



World Food Programme

SAVING LIVES
CHANGING LIVES

REGIONAL BUREAU FOR **EASTERN AFRICA**

Nutrition

2021 Regional Achievements & Outlook

MAY 2022

Reached



Planned

Number of women and children reached with nutrition



11,471,789
12,994,010

Number of beneficiaries reached through treatment programming



6,525,544
7,696,674

Number of beneficiaries reached through prevention of acute malnutrition activities



2,978,877
3,828,233

Number of beneficiaries reached with prevention of stunting activities



1,967,368
1,469,103

Specialised Nutritious Foods (SNF) distributed



73,643
93,735

Number of people reached vs. planned with Social Behaviour Change communications (SBCC)



6,364,516
7,033,786

Number of people reached through interpersonal SBCC approaches (female)



4,923,037
4,676,831

Number of people reached through interpersonal SBCC approaches (male)



807,730
1,367,615

Number of people reached through SBCC approaches using mass media (i.e., national TV programme).



633,749
989,340

HIV/TB

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



60,708
102,490

Regional Overview

Nutrition and HIV and Tuberculosis (HIV/TB)

Programmes in the Eastern Africa region continue to be impacted by a set of complex vulnerabilities with far-reaching implications to nutrition, livelihoods, and education. The drivers are diverse and wide-ranging, encompassing a host of factors such as high levels of food insecurity, conflicts/fragility, food price volatility, unaffordability of quality diets, and more. The Eastern Africa region is also the second-highest impacted by HIV/TB globally. Added together, these overlapping risks create unprecedented drawbacks and threaten both the economic and human capital development for the region.

WFP in Eastern Africa aims to (re) position to a system-, sectors-, and cross functional-wide approach. The 2021-2023 Regional Nutrition Strategy focuses on a shift through three core pillars: Integration, Partnerships and Thought Leadership. By taking a multisectoral systems approach and integrating nutrition across and within programming, the aim is to mitigate the effects of and lower the levels of all forms of malnutrition and HIV/TB prevalence by focusing on improved access to and affordability of healthy diets for all.

Prioritizing food systems in the region has allowed for the integration of nutrition in various ways, from emergency and resilience programming to social protection systems, the use of schools as a platform for integrated programming, and beyond. As a next step, WFP will continue to generate evidence to inform programmatic decision making on to how to further integrate nutrition, clearly determining objectives using a wide range of platforms. Actions through market development, food systems, and resilience as well as sufficient funding availability will prove crucial to carry this work forward.

Regional Achievements

Nutrition

In spite of the challenges faced, nutrition and nutrition-related programming still found a way to make a noticeable impact in 2021. The Regional Nutrition Strategy for 2021-2023 was defined and communicated regionally across Eastern Africa. Integration was championed throughout a number of COs, such as in Theories of Change in **Somalia and Burundi**, as well as across programming for food systems, social protection (including CBT), supply chain and procurement as part of the local and regional procurement (LRP) initiative. Furthermore, the unit supported five digital nutrition solutions in five different countries in the region.

Immediate and sustained emergency nutrition support was provided throughout the region, with operations in **Ethiopia, Somalia, Sudan and South Sudan** as some of WFP's largest operations with very high nutrition needs. The **Horn of Africa** drought affecting **Somalia, Kenya and Ethiopia** has resulted in Global Acute Malnutrition (GAM) rates above emergency thresholds, necessitating further support. Working closely together with the Research Assessment and Monitoring (RAM) unit in WFP, the nutrition and HIV/TB unit conducted joint assessments on food security and nutrition among IDPs, communities and refugees.

A key focus in 2021 was on partnerships, and the nutrition and HIV/TB unit sustained regional partnership efforts to position WFP as a partner of choice in nutrition and HIV/TB programming in the region, working with regional and sub-regional organizations, IFIs, UN Agencies, academia, Private Sector, and other Donors. Private Sector partnership engagement efforts bore fruit in 2021, as nutrition was the entry point for work with DSM on micronutrient powders, with Africa Investment Forum (AIF), the Rockefeller Foundation and Boston Consulting Group (BCG).

Fortification initiatives with potential to improve healthy diets were supported in eight countries through large as well as small and medium enterprises (SMEs). As the global co-convenor of the Scaling Up Nutrition (SUN) Business Network, WFP focused on food design, food safety, post-harvest-loss reduction and market connectivity together with co-convenor GAIN, conducting a pitch competition with cash reward for the winners.

The WFP and UNICEF regional offices continued to work closely together, rolling out the UNICEF-WFP framework in all nine countries in the region, including an M&E framework drafted by WFP. **Ethiopia, Somalia and South Sudan** were selected as pilot countries for the WFP-UNICEF partnership on wasting and school health and nutrition, resulting in an approved roadmap and improved collaboration, joint planning and implementation by both agencies.

Numerous studies were undertaken in 2021, at both regional and country levels: a Last Mile study in **South Sudan** documented SNF supply chains in complex settings; a regional nutrition in retail research piece was undertaken, focusing on nutritious foods to broaden the local supplier base and create demand for nutritious foods for the prevention of malnutrition, linked to social protection and championing healthy diets through CBT; and the groundwork was laid for a study in **Djibouti** in 2022 on evidence generation and the impact of CBT for nutrition programming in urban areas.

In 2021, the regional team embarked on an exercise to document the programme adaptations implemented in the COs following the outbreak of the COVID-19 pandemic within the region in early 2020, and in the process identifying good practices and lessons learned that could be disseminated. The exercise covered adaptations in the Nutrition, HIV/TB and school-based programmes in the nine COs. Nine country profiles and a regional summary were produced.



HIV/TB

HIV Integration into National Systems

Building around a series of interlinked priority areas aimed at strengthening national systems and fostering programme integration, WFP RBN fostered the HIV-sensitive social protection and HIV in humanitarian settings agenda; advanced the evidence generation and knowledge management agenda for better programme and advocacy; focused on adolescents and young people as a key group of concern; and supported innovation for better outcomes.

Two policy briefs and a journal article exploring the linkages between food security and HIV risks and vulnerabilities among adolescents and adolescent mothers were published in partnership with the Oxford-UCT team and the RBJ HIV team, with evidence clearly showing heightened vulnerability associated with being a food insecure adolescent mother and living with HIV. Food security, nutrition and socio-economic vulnerability studies were further conducted in **Djibouti** and in **Rwanda** in close collaboration with key national ministries and a stigma index study was conducted among refugees living with HIV in **Rwandan** camps. Compelling evidence shows a staggering picture of the people living with and affected by HIV affected by intersecting inequalities and overlapping vulnerabilities. A condition of precariousness perfectly encapsulated by co-existence of both under and over nutrition among HIV positive urban dwellers in **Djibouti**. The evidence produced for Djibouti supports the ongoing efforts in partnership with the Djiboutian Ministry of Health and the Ministry of Social Affairs and Solidarities to ensure that people living with, and households affected by HIV are included in the national social protection system.

HIV-sensitive and specific programmes continue across eight operational countries in the RBN region, where regular nutrition assessment, counselling and support services for improved nutrition behaviour and specialized nutritious foods to malnourished People Living with HIV (PLHIV) are provided alongside safety nets for food-insecure families affected by HIV. Mother to child prevention programmes are also implemented across health facilities and often embedded in the larger nutrition programmes both for host and refugee populations. To meaningfully situate HIV within the school, health and nutrition policy and programmatic space and to ensure that schools are utilised as platforms for multiple interventions, HIV-related

considerations were integrated in the key school-based programmes (SBP) regional policy documents, such as the RBIP and the SBP resource mobilisation and advocacy strategy. At the country level, school feeding programmes particularly in selected schools in **Rwanda and Ethiopia**, provided a suitable platform for age-appropriate messaging in schools to create awareness on HIV risks and prevention, with a focus on risky behaviours.

Partnerships and Resource Mobilisation

While ensuring that food security and nutrition needs remain at the core of national and regional HIV and TB responses, WFP co-leads the areas of work on HIV-sensitive social protection (with International Labour Organization, ILO) and HIV in humanitarian settings (with United Nations High Commissioner for Refugees, UNHCR) under the Joint United Nations Programme on HIV and AIDS (UNAIDS). To meet regional and country objectives, roughly 1.9 million USD were raised to sustain regional and country programmes and contribute towards eliminating AIDS as a public health threat by 2030. The successful use of these catalytic funds was articulated around strengthening the capacities of key Government partners in **Rwanda, Djibouti, Burundi, and Kenya**, as well as around key regional partnerships with the Regional AIDS Team for Eastern and Southern Africa (RATESA), the ILO and UNHCR and other regional stakeholders such as the East Africa Community (EAC) and the Global Fund. Emphasis was further placed on investing in building a learning agenda in collaboration with leading research institutions such as EPRI, the Oxford-University of Cape Town research centre and the ACCELERATE Hub.

Central to furthering the HIV-sensitive Social Protection Agenda in the region a mapping covering the 15 Fast-Track countries across the Eastern and Southern Africa region was finalised in partnership with the RBJ office, the ILO and UNAIDS. The study was validated in an Economic Policy Research Institute (EPRI)-led webinar with over 100 regional partners, including UN Agencies, the Academia, Donors, National Governments, and the Civil Society. The webinar further resulted in a Call-to-Action calling on Governments and regional stakeholders in the East and Southern Africa (ESA) Region to improve social protection mechanisms in order to address inequalities and be more inclusive of people and communities living with and affected by HIV.

Evaluations

In 2021, the evaluation on the Fresh Food Voucher Programme in **Ethiopia** was finalized. The programme was found to be relevant for the context, closely aligned with national nutrition policies, and puts emphasis on the access to fresh nutritious foods, with improvements in children's dietary diversity over the course of the programme.

Additionally, the endline evaluation for the USDA McGovern-Dole programme in **Rwanda** was finalized. The report highlighted the programme's contribution to improved knowledge about nutrition and the potential of school and kitchen gardens in communities.

Challenges

Funding needs continue to rise and current funding availability is not adequate to meet food and nutrition needs in the region. Funding shortages in 2021 led to reductions in food rations for refugees, impacting not only food security but also nutritional status. Additionally, malnutrition prevention and treatment programmes in eight of the nine countries were directly affected by the funding shortages, resulting in programmatic adjustments to maximize impact. Nonetheless, the lack of resources for nutrition is impactful, negatively affecting individuals' nutritional status as well as potentially perpetuating the intergenerational cycle of malnutrition, with dire repercussions for countries' economies, health and social protection systems, and human capital development. Identifying and raising additional resources, including among Non-traditional Donors, remains a key priority if adequate programming and Government support is to be provided.

The COVID-19 pandemic continued to limit the ability to carry out surveys, which are the main source of information for nutrition data. Programme and clinical data have been substituted but the lack of up-to-date nutrition data through surveys has proven challenging to plan and provide accurate projections, especially in emergency contexts.

Lessons Learned

There is a need for continued and further integration across programming, with a key focus on emergency preparedness and response, CBT, food systems and resilience. Linking resilience with malnutrition prevention programming, especially in emergency contexts, will be needed to shift the focus from reactionary to preventative. An increased focus on a systems-approach and cross-functional integration will enable further interlinked programming.

2022 Outlook

Moving into 2022, WFP regional and country teams will continue to further the Nutrition, HIV and TB agenda in line with the Regional Nutrition Strategy (2021 – 2023), the new global AIDS strategy (2021-26), National Governments' priorities and WFP's in-country comparative advantage. It is key to acknowledge that HIV is a disease of inequality, and it is hence both a cause and consequence of poverty and vulnerability. It is also important to note that in order to break the intergenerational cycle of malnutrition, WFP needs to explore more innovative and sustainable solutions working closely with government-led systems to support the needs of vulnerable children, pregnant and lactating women, and people living with HIV/TB. By taking a multisectoral systems approach and integrating nutrition across and within programming, the aim is to mitigate the effects of and lower the levels of all forms of malnutrition by focusing on improved access to and affordability of healthy diets for all. By addressing the structural drivers of malnutrition, including food and nutrition insecurity, we can make strides towards eliminating hunger and AIDS as a public health threat by 2030 while fostering healthy societies and breaking the inter-generational cycle of poverty.

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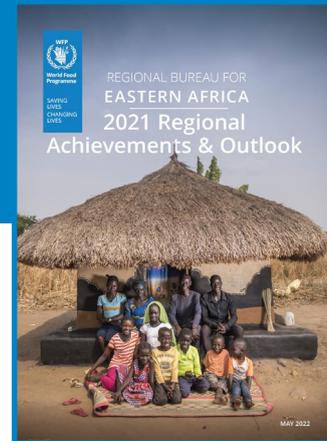
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