

Chapter 2: Policy and Program Environment

HIV and Food Security: Conceptual and Institutional Framework

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In This Chapter

This chapter is intended to help food assistance and HIV program managers design and implement integrated programs by identifying opportunities and constraints in the policy and program funding environment.

The chapter begins with a description of global goals for food security and HIV and gives an overview of the policy frameworks international agencies have developed in response to food insecurity and HIV.

Chapter 2 then explains the mechanisms for program coordination that agencies have established to respond to food and nutritional challenges caused by HIV and to promote integrated food assistance and HIV programming at the international, national and local levels.

Finally, the chapter discusses mechanisms for coordinating food assistance and HIV funding resources as well as factors country-level institutions should keep in mind in negotiating assistance in this complex and dynamic environment.

2.1 Key Concept

International Food Security and HIV Goals

Global Food Security Initiatives and Goals

The first World Food Summit (WFS), held in Rome in November 1996, was convened to develop policies and identify actions for eradicating hunger and malnutrition, while ensuring food security for all. Two key documents present the policies and actions resulting from the Summit: The Rome Declaration on World Food Security and the World Food Summit Plan of Action. The overarching goal supported by these documents was to develop strategies for halving the **number** of food-insecure individuals in the world by 2015.

In 2000, the Millennium Summit outlined eight critical goals, known as the Millennium Development Goals (MDGs), that guide the efforts of governments, donors and development agencies to eradicate food insecurity and malnutrition.^{1,2,3} The first MDG is to “eradicate extreme poverty and hunger,” and the second target under this goal is to “halve, between 1990 and 2015, the **proportion** of people who suffer from hunger.”⁴

However, Food and Agriculture Organization (FAO) findings suggest little progress toward these targets has been made. About 823 million people (20 percent of the population in developing countries) were malnourished in 1990–1992, according to FAO. In the **State of Food Insecurity in the World: 2006**, FAO reported that the number of malnourished individuals remains at about 820 million, indicating that “no progress has been made” toward the WFS target of halving the **number** of malnourished people by 2015. The **proportion** of malnourished individuals in developing countries has fallen from 20 percent to 17 percent because of population growth, indicating some progress toward MDG goals related to hunger.⁵ Still, these numbers overall suggest that as 2015 quickly approaches, the world is falling behind in its efforts to eradicate hunger and malnutrition.

In sub-Saharan Africa, poverty, food insecurity and the HIV epidemic are the major threats to human security. It is becoming more important to integrate global, regional and national policies and programs on poverty and HIV to address the underlying causes of food insecurity and respond to the immediate needs of those who are chronically food-insecure or suffering a transitory shortage worsened by HIV. The complex interactions between food insecurity and HIV, for both individuals and societies, make this trend particularly relevant to discussions of food assistance policy.

HIV Global Convention Goals and Targets

In 2000, the United Nations (UN) General Assembly committed to halt and begin to reverse the global spread of AIDS by 2015.⁶ In June 2001, the General Assembly set targets for reducing HIV’s spread and impact by 2003, 2005 and 2010. In June 2006, a new commitment on HIV specifically acknowledged the centrality of food and nutrition in the global response to HIV. Article 28 of the UN General Assembly Political Declaration on HIV and AIDS provides that UN Member States “resolve to integrate food and nutritional support, with the goal that all people at all times will have access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life, as part of a comprehensive response to HIV/AIDS.”⁷

International Agencies' Response to Food Insecurity and HIV

Overall, international donors and implementing agencies offer two approaches to integrating food security and HIV interventions:

1. Food security programs that consider HIV-related issues in targeting food-insecure populations: United States Agency for International Development (USAID) Title II Program, WFP and European Commission (EC)
2. HIV programs that integrate food assistance: U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

USAID Office of Food for Peace Strategic Objectives Related to Food Security and HIV

For over 50 years USAID's primary mechanism for distributing food assistance to food-insecure communities and households has been the Public Law 480 Title II program.⁸ Food for Peace (FFP), which manages the Title II program, makes commodity donations to Cooperating Sponsors (CSs) that include WFP, NGOs and cooperatives to meet food-security needs via single-year and multi-year programs, depending on whether food insecurity is transitory acute or chronic.

FFP's 2006–2010 strategic objective is to reduce food insecurity among vulnerable groups, with priority on countries and populations where food insecurity is greatest. The strategy emphasizes integrating into emergency programs activities that address the underlying causes of food insecurity. Similarly, development programs should help vulnerable groups prevent and cope with potential shocks.

FFP's focus on countries and populations it deems to be most vulnerable presents a distinct challenge for integrating resources for food assistance and HIV programming. There are few countries that are priorities for both FFP and PEPFAR (Ethiopia, Haiti, Mozambique, Uganda, Zambia), and within those there may be little overlap of the programs' target populations.

Still, FFP is the primary U.S. Government (USG) agency responsible for providing food resources to NGOs and WFP to mitigate HIV's impacts on food security. The vast majority of USG food resources directed to support HIV interventions are allocated through the Title II program and are intended to coordinate with HIV activities supported by PEPFAR. HIV programs supported by FFP focus on the same broad objectives as other food security programs funded by Title II:⁹

- ▶ Meeting immediate consumption and nutritional needs of the most vulnerable groups, including HIV-affected households and at-risk communities
- ▶ Protecting lives and maintaining consumption levels while enhancing food security and creating more diverse and resilient livelihoods among affected households
- ▶ Strengthening individuals' capabilities by improving health, nutrition and education

FFP identified 18 priority countries for multi-year programs: Afghanistan, Bangladesh, Burkina Faso, Burundi, Chad, Democratic Republic of Congo, Ethiopia, Guatemala, Haiti, Liberia, Madagascar, Malawi, Mauritania, Mozambique, Niger, Sierra Leone, Uganda and Zambia.

In addition, when programming food assistance for PLHIV and affected populations, FFP expects CSs to ensure that:¹⁰

- ▶ Food-assisted food security and HIV programs do no harm
- ▶ A thorough analysis of food security and HIV—including a gender analysis—has been conducted before food-assisted HIV programs are designed and initiated
- ▶ Food-assisted HIV programs are targeted appropriately to food-insecure HIV-affected populations
- ▶ Food security and HIV practitioners collaborate effectively
- ▶ The objectives of food-assisted programs and interventions, e.g., home-based care (HBC) or food for training (FFT) activities, are clear and explicit, such as providing HIV-affected population with nutritional care and support, incentives to participate in program activities, and safety nets and/or income transfers
- ▶ Ration size and composition correspond to the food-assisted program's objective and that programmers consider nutrition issues, logistics and costs
- ▶ Important cash-based activities complement and reinforce food-assisted activities
- ▶ Graduation criteria and exit strategies are clear, realistic and explicit so that outcomes are sustainable
- ▶ Practitioners give adequate attention to monitoring and evaluation and documentation of lessons learned

CSs are also required to disaggregate and track both food and non-food resources and beneficiaries supported by HIV activities in their monitoring and evaluation (M&E) systems and financial reports.¹¹ For additional guidance on FFP's policy refer to **Title II Assistance Program Guidelines** available at www.usaid.gov/our_work/humanitarian_assistance/ffp/.

World Food Programme Food Assistance Policy Regarding HIV

WFP provides food and nutritional support to individuals and families affected by food insecurity and HIV. WFP tailors its operations to address the impact of HIV in the communities it serves. The focus of WFP's HIV interventions is to provide nutritional support to treatment and care programs, support orphans and children affected by HIV and link prevention education with school feeding programs and relief operations. As with all its programs, WFP works with partners to ensure that gender is mainstreamed into all HIV-related activities.

In 2003 the WFP board approved HIV policies outlined in its paper, **Programming in the Era of AIDS: WFP's Response to HIV/AIDS**. The policy framework includes the following:¹²

- ▶ WFP will incorporate HIV concerns in all of its programming categories: country programs, protracted relief and recovery operations (PRROs) and emergency operations. WFP programs can directly address food insecurity driven by HIV, and WFP activities can be used as platforms for other types of HIV programs such as prevention education. All WFP activities and partnerships concerning HIV will be part of a broader multisectoral approach and will be aligned with national government strategies on HIV.
- ▶ WFP will work with local and international partners, NGOs, governments and UN agencies to ensure that food is incorporated into HIV activities if appropriate.

- ▶ WFP will adjust programming tools such as needs assessments, vulnerability analysis, the design of rations and other nutrition-related activities as new HIV-related information and findings become available.
- ▶ When HIV threatens food security and influences mortality, WFP considers the epidemic a basic component of a PRRO, consistent with current WFP policy on PRROs.

European Commission Food Security Framework

Since the International Food Assistance Convention started in 2000, the EC has sought to integrate food assistance into a broader framework of support for global food security, giving priority to the least developed countries and those with low income. The strategy also strives to limit adverse impacts of food assistance and promotes local purchases to support local agricultural production. The strategy's main objectives include:^{13,14}

- ▶ Enhancing food security designed to alleviate poverty in recipient countries
- ▶ Reducing recipient countries' dependence on food aid
- ▶ Contributing to the countries' balanced economic and social development

While most EC funds for HIV are channeled through the Global Fund (discussed below), the EC encourages incorporation of HIV issues into all projects and programs.^{15,16}

The EC provides food aid to programs that promote sustainable long-term food production and food security within a national food security strategy. The EC provides food aid only when it is deemed the most appropriate and effective way to address food insecurity's underlying causes. It is provided either directly through government programs or through NGOs. WFP receives the largest contribution of EC food aid through in-kind resources via international tenders or grants to promote local purchases. The EC, WFP and WFP's partners conduct joint assessments and monitoring to ensure that food security projects complement EC objectives.

The EC justifies in-kind food assistance when and where there are no alternatives, such as in emergencies, or when in-kind food assistance is most appropriate for targeting vulnerable groups.

NGOs are the second-largest recipient of EC food aid as well as financial and technical support. In-kind assistance to NGOs is channeled through EuronAid, a European network of NGOs that distribute food assistance through food security interventions. The EC provides direct financing through calls for proposals, and it selects target countries for such proposals each year.

PEPFAR Goals and Targets

The largest bilateral contribution for HIV is the USG's PEPFAR, initiated in 2003 to direct \$15 billion over five years to combat the HIV epidemic in the places with the greatest need. PEPFAR coordinates and funds activities aimed at providing comprehensive and integrated HIV prevention, treatment, care and support. PEPFAR has three goals (known as the 2-7-10 goals) that it hopes to achieve in its first five years of implementation:¹⁷

1. Provide antiretroviral therapy (ART) for 2 million people
2. Prevent 7 million HIV infections
3. Provide care to 10 million people infected or affected by the disease, including OVC

In May 2006, the Office of the U.S. Global AIDS Coordinator (O/GAC), which manages PEPFAR, presented a USG-wide strategy for addressing food and nutrition needs of PLHIV, affected families, caregivers and community members. The strategy recognizes the complex relationship between HIV and food insecurity and the importance of food and nutrition in meeting PEPFAR's overall objectives.¹⁸ However, PEPFAR funding for food assistance can be obtained only as a last resort in limited circumstances for high-priority target groups.

PEPFAR supports the following food and nutrition interventions, which contribute to achieving the 2-7-10 goals:¹⁹

- ▶ Development and/or adaptation of food and nutrition policies and guidelines
- ▶ Nutritional assessment and counseling, including hygiene and sanitation education, maternal nutrition, and safe infant and young child feeding related to preventing mother-to-child transmission (PMTCT)
- ▶ Under conditions where there is evidence of clinical malnutrition for PLHIV, therapeutic and supplementary feeding that is well-targeted and adheres to World Health Organization (WHO) recommendations for entry and exit criteria
- ▶ Micronutrient supplementation, including fortified foods, where adequate intake of micronutrients is not met through a diverse diet
- ▶ Replacement (weaning) feeding and support, within the context of WHO and national PMTCT and infant feeding guidelines
- ▶ Linking PEPFAR programs to food assistance, food security and safety-net programs

PEPFAR focuses on 15 countries in Africa, Asia and the Caribbean: Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam and Zambia.

O/GAC also developed policy and program guidelines for using food assistance in HIV programs. As per current guidelines, PEPFAR resources can only be used for food assistance linked to HIV interventions when:

- ▶ Food and nutritional support directly contributes to the 2-7-10 prevention, treatment and care goals
- ▶ Food and nutritional needs are determined using the WHO assessment criteria and guidelines for nutritional care
- ▶ Programs first try to access food resources for therapeutic and supplementary feeding from other sources
- ▶ Food assistance to severely malnourished patients is provided with clear eligibility and exit anthropometric criteria and plans for beneficiaries to transition to more sustainable food security
- ▶ Support to PLHIV and their families addresses their broader health, food security and livelihood needs

For additional guidance on PEPFAR's food and nutrition support for PLHIV and OVC, refer to *OIGAC Guidance on the Use of Emergency Plan Funds to Address Food and Nutrition Needs*: www.state.gov/documents/organization/66769.pdf.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria was established in January 2002 to support the rapid scale-up of prevention and treatment interventions for HIV, tuberculosis and malaria. The Global Fund supports integrated program proposals that include food assistance where appropriate, though support for direct food assistance is limited. It may support food-based interventions if applications meet all eligibility criteria, show that they contribute to specific improvements in HIV-related outcomes and are supported by broad-based country coordinating mechanisms (CCMs).

The Global Fund offers direct funding for HIV interventions and an array of technical assistance in these areas:²⁰

- ▶ Provision of supporting data, such as country-specific epidemiological and clinical information related to HIV, tuberculosis and malaria
- ▶ Assistance with needs assessments and operational research in preparation for Global Fund applications
- ▶ Technical support in program design, including design and national adaptation of pilot projects, and scale-up of successful programs
- ▶ Program planning, including detailed systems analysis and operations planning
- ▶ Design and integration of monitoring and evaluation plans, including establishment of coordination and reporting mechanisms
- ▶ Budgeting and accounting support, including detailed program costing, and establishment of disbursement and financial reporting mechanisms

The Global Fund distributes resources primarily through CCMs, which typically comprise government representatives, NGOs, community-based organizations (CBOs), academic and educational institutions, PLHIV, companies, FBOs, and in-country multilateral and bilateral development partners.

The World Bank's Response to HIV

The World Bank has been among the largest sources of funding for HIV programs in the UN system since the HIV epidemic started and has committed \$2.5 billion through grants, loans and credits to support countries in their fight against the disease.²¹ The Bank's primary means of support for HIV interventions is the Multi-Country HIV/AIDS Program (MAP) in Africa. The MAP's specific objectives are to:²²

- ▶ Increase national awareness, political commitment and available resources
- ▶ Promote multisectoral responses to HIV
- ▶ Adopt and promote "extraordinary and exceptional" methods of combating the epidemic
- ▶ Improve monitoring and evaluation systems to capture lessons learned and facilitate "learning by doing"

The World Bank does not address the use of food assistance with HIV programs. However, its MAP-supported regional HIV projects involve partnerships with the United Nations Economic Commission for Africa, United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), WHO, the Global Fund and the Clinton Foundation. In addition, in numerous sub-Saharan African countries, MAP support

has encouraged the formation of National AIDS Commissions, which, as discussed later in the chapter, coordinate HIV policy and, in some cases, have adopted food and nutrition guidelines.

Humanitarian Aid Department of the European Commission

Due to its core mandate to respond to natural or man-made disasters, the Humanitarian Aid Department of the European Commission (ECHO) is not a “front-line” actor in responding to HIV. However, because poverty, food insecurity and HIV overlap, ECHO is present in most high-prevalence countries. ECHO has a two-pronged strategy for responding to HIV:²³

- ▶ Mainstream HIV prevention measures and enhance awareness of the epidemic at all levels.
- ▶ Accept proposals for mitigating the effects of HIV in emergency situations as part of multisectoral programs.

ECHO works toward its HIV mainstreaming objectives by incorporating into funded programs activities such as training in HIV prevention, awareness-building through information, education and communication (IEC), appropriate condom distribution, adopting internal policies on HIV, and mapping and monitoring of HIV where feasible.

ECHO prioritizes activities that “contribute to the prevention of any worsening in the impact of the crisis, saving and preserving life from the effects of HIV/AIDS during emergencies and their immediate aftermath.”²⁴ ECHO gives highest priority to multisectoral preventive and curative activities, including distribution of food and non-food aid, health, nutrition, protection, rehabilitation, shelter, water and sanitation. Other activities that ECHO may fund—with “strong pre-conditions”—include ART, highly active antiretroviral therapy (HAART), PMTCT or support for food and livelihood security interventions for OVC and their caretakers, when these services are otherwise unavailable.

2.3 Key Concept

Program Coordination Mechanisms

Poverty Reduction Strategy Papers

National Poverty Reduction Strategy Papers (PRSPs) identify national priorities for addressing food insecurity and mitigating HIV’s impact on households and communities. Most PRSPs address food insecurity caused by HIV through integrated food and nutrition action plans laid out as part of national food assistance policy. Several countries serve as positive examples of translating PRSP strategy into effective multisector food and HIV programming.

For example, Uganda has made considerable progress in coordinating strategies for the care and support of PLHIV. Through instruments such as the *HIV and AIDS Policy Guidelines*

(1999), the *Policy Guidelines on Feeding of Infants and Young Children in the Context of HIV/AIDS* (2001) and the *Uganda Food and Nutrition Policy* (2003), the Government of Uganda has promoted nutritional standards for food supplements, outlined a comprehensive approach to addressing malnutrition and micronutrient deficiencies with a high priority on pregnant and nursing women, incorporated nutrition management into the care of HIV patients and provided therapeutic feeding for sick and malnourished children.²⁵ Kenya, Zambia and other African nations are adopting similar national policies and guidelines to improve nutrition among PLHIV.

Programs Supported by National Policy Institutions

In many sub-Saharan African nations, HIV policy is coordinated by National AIDS Commissions (NACs). Typically, NACs also establish partnerships with government and non-government stakeholders to support multisectoral approaches to HIV prevention and mitigation. While relatively few national multisectoral mitigation activities have been fully implemented, NACs in several countries have adopted national food and nutrition guidelines, facilitated development of national plans of action for OVC, supported the establishment of minimum care standards, and provided guidance on PMTCT and targeting of PLHIV and affected households. When designing national integrated food assistance and HIV programs, program managers should consider how to incorporate NACs' guidance in the early planning stages.

Kenya Integrates Food Assistance Into National HIV Response

Kenya offers an example of national coordinated food assistance and HIV programming through its National HIV/AIDS and STD Control Program (NASCOP). While not technically a National AIDS Commission (NAC), NASCOP has played a central role in coordinating Kenya's policy and interventions related to HIV and food assistance.

Situated in the Ministry of Health, NASCOP's work includes setting national policies, coordinating a range of HIV-related services, helping to determine target populations and areas, strengthening capacity in key technical areas and coordinating partners such as government agencies, NGOs, international agencies and food manufacturers that provide food products and nutrition services to clients at HIV facilities.

In 2005, recognizing the importance of nutrition in comprehensive HIV care, NASCOP established a nutrition unit, led by a nutritionist, that supports training and provides materials (e.g., nutrition assessment equipment, counseling materials, job aids) on food and nutrition components of HIV treatment and care to HIV facilities throughout Kenya.

As the central coordinating body to a range of government agencies, NGOs, international agencies, and food manufacturing groups, NASCOP supports appropriate targeting, ensures consistent standards are applied, helps define specifications for food products and for monitoring and evaluation indicators, and strengthens the capacity of service providers to support food and nutrition components of HIV treatment and care.

United Nations Development Assistance Frameworks

The UN's Development Assistance Frameworks (UNDAFs) are common strategic frameworks that guide UN operations in specific countries. UNDAFs emerge from the UN's Common Country Assessment (CCA), which analyzes national development

indicators and prioritizes key development issues. The CCA is conducted by UN Country Team Theme Groups covering areas such as food security, HIV, poverty monitoring and evaluation, gender and disaster management.

Most HIV Theme Groups set up special working groups that involve government representatives, donors, NGOs and PLHIV groups in their daily operations.^{26,27} The working groups provide a forum for more fully addressing national priorities such as access to care, PMTCT and HIV prevention for young people and sex workers. These efforts help give UN programming the flexibility to address local conditions and the specific constraints in the field.

Coordination of HIV programs at the national level was also a focus of the UN-sponsored 13th International Conference on AIDS and Sexually Transmitted Infections in Africa in 2003. At the conference, a working group of country and international representatives developed principles for improving the HIV response in highly affected countries. These principles are known as the “Three Ones”:

- ▶ **One** agreed AIDS action framework that provides the basis for coordinating the work of all partners
- ▶ **One** national AIDS coordinating authority, with a broad-based multisectoral mandate
- ▶ **One** agreed country-level monitoring and evaluation system

The Three Ones were endorsed by donor countries, host countries, bilateral and multilateral institutions and international NGOs in 2004. The Joint United Nations Programme on HIV/AIDS (UNAIDS) facilitates countries’ efforts to apply the principles.^{28,29} In addition to the Three Ones, the UN continues to support an overall harmonization, alignment and simplification process that it hopes will lead to one UN Program on HIV and AIDS supported by individual UN Country Teams.

Title II Consortium Mechanism

Title II CSs often form a consortium, with one “lead” organization reporting directly to USAID to implement food security and nutrition programming with Title II food assistance resources in a particular country. USAID has supported these mechanisms in an effort to streamline and consolidate proposals, promote the use and standardization of proven

Previous Experience With Consortia in the Context of HIV³¹

The Consortium for Southern Africa Food Security Emergency (C-SAFE) was among the largest food assistance projects in southern Africa throughout its implementation (2002-2006). Led by World Vision, CARE and Catholic Relief Services (CRS), and working closely with WFP, C-SAFE aimed to alleviate food and livelihood insecurity by addressing targeted groups’ immediate nutritional needs, building productive assets and helping communities increase their resilience to food security shocks. C-SAFE was one of the first large-scale programs to explore providing food

assistance as a safety net to HIV-affected households. Country consortia in Malawi, Zambia and Zimbabwe each reported that C-SAFE’s support for interagency cooperation benefited commodity management, food for work (FFW) and nutrition interventions. C-SAFE’s work also provided important lessons on targeting criteria and M&E systems. C-SAFE partners also reported an increase in HIV programming quality and consistency, as well as establishment of effective HIV workplace policies.

programming approaches, coordinate Title II funding and management responsibilities, and help increase coverage of funded interventions.³⁰ Key considerations for consortia in the context of HIV include the need to ensure that:

- ▶ Coordination in food security and nutrition assessment, including common monitoring and evaluation indicators, is enhanced
- ▶ Chronically food-insecure areas with a high HIV prevalence rate are covered
- ▶ Consortia programs serve not only administrative and logistical purposes but also operationalize multisectoral development strategies
- ▶ Program design addresses intersectoral challenges associated with food assistance, food security and HIV programs
- ▶ Comparative advantages of individual partners are understood
- ▶ Policy and program decisions include field-level representation to ensure that adopted strategies are flexible and responsive to local contexts

Coordination With Local Government and PLHIV Networks

Many of the national PRSPs noted earlier support addressing poverty and food insecurity by delegating authority to decentralized government coordinating bodies. Such approaches are a response to criticisms that highly centralized policies are inflexible and do not have enough input from targeted populations. Local coordination of food assistance and HIV interventions often include these formal and informal development institutions.³²

District and Village AIDS Committees

District and village AIDS committees (DACs and VACs), composed of representatives from multiple sectors, work with NACs to design and implement food security and HIV interventions.

DACs and VACs often facilitate small grants programs that NACs administer for community-based HIV activities. They also act as intermediary organizations for the grant process by equipping CBOs to apply for and implement the grants.

National and international agencies implementing food assistance programs can build on the potential of DACs and VACs by helping to institutionalize their functions within local government. By doing so, they also can influence how much CBOs integrate food and nutrition activities into HIV programs.

Voluntary Home-Based Care Networks

Many aid agencies rely on home-based care (HBC) networks to help identify and support vulnerable households because of their knowledge of the community. HBC networks often are linked to local clinics and dispensaries and can connect ill community members with local health services.³³ HBC groups also provide safety nets to HIV-affected households by contributing cash and labor.

HBC groups encourage people to get involved in addressing food needs. They also supplement the care and support that the extended family and local development actors provide.

Food Assistance and HIV Agencies' Policy Role

Implementing agencies must be responsive to changing policy and programming environments. HIV and food assistance agencies also can play pivotal roles in advocating for policy and resource mechanisms that support the design and implementation of integrated programs. To meet the challenges posed by the HIV epidemic, food assistance agencies should work to expand food access and utilization, provide opportunities to establish sustainable livelihoods and continue to promote policies and institutional environments that address the primary causes of hunger, poverty and malnutrition. At the same time, HIV agencies should continue to inform policymakers about the importance of proper nutrition in combating the disease. Agencies also can influence policy by collecting, analyzing and disseminating quantitative and qualitative data that provide concrete, program-based evidence of what does and does not work in food insecurity and HIV contexts.

Key Concept

International and National Resource Coordination Mechanisms

WFP Field-Level Coordination

WFP works with partners ranging from large international NGOs to smaller community-level institutions, including local associations and FBOs. WFP's partnerships fall into three main categories:³⁴

Cooperating partnerships, formerly called "implementing partnerships" are the most common relationship between WFP and NGOs. Typically, cooperating partners conduct activities such as food transport, storage and distribution on WFP's behalf. WFP is accountable to the host government and responsible for reimbursing the NGOs.

Complementary partnerships typically involve NGOs with objectives and target groups similar to those of WFP. WFP may provide food assistance as an element of larger NGO interventions that reach WFP beneficiaries. One example is the design of "essential packages" in which WFP provides the food element of interventions that include school feeding, basic education, de-worming, micronutrient supplementation, HIV education, malaria prevention and establishment of school gardens/woodlots.

Coordinating partnerships are arrangements in which NGO and WFP activities are separate, but both organizations share information and coordinate program implementation.

WFP uses two mechanisms for coordinating partnerships with NGOs. Memoranda of Understanding (MOU) are general agreements between WFP and NGOs that provide a global framework for the partnership that outlines strategic areas of cooperation, each partner's areas of responsibility and resources each partner will contribute. Field-Level Agreements (FLAs) are project-specific arrangements between NGOs and WFP country offices. The FLA functions as a standard agreement template that identifies the partnership's objectives; each partner's roles and responsibilities; details regarding food quantities, food rations and distribution mechanisms; and reporting and financial management requirements and payment procedures.

Areas of partnerships and coordination between WFP country offices and Title II CSs include:

- ▶ Developing and testing HIV vulnerability assessment and mitigation strategies, determining a set of core country-level indicators of HIV prevalence and impact, establishing collaborative interagency technical support teams or technical working groups that use common databases to improve vulnerability assessment of food security and HIV
- ▶ Developing sector-specific mitigation strategies and monitoring the impact of integrated food security and HIV programs in agriculture, education and health sectors
- ▶ Sharing lessons and experience gained in developing comprehensive HIV workplace programs, including sharing resource people
- ▶ Documenting, exchanging and disseminating best practices through workshops, in-service training and publications

Linking PEPFAR Funds With Food Assistance Programs

Through O/GAC, the USG coordinates internally with USAID, the U.S. Department of Agriculture (USDA), the U.S. Department of Health and Human Services (HHS) and the Peace Corps, and externally with UN agencies (especially WFP), NGOs, the private sector and other partners to integrate food and nutrition interventions within HIV care and treatment programs. O/GAC chairs the USG interagency work group on food and nutrition, which promotes a flexible and comprehensive approach to addressing HIV through collaboration by USG government agencies, NGOs and multilateral partners.

While O/GAC requires that non-HIV funding mechanisms, such as Title II and USDA, be used for broad food security programming for HIV-affected population, PEPFAR resources may be used to link HIV programs with food security and livelihood assistance programs such as income-generating activities and labor-saving agricultural techniques. In all cases, HIV programs that want to incorporate food assistance should first seek food resources from sources other than PEPFAR. To do this, country teams made up of USG agencies are encouraged to coordinate with national governments, UN partners, civil society and the private sector to plan and implement comprehensive HIV strategies.

FFP requires CSs to integrate PEPFAR, Development Assistance (DA) or other resources into Title II programs to fund HIV services for food-insecure HIV-affected populations and to distribute food directly to the widest number of food-insecure beneficiaries possible.

2.5 Key Concept Challenges in Coordinating Resources for an Integrated Response

It is important for practitioners pursuing financing for food assistance and HIV programs to understand donors' potential responses and how assistance will flow to recipients. Country-level institutions should consider these factors when negotiating assistance in this complex and dynamic environment.³⁵

Funding cycle. Most donors commit funds on an annual, biennial or short-term basis.

Disbursement rate of commitment. Disbursement is the expenditure of obligated funds. Rates of disbursement typically vary by donor but often lag official funding commitments. Disbursements, not commitments, are the basis for assessing available resources against estimated funding needs. Disbursement rates differ based on donor requirements for when funds must be spent; program start-up, grant and contracting rules; and program performance and governance.

Type of support. Funds may be part of HIV-specific projects, food security programs or sector-wide approaches, in which funding for a particular sector supports a government cross-sectoral policy and expenditure program.

Country or regional focus. Some donor governments focus on specific regions or countries. PEPFAR and Title II assistance focus on different sets of countries. France channels much of its assistance to Francophone Africa, Italy to the Horn of Africa, and Japan to Asia.

Tied aid. Donors have different requirements for how much aid must be used to buy certain goods and services from the donor country.

Implementing agencies. Some donors exclusively fund governments or multilateral agencies; others make funding available for NGOs and CBOs.

Earmarks. Funds are often limited to certain activities and resources, such as prevention, treatment, care or OVC support. Finding ways to integrate earmarked funds to design comprehensive programs is a challenge that calls for strategic advocacy.

Annex I: UNAIDS Co-Sponsoring Organizations' Roles in the UN's Response to HIV

1. **United Nations World Food Programme (WFP)** focuses on fighting HIV through its food assistance programs by modifying food rations, helping poor HIV-affected, food-insecure households and individuals meet their basic nutritional needs, and providing food for education and training, and venues for awareness and prevention.
2. **United Nations Children's Fund (UNICEF)** has made HIV a key priority in its programming and focuses on HIV prevention among young people, PMTCT and the care, support and protection for orphans and children made vulnerable by HIV.
3. **World Health Organization (WHO)** has reinforced its commitment to support member states by providing technical support and building health sector capacity for a strategic and sustainable response to HIV; developing and implementing consistent evidence-based strategies and health sector interventions in prevention, treatment and care; and fostering collaboration with new partners, including civil society and the private sector.
4. **The World Bank** is helping countries to more effectively address the devastating consequences of HIV on development. Its efforts include committing nearly US\$2 billion for HIV projects since 1986, launching a multi-country HIV program for Africa and the Caribbean (involving more than US\$1 billion), and partnering with UNAIDS, donor agencies and governments.
5. **United Nations High Commissioner for Refugees (UNHCR)** has broadened and strengthened the UN's response to HIV by stringently implementing its protection mandate; providing HIV technical support and funding to its implementing and operations partners; advocating for refugees to be included and integrated into the country of asylum's HIV strategies, policies, programs and proposals; and fostering a sub-regional approach that addresses the displacement cycle.
6. **United Nations Development Programme (UNDP)** focuses on promoting action-oriented advocacy and policy dialogue for leadership at all levels; helping countries develop capacity for action, and plan, manage and implement their response; promoting a human rights framework and gender perspective in all aspects of the response; integrating HIV into development planning; and providing special assistance to the worst-affected countries to help mitigate the impact on human development.
7. **United Nations Population Fund (UNFPA)** supports a range of initiatives to prevent the sexual transmission of HIV, focusing on preventing HIV infection among young people and pregnant women by providing information, counseling and other services, and improving access to male and female condoms and promoting their correct and consistent use.
8. **United Nations International Labour Organization (ILO)** supports UNAIDS through activities including encouraging governments, employers and workers to mobilize against HIV; facilitating direct access to the world of work, where many possibilities exist for HIV prevention as well as for the care and support of affected persons; and providing its longstanding experience in framing international standards to protect the rights of workers.
9. **United Nations Educational, Scientific and Cultural Organization (UNESCO)** efforts focus on preventive education and include advocacy at all levels, developing effective and culturally sensitive information for target groups; developing education programs that teach young people about HIV and how to prevent it; helping build the knowledge, attitude and skills needed to provide care for the infected and affected; and developing and disseminating tools for monitoring, assessing and responding to the impact of the epidemic on schools, students and teachers.

10. **United Nations Office on Drugs and Crime (UNODC)** supports HIV prevention programs by including HIV prevention in its programs to reduce the demand for illicit drugs, targeting youth and high-risk groups, and promoting the expansion and diversification of drug dependence treatment services.

Additional UN Agency HIV-Related Activities

Food and Agriculture Organization of the United Nations (FAO). Although it is not an official co-sponsor, FAO has had a formal agreement to work with UNAIDS since 1999. Since first becoming involved in the fight against HIV in 1988, FAO's primary role has been to identify and develop means of mitigating HIV's impact on the agricultural sector with a particular focus on food security, nutrition and farming systems. More recently, FAO has made concerted efforts to address the adverse impacts of HIV on the technical capacity of key actors including agricultural staff and service organizations, national agricultural research organizations and institutions in higher education and training, and local informal institutions.

United Nations Standing Committee on Nutrition (UNSCN). Founded in 1977, the UNSCN bases its strategic policy framework on the principle of integrating nutrition considerations into national, regional and global development agendas. UNSCN's efforts in the arena of HIV focus on mainstreaming HIV in all sector activities (including agriculture), achieving a strategic balance in project design and implementation by combining mitigation measures with measures that reduce susceptibility to infection and vulnerability to HIV's impacts, and disseminating clear information to policymakers, health providers and communities regarding critical issues such as PMTCT, stigma and specific nutrition requirements of PLHIV.

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Annex 2: Additional Resources on Food Security and HIV Policy and Program Strategy

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