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UPDATE ON WFP'S ROLE IN THE FIGHT AGAINST HIV/AIDS

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“Some weeks ago, I was in Malawi and met with a group of women with HIV. As I always do when I meet with people living with AIDS and other community groups, I asked them what is their highest priority. Their answer was clear and unanimous. Not care, not drugs for treatment, not stigma, but food.”

*Peter Piot, Executive Director, UNAIDS
Nairobi, Kenya — 3 April 2001*

INTRODUCTION

1. The global AIDS crisis has only grown worse since WFP last reported to the Executive Board in October 2001. Last year, AIDS claimed the lives of an estimated 3 million people. Forty million people in the world are infected with HIV, and its indirect impact on women, children and young people is proving to be as devastating as the disease itself. AIDS pushes people deeper into poverty as households lose their breadwinners, livelihoods are compromised and savings are consumed by the cost of healthcare and funerals. In families affected by HIV/AIDS almost invariably women bear the greatest burden as they assume the heavy roles and the responsibilities of worker, caregiver, educator and mother. At the same time, their legal, social and political status often leaves them more vulnerable to HIV/AIDS.
2. Compounding the problem is the dramatic increase in the number of orphans who are being cared for by elderly grandparents or older siblings or who are left to fend for themselves on the street. Africa has the highest proportion of children who are orphans: one in eight children has lost one or both parents. This is double the figure for Asia or Latin America, and the difference is due to AIDS.
3. This Information Note is intended to update the Executive Board on WFP’s activities in response to the HIV/AIDS crisis. WFP’s involvement in HIV/AIDS continues to be rooted in nutrition and food security. WFP does not target individuals based on their HIV status alone. Individuals, families and communities are targeted because of their food insecurity. WFP will present a policy paper on HIV/AIDS to the Executive Board in February 2003.

FOCUS ON ORPHANS AND CHILDREN AFFECTED BY HIV/AIDS

4. Orphans and other children affected by HIV/AIDS are some of the most vulnerable children in the world. Children in households with a sick parent are the first to be taken out of school and used for labour at home or in the fields. Orphans have higher rates of malnutrition and stunting than children whose parents are still living. Studies have shown that by intervening with assistance before a parent dies it is possible to keep the child in school and bolster the food security of the entire family.
5. In 2002 the School Feeding Support Unit conducted a two-country study (Zambia and Côte d’Ivoire) on ways to improve access to education for orphans and other vulnerable children. A report was recently completed detailing innovative ways to use food aid in support of education. Some of the ideas outlined in that report—such as school feeding programmes for community schools in HIV-impacted areas—are already being put in place in Zambia.



HIV/AIDS AND THE SOUTHERN AFRICA CRISIS

6. HIV/AIDS not only is a massive development problem, but it also has a heavy impact on household food and nutrition security and greatly compounds the effects of emergencies. Many poor families affected by HIV/AIDS already face a daily struggle to feed all their members. During a tremendous food crisis they are even more likely to become malnourished—especially the children—and slip into poverty after depleting the last of their assets in the search for food. The food crisis unfolding in southern Africa over the past months has been fuelled, in no small part, by the concurrent HIV/AIDS epidemic. The Governments of Malawi, Swaziland and Zimbabwe have even declared AIDS a national emergency. WFP is responding vigorously to the challenge presented by the complex situation in southern Africa, and for the first time ever, HIV/AIDS is being explicitly taken into account in a large emergency operation.
7. The catastrophic combined effects of the food crisis and HIV/AIDS are undeniable. Due to the scale of the needs in the southern Africa region, the most appropriate channel to ensure nutritional support to the large number of infected and affected people is through the general distribution ration. However, people living with HIV/AIDS need to consume more energy and protein and adequate micronutrients. To accommodate the specific needs of populations with high rates of HIV/AIDS, WFP is taking the following steps:
 - increasing the minimum benchmark from 2,100 to 2,200 kcal per ration per person;
 - including appropriate amounts of pulses in the rations; and
 - including a substantial amount of a fortified blended food.
8. Good nutrition plays a critical role in prolonging the good health of HIV-infected individuals. Because of this, WFP is concerned about the nutritional balance of its rations due to limitations on the quantity, composition and timing of donor contributions. Consequently, the Programme is pursuing the fortification of maize with a variety of micronutrients and possibly protein. This includes assessing the technical and logistical aspects of maize fortification in all countries. Hazard Analysis and Critical Control Point (HACCP) reviews are considered in all possible milling and mixing sites before contracts are issued, in order to ensure that the fortified maize meal has the optimum quality and shelf-life.
9. During large-scale food distributions, the highest priority is being given to those communities and populations most likely to be worst affected by HIV/AIDS. WFP is working with organizations that have a proven track record and a close relationship with the communities being targeted. Priority target groups include households headed by women, children and the elderly; orphans and their host families; and people living with HIV/AIDS.
10. In addition to reaching people through large-scale food distributions, WFP is also making food commodities available for specifically targeted HIV/AIDS activities. Ration and food basket monitoring will identify the particular food needs of the target population so that high-energy and -protein biscuits that are rich in micronutrients can be included in food and service packages where necessary. Beneficiaries will be reached through service delivery infrastructure, such as home-based care for people living with HIV/AIDS and mother-and-child health centres. In addition to food assistance, these services provide medical and psychosocial support and health and nutrition education. In Zimbabwe and Mozambique, fortified blended foods are targeted to the most vulnerable individuals.



11. Recent needs assessments have identified child-headed households and households with a high number of dependants as especially vulnerable. WFP will expand existing school feeding programmes, as well as initiating new school feeding programmes, to reach this population.

Assisting Orphans and Other Vulnerable Children in Zambia

Approximately 185,000 people in the major urban areas of Zambia will be supported through a programme targeting assistance to orphans and other vulnerable children. The programme is a collaborative effort between WFP and non-governmental organizations (NGOs) such as Catholic Relief Services, CARE and Lutheran World Federation. Many of the families to be supported are caring for children from HIV/AIDS-affected households. The increased burden of taking in orphans reduces a household's capacity to care for all of the children in the family and adversely affects the household's livelihood strategies. The current food shortage crisis in rural Zambia is expected to increase the migration of children to urban areas and to decrease the purchasing power of the children's host families.

WFP'S OVERALL AIDS ACTIVITIES

12. In the past year, WFP has further developed its understanding of the link between food security and HIV/AIDS. With partners such as the International Food Policy Research Institute (IFPRI), the Centre for International Child Health, the Food and Agriculture Organization (FAO) and others, WFP has built a substantial body of evidence to support the role of food in assisting HIV/AIDS-affected children, families and communities. This evidence is helping to refine WFP's response to the pandemic.
13. Currently 26 WFP countries have HIV/AIDS activities either planned or operational, and the portfolio is growing, especially in Asia and sub-Saharan Africa. Approved projects aim to reach 10,936,707 million people, at a total food cost of approximately US\$27.2 million.
14. In the spring of 2002, the Asia and Eastern and Southern Africa Regional Bureaux (ODB and ODK) undertook a series of missions in each region to identify HIV/AIDS projects and partners for WFP. The missions were carried out with regional experts and in conjunction with sister agencies such as the World Health Organization (WHO) and UNDP, including support from UNAIDS. The first proposal, for a home-based care project in Myanmar, is currently being shared with local donors, HIV/AIDS experts in donor organizations throughout Asia, and with Rome representation.
15. Much more is needed to successfully field a response to the crisis facing the heavily affected countries. The Programme is hopeful that, as awareness grows about the nutritional impact of AIDS on victims and their families, increasing resources for these projects will be forthcoming from donors.

RESOURCES FOR HIV/AIDS ACTIVITIES

16. Additional funds are urgently required for HIV/AIDS projects. The importance of food for HIV-affected families is being ever more widely recognized, but to date, requests for assistance far outweigh the resources provided.



17. WFP appealed to donors in August 2001 for US\$23 million for six HIV/AIDS prevention, mitigation and care projects in sub-Saharan Africa. Unfortunately, only US\$3.8 million in directed contributions to combat HIV/AIDS has been received.
18. The response of some donors has been encouraging, with Italy and Germany leading the way in providing funds for WFP's support to families and communities affected by AIDS. With funding from these two donors, WFP is helping widows and orphans gain skills to earn a living in Malawi, Mozambique, Rwanda, Uganda and the United Republic of Tanzania. The Programme is also providing take-home rations for orphans to keep them in school. Finally, WFP is working with local groups to provide food assistance to people receiving home-based care.
19. The WFP Sierra Leone country office recently received US\$20,000 from UNAIDS to undertake HIV-prevention and AIDS-awareness activities in internally displaced person (IDP) and refugee camps, WFP-supported primary schools and for WFP staff, including commercial truck drivers contracted to deliver food. WFP's proposal was conceived and designed in the context of the Sierra Leone United Nations Theme Group on HIV/AIDS.
20. WFP welcomes the first series of grants disbursed by the Global Fund to Fight AIDS, tuberculosis and malaria, as this money is expected to increase the capacity of WFP's partners. WFP country offices are encouraged to integrate their HIV/AIDS activities with those of the national AIDS committees, and are advised to coordinate through United Nations Country Teams to support the Government's application to the Global Fund. It is crucial not only to combine efforts in national HIV/AIDS strategies to ensure successful interventions, but also that WFP's concerns be reflected in the overall country strategies presented to the Global Fund.

INTER-AGENCY COLLABORATION ON HIV/AIDS

21. WFP's effectiveness in responding to the massive HIV/AIDS crisis depends greatly on its partnerships with national governments, NGOs, community-based organizations and other donor agencies. Some of those partnerships and collaborations are listed below.
 - **UNAIDS** is devising a learning strategy to address HIV/AIDS within the United Nations system.¹ The strategy will involve building United Nations staff capacity and competence to support national responses to HIV and AIDS. WFP played an active role in developing the first draft of the strategy. The Programme has also produced several staff training modules that have been disseminated to the field and that appear on a new website for inter-agency reference (<http://www.developmentgateway.org/unhivlearning>).
 - In the past year, WFP has continued its active participation with in-country **United Nations Theme Groups on HIV/AIDS**. To ensure the integration of WFP's HIV/AIDS activities with national, local and donor strategies, WFP country offices are encouraged to plan and coordinate their HIV/AIDS responses through these theme groups.

¹ Reference to the United Nations throughout this document includes the co-sponsors and other United Nations agencies and the United Nations Secretariat, that is, the entire United Nations system.



- WFP acted as Vice-Chair for the **UNAIDS Inter-Agency Advisory Group** meeting, held in Rome, 11–12 April. The meeting was chaired by the International Labour Organisation (ILO) and focused on HIV/AIDS in the workplace. WFP will chair next year's meeting (February 2003), which will focus on HIV/AIDS and security.
- WFP had a visible presence at the **14th International AIDS Conference**, held in Barcelona, 7–12 July 2002. WFP co-sponsored, along with FAO, the International Fund for Agricultural Development (IFAD) and WHO, a satellite meeting entitled, “The Challenges of HIV/AIDS for Food Security and Nutrition”, which focused on creating an integrated approach to addressing HIV/AIDS from a food security, nutrition and sustainable livelihood perspective. WFP also co-chaired a session at a satellite meeting on clinical nutrition issues hosted by Columbia University and the Academy for Educational Development. At a separate session, WFP Ethiopia presented the results of the HIV/AIDS-prevention training for WFP-contracted truck drivers and their assistants in Ethiopia.
- WFP has played a key role in the **Inter-Agency Standing Committee (IASC) Reference Group on HIV/AIDS in Emergency Settings** by advocating for the committee's establishment and contributing extensively to the development of inter-agency HIV/AIDS guidelines for use in emergencies. WFP participated in a two-day workshop that finalized the Plan of Action for 2002 and 2003 for the IASC Reference Group on HIV/AIDS in Emergency Settings. Members of the IASC recognize that to be effective in the fight against HIV/AIDS they must have a coordinated intersectoral response, and be committed to that response.
- WFP continued its collaboration with **WHO under the HIV/AIDS Italian Initiative**. Through mother-and-child health services, school feeding programmes and food-for-work and food-for-training activities, WFP provides food assistance to children, families and communities affected by HIV/AIDS in Mozambique, Rwanda, Uganda and the United Republic of Tanzania. Expansion of jointly supported activities is planned for Angola, Burkina Faso, Burundi, Côte d'Ivoire, Ethiopia, Kenya, Malawi and Zambia.
- **WFP and WHO** are planning to collaborate in a **regional anti-malaria initiative**, which will distribute insecticide-treated bed nets along with general food distributions in areas that are malaria endemic and highly food insecure. HIV-infected individuals are more susceptible to the ravages of malaria and can succumb more rapidly to debilitating opportunistic infections and malnutrition.
- **WFP, UNICEF and SCF-UK** are planning to train humanitarian workers, government counterparts, commercial transporters and community leaders involved in the distribution of emergency food aid in the prevention of sexual abuse and exploitation, including HIV awareness and risk reduction. The training will take place between October and December 2002. The training modules for the transporters will be based on the HIV/AIDS materials that were developed for and used in the successful HIV/AIDS-prevention training for WFP-contracted truck drivers and their assistants in Ethiopia.



WFP/WHO Italian Initiative in Uganda

In Uganda, REACH OUT, a local NGO, provides critical medical care and psychosocial support to poor people living with HIV/AIDS. Since June 2002, WFP has been supplying wheat, beans, corn-soya blend and oil, through the Italian organization AVSI (the Association of Volunteers in International Service), to families served by REACH OUT. The clients, many of whom eat only once or twice a day, benefit enormously from the nutritional support they receive through the joint food assistance programme. As a result of WFP food rations, families are able to keep their children in school instead of sending them in search of food and/or employment. The food is also bringing more people forward for HIV testing with the knowledge that some assistance will be offered if they are indeed HIV positive. In Uganda, over two thirds of the clients of AIDS support organizations are women whose husbands have died of AIDS.

- In Zambia, WFP will work with **local NGOs and UNICEF** to initiate an urban school feeding programme to help keep orphans and other vulnerable children in school. The programme will initially target 21,000 families with children in community schools in Lusaka. Plans exist to expand the school feeding activities to other hard-hit urban areas of the country.

HIV/AIDS IN THE WORKPLACE

22. WFP remains committed to protecting its employees against HIV and has, in the past year, developed and disseminated to country offices three staff training modules on HIV/AIDS prevention and awareness. One module is designed to train staff counsellors to respond more effectively to employee's concerns; the second, aimed at WFP staff, presents basic HIV transmission and prevention information, the United Nations personnel policy and information on employee rights; the third module, developed for WFP staff and their families, presents basic HIV transmission and prevention information and information on the local resources available. A number of country offices have undertaken HIV prevention training and briefings, often in conjunction with other United Nations agencies for WFP staff and their families.
23. As mentioned above, WFP is an active participant in the creation of a common United Nations learning strategy to build competence within the United Nations system to support national responses to HIV/AIDS.

