

# World Food Programme (WFP)

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





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# Achievements

## **WFP's Strategy/Core Approach to HIV and AIDS**

In 2017, it maintained its holistic and gender-responsive approach to HIV programming, leveraging its context-specific entry points and partnerships to provide food and nutrition support to vulnerable people living with HIV, including in humanitarian emergencies; support to pregnant women receiving prevention of mother-to-child transmission services; school meals and other activities for addressing the needs of children and adolescents while promoting school attendance and reducing risk-taking behaviour; support to HIV-sensitive social safety nets in several regions; technical support to governments and national partners, including work with national HIV/AIDS councils; and support to supply chains to prevent stock outs of HIV treatment and prevention commodities in humanitarian settings and fragile contexts, working with partners that include the Global Fund to Fight AIDS, Tuberculosis and Malaria. WFP addresses HIV through various entry points and partnerships that are consistent with the Sustainable Development Goals (SDGs). Improving the nutrition status and food security of people living with and affected by HIV is also a way of leveraging work towards several SDGs – on poverty alleviation, health, zero hunger, education and gender equality – and facilitating the eradication of AIDS in an era of competing priorities through more integrated, systems-based approaches that involve interventions at all levels, from the people and households directly effected by HIV to national governments.

## **Highlights of results in 2016-2017**

In 2017, WFP assisted 355 000 people living with HIV, TB patients and their household members in 24 countries (including many impacted by emergencies) through HIV-specific programmes. In addition, many more vulnerable people living with and affected by HIV were assisted through WFP's HIV-sensitive general assistance programmes.

The situation for people living with HIV in conflict affected Eastern Ukraine is critical, with the majority of people living with HIV severely food insecure and living in extreme poverty. Health and HIV facilities were relocated and the quality of services in many facilities remains poor. Eastern Ukraine has the highest HIV and TB/MDRTB prevalence rates in the country, and the conflict is driving new infections.

In order to reduce food insecurity and improve adherence by linking food, health and social protection systems, WFP worked with the All Ukrainian Network of People Living with HIV (at the country and global levels) to provide Cash Based Transfers (CBT) via e-vouchers to 6826 people living with HIV (about 17 600 household members) in 2016-2017. This resulted in improved food security in two thirds of beneficiaries, increased adherence to ART in 34% of those enrolled and led viral suppression in line with the third 90 in most beneficiaries.

In 2016 WFP categorized the situation in Southern Africa as a Level 3 Emergency (the highest internal Emergency Classification). Intense El Niño conditions, coupled with multi-year drought, led to a food security crisis that impacted an estimated 40 million people. People living with HIV are particularly vulnerable to food insecurity and malnutrition, which can pressure households into adopting harmful coping strategies that drive new infections. In response to this emergency, WFP formed an Inter-Agency Task Team (IATT) on HIV in Emergencies sub-working group on El Niño and joined an OCHA-led group to lobby for HIV responses. Data was also collected and an advocacy brief developed to share with the Special Envoys on El Niño and Climate, and donors. WFP additionally worked with partners to include HIV responses in the Inter-Agency Standing Committee's Inter Agency ENSO Standard Operating Procedures for climate related emergencies .

These substantial advocacy efforts at the global and regional levels resulted in a grant from the United States PEPFAR of USD 25 million for addressing the impacts of El Niño-related food insecurity in five countries – Lesotho, Malawi, Mozambique, Swaziland and Zimbabwe. The work, which continued in 2017, focused on assessment and treatment of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) in people living with HIV through existing programmes providing nutrition assessment, counselling and support for adolescents and adults living with HIV. Activities included nutrition screening and referrals in communities and assessment, counselling and treatment at clinics. Through the PEPFAR grant, in 2016 and 2017 WFP managed supply chains for specialized foods and supported 349 099 malnourished and food-insecure people affected by HIV, including orphans and other vulnerable children (OVC) and clients of PMTCT programmes in five UNAIDS fast-track countries.

WFP contributes to strengthening national capacities to meet the goals for HIV prevention among young people and adolescents through its HIV-sensitive school meal programmes and its country-level partnerships with UNFPA and UNICEF. WFP's school meals benefit more than 17 million school children annually. In Malawi, more than 990 000 children were reached in 13 districts. By staying in school longer, many of these young people are less exposed to high-risk behaviour that can lead to acquiring HIV. Research in Botswana and Swaziland found that women and girls who lack sufficient food are 70% less likely to perceive personal control in sexual relationships, 50% more likely to engage in intergenerational sex, 80% more likely to engage in survival sex, and 70% more likely to have unprotected sex.

## Key achievements by Strategy Result Area

**Strategy Result Area 1: Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment**

### Innovative testing and counselling programmes

WFP advocates for the integration of HIV testing in food and nutrition support services. In many contexts, improved food security can increase attendance for HIV testing and counselling, as well as adherence to treatment. In 2017, WFP provided technical assistance to governments with a view to integrate food and nutrition services into HIV responses through the development of national guidelines on nutrition assessment, counselling and support for adolescents and adults living with HIV, including in Kenya, Lesotho, Rwanda, Liberia, Somalia and Swaziland.

Work on testing and counselling by WFP and all Joint Programme partners complements WFP's work to augment the treatment cascade. WFP's HIV programming is gender-responsive and focuses on linking food and nutrition, treatment and health systems through the provision of food assistance for better health outcomes, such as nutritional recovery for people living with HIV and/or TB and retention in care programmes. WFP contributes to the HIV treatment cascade in a variety of ways. These include providing technical support, capacity building and assistance to governments; advocating for the inclusion of food and nutrition security in comprehensive national and international plans; developing multi-stakeholder partnerships on issues ranging from emergencies to supply chains; and working with civil society to meet the needs of vulnerable people living with HIV.

### HIV treatment cascade

There is a correlation between food insecurity and treatment adherence, retention and success. People living with HIV who initiate treatment while severely malnourished are two to six times more likely to die in the first six months of treatment than those who are not malnourished when they initiate treatment. Additionally, people living with HIV often have reduced appetites, are less able to absorb nutrients and have reduced access to food due to morbidity. WFP provides in-kind food assistance, cash and vouchers at the individual and household levels to enable improved access and adherence to treatment. In other contexts, WFP treats SAM and MAM in people living with HIV. Examples of WFP's nutrition interventions for HIV impact include:

- In Swaziland, WFP reached 134 000 HIV-impacted beneficiaries. A total of 2500 SAM and MAM clients received therapeutic or supplementary food through 87 clinics;
- In Zimbabwe, WFP provided food and nutrition support to treat 27 400 cases of MAM in ART/TB adult patients and children;
- In Côte d'Ivoire, WFP's assistance to more than 6000 people improved the nutritional status of those receiving ART, resulting in treatment adherence estimated at 99%;
- In Guinea-Bissau, WFP provided nutrition support to 2000 malnourished clients on ART and 500 malnourished clients under TB treatment, as well as food assistance packages to their food insecure households reaching a total of 8500 beneficiaries in 2016. Cash transfers were also provided to 3000 household members of the same ART clients in 2017. These combined food, nutrition and cash interventions contributed to reducing the ART default rate to 7.94% in 2017;
- In Myanmar, post-distribution monitoring in 14 townships revealed that nutrition counselling and food provision led to increased adherence and improvement in Body mass index (BMI) in over 60% of the beneficiaries.

WFP works in partnership with civil society, government, people living with HIV networks and donors like the Global Fund to maximise impact on treatment while improving food and nutrition security for people living with HIV. A prime example of this can be seen in Sierra Leone, where WFP has been implementing a Nutrition Assessment, Counselling and Support (NACS) programme, which integrates nutrition rehabilitation into ART and TB DOTS packages. The program is funded through the Global Fund and is implemented in collaboration with the National AIDS Secretariat (NAS), the Network of HIV Positives in Sierra Leone (NETHIPS), the Civil Society Movement Against TB (CSMART-SL) and the National AIDS Control Program (NACP). Between 2016 and 2017, WFP received USD 3.7 million from the Global Fund and reached 23 000 TB clients and 15 000 people living with HIV on ART with food assistance. The partnerships between WFP and the Networks played a crucial role in resource mobilisation, advocacy, implementation and HIV/TB response during emergencies. WFP and the Networks are exploring possible engagements in resilience building and safety net programmes, which could contribute to a more sustainable impact on the lives of individuals affected by TB and HIV. This intervention has improved the health and nutrition status of beneficiaries and augmented treatment outcomes.

WFP also targeted food insecure people living with HIV on ART to prevent default and encourage adherence in Ukraine, Rwanda, Côte d'Ivoire and many other countries. An example of this programming can be seen in Liberia, where as a Global Fund sub-recipient, WFP provided food security support to more than 100 000 people, which improved retention in care.

In addition to providing direct assistance, WFP also works to train and build capacity in healthcare staff and community care workers to provide NACS services to ART clients. In Ethiopia, 72 health institutions were capacitated to provide Nutrition Assessment and Counselling (NAC) to all people living with HIV and NACS services to malnourished people living with HIV as a standard service. Community systems strengthening was also done to put in place an effective referral mechanism to link malnourished people living with HIV to treatment and clinical NACS services. 15 000 people living with HIV in health institutions received NACS services and 500 people living with HIV classified as having SAM received Ready to Use Therapeutic Foods as a treatment for SAM. All clients receiving specialized foods were educated on the proper utilization of specialized foods for rapid recovery. Outcome data collected on the recovery rate of clients on NACS services indicated that the malnutrition recovery rate in 2017 was 84.9%, an improvement of 7.5% from previous years. At community level, community resource persons provided ART adherence counselling, nutrition assessment and basic education on nutrition, water hygiene and sanitation for 17 000 people living with HIV. Some 2000 (12%) were identified as having malnutrition through community level screening and were linked to health institutions for further assessment and clinical nutrition and HIV care.

WFP has carried out several formative studies in Latin America on the food and nutrition security of people living with HIV. For example, in 2017, WFP Guatemala implemented a study in seven Comprehensive Care Units that included 120 children and 272 adults living with HIV who were being assisted by the Ministry of Public Health. Similar to other countries where these studies have taken place, WFP provided the technical expertise and financial support in collaboration with several partners like the Association for the Prevention and Study of HIV/AIDS (APEVIHS), a local NGO, the National Program for the Prevention and Control of STIs, HIV and AIDS, UNAIDS Secretariat, UNICEF and HIVOS. The findings of these studies have provided a framework for advocacy actions for the food security and nutrition for people living with HIV. Generating evidence has become a key aspect needed to strength the HIV response, to improve adherence to treatment (90-90-90 cascade), to target interventions to improve nutritional food security and to reduce vulnerability. In multiple countries in the LAC region the scientific and empirical information generated in collaboration with WFP has provided important inputs for Ministries of Health and other government agencies to strengthen treatment related interventions /programmes. The information has been used to:

- Develop protocols and action plans such as the First, Second and Third Level Care Guidelines.
- National Strategic Plans for HIV/AIDS.
- National Prevention Strategies and legal reforms relating to HIV.



□ Evidence that led to Global Fund grants for 2018-2021 in Guatemala, El Salvador and Dominican Republic.

### **90-90-90 targets for children and adolescents**

In several countries, including Burundi, Ghana, and Malawi, WFP's nutritional support targets children and adolescents living with HIV. WFP also provided HIV-sensitive food and nutrition support to millions of children across various Fast Track Countries and in emergency contexts. Support to children takes a variety of different forms ranging from the provision of specialized foods to school meals. WFP aligns itself with the H6 and Every Women and Every Child initiatives and believes that food and nutrition support plays a critical role in the treatment cascade for children.

### **HIV services in humanitarian emergencies**

During humanitarian emergencies, forced displacement, food insecurity, poverty, sexual violence, breakdown of the rule of law and the collapse of health systems may lead to increased vulnerability to HIV infection or interruption of treatment. Given the scale and scope of humanitarian emergencies (including in Fast Track countries), the number of people vulnerable to HIV in these situations is estimated to have increased.

WFP and UNHCR co-lead the IATT on HIV in Emergencies, which aims to improve preparedness and responses during emergencies. In many humanitarian, refugee and other food-insecure settings, including but not limited to: South Sudan, Rwanda, DRC, Uganda, Central African Republic, Haiti, Myanmar, the Horn of Africa, the Lake Chad basin and countries impacted by El Niño, WFP worked with partners to provide food and nutrition support (through in-kind assistance, nutrition interventions, cash or vouchers) to food-insecure and malnourished people, including those on ART and TB treatment.

In many humanitarian and food insecure contexts, WFP provides nutrition support through the provision of specialized nutritious foods to malnourished people on ART. For example, in the DRC in 2016-2017, WFP partnered with local and international NGOs to provide nutritional support to over 21,000 malnourished people living with HIV/TB patients, including those displaced by conflict.

As highlighted above, in 2016-2017, PEPFAR provided WFP with over US\$ 25 million to support the food and nutrition component of WFP's El Niño HIV response activities, supporting over 349 099 beneficiaries affected by HIV in five countries in Southern Africa.

As described previously WFP also worked with the All Ukrainian Network of People Living with HIV (at the country and global levels) to provide Cash Based Transfers (CBT) via e-vouchers to 6826 people living with HIV in conflict impacted Eastern Ukraine.

In 2017, the Horn of Africa faced a serious drought affecting Ethiopia, Somalia and Kenya, with an estimated 15 million people in need of emergency food assistance and at catastrophic levels of food insecurity and malnutrition. It was established that people living with HIV were potentially at risk in these countries. The UN Joint Teams in the three countries worked to ensure inclusion of HIV clients into ongoing emergency programme responses, including nutrition and food assistance for malnourished and food insecure people living with HIV. In Kenya, the UN Joint Team successfully advocated for inclusion of HIV into the Drought Flash Appeal and helped raise the profile for HIV in the Arid and Semi-Arid Lands (ASAL) with government and humanitarian partners. They further commissioned a rapid assessment on the impact of the drought on HIV and AIDS, and the findings of assessment will be utilized (in 2018) to advocate with all relevant partners at national and county levels to strengthen the HIV response in all the ASAL counties.

In the last two years, the importance of addressing HIV in humanitarian settings has received more political support than ever before, as highlighted in the UNAIDS strategy for 2016–2021, the two reports to the Programme Coordinating Board presented by the UNAIDS Executive Director in 2017 and the engagement in emergency responses of PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

There is now a global consensus that, given the number, magnitude and scope of humanitarian emergencies in Fast Track countries in 2016-2017, the End of AIDS will be out of reach unless we address the needs of people living with HIV in humanitarian contexts. WFP and UNHCR will continue to lead the IATT on HIV in Emergencies and further advocate for this issue at global and regional levels and respond to the needs of people living with HIV, including refugees in countries impacted by conflicts and disasters. The IATT is also currently working to update the global data on the number of people living with HIV impacted by emergencies in order to better tailor response and advocacy efforts.

### **Medicines and commodities**

.WFP and the Global Fund maintain a MoU for logistics partnership. This partnership enables improved access to HIV-related commodities, especially during emergencies, through the use of WFP's deep field supply chain networks. One key component of the MoU tasks WFP with building the capacity of Global Fund implementers to strengthen distribution systems to prevent stock outs. Since the start of 2016, WFP has provided four separate air freights and three ocean freights from Asia, Europe and Southern Africa to Burundi and Yemen, serving to prevent HIV treatment stock outs. In 2017, WFP provided engineering support to Global Fund Principal Recipient UNDP in Zimbabwe and Guinea-Bissau.

The provision of supply chain services to health actors is one example of WFP's contribution to SDG 17 and leverages new and innovative approaches to tackling chronic constraints in supply chains. In 2016-2017, the Bill & Melinda Gates Foundation (BMGF), WFP and partners launched SOLVE (Supply Optimization through Logistics Visibility & Evolution) a multi-stakeholder partnership led by BMGF and enabled by WFP to accelerate on-the-shelf availability of reproductive health commodities through sustainable solutions across 17 countries.

The availability of HIV prevention commodities will be critical to reaching the goals set forth in the UNAIDS Strategy. WFP aligns itself with the work being undertaken by the Prevention Coalition and UNFPA and will continue to support other initiatives relating to commodities for health that improve the lives of women and children.

## **Strategy Result Area 2: New HIV infections among children eliminated and their mothers' health and well-being is sustained**

### **Comprehensive eMTCT services**

Demand-side barriers to access and adherence to PMTCT services include food insecurity. Comprehensive services that integrate food assistance enable more women to start and adhere to PMTCT programmes. WFP works with governments to support PMTCT programmes and provide mother-and-child health and nutrition services to vulnerable pregnant women. WFP programmes in many contexts target pregnant and lactating women, PMTCT clients and children and can have impacts on adherence to PMTCT and on health outcomes for newborn babies.

In South Sudan, WFP provided nutrition support to 8000 pregnant and lactating women through its PMTCT programme, and an additional 225 000 pregnant and lactating women were treated for acute malnutrition through the targeted supplementary feeding programme. Development of national guidelines on maternal, infant and young child nutrition has created a platform for improving the quality of mother-and-child nutrition services, especially for women and children affected by HIV.

WFP works together with partners to integrate food and nutrition support into PMTCT programmes and MNCH services. This is mainly done through technical assistance to governments, including by supporting the development of guidelines and educational materials. For example, in Liberia, WFP supported the Government of Liberia to develop an Essential Package of Health Service (EPHS), which placed a strong emphasis on all maternal and child health services. In line with EPHS, in 2017 WFP reached 800 PMTCT clients and 1600 PMTCT household members in Liberia through the provision of food assistance to support treatment adherence.

In Ethiopia, 99.8% of the PMTCT clients receiving WFP food assistance in 2017 attended all their clinical appointments and 99.6% of the newborn babies were negative. At the global level, WFP is a member of the Child Survival Working Group (CSWG), which is one of the sub working groups of the IATT on eMTCT. As part of the CSWG, WFP addresses food and nutrition related issues in the context of eMTCT and paediatric HIV treatment, including in humanitarian settings.

### **Strategy Result Area 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV**

#### **Youth health and education**

As highlighted above WFP contributes to strengthening national capacities to meet the goals for HIV prevention among young people and adolescents through its HIV-sensitive school meal programmes and its country-level partnerships with UNFPA and UNICEF. WFP's school meals benefit more than 17 million school children annually. For example, in the Fast Track country Malawi, more than 990 000 children were reached in 13 districts.

In Zambia, in partnership with the Scaling up Nutrition (SUN) Civil Society Network, WFP investigated the barriers that hinder adolescent girls' access to HIV and nutrition services. Gaps identified included low utilization of HIV testing and counselling services, low condom use, limited youth-friendly services and inadequate behaviour change programmes for addressing both HIV and nutrition issues among adolescents. In 2017, WFP supported the establishment of adolescent technical working groups in two districts to enhance support to and inclusion of adolescent girls in nutrition and HIV programming.

In Cameroon, over 25 000 young people, adolescents and adults living with HIV on treatment (ART/TB/PMTCT clients) benefitted from monthly nutrition education sessions to prevent acute malnutrition and to support those already malnourished with adequate messages to overcome their situation. Combined with more than 600 home visits, the initiative supported adherence to ART.

### **Strategy Result Area 7: AIDS response is fully funded and efficiently implemented based on reliable strategic information**

#### **Sustainability, efficiency, effectiveness and transitions**

WFP is constantly researching how to deliver programming more effectively. In 2016-2017, WFP and the London School of Hygiene and Tropical Medicine (LSHTM) completed a study

on the investment returns of food-based interventions for ART patients in Eastern and Southern Africa. The findings suggest that investment in ending hunger could contribute to improved treatment adherence, retention in care and reduced HIV transmission, and co-investing in HIV and food interventions could enhance the efficiency of HIV treatment and prevention efforts.

### **Technological and service delivery innovations**

In line with WFP's on-going innovation and digital transformation agenda, WFP is expanding its digital beneficiary system and is developing an application for the electronic registration, tracking and management of beneficiaries of community-based management of acute malnutrition programmes. The application known as SCOPE Conditional On-Demand Assistance, (SCOPE CODA). SCOPE CODA merges identity and programme management functions to support improved management for nutrition treatment and health programming for all stakeholders, from frontline workers to managers to national ministry officials to global stakeholders. The application provides frontline workers with an agile and robust tool that registers, tracks and manages clients and their package of services at points of delivery, while providing managers and other stakeholders with a unified platform on which they can base decisions to improve programming and increase collaboration and synergies.

SCOPE CODA is now piloting in Uganda and South Sudan. While the application was developed initially for malnutrition treatment, it is presently being expanded to match on the ground realities and national priorities to ensure that malnutrition treatment is mainstreamed in essential health services and with other vulnerable populations, including people living with HIV and those treated for TB. In 2017, WFP prioritized people living with HIV for registration at food distribution centres, and this is still under way in Somalia.

Another innovative platform is mobile Vulnerability Analysis and Mapping (mVAM), which is used in South Sudan and other countries to capture data on HIV/TB programme attendance, food deliveries and distribution, as well as Nutrition Assessment, Counselling and Support (NACS) indicators.

## **Strategy Result Area 8: People-centred HIV and health services are integrated in the context of stronger systems for health**

### **Decentralization and integration**

WFP works together with national governments and other partners to decentralize and integrate HIV and food/nutrition systems and to improve the sustainability and effectiveness of HIV programmes, particularly through the provision of technical support and capacity building programmes. Examples from three distinct regions include:

□ In Myanmar, WFP supported the Ministry of Health and Sports to integrate food and nutrition interventions into National AIDS Programme (NAP) activities. In 2017, WFP aimed to enhance the treatment adherence/access, health outcomes and nutritional recovery of people living with HIV through the provision of food and nutrition support and counselling. Through this programme, WFP also contributes to the reduction of socio-economic barriers that limit the access and adherence of people living with HIV treatment. A total of 11 000 TB patients and people living with HIV received WFP food and nutrition support, including nutrition promotion sessions and counselling.

□ In Ethiopia, WFP assisted the national government to maintain its electronic data on the country's multisectoral HIV response. WFP trained 400 staff members in the Ministry of Health to support the full-scale implementation of the database.

□ In Lesotho, WFP provided technical support to the Ministry of Health (MoH) to strengthen a nutritional technical working group that works to integrate HIV in its programmes. Through this support, WFP, in collaboration with the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), assisted the MoH in quantifying data on clients in need of nutritional assistance, with focus on people living with HIV.

### **HIV-sensitive social protection**

At country level, WFP contributes to the empowerment of people living with HIV through its HIV-sensitive social protection programmes, including by supporting national governments in designing, operationalizing and evaluating cost-effective food security, safety net and social protection mechanisms for people living with HIV and other vulnerable populations. Social protection programmes are increasingly recognized as facilitators of improved HIV prevention and treatment outcomes. For example, a study of 1100 adolescents aged 10–19 years living with HIV in South Africa showed that three elements of social protection – food and nutrition support through the provision of two meals a day, attendance in an HIV support group, and a high level of parental/caregiver supervision – were associated with improved treatment adherence.

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In Ethiopia, WFP has worked with PEPFAR to provide NACS, social safety nets and economic strengthening services to people living with HIV, OVC and PMTCT clients. Engagement in economic strengthening activities has proven to be a robust predictor of improved retention to HIV care, adherence to ART, access to health services and health-related quality of life.

In Eastern Ukraine, WFP worked with the All Ukrainian Network of People Living with HIV (at the country and global levels) to provide CBT via e-vouchers to people living with HIV. This resulted in improved food security status in two thirds of beneficiaries, increased adherence to ART and reductions in viral load. This project achieved the third 90 (viral suppression) in the target group.

In 2017, WFP at the global level also partnered with a NGO, Kheth'Impilo, to support the implementation of two jamborees, which take a supermarket approach to providing communities with access to a range of health, food and social protection services. At these jamborees, beneficiaries are able to access HIV testing services, assess their nutritional status, receive food and/or nutritional assistance and access a holistic package of social protection services to support treatment adherence. In 2017, over 7000 beneficiaries were reached through this programme.

During 2016, WFP Dominican Republic prioritized activities for women affected by HIV and their families through a joint working agreement established between the Ministry of Agriculture and WFP. Additionally, the results of a research project on the status of food and nutrition security of people living with HIV, conducted by WFP and the Pardee Graduate School assisted the National Council on HIV/AIDS with its advocacy efforts to include women with HIV on the country's biggest social safety net protection programme. This work led to:

- The inclusion of 2000 women living with HIV as well as their children into the national social protection programme (Progresando con Solidaridad -PROSOLI).
- Improved nutrition for all beneficiaries.
- Improved adherence to ART from 35% to 65%.





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