



World Food Programme

SAVING  
LIVES  
CHANGING  
LIVES

**WFP Eastern Africa**

## **Nutrition**

Regional outlook and  
2020 Achievements

### **Nutrition and HIV overview in the Region**

The low consumption of nutrient dense foods coupled with poor dietary diversity and inadequate access to safe water, sanitation and hygiene continue to hamper food security and nutrition outcomes. The non-affordability of nutritious diets remains the main barrier to achieving food and nutrition security across the region, as demonstrated by the high levels of stunting, wasting, anemia as well as widespread micronutrient deficiencies.

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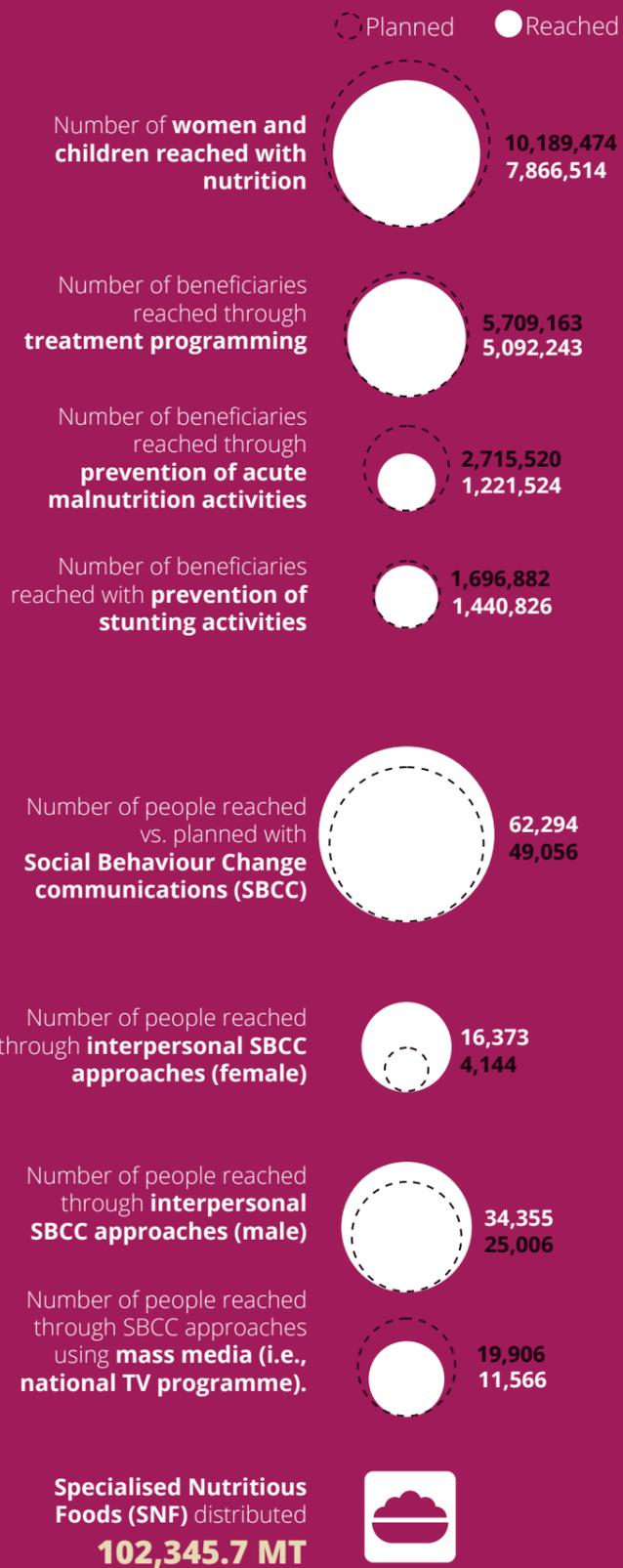
The caseload for the treatment and prevention of acute malnutrition accounts for 38 percent of WFP's global nutrition-specific beneficiaries (6.5 million) and 43 percent of all distributed specialized nutritious foods. This is due to the scale of humanitarian needs characterized by the high burden of acute malnutrition and WFP's large-scale operations in Ethiopia (2.5 million), Somalia (1.8 million), and South Sudan (1.1 million). Alongside the desert locust infestation, COVID-19 further worsened the nutrition landscape and increased the burden of acute malnutrition by 25 percent in the East and Southern Africa region. Regional acute malnutrition estimates show an increase from 8.1 to 10.1 for MAM and from 10.7 to 13.4 for Global Acute Malnutrition (GAM).

WFP in Eastern Africa leverages programs, sectors, and partnerships to prevent all forms of malnutrition across the lifecycle. Alongside a sustained humanitarian response, emphasis is placed on the school, health, food, and social protection systems to ensure that nutrition is positioned at the heart of the systems of the future.

The East African region is second hardest affected region by HIV globally, with an estimated 4,200,000 people living with HIV (PLHIV). Despite the rapid scale-up of treatment, pockets of vulnerability continue to exist across the region with subaltern groups, including adolescent girls and young women aged 15 to 24 and other key populations, being disproportionately affected. In Eastern and Southern Africa, adolescent girls and young women accounted for 30 percent of new infections in 2019.

While WFP's HIV and TB programmes link food and health systems through the provision of food assistance for better health outcomes, WFP's regional response strives to address the multiple structural deprivations affecting vulnerable PLHIV and TB clients to foster access to the support systems and services they need to be drawn out of poverty.

## In Numbers



## 2020 Nutrition highlights and positioning for 2021

### Enhanced Partnerships for Nutrition Outcomes

The treatment and prevention of malnutrition resides at the core of WFP's response and embodies the central pillar of the global efforts towards the achievement of SDG 2. In 2020, WFP and UNICEF launched a partnership to work together in the areas of maternal and child nutrition, and school health and nutrition with the intent of increasing coverage and reducing inefficiencies. Three pilot countries were selected in the East and Central African Region: Ethiopia, Somalia, and South-Sudan. Driven by a context-specific rather than a one-size fits all approach and structured around the primacy of prevention and maternal nutrition, the partnership builds on capacity and expertise in loco and fosters a multi-system response.

The **Global Action Plan on Wasting (GAP)** was revitalized in 2020. Geared towards addressing wasting in different sectors and systems (health systems, food systems, social protections systems), the GAP partnership brings on board a varied set of stakeholders working in the nutrition sector. Supported by WFP, UNICEF, FAO, WHO and UNHCR, the GAP processes and actions will be government led and owned, in-line with existing and planned national strategies and action plans on food security and nutrition.

### Nutrition within a System Approach

WFP leverages a plethora of systems for nutrition integration. Alongside the health and the school systems which have historically resided at the core of WFP's response, a revitalised focus on the social protection and food systems has broadened WFP's reach and ability to meet the ever-changing needs of the most vulnerable.

While nutrition-sensitive social protection approaches have been central to WFP's response within the region, a new focus across the different components of the food systems has opened new opportunities for WFP to leverage its nutrition expertise and comparative advantage within the food environment, value chains and vis-à-vis consumer behaviours. A nutrition-sensitive food system approach further highlights the non-traditional approaches that WFP can lead to address the key drivers of malnutrition and food insecurity in the region, including climate shocks, conflicts, and economic disparities.

**Integrated nutrition programming** is crucial in improving nutrition outcomes as it addresses both the immediate and the underlying causes of malnutrition. In Somalia, this approach was used in 15 districts through a

**Partnerships for HIV outcomes:** WFP's HIV response is founded upon strong global, regional, and country-level partnerships. Led by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and coordinated at the regional level through the Regional AIDS Team for Eastern and Southern Africa (RATESA), WFP worked to ensure that *people-centred HIV and health services are integrated in the context of stronger systems for health; sustained efforts to ensure that children and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment; and supported partners to ensure that new HIV infections among children are eliminated and their mothers' health and well-being is sustained.*<sup>1</sup>

To further the research and evidence agenda, WFP has been working with a series of research institutions, including the Oxford-UCT Research Hub to investigate the bi-directional relationship between food insecurity/nutrition and HIV risks and vulnerabilities, with a particular emphasis of adolescents and young women.

joint programme with the United Nations Children's Fund (UNICEF) where nutrition activities were complemented with water, sanitation, and health (WASH). In addition, households of 7,200 malnourished children were enrolled in a WFP-supported livelihoods activity to improve resilience over time.

Households results from a mid-term assessment of the programmes showed less than one percent relapse to malnutrition for beneficiary family members. This indicates that 99 percent of children remained free from acute malnutrition as their families benefited from livelihood activities. Similarly, under the Rome-based Agencies programme in Burao and Odweyne districts of Togdheer region which targeted 6,200 beneficiaries, 1,170 WFP nutrition programme beneficiaries were referred to livelihood activities implemented by the Food and Agriculture Organization. These complementary activities included beekeeping and vegetable gardening, and maximized opportunities to improve nutrition through addressing immediate and underlying causes of malnutrition

111,921  
67,909



Total number of beneficiaries reached via **HIV/TB-specific activities\*** and **HIV-sensitive interventions**

\*24% of the total WFP's beneficiaries reached with HIV specific interventions across the globe



Total number of **PLHIV reached with COVID-19 specific interventions** - **16,909**



Total **HIV and TB financing** across the Region - **USD 1,239,914.68**



**PLHIV** reached in Humanitarian settings across the Region - **127,048**

All the data comes from the ACR analysis conducted with the HQ team

## HIV within a System Approach

In 2020, WFP RBN focused on expanding the knowledge base for the integration of people living with, at risk of and affected by HIV within national social protection systems and emergency response mechanisms. These efforts were articulated in the form of two extensive regional pieces of research covering the Eastern and Southern Africa Region. The former, focused on *'the Role of Food and Nutrition Support in Refugee HIV and TB Responses Across East and Southern Africa'* and investigated the multiple challenges faced by refugees living with HIV and TB and the structural deprivations that remain the main obstacle to achieving the 2030 Agenda objectives.

The latter was a mapping across the 15 UNAIDS Fast-Track Countries<sup>2</sup> across the Eastern and Southern Africa Region to concretely understand how social protection provisions across the 15 countries can play a critical role in helping people overcome the structural inequalities that drive the HIV epidemic and that serve as barriers to treatment, testing, schooling, and other essential services. Other efforts were also made to ensure the integration of considerations around HIV prevention within the new School-based Programmes approach, with a particular focus on adolescents.

## Nutrition response amidst the Pandemic

WFP adopted its programmes to guarantee the continued delivery of health and nutrition services while ensuring that health and safety protocols were respected. Programme adaptation efforts included the addition of food distribution sites for crowd control, the installation of hand washing facilities, remote monitoring and assessments initiatives, family-led nutrition assessments, such as the family-led MUAC, and the initiation of telemedicine services for the provision of antenatal and postnatal consultations, among others.

The change fostered by the Pandemic has accelerated WFP's shift towards urban and peri-urban programmes as well as towards system strengthening to ensure that the food security and nutrition needs of the most vulnerable are met even in times of crisis. To ensure that adequate resources were mobilised, WFP and UNICEF produced a joint call to action for nutrition interventions by governments and donors across the region.



## Treatment of Malnutrition

Lifesaving nutrition assistance to prevent and treat malnutrition among pregnant and lactating women and girls (PLW-G) and children of age 6-59 months was prioritised. WFP expertise in supply chain ensured continued supply of essential commodities for these activities amidst supply chain disruptions due to COVID-19. Over 26,000 Mt of specialized nutritious food was distributed to 6.8 million women and children across the region.

Monitoring data show that MAM treatment performance rates for children aged 6-59 months surpassing SPHERE targets in six countries. The positive results are attributed to the quality of WFP programming, adherence to Integrated Management of Acute Malnutrition guidelines by partners, health and nutrition messaging and WFP's trained outreach workers involved in active case finding, referral, follow-up, defaulter tracking and reporting.

## Prevention of Malnutrition

Prevention of stunting and wasting, particularly among children for the first 1,000 days, offers a window of opportunity for optimal growth and development and to break the intergenerational cycle of malnutrition. WFPs prevention of stunting interventions supported adequate nutrient intake to reduce mortality, morbidity, and the incidence of severe acute malnutrition, which is not only more expensive to treat, but is associated with higher risks of morbidity and death.

**In Ethiopia**, Amhara Region, WFP provided Fresh Food Vouchers (FFV) using digital short-message service (SMS)-based vouchers to households with children aged 6 to 23 months or pregnant and lactating women and girls, enrolled in the Productive Safety Net Programme. WFP reached 134,000 beneficiaries, with approximately USD 2.7 millions of voucher value. A total of 269 market retailers (208 women and 61 men) benefitted from this activity with business volume of enrolled retailers reporting an increase by an average of 40 percent. WFP strengthened its collaboration with the Government, the UN Food and Agriculture Organisation (FAO), the International Food Policy Research Institute (IFPRI), to horizontally expand the FFV activity in the 40 districts with the highest prevalence of stunting in the country. The expansion is planned for 2021. .

**In Somalia**, WFP provided over 10,000 PLWG with e-vouchers contributing to increased uptake of antenatal and postnatal services and enhanced diet diversity through purchase of local nutritious fresh fruit and vegetables.

**WFP Rwanda** partnered with the Boston Consulting Group and other One UN nutrition agencies to support the Rwanda Biomedical Center and the National Child Development Agency to scale-up the "Smart Simplicity stunting-free village model" to accelerate the reduction of stunting in Rwanda. The partnership was successfully scaled-up to over 40 villages in 2020, an increase from two in 2019. A total of 8,000 community health workers were trained to enhance village nutrition surveillance for the timely detection of growth faltering.

## COVID-19 and HIV

To ensure continuity and treatment outcomes among PLHIV. WFP worked with the UNAIDS secretariat to reprogramme some of the HIV funding mechanisms to ensure continued service provision. Regional support was also offered to ensure that national funds were mobilised for a HIV-sensitive COVID19 response, as in the case of Kenya.

To sustain vulnerable households to overcome the challenges posed by COVID-19 to their livelihoods and adherence to ART treatment. WFP provided food assistance in to some 95,600 PLHIV selected households in Djibouti, Rwanda, Kenya, Somalia and South Sudan. In Djibouti assisted households were also linked to the national social protection system, the Programme National Solidarité Famille.

## Strengthened Capacity for National Institutions

In Uganda, WFP supported improvements to Health Management Information Systems (HMIS) to improve programme delivery, data quality and reporting at national and district levels. This resulted in reporting of community blanket supplementary feeding programme (CBSFP) treatment data into the HMIS platform, which was not previously done.

In Rwanda, WFP supported the Rwanda Biomedical Center to develop "National Nutrition Guidelines for PLHIV" and counselling cards.

## Contact Information

### Michael Dunford

Regional Director for Eastern Africa

### Mutinta Hambayi

Senior Regional Advisor- Nutrition, HIV, and School based Programming

[mutinta.hambayi@wfp.org](mailto:mutinta.hambayi@wfp.org)

[RBN.reports@wfp.org](mailto:RBN.reports@wfp.org)

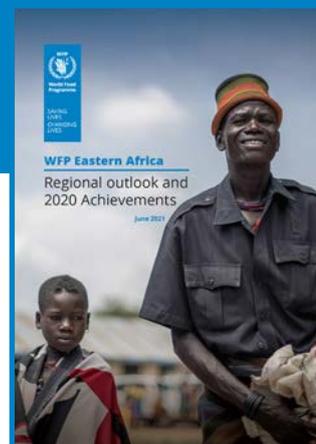
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## Endnotes

- 1 For a specific and detailed account of WFP's HIV response with UNAIDS Strategic Results Area framework, see [https://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_PCB44\\_Agenda\\_Item7-1\\_PMR.pdf](https://www.unaids.org/sites/default/files/media_asset/UNAIDS_PCB44_Agenda_Item7-1_PMR.pdf)
- 2 As part of the 2016-21 UNAIDS Fast-Track strategy, UNAIDS has individuated the 30 countries that account for 89% of the global HIV burden as Fast Track countries. Fast Track countries are the cornerstones and the engine of the Fast-Track strategy; a bold call to action to fast-track the HIV response and to achieve the 90-90-90 targets, whereby 90% of all PLHIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART); and 90% of all people on ART will achieve viral suppression.



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