIV-sensitive social protection agenda, working with the Ministry of Health and the Ministry of Social Affairs and Solidarities (Ministère des Affaires Sociales et des Solidarités). In 2020–2021, support was offered to households affected by HIV throughout the COVID-19 response via paper vouchers to address their food security and nutrition needs. The voucher was accompanied by awareness-raising about the national social protection programmes, with a specific focus on the Programme National de Solidarité Famille (National Programme of Family Solidarity) and to foster enrolment in the social registry. Supported with European Union funding and overseen by the WFP Djibouti Country office, over 200 households were enrolled in the social registry through this programme.

▪ **Generating evidence on the links between HIV and food and nutrition security in southern Africa.** WFP’s regional bureaux for southern and eastern Africa initiated research in collaboration with the University of Oxford, the University of Cape Town and
the Accelerating Achievement for Africa’s Adolescents (Accelerate) Hub in 2020. The collaboration generated evidence for southern Africa that highlights the bidirectional and multifaceted links between food and nutrition security, HIV and social protection, with a specific focus on the extreme and disproportionate risk young girls face. Further research is planned and regional advocacy materials will be finalized in 2022.

- **Logistical and supply chain expertise.** Across the biennium, WFP provided logistical and supply chain expertise to the Global Fund, helping it to better assess current stocks and future need for medications, as well as the storage of medications and other supplies. Together with the Global Fund, WFP provided support in the form of nonfood HIV-, TB-, malaria- and COVID-19-related commodities worth US$ 139 million from thousands of delivery points globally.

**Contribution to progress towards the Sustainable Development Goals**

The World Food Programme Strategic Plan for 2022–2025 aligns the organization’s work to the 2030 Sustainable Development Agenda’s global call to action, which prioritizes efforts to end poverty, hunger, all forms of malnutrition and inequality, encompassing humanitarian and development efforts.

WFP’s strategic priorities are focused on combatting the key drivers of hunger in order to support countries in their efforts to achieve the SDGs, guided by SDG 2 on ending hunger and malnutrition and SDG 17 on revitalizing partnerships for the implementation of the global development agenda. As conflict, climate crises and economic shocks become more frequent, WFP’s strategic priorities will be to support people in meeting their urgent food and nutrition needs and achieving better nutrition, health, education and sustainable livelihoods. Work on these priorities can also contribute to improved health and well-being around the world by supporting vulnerable and often-left-behind populations, such as people living with HIV and TB.

**Emergency and crisis-affected settings**

Effective responses to humanitarian emergencies advance gains across the SDGs, including SDG 1 (poverty), SDG 2 (hunger and food security), SDG 3 (health), SDG 5 (gender equality), SDG 11 (safe and resilient cities and human settlements), SDG 13 (climate change) and SDG 16 (peaceful and inclusive societies for sustainable development).

In 2021, nearly 300 million people required humanitarian assistance. In humanitarian contexts, WFP ensures that food and nutrition needs are adequately addressed among displaced, refugees and other emergency and crisis-affected populations, including those living with and affected by HIV/TB. WFP continues to leverage its "last-mile" supply chain and logistics capacity to deliver HIV life-saving commodities in fragile and conflict-affected states.

During humanitarian emergencies, forced displacement, food insecurity, poverty, sexual violence, disruption of services and health system collapse can lead to increased vulnerability to HIV infection or interruption of treatment. To mitigate these effects, WFP provided food
transfers in the form of in-kind, cash and vouchers to the most vulnerable people living with HIV/TB and their families in dozens of humanitarian, refugee, and other fragile contexts world-wide.

In South Sudan, WFP’s Institutional Feeding Programme was implemented in over 100 health and nutrition facilities in host and refugee community sites, with most of the sites concentrated in areas of high HIV prevalence. During programme implementation, partners implemented measures and guidance on social distancing, as well as respiratory and physical hygiene. WFP reached over 77,000 people living with HIV and/or TB, assessed them for nutrition status, and enrolled them into the national programme. Families of people living with HIV and/or TB who enrolled in the programme were provided with counselling, food and nutrition support. In refugee settings in Cameroon, Kenya, Rwanda, Uganda and the United Republic of Tanzania, WFP ensured that malnourished clients were supported with food and nutrition assistance.

**Social protection and livelihoods support**

WFP’s social protection interventions address the root causes of poverty and hunger by tackling structural drivers and vulnerabilities at scale. WFP’s work on HIV is a crucial element of inclusive programming, supporting the most vulnerable by stressing food security and nutrition as vital building blocks for health. WFP also links people living with HIV with asset-generating and sustainable livelihood activities, enabling them to build resilience and reduce long-term need.

COVID-19 and the associated policy restrictions have had significant socioeconomic effects on most households for example in Côte d’Ivoire, particularly in the capital district of Abidjan. WFP provided targeted cash transfers in a phased and sequenced approach. Starting in early 2020, in collaboration with UNAIDS and the NGO Magic System Foundation, WFP supported 1,000 vulnerable households, including 100 affected by HIV. The second phase of transfers reached an additional 1,328 households affected by HIV, indirectly benefiting an estimated 7,700 people (average household size of six people). The third phase in 2021 provided another round of cash support, targeting the 500 most vulnerable households affected by HIV, supporting 3,000 beneficiaries. Post-follow-up analysis and monitoring of the transfers found that 47% of beneficiaries used the money to purchase food, 15% used the funds to develop income-generating activities, and 12% used the money to cover essential health services. Nearly 93% of beneficiaries recorded an acceptable food consumption score following the transfers.

**Vulnerability and rapid assessments**

Without WFP’s targeted assessments, governments would be unaware of the unique vulnerability of HIV-affected households. Using rapid assessments, WFP and other stakeholders collect timely and critical information on the food insecurity profiles of people living with HIV to inform and guide programming to meet their essential needs.

For example, WFP supported the Government of Rwanda to conduct a national nutrition, food security and vulnerability survey. The survey provided timely nutrition and food security information related to people living with HIV. The survey also facilitated documentation of the impact of COVID-19 on people living with HIV, a key priority for the Government, as reports indicated decreasing ART adherence among people living with HIV whose livelihoods had been affected by COVID-19. Nearly 90% of people living with HIV reported that their incomes
had been affected COVID-19 and related restrictions. The findings also indicated that children aged 24–59 months and living with HIV were more food insecure and malnourished than the general population.

**Partnerships**

Consistent with the SDGs’ emphasis on partnerships for sustainable development, WFP leveraged strategic partnerships in 2020–2021. It provided logistical and supply chain expertise to the Global Fund, helping it to better assess current stocks and future needs for medications, as well as the storage of medications and other supplies. Together with the Global Fund, WFP provided support in the form of nonfood HIV-, TB-, malaria-, and COVID-related commodities worth a total of US$ 37 million from 6 698 delivery points in seven countries.

At the global level, WFP helped to develop guidance and advocacy materials and it rapidly shared COVID-19-related materials. The UNAIDS Inter-agency Task Team on Education developed COVID-19-specific guidance. Together with the ILO, UNICEF, UNDP and the UNAIDS Secretariat, WFP developed a government-focused social protection call to action and subsequent global webinar.

WFP also hosted and participated in several panels and webinars at major international forums and meetings, showcasing needs and programmes for food and nutrition support among people living with, at risk of and affected by HIV/TB. The forums included the UN General Assembly High-Level Meeting on AIDS, the 2021 International Conference on AIDS and STIs in Africa, and the WHO summit on TB.

**HIV in the context of the COVID-19 response**

COVID-19 has highlighted the vital role of social protection in rapidly mitigating the direct and indirect effects of disease. There is increasing emphasis on social protection instruments, such as cash and in-kind transfers, as well as social protection systems, to address systemic vulnerabilities at scale and mitigate the impacts of pandemics and the multiple inequalities they expose.

In Eswatini, nearly 60% of children under the age of 17 are orphaned due to HIV. For over a decade, WFP, together with national stakeholders, have supported orphans and vulnerable children (2–7 years) through a neighbourhood care point. These are innovative, community-based mechanisms to deliver essential services and food assistance to orphaned and vulnerable children. Over the past two years, school closures and a sharp rise in household food insecurity related to COVID-19 have drastically increased neighbourhood-care-point attendance. In 2021, nutritious meals were provided to orphaned and vulnerable children in 1,700 such care points, reaching 52 683 pre-primary beneficiaries. The programme has remained a priority for the Government, with WFP acting as a key partner. After agricultural production was identified as a key priority within the county strategic plan, vegetable and egg production and overall dietary diversification was prioritized in 510 targeted neighbourhood care point. WFP is also leading the review of the existing strategy, with recommendations to follow in 2022.