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Assessment of HIV Vulnerabilities Amid the El Niño Drought Crisis

Sofala Province, Mozambique

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Context

In 2024/2025, Southern Africa experienced a severe food security crisis due to the El Niño-induced drought, which caused crop failures, livestock deaths, and poor water, sanitation, and hygiene (WASH) conditions. Malawi, Mozambique, Zambia, and Zimbabwe were most affected, with temperatures 5 degrees above average leading to anticipated below-average cereal harvests and widespread crop failures. In Mozambique, the severe drought affected an estimated 1.8 million people, mostly in the central and southern regions of the country. In drought-affected areas, where crops failed, one in every three people was classified as vulnerable¹. As of 2024, 4.9 million people face Crisis-level food insecurity (IPC Phase 3+), including 912,000 in Emergency (IPC4)—the highest IPC figures recorded in the country. Rising child wasting (up to 12 per cent in some districts) combined with stunting rates over 37 per cent signals severe nutritional stress. Most households cannot afford a nutritious diet, and malnutrition remains a leading cause of child mortality.

UNAIDS estimates that in 2023, 1 in 9 Mozambican adults were HIV positive, placing Mozambique with the eighth highest HIV prevalence in the world. Amongst adults living with HIV (PLHIV), 89% were aware of their HIV-positive status and 86% were on antiretroviral treatment (ART). It is increasingly recognized that HIV and malnutrition are closely interlinked, forming a vicious cycle. Energy and nutrition requirements are high for people living with HIV who are not on ART and virally suppressed. Opportunistic illnesses frequently faced by PLHIV can reduce appetite and food intake or decrease nutrient absorption, increasing the risk of becoming malnourished. Malnutrition among PLHIV who have special



dietary and nutritional needs can weaken the immune system even further, increasing susceptibility to infections and the progression of HIV to AIDS and mortality risk, particularly if viral suppression is not achieved and maintained. Adherence to HIV treatment can also be severely affected by food insecurity: ART patients are often unable to continue their treatment because certain side effects are more likely when they don't have access to adequate food. A person who does not take their medication consistently will not achieve satisfactory viral suppression, therefore increasing the likelihood of both disease progression and transmission. The conditions brought by an emergency heighten HIV vulnerabilities by reducing access to food,

¹ Drought Appeal, OCHA, August 2024.

shelter, health services, WASH, and schooling, which can enable the spread of HIV/AIDS as well. People living with HIV and other key populations at higher risk of exposure to HIV may require specific measures to protect themselves against neglect, discrimination and violence. They also need support to prevent them from using negative coping strategies (such as commercial sex or sex for food) that contribute to an increased rate of HIV transmissions.

The government of Mozambique is currently implementing the new National Strategic Plan for the Response to HIV and AIDS (PEN V) 2021-2025 and has defined “responding to HIV and AIDS in emergency situations” among its seven key priorities. The absence of data on the specific needs of PLHIV remains an ongoing

challenge and prevents from properly addressing HIV in a humanitarian context.

As set out in the Global UNAIDS Division of Labour, WFP will seek opportunities to integrate PLHIV/TB into social protection and resilience programmes, and support PLHIV/TB in humanitarian contexts. Supporting food insecure and malnourished PLHIV in emergency settings is key in delivering on WFP’s humanitarian imperative. In its HIV/TB response, WFP should implement interventions to prevent HIV/TB infection, as well as to reach PLHIV/TB with treatment and other support. This involves implementing programming to improve the food security and nutrition of PLHIV/TB and their households; strengthen access to health services; reduce stigma; and increase knowledge and health-seeking behaviour.



WFP Field Mission

February 2025, Sofala Province

WFP organized a field mission to Sofala province to gather updated and relevant information that could help evaluating the impact of El Niño on HIV and informing its future response and programming. The aim of the mission was to support the integration of HIV into the El Niño humanitarian response by identifying needs in the delivery of HIV services, including on livelihood, food security and nutrition support services to affected and at-risk populations. The field mission took place from 10-14 February in the province of Sofala. Two districts in Sofala province, Caia and Marromeu, were chosen as case studies, based on evidence generated through drought severity, HIV prevalence, 2024 post-shock food insecurity and nutrition analysis (IPC AFI & AMN).

The mission included interviews and discussions with provincial government officials from Sofala (SPS, DPS, INGD, CNCS) and UN partners (UNICEF from Nutrition cluster), local government officials (district administrator, SDSMAS, SDAE, SDJE, SDPI), health staff, NGOs, CBOs and community members. As HIV is a core cross-cutting area in humanitarian action, a multi-sectoral approach was needed to ensure a comprehensive response to the needs. WFP adopted a multisectoral perspective, comparing the current response with the required minimum response of Food Security, Nutrition, Health and Protection sectors (listed in the international IASC guidelines “Integrating HIV in the Cluster Response”²), to identify needs and understand how to best

support food-insecure and malnourished PLHIV in emergency settings.

The assessment helped WFP understand how it can best contribute to mitigating the risk of increased HIV transmission among conflict-affected communities, through programming which improves the food security and nutrition of PLHIV/TB and their households; strengthens access to health services; reduces stigma; and increases knowledge and health-seeking behaviour. The questionnaires and surveys were taken and adapted from the Inter-Agency Task Team to Address HIV in Humanitarian Emergencies “Assessment of HIV in Internally Displaced Situations”³, and adapted with the IASC⁴, the Minimum Initial Service Package⁵ and the ‘Integration of HIV into Cluster Response’⁶ guidelines.

KEY QUANTITATIVE FINDINGS

SOFALA:

HIV prevalence: 13,2%

Vertical transmission rate: 16,4%

Increase in treatment abandonment:

- 23,835 treatment interruptions (12%) in 2023
- 64,895 treatment interruptions (36%) in 2024

Increase in new infections:

- In 2023, there were 2,231 new admissions for HIV/TB.
- In 2024, admissions for HIV/TB rose to 2,503.
- The province expected around 21-22 new infections per day in 2024, but routine data

2 Integrating HIV in the Cluster Response, June 2020, by IASC, UNAIDS, WFP and UNHCR:

<https://library.unaids.org/?publication=integrating-hiv-in-the-cluster-response>

³ <https://www.unhcr.org/africa/sites/afr/files/legacy-pdf/53cfab99.pdf>

⁴ Guidelines for Addressing HIV in Humanitarian Settings (2010 revision) | UNAIDS

⁵ Minimum Initial Service Package (MISP) for SRH in Crisis Situations (unfpa.org)

⁶ Integrating HIV in the Cluster Response – Joint United Nations Programme on AIDS (unaids.org)

indicate that Sofala saw up to 67 daily new infections in 2024.

KEY QUALITATIVE FINDINGS

This field mission revealed alarming levels of food insecurity, interruptions in HIV care, increasing gender-based vulnerabilities, and significant strain on essential services. The overarching findings confirm that El Niño has exacerbated existing vulnerabilities - particularly for PLHIV, adolescent girls and young women (AGYW), sex workers, and internally displaced persons (IDPs). The drought's impact is far-reaching, affecting livelihoods, access to healthcare, nutrition, and education, all of which intersect with the HIV response.

While some efforts have been made—such as the deployment of mobile brigades and limited community support from local organisations—critical gaps remain in service coverage, resource allocation, and coordination. The mission emphasised the urgency of adopting a multisectoral approach to mitigate the long-term impacts of this crisis on HIV vulnerability and service continuity.



The drought's impact⁷

Food security: Communities have been significantly impacted by El Niño, particularly in the districts of Chemba, Maringue, Caia, Marromeu, Cheringoma, Chibavava, Nhamatanda, and Muanza. These districts are facing the brunt of the crisis and many families are struggling to meet their basic needs. The population is facing severe food insecurity, and many are resorting to wild foods to survive.

Health: Due to the lack of food availability, health conditions are worsening, especially for people living with HIV (PLHIV). There has been a significant increase in the number of treatment interruptions due to the drought: in 2023, there were 23,835 treatment interruptions (12%), while in 2024, this number rose to 64,895 (36%). The main reason reported for these interruptions continues to be food insecurity, as patients simply do not have enough food to take with their medications. For patients on ART, the inability to take their medications properly due to hunger is worsening their health and can severely impact progress made in the combat against HIV. Additionally, there has been significant internal migration (with people moving within the province and to other provinces in search of food). Given that some areas have limited health services, this internal migration has led to disruptions of access to healthcare services, including HIV treatment. Some areas have seen an increase in new HIV infections, which can be attributed to increased vulnerability and food security leading to risky behaviours, especially among adolescent girls and young women (AGYW). In areas such as Nhamatanda, Mafambissa, Chibababa/Mochungue, and Gorongosa

⁷ NB: US government's cut in funding brings high uncertainty and concerns for 2026. The possible reduction of PEPFAR support for drug supply chains may create gaps in the system, and more clarity on how these challenges will be

addressed is needed. PEPFAR was also funding many community-based organisations (CBOs), who were key stakeholders for community outreach activities and whose future funding are very uncertain.

(economic corridors), there has been an increase in the number of sex workers (key populations). Women and adolescents are particularly vulnerable and are using sex in exchange for money or food to survive, further exacerbating their vulnerability to HIV.

Gender and protection: There have been reports of children and gender-based violence (GBV), but many remain unreported due to fear of retaliation. GBV, including violence against children, is a growing concern, especially in areas where internal migration is high. These cases are often underreported, and the actual scale of the problem is difficult to determine. In some cases, the perpetrator may even be a family member, and there is a general lack of understanding of the full scope of the issue. A greater effort is required to raise awareness and encourage families to report such cases. INGD has been sharing hotlines to report such events, but most of the calls received are about other topics and issues (mostly about exclusion errors in the distribution of assistance). Additionally, as mentioned earlier, there has been an increase in the number of sex workers, which can lead to further exploitation and abuse, as cases of violence are not often reported by this key population.

Actions to mitigate the impacts of drought on HIV vulnerabilities

Government response: The government's response to mitigate the impact of the droughts, specifically on HIV vulnerability, has been limited. There have been no specific measures implemented to directly address the impacts of the droughts on HIV vulnerability. Although mobile brigades are available in some districts and often provide HIV services, this support is not comprehensive, and there is no clear

strategy to address the broader impacts of the drought on HIV. This lack of targeted action for HIV during emergencies leaves gaps in the response to the crisis. The mobile brigades and clinics, which have been implemented in some districts, are crucial for identifying and supporting PLHIV, but these efforts are still insufficient.

UN: UNICEF has provided funding for mobile brigades in Maringue, Chemba, Caia, and Marromeu, but that funding is nearing its end. WFP is also providing funds to mobile brigades in those districts until October 2025.

Local organisations: There are very few local organisations, which remain active in Sofala, mostly because of resource constraints that have created a lack of sufficient coverage in certain districts. However, the very few organisations provide both clinical and community support and have extensive experience in the province. This includes ECHO, CCS, FDC (through Ajulcid and IBD), MSF, PASSOS+, CUAMM, CHAI and Comussanas.



Recommendations by sectoral area



Health and HIV Services:

Strengthen continuity of ART and care through targeted food support to PLHIV and transportation vouchers for those living far from health units.

Scale up mobile health brigades with comprehensive HIV services (including pediatric ARVs, psychosocial support, and PEP), particularly in remote areas.

Revive and fund community-based health actors (CBOs, activists, peer educators) to improve active case-finding, adherence support, and stigma reduction.

Integrate HIV-sensitive approaches into emergency preparedness plans, ensuring continuity of care in future climatic shocks.

Address HIV-related health conditions such as pellagra through increased availability of therapeutic foods and supplements like CBS+.

Nutrition and Food Security:

Incorporate HIV criteria into food distribution targeting to support ART adherence and reduce treatment abandonment.

Distribute drought-resistant seeds and promote household gardens to increase local food availability.

Reinforce nutrition screening and support for HIV-positive children and pregnant women, with linkage to both food and health services.

Expand school-based feeding programs, especially for children living with or affected by HIV.

Gender and Protection

Establish GBV response mechanisms in drought-affected areas, including access to psychosocial services, safe spaces, and community-based paralegals.

Strengthen community awareness campaigns to reduce stigma and encourage reporting of GBV and child protection violations.

Integrate HIV services within GBV programs, particularly for high-risk groups such as adolescent girls, young women, and sex workers.

Support school and community initiatives to prevent early marriages and reduce transactional sex linked to food insecurity.

Education

Strengthen HIV prevention education in schools through comprehensive sexuality education (CSE), especially targeting adolescents.

Expand school health programs to include nutrition and psychosocial support, improving school retention among children affected by HIV.

Reintroduce school snacks or meals in vulnerable districts to reduce dropouts and support learning.

Agriculture and Economic Livelihoods

Support climate-resilient agriculture through inputs, irrigation support, and



training, particularly for households affected by HIV.

Introduce cash-for-work and income-generation activities targeting youth, women, and PLHIV to promote economic resilience.

Strengthen veterinary services to protect livestock assets, which are a major livelihood source for rural households.

Water, Sanitation and Hygiene (WASH)

Improve access to clean water through well rehabilitation, borehole installation, and sustainable water treatment systems. Distribute hygiene kits and promote sanitation education to reduce the incidence of waterborne diseases. Ensure that PLHIV and malnourished children have priority access to safe water points and sanitation facilities.

Conclusion

To build resilience against future shocks and safeguard gains in the HIV response, it is essential to adopt an integrated, multisectoral approach that brings together health, nutrition, protection, education, and livelihoods. Stronger coordination among government entities, UN agencies, and local civil society is critical to ensure no one is left behind—especially the most vulnerable.

The El Niño crisis presents an opportunity to reimagine emergency response models that are inclusive, gender-responsive, and HIV-sensitive. Timely investment and targeted action will be key to preventing further deterioration of the health and well-being of Mozambique's most vulnerable populations.

Photo credits

All photos: Anticipatory actions in Sofala Province, 202. WFP/Gabriela Vivacqua

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