

World Food Programme (WFP)

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



the 1990s, the number of people with a mental health problem has increased in the UK (Mental Health Act 1983, 1990).

There is a growing awareness of the need to improve the lives of people with mental health problems. The Department of Health (1999) has set out a vision of a new mental health system, which will be based on the following principles:

- (i) people with mental health problems should be treated as individuals, with their own needs and wishes;
- (ii) people with mental health problems should be given the opportunity to participate in decisions about their care and treatment;
- (iii) people with mental health problems should be given the opportunity to live in their own homes and communities.

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Achievements

Introduction

WFP is the largest humanitarian agency tackling hunger worldwide. It has almost 14 000 staff who reach approximately 80 million people with food assistance each year. WFP supports national and regional efforts to ensure food security for all, including the poorest and most vulnerable children, women and men. It works with a range of partners, including Governments, United Nations agencies, nongovernmental and international organizations, civil society and the private sector. As a UNAIDS Cosponsor, WFP shares the vision of achieving zero new HIV infections, zero discrimination and zero AIDS-related deaths. WFP's HIV work is focused on linking food and health systems for impact on AIDS outcomes. WFP maintains a holistic approach to HIV programming, leveraging multiple context-appropriate entry points, including food and nutrition support, social safety nets, technical support to governments and national partners, school meals, and supply chain and logistics support services. WFP is also mandated to co-lead in addressing HIV in humanitarian emergencies with UNHCR.

Access to treatment cascade

In 2016, WFP's HIV work continued to focus on linking food and health systems, providing food assistance for improved health outcomes such as nutritional recovery for malnourished people living with HIV and TB, retention in care programmes and treatment success. Its support comes via integrating food security in national AIDS plans, technical assistance, advocacy and communication, partnerships, and capacity building and implementation.

In 2016, WFP provided technical assistance to several governments to integrate food and nutrition services in the HIV response, including through developing national guidelines on nutrition assessment, counselling and support; analysing nutrition among people living with HIV with baseline survey (food security and vulnerability assessment) results; and training health staff on nutrition assessment, counselling and support (NACS). The countries included Burundi, DRC, Ethiopia, Ghana, Guinea, Kenya, Myanmar, Rwanda, Sierra Leone, South Sudan, Swaziland, Tajikistan and Uganda. WFP also implemented its food-by-prescription programmes (providing food for malnourished people to retain them in drug therapy) in Cameroon, Central African Republic and Swaziland.

WFP advocates for integrating HIV testing in food security support services. For example, in Liberia in late 2016, WFP was designated the Global Fund Sub-Recipient to improve capacity to address the nutritional needs of people living with HIV and/or TB. Providing nutritional support to more than 100 000 people is also expected to increase coverage of HIV testing and counselling. WFP, in partnership with the Zambia Civil Society Scaling Up Nutrition Alliance, examined the barriers that prevent adolescent girls from accessing HIV and nutrition services. Issues identified in the baseline study included poor utilization of testing and

counselling services, low condom use, limited youth-friendly services and inadequate behaviour change programmes related to HIV and nutrition. WFP contracted the Alliance, which does not usually serve as an HIV platform, to develop and roll out advocacy activities to address those issues.

HIV services in humanitarian emergencies

WFP provided support (including food, cash and vouchers) at individual and household levels to improve access and adherence to HIV treatment. In humanitarian contexts, WFP ensured that food security and related needs, including HIV and TB services, were adequately addressed among displaced, refugee and other emergency-affected populations. In food-insecure contexts, including the DRC, Lesotho and Ukraine, WFP assisted malnourished and/or food-insecure people who were receiving ART. In Côte d'Ivoire, WFP's assistance to more than 6,000 people improved the nutritional status of those who were receiving ART, resulting in treatment adherence estimated at 99%.

WFP leads the Inter-Agency Task Team on food, nutrition and HIV, and co-leads with UNHCR the Inter-Agency Task Team on HIV in humanitarian contexts. In 2016, WFP and UNHCR teamed up to address the needs of people living with HIV in El Niño-affected countries. Substantial global and regional advocacy resulted in a United States President's Emergency Plan for AIDS Relief (PEPFAR) grant of approximately US\$ 22 million to respond to food insecurity in Lesotho, Malawi, Mozambique, Swaziland and Zimbabwe. This work, which continues in 2017, focuses on assessing and treating severe and moderate acute malnutrition in people living with HIV through existing NACS programmes, including nutrition screening and referral in communities, and assessment, counselling and treatment in clinics. Additional elements include supply chain management/procuring specialized nutritious food, technical assistance for health ministries and data collection.

Medicines and commodities

WFP worked with Global Fund implementing partners (including UNDP in Zimbabwe and Chad, UNFPA in Yemen, and the Partnership for Supply Chain Management in Burundi) to prevent stock-outs of HIV commodities. Examples of working towards Sustainable Development Goal (SDG) 17, these supply chain partnerships illustrate how WFP's supply chain can be leveraged for HIV and health results. They reflect the "New Way of Working", where partners inside and outside the UN system work towards collective outcomes, and the UN delivers as a single initiative. In 2017, WFP hopes to expand these partnerships to ensure that food, medicines and other necessary commodities reach the most vulnerable populations.

Comprehensive eMTCT services

WFP works with partners to integrate food and nutrition support in the PMTCT programmes and maternal, newborn and child health services that are provided to pregnant malnourished women. This is done mainly through technical assistance to governments, including support to develop guidelines and educational materials. In many contexts, WFP focuses its food and nutrition support on pregnant and lactating women, PMTCT clients and children. This can have an improve PMTCT adherence, and support improved health outcomes for newborn babies. In Ethiopia, for example, 96% of PMTCT clients receiving WFP food assistance in 2016 attended all their clinical appointments and 99% of babies were HIV-negative.

At global level, WFP is a member of the Child Survival Working Group, one of the sub-working groups of the Inter-Agency Task Team eMTCT. As part of the working group, WFP addresses food- and nutrition-related issues in the context of eMTCT and paediatric HIV treatment, including in humanitarian settings. In Somalia, WFP and UNICEF jointly held sensitization sessions on PMTCT for partners, including local NGOs, the Ministry of Health, the AIDS Commission and regional TB programmes.

Youth health and education needs

WFP contributes to strengthening country capacity to meet the HIV-related health and education needs of young people and adolescents through its school meals and its partnership with UNFPA and UNICEF. WFP's school meals benefit more than 17 million school children annually. In South Sudan, for example, more than 200 000 children were reached through the Food for Education programme in 2016. Children who manage to remain in school longer are less to be exposed to violence, alcohol substance abuse, sexual abuse, HIV and STIs, and are less likely to have early sexual debut or become pregnant as teenagers.

Technological and service delivery innovations

WFP uses innovative technologies to collect and manage data on its programmes and beneficiaries, and for resource mobilization. SCOPE is the WFP digital management platform, which is used to register beneficiaries, set up interventions, plan distribution, transfer entitlements and report on distribution. WFP is exploring activities for people living with HIV, including the Food by Prescription programme, using SCOPE in Somalia.

Mobile vulnerability analysis and mapping is another innovative platform, which is being used in South Sudan, among other countries, to capture data on HIV and TB programme attendance, food deliveries and distribution, and NACS indicators.

Through its Share the Meal mobile app, WFP has collected funds for more than 11 million meals since mid-2015, including for school children in Malawi, pregnant and lactating women

in Syria, and El Niño-affected school children in Lesotho. People living with HIV are among the most vulnerable in all supported population groups.

Decentralization and integration

WFP's core mandate within the Joint Programme is to integrate food security in HIV programming and HIV in humanitarian responses. WFP delivers on those mandates by working with governments to ensure food security support is provided to people living with HIV/TB through national strategies and programmes, and by ensuring that the needs of people living with HIV are considered in all humanitarian responses.

In El Niño-affected Lesotho, WFP was instrumental in integrating food and nutrition security, HIV and gender in the vulnerability assessment and analysis performed by the Ministry of Health. This brought together evidence on the effects of drought and food insecurity on people living with HIV and other vulnerable groups, and paved the way for the mobilization of resources from PEPFAR, the United States Agency for International Development (USAID) and the Global Fund. In several countries, including Swaziland, WFP supported health ministries to integrate food and nutrition security into national maternal, newborn and child health services by providing technical assistance and coordinating implementation of NACS services

HIV-sensitive social protection

In 2016, a study by WFP and the London School of Hygiene and Tropical Medicine on the investment returns of food-based interventions for ART patients in eastern and southern Africa, suggested that investment in ending hunger could contribute to improved treatment adherence and retention in care, and to reduced HIV transmission. It also found that investing in HIV and food interventions could enhance the efficiency of HIV treatment and prevention efforts.

At country level, WFP empowers people living with HIV through its HIV-sensitive social protection programmes. It assists governments in designing, implementing and evaluating cost-effective food security and nutrition-sensitive safety nets for people living with HIV and other vulnerable populations, including in challenging contexts. For example, in Ethiopia, WFP worked with PEPFAR to provide NACS, social safety nets and economic empowerment services to people living with HIV, orphans and vulnerable children and PMTCT clients. Engagement in economic empowerment activities has proved a robust predictor of improved retention in HIV care, adherence to ART, access to health services and health-related quality of life.

In El Niño-affected countries, WFP supports people living with HIV/TB and their families to compensate for the loss of income-earning potential. For example, in Zimbabwe, WFP food

assistance reached more than one million beneficiaries, including orphans and vulnerable children and people living with HIV.

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