WFP
World Food Programme

SAVING LIVES
CHANGING LIVES

SOCIAL PROTECTION, FOOD SECURITY AND NUTRITION:

Critical enablers for reducing HIV-related vulnerabilities amongst adolescents and young people

Policy Brief

Overview

Based on an extensive review of evidence and innovations on social protection in eastern and southern Africa, this policy brief highlights the centrality of social protection in reducing HIV-related vulnerabilities in adolescents and young people, with a focus on adolescent girls and young women. Responding to a growing interest around age- and gender-sensitive social protection provisions, the brief will be relevant to both policy makers and development practitioners working on social protection, HIV prevention, and gender equality.

HIV and AIDS continue to hinder human capital development in sub-Saharan Africa, with a disproportional effect on the most vulnerable groups, such as adolescents and young people. Social protection provisions, including food and cash support, play an important role in addressing these structural drivers, reducing new HIV infections and supporting safe transitions to adulthood. Comprehensive, inclusive, and layered social protection measures can reduce poverty, hunger, nutrition insecurity, and risk behaviours associated with HIV infections, offering protection across the life-cycle, 'from womb to tomb'.

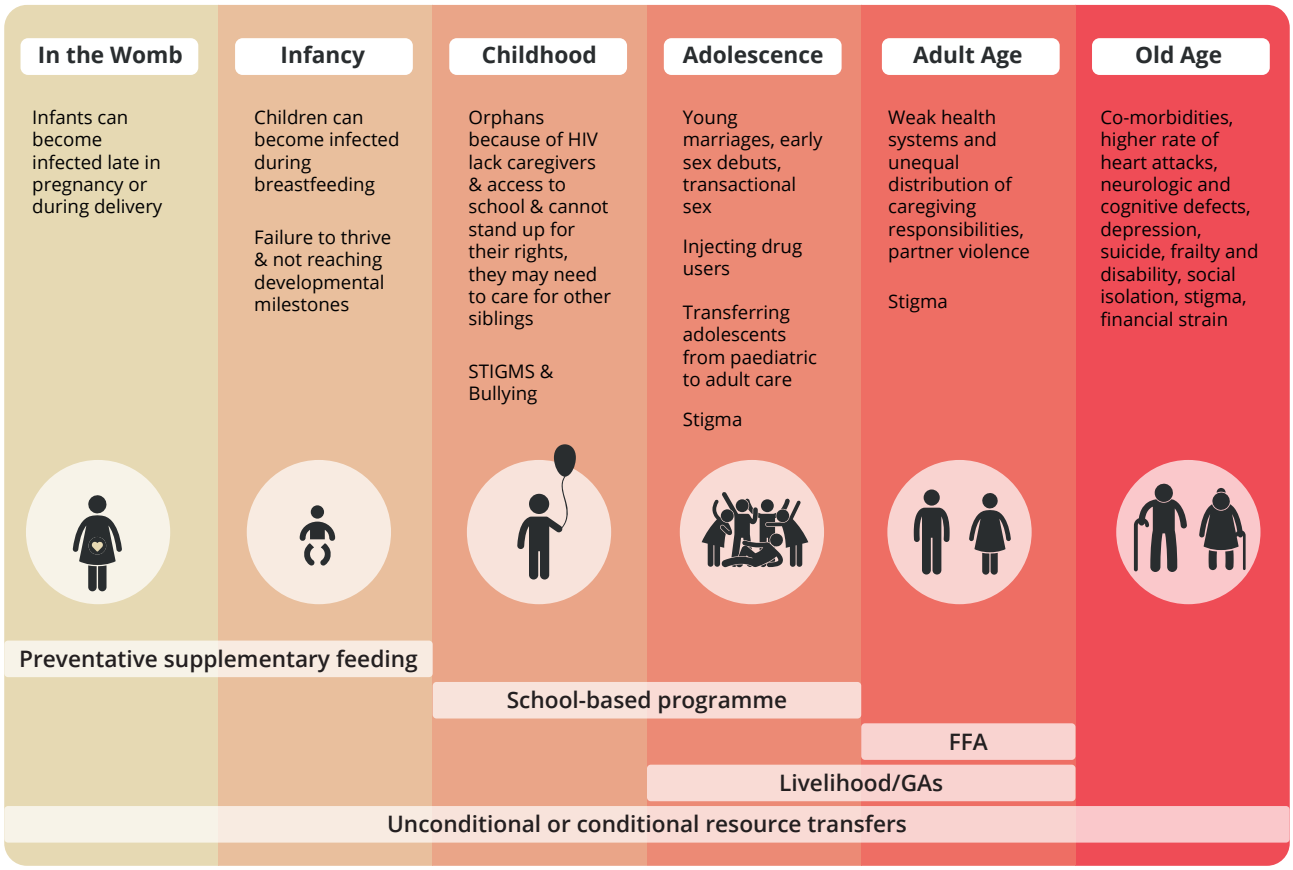

Fig.1 *From WFP's social protection operational guidance document; the diagram highlights instruments that offer protection from womb to tomb, addressing age related vulnerabilities to HIV.*

Structural deprivations, including food and nutrition insecurity, continue to be both cause and consequence of the AIDS epidemic (Alumasa et al., 2018). Ensuring optimal nutritional status and food security among the most vulnerable groups, including people living with HIV, is pivotal in achieving the targets set by the Sustainable Development Goals. Social protection systems with a strong focus on adequate food security and nutrition can help people meet their essential needs, decreasing long-term vulnerability and fostering well-being. Social protection is hence also recognized as a critical enabler of the AIDS response, addressing the epidemic's socio-economic drivers and key structural barriers. By reducing age, gender and income inequalities, and addressing issues of social exclusion, well-structured social protection systems are central to a world free from AIDS by 2030 (WFP,2022).

Introduction

Mandated by the global commitment under the Joint United Nations Programme on HIV/AIDS (UNAIDS), WFP has centred its HIV response around the premise that "***the HIV epidemic cannot be ended without addressing the determinants of health and vulnerability – including food and nutrition insecurity and cross-cutting systemic gender inequalities***" (WFP, 2018). Three years on, in the context of COVID-19, WFP has published its new '***Strategy for Support to Social Protection'***, which sets out how WFP will contribute to achieve national social protection goals and help people meet their food security, nutrition, and other essential needs, while managing risks and shocks (WFP, 2021b).

These policy commitments are reinforced by the 2021-26 ***Global AIDS Strategy – End Inequalities End AIDS*** and the 2021 ***UNAIDS Political Declaration on HIV and AIDS***, which includes the UN's commitment to HIV-sensitive social protection and underscores its role in ending AIDS and its related inequalities. Both UN and WFP strategies highlight routes to tackle gender inequality, poverty, and social exclusion, including amongst young people in sub-Saharan Africa (UNAIDS, 2021). WFP has also developed guidance on HIV/Tuberculosis (TB) and Social Protection to operationalize these commitments and support in the design, implementation, and monitoring of social protection programmes for people living with, affected by or at risk of HIV or TB.

HIV and AIDS: The burden of disease on adolescents and young people in sub-Saharan Africa

Ensuring that the well-being of adolescents and young people lies at the heart of human capital strengthening interventions is a central principle of sustainable development

1. **The wellbeing of adolescents and young people is paramount for our future**. They will shape global outcomes in the decades ahead and will be both the parents and the workers of the next generation. The realization of their human potential requires age-specific investments for the first 8000 days of life. While the first 1000 days remain key to mother and child health and wellbeing, the years marking adolescence (10-19) represent a crucial phase and a window of opportunity. Adolescent nutrition, growth, learning and health shape well-being and opportunities across the life-course, with implications on population health as well as on social and economic development (Sheehan et al, 2021).
2. Despite being the fastest growing demographic in sub-Saharan Africa, **adolescents remain the hardest to reach** due to their infrequent and irregular contact with health and social support services (Mathews et al., 2015). This is clearly highlighted by the fact that, despite residing in the region most affected by HIV in the world, less than 25% of all adolescents across eastern and southern Africa have been tested for HIV (UNICEF, 2021c).
3. **Adolescents and young people represent a growing proportion of people living with HIV worldwide**. In 2020, almost half a million people aged between 10 to 24 were newly infected with HIV globally. Across sub-Saharan Africa, young people have the largest share of HIV infections, with adolescent girls being six times more likely to contract the virus than adolescent boys (UNICEF, 2021a)[1]. Compounding age and gendered vulnerabilities, HIV-positive young people are poorly retained in the HIV continuum of care and have poor adherence to anti-retroviral drugs (Hudelson & Cluver, 2015; Nachega et al., 2009; Zhou et al., 2021).
4. **Girls and young women face significantly higher risks of HIV infection,** with females aged 15-24 accounting for six in seven of new HIV infections in Eastern and Southern Africa, while representing only 20% of the general population (UNAIDS, 2021a). This significantly higher HIV prevalence among adolescent girls and young women is connected to biological factors and gender inequalities, including harmful gender norms, that heighten their sexual risk and vulnerability (Govender and Poku, 2020).
5. **Unpacking associated risks and vulnerabilities remains central to understanding the high HIV infection rates among adolescents**. Adolescent girls who experience early sexual debut, sexual violence, transactional sex, substance abuse, and/or have an HIV-infected caregiver have a significantly higher risk of contracting the virus (Page

1 Recent WFP evidence gathered through the Fill the Nutrient Gap studies show that adolescent girls are the nutritionally most vulnerabe members of the household (WFP Uganda, 2019).

and Hall, 2009). HIV prevalence is notably higher in HIV-orphaned and affected children, who experience multiple disadvantages, including poverty and lower levels of financial empowerment (Baird et al., 2012; Mworeko et al., 2021; UNICEF, 2021a). In turn, HIV negatively impacts multiple aspects of the lives of young people, enhancing poverty and food insecurity, reducing access to education, and engendering poor mental health outcomes (Cluver, Toska et al., 2016).

6. **HIV-related risks have been exacerbated by the recent COVID-19 pandemic**, with disruptions to sexual and reproductive health services, school closures, and widespread food insecurity deepening vulnerability, particularly among girls and young women. Due to school closures across southern Africa– and consequent reduced access to school feeding programmes – children under 18 face an estimated 25% increase in acute malnutrition (WFP, 2021a). Evidence strongly suggests that food and nutritional insecurity amplify the detrimental impacts of COVID-19 (Smith and Wesselbaum, 2020; WHO, 2021), resulting in a likely increase in AIDS-related mortality and morbidity.
7. **Targeted social protection provisions are hence key to address the multiple deprivations that affect vulnerable adolescents and young people**, including those living with HIV. They are the bedrock of sustainable human capital development and of the achievement of a world free from AIDS. Without corrective action, new HIV infections in adolescents could reach an estimated 3.5 million infections in sub-Saharan Africa by 2030 (UNICEF 2021).

Responding to the impact of parental and caregiver deaths: Globally, 15 million children have lost one or both parents as a result of HIV-related illnesses (UNAIDS, 2021a). In countries experiencing continuing high prevalence of HIV, it is estimated that ***a quarter of all children are orphans*** (Lesotho National Social Protection Strategy, 2021). This caregiving crisis has been compounded by the impact of COVID-19, with an estimated 5.2 million additional children globally having lost a primary or secondary caregiver to the pandemic (Hillis et al., 2021, updated estimates to Oct 2021).

Many social protection interventions, including cash transfer programmes in Africa, were originally designed to mitigate the impact of HIV on families: to improve food security in the poorest households, keeping children in school, living in a family environment, and reducing negative coping strategies such as transactional sex. (Davis and Handa, 2015)

Kenya's Cash Transfers for Orphans and Vulnerable Children, a government-led national unconditional cash transfer programme is one example, targeting the poorest households with vulnerable children. This programme has not only improved the financial stability of households, it has also improved the enrolment of adolescent girls in school and delayed age of sexual debut, thus helping to reduce the risk of new HIV infections (WFP Kenya, 2021; Handa et al., 2015). Such programmes are all the more imperative and impactful in the context of HIV/AIDS orphaning compounded by COVID-19 bereavement.

Tackling drivers and consequences of HIV through food and nutrition support

To improve HIV-related outcomes in adolescents, integrated prevention and mitigation measures are needed beyond the traditional health sector approach. These enhanced measures should address the risk behaviours and structural drivers of HIV, including poverty, hunger, and harmful gender norms. **Figure 2** shows how these underlying structural factors contribute to intermediary risk factors, which in turn contribute to poor HIV outcomes. In a negative cycle, these HIV and AIDS impacts compound other vulnerabilities, deepening poverty and food insecurity (WFP, 2018; WFP RBN, 2019).

There is strong evidence that age-sensitive and gender-responsive social protection, including food and nutrition support, can help tackle the drivers of new infections, while also mitigating the negative impacts of mortality and HIV-related morbidity on households – for example, reducing the number of girls who are removed from school or the number of adolescent girls and young women who engage in transactional sex (WHO, 2021).

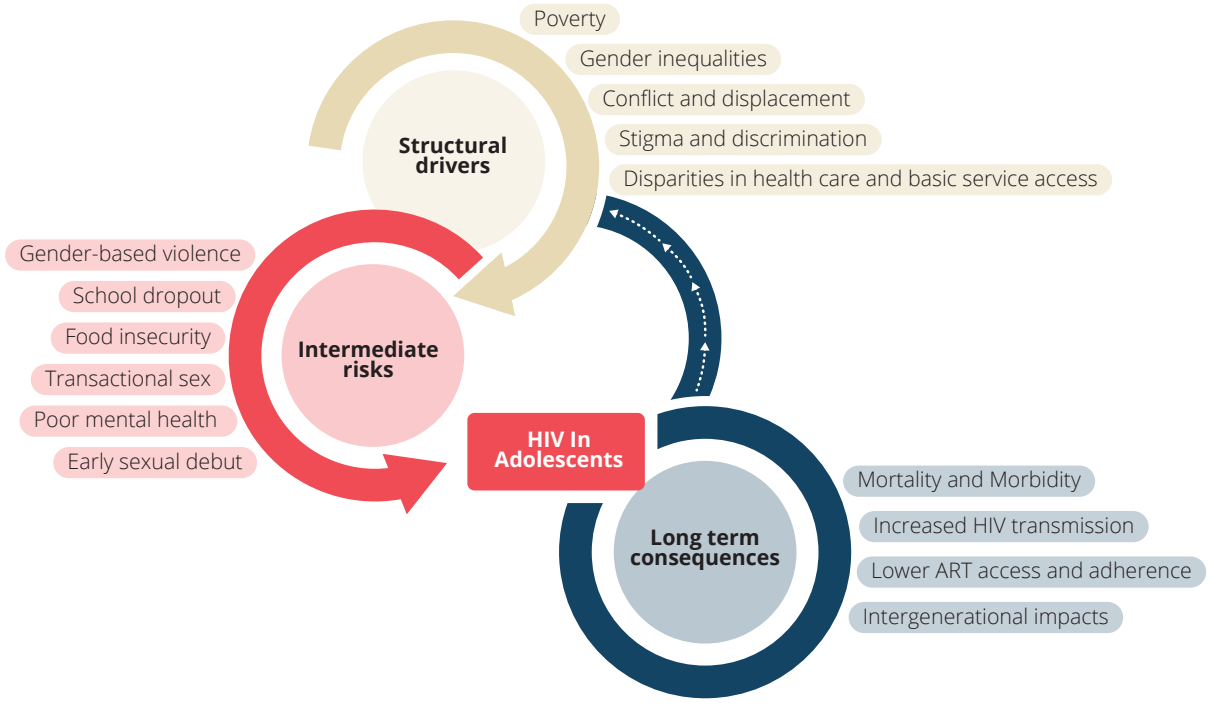

Fig.2 *A conceptual framework highlighting the structural drivers of HIV infection in adolescents and its long-term consequences. As indicated by the dotted arrows, the long-term consequences further exacerbate the structural drivers and intermediate risks that lead to new HIV infections in adolescents.*

What works: interventions that protect against HIV- related vulnerability

There is strong evidence that social protection systems can address structural deprivations and act as a critical enabler for HIV prevention as a demand-side intervention (Handa et al., 2015; Pettifor et al., 2019; Baird et al., 2012). Social protection can reduce poverty, food and nutrition insecurity, and social exclusion, mitigating the key drivers of HIV infections. Social protection interventions have also been shown to be effective in mitigating the intergenerational impacts of the HIV pandemic, including on vulnerable children who have lost caregivers. Such approaches have growing relevance in addressing the social and economic impacts of COVID-19 (Hillis et al., 2021; UNICEF, 2021b).

Recent evidence reviews show that **cash transfers** have reduced unsafe sexual practices in young people, such as early sexual debut, unprotected sex, dependence on men for economic security, transactional sex, school dropout, food insecurity, early pregnancy, early marriage, and economic migration (Toska, Cluver et al., 2020; Toska et al., 2016; Toska, Laurenzi et al., 2020). Evidence also shows that cash transfers increase protective factors such as food security, improved nutrition, school attendance and retention. For example, WFP's "*Fill the Nutrition Gap*" analysis found that 60% of girls receiving cash transfers have improved dietary diversity, with lowered risk of malnutrition and food insecurity (WFP, Malawi- 2020).

There is strong evidence that food assistance and cash transfers – including school feeding – can **promote school attendance**, which itself has been described as a 'social vaccine' against HIV (Michelo et al., 2006). School enrolment directly lowers HIV prevalence in adolescents, and also reduces rates of intimate partner violence, adolescent pregnancies, and child marriage in adolescent girls (Stoner et al., 2021; Swann, 2018). For example, school attendance has been shown to decrease the risk of HIV infection among South African and Zimbabwean school-aged girls (Gavin et al., 2006; Stoner & Pettifor, 2017). Evidence from Botswana, South Africa, Zambia, Zimbabwe, Malawi, Uganda, and Tanzania shows that with each additional year of schooling, there is a reduction in the risk of HIV infection, especially in girls (Hargreaves, 2008; Matthew, 2008; Mee et al., 2018).

WFP Mozambique has collaborated with the Ministry of Health, the North Star Alliance, and UN partners (IOM, UNICEF, UNAIDS and WHO) to launch the Roadside Wellness Centre Project in 2020 to response to gender-related HIV and TB risks. The programme simulated a "point-of-care" clinic for highly mobile populations and forced migrants, particularly girls and young women, most of whom were either living with HIV or at high risk of contracting it.

The project provides a range of HIV prevention measures, including comprehensive sexual education, condom provision, training on sexual abuse prevention, screening for co-morbidities like TB, and strengthening referrals to social protection services where relevant. Services also included ART enrolment and STI screening for people living with HIV. . To date, the programme reached 7,795 individuals, screened over 5,000 people for HIV and/or TB, and distributed over 50,000 condoms. This model was inclusive of pregnant and lactating girls and young women living with HIV – demonstrating a blueprint for inclusive point-of-care interventions.

Reducing the economic barriers to school enrolment through cash transfers has been shown to increase school attendance and reduce HIV infections (Baird et al., 2012; Schultz, 2000). Food security can also bolster cognitive and education outcomes for younger children affected by HIV (Sherr et al., 2021). Studies from South Africa show that food insecurity and poverty are the main drivers of school dropout, pointing out how education and cash transfers can individually protect adolescents against HIV, through disrupting similar negative pathways (Rosenberg et al., 2015; Stoner et al., 2021).

Adolescent mothers warrant special attention. In southern Africa, they show a substantially elevated risk of HIV-infection compared to non-mothers. In South Africa, for example, about a quarter of school-attending girls discontinue their education during pregnancy, placing them at risk of permanent school dropout (Jochim et al., 2021). Continued school enrolment for adolescent mothers is not only important to reduce their own HIV-risk; it could also benefit the cognitive development of their children: lower school attainment of adolescent mothers affected by HIV has been linked to lower cognitive development scores and poor developmental outcomes among their children (Toska, Laurenzi et al., 2020).

WFP Malawi, in partnership with UNFPA, UNICEF and the government, implements the UN Joint Programme on Girls Education - a layered intervention supporting school enrolment and retention in Malawi. The programme provides quality education and is reaching over 169 schools across Malawi, with basic life skills training, and addressing threats to girls' education. The aim of the initiative is to reduce school dropouts through provision of food and nutrition support , protection against gender-based violence, quality schooling, and improving sexual and reproductive education. Since implementation, the initiative has strengthened referrals to nutrition services and to sexual and reproductive health services (including HPV vaccination), and provided menstrual hygiene equipment for girls in and out of school. It further provides a pragmatic and effective platform, converging UN and governmental efforts to jointly tackle deep-rooted challenges in girls' education in Malawi. The programme, is in its second phase now, is implemented in the districts of Dedza, Mangochi and Salima (Malawi 2022).

Food support and increased household food consumption can also improve resilience against economic shocks, with food and nutritional security being a key mechanism for HIV risk reduction. Food security reduces economically-driven HIV risks, including sex with multiple partners, age-disparate relationships, and transactional sex (Bastagli, 2016; Durojaiye et al., 2020; Toska et al., 2016). As shown in Figure 3 below, a combination of food security, positive parenting, and parental monitoring can improve multiple violence indicators, including transactional sex and sexual abuse, thus protecting adolescents against HIV-related sexual risk.

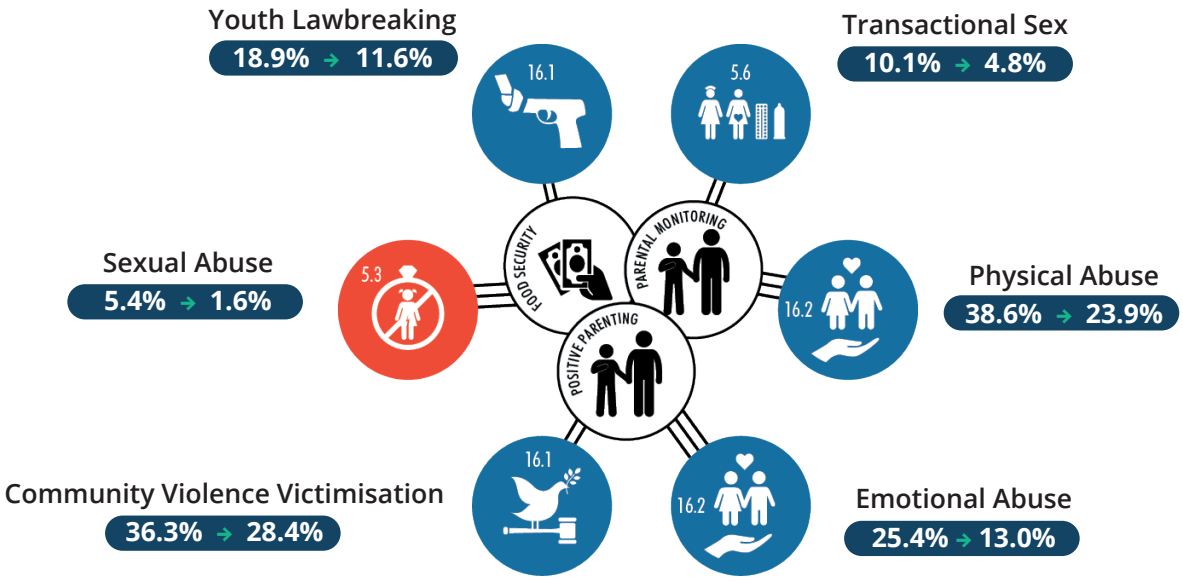

Fig.3 *Findings suggest that a combination of food security, parenting support, and safe schools can improve HIV prevention in adolescents* **(Cluver et al., 2019)**

Food and nutritional security also improve clinical outcomes in HIV-positive adolescents (Kaschula, 2011; Young et al., 2013). Cash and food assistance can reduce HIV-related morbidity and mortality among adolescents (Abebe et al., 2018; Zungu et al., 2020). In South Africa, food assistance was also found to reduce treatment hesitancy or non-adherence in adolescents by almost 50% (Cluver, Toska et al., 2016). Some studies, however, suggest that food assistance alone only lowers HIV risk in girls, with limited impact on their male peers (Swann, 2018). Poor households with HIV-infected adults are extremely prone to food insecurity. Adequate amounts of healthy, nutritious foods can increase adherence to HIV treatment and care among young people (Young et al., 2013). Food security has become even more important as a response measure in the context of reductions to household incomes and food security experienced in sub-Saharan Africa during COVID-19, with reductions in follow-up attendance already apparent in HIV clinics in western Africa (Benzekri et al., 2021).

In Lesotho, young people experience adverse development outcomes in seasons of droughts and food shortage, like El Nino. Climate shocks exacerbate the structural drivers of HIV and disrupt treatment cascades in HIV-infected people through increased poverty, hunger, malnutrition, and forced migration.

Recognising the interrelated risks of HIV, TB, food insecurity, and malnutrition during the drought of 2016/17, WFP implemented the **Emergency Drought Relief Programme** in Lesotho to uphold the continuum of care for people living with and affected by HIV, including orphans and vulnerable children. This PEPFAR-funded programme provided food assistance and nutrition support for people living with HIV and TB and their households. This was combined with treatment for moderate acute malnutrition (MAM) for malnourished adolescents and pregnant or lactating girls and women. The programme accelerated HIV prevention for over 40,000 people through preventing mother to child transmission, improving ART adherence, and improving quality of life in young people affected by HIV. Similar programmes have been supported across southern Africa to respond to climate-related emergencies, including in Eswatini, Malawi, Mozambique. and Zimbabwe (IATT, 2018; WFP Lesotho, 2017).

Cash-plus interventions can reduce multiple HIV risk factors. Research shows that provisions of cash and/or in-kind benefits – combined with home, school, or at the clinic care - can improve both adherence and safer sexual practices (RIATT-ESA, 2016; Zungu et al., 2020). In-kind benefits can include services such as school feeding, nutrition support, transport vouchers, or school uniforms.

'Cash plus safe schools' and 'cash plus adolescent-friendly clinics' can alleviate vulnerabilities both in adolescents living with HIV and in those vulnerable to HIV acquisition (Cluver et al., 2019; Toska, Laurenzi et al., 2020; UNICEF, 2021b).) As highlighted in Figure 3 above, there is particularly promising evidence on 'cash plus parenting', which can reduce HIV risk for both adolescents and their own children. Findings across southern Africa further underscore that 'cash plus psychological support' can reduce new infections and HIV-risk behaviours, such as transactional sexual relationships, age-disparate relationships, and multiple sexual partners for adolescents attending school (Stoner et al., 2021). These layered packages of services interrupt multiple structural drivers of HIV in young people, with many demonstrating continuing positive impacts on their children (Toska, Laurenzi et al., 2020).

Some combined cash packages – notably those which include school-based interventions – appear to resonate better with adolescent girls and young women, especially those packages integrating gender-transformative components (Baird et al., 2012; Stoner et al., 2021). These combinations have the multiple benefits of risk reduction, promoting learning outcomes, and increasing girls' agency in key decisions affecting their lives. A recent systematic review concluded that supporting girls' schooling through cash or in-kind transfers, combined with positive messaging on girls' schooling, not only reduces HIV risk, but can also delay child marriage, with eight out of 11 studies supporting these findings. This points to the impact of cash plus school-attendance messaging for girls and their families, which have proved to be more effective than solely messaging focused on keeping girls unmarried (Malhotra & Elnakib, 2021).

Implications for policy and practice

This section draws on evidence from eastern and southern Africa and sets out recommendations and considerations for social protection approaches – including food and nutrition assistance – that can contribute to reducing HIV related risks and new infections in adolescents and young people.

1 Know your epidemic and national response

- **Understanding the contextual HIV risks, vulnerabilities and age-specific needs of adolescents,** and particularly of adolescent girls and young women, can enhance social protection interventions. Reviewing existing assessments of HIV and social protection can provide good entry points for identifying gaps in national social protection responses and opportunities for HIV-sensitive interventions for adolescent girls and young women.
- **Decisions on who to target and with what, should align with national social protection and HIV priorities.** To ensure sustainability and scale, consider how social protection interventions can complement existing programmes – for example, ensuring vulnerable children and adolescents living with and affected by HIV are reached through chool feeding programmes, and child headed households are supported with safety nets programmes.

2 Reach the most at-risk populations especially adolescents and youth

- Social protection investments should **respond to the most vulnerable adolescents and youth affected by HIV and AIDS,** including those who have lost caregivers. For example, combined food assistance and parenting programmes, which effectively keep children and adolescents within a family environment, can help avoid the long-term damaging consequences of institutional care.
- **Identify barriers to accessing social protection programmes**, faced by the most at risk and marginalized populations, including young people living with HIV and AIDS, adolescent mothers, out-of-school girls, cross-border migrants, and sex workers. (UNAIDS PCB, 2018). Implementation partners may need capacity support to ensure equitable access to existing social protection measures, such as food and cash interventions, including on how to avoid creating stigma and discrimination.
- Consider targeted food, nutrition, and cash interventions to **reach the most hard-to-reach and marginalized adolescents** (including young mothers, out-of-school youth, and migrants) as the "last mile" to achieving the 95-95-95 goals. This is particularly relevant in conflict-affected areas, contexts affected by humanitarian disasters, areas with high levels of stigma and discrimination and regions with high levels of forced displacement and migration.

- **Strengthen referral systems**. Ensure that social protection programmes for adolescents are linked to youth-friendly health services, child protection, and life skills programmes.
- Consider how **public works programmes,** such as food for assets (FFA), can be made more inclusive and avoid stigmatizing young people living with HIV, or excluding young women. Involve key affected populations, including young women, in the design of FFA interventions to ensure that they address HIV risks and vulnerabilities including chronic and seasonal hunger and social exclusion.

3 Support school health and nutrition for better outcomes

- **Given the strong evidence on the protective nature of school attendance**, consider the role of food support to vulnerable children, particularly girls, to stay in school and support returns to school for girls who drop out of school, including adolescent mothers.
- In contexts of chronic and acute food and nutrition insecurity and high incidence of HIV in adolescent girls, consider extending transfers, including through school feeding, **to the poorest girls transitioning to or attending secondary school**, to increase their school enrolment and retention.
- Work with other development partners to integrate school-based food support and nutrition programmes to create **comprehensive packages of support for adolescents** including nutritious food, nutrition education, WASH, life skills/comprehensive sexuality education. Better coordination among implementing partners remains central to enhanced coverage and adequacy

4 Conduct rigorous planning, monitoring, and evaluation

- **Consider person-centred accountability approaches** that involve adolescents and young people at risk of and affected by HIV/TB in programme design, implementation, and monitoring, and ensure that the progress towards goals, commitments, and responsibilities is regularly assessed, and any unintended consequences of programmes identified (including stigma and social exclusion).
- **Engage with young people** when considering appropriate 'add-ons' to existing food assistance programmes, including safe schools, parenting programmes, and SRHR education.
- Incorporate **participatory monitoring** throughout implementation, to bring understanding of the barriers to access to food assistance and safe schools for the most disadvantaged adolescents and youth.
- **Initiate and embed age-sensitive safeguarding processes** to ensure no unintended consequences, such as gender-based violence or increases in child marriage, due to caps on size of household transfers or other aspects of social protection mechanisms.

A note on further research

Whilst the focus of this brief has been on food and cash assistance, it is important to acknowledge the broader evidence on economic strengthening interventions for HIV prevention including microfinance, financial literacy, support for vocational skills, and other sustainable livelihoods programmes. These may be targeted at households, as well as adolescents themselves. A systematic review on economic strengthening for HIV prevention underscores the relative strength of evidence in relation to conditional cash transfers, unconditional cash transfers, and food assistance in combination with other support. The review highlights that whilst vocational/entrepreneurial training and savings interventions can bolster HIV prevention efforts for female sex workers, findings of are less conclusive for HIV prevention efforts in adolescents. The review reinforces the need for more research on the impact of economic strengthening interventions and the importance of large-scale studies that can measure clinical outcomes (HIV and STI), as well as studies that rely on self-reported risk behaviours. (Swann, 2018).

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