SAVING LIVES
CHANGING LIVES

WFP's guidance for adaptations of food and nutrition assistance to

People Living with HIV and TB and their families in context of the COVID-19 pandemic

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WFP
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Introduction

As the novel Coronavirus (COVID-19) continues to spread, it presents a growing risk to WFP personnel, Cooperating Partners (CP) and beneficiaries, including people living with HIV (PLHIV) and tuberculosis (TB). In addition, the restrictive measures that many countries are taking to contain the outbreak is likely to have a negative impact on household income, access to food and health care services and supplies, and on people's mental health and well-being. In this scenario, the existing vulnerability experienced by PLHIV and TB Clients and their families may be further aggravated. Health care services may be overwhelmed, movements restricted or PLHIV and TB clients may also be afraid to access to health care facilities, which can prevent them from accessing medical services.

Adjustments to existing nutrition programming guidance should be in alignment with country-specific guidance shared by the relevant health authorities and partners (e.g. Ministry of Health, WHO, National AIDS Commissions, etc.), where available.

WFP will continue to update the brief as needed, based on the availability of new information.

The brief is developed for WFP staff and cooperating partners' staff in charge of food and nutrition assistance to PLHIV and TB clients and their households.

Purpose

The overall purpose of this guidance is:

⇒ Prevent COVID-19 cross infection among beneficiaries and all staff involved (including health staff, implementing partners, community volunteers) at health facility and community level implementing food and nutrition assistance programmes for PLHIV and TB clients.

⇒ Ensure the continuity of food and nutrition assistance to PLHIV and TB, introducing adaptations where appropriate.

General programme considerations

- Adaptations to improve the safety of assistance will only be undertaken in places with on-going nutrition and food assistance for people living with HIV and TB for the designated caseload. The support should continue to prioritize the malnourished people living with HIV and TB over any type of blanket distribution or family support or protective rations.
- Any additional caseload or expansion of services for PLHIV and TB clients should be considered in the individual country context and account for available funding, delivery mechanisms and need for support. Specialised Nutritious Food (SNF) usage will continue to be globally prioritized for treatment of acute malnutrition and prevention of malnutrition among the most vulnerable to and at higher risk of malnutrition, including children under two, pregnant and lactating women (PLW), and PLHIV/TB. Wherever requested, the use of SNF will be prioritized by programme type (treatment prioritised over prevention programme) and by individual vulnerability (children aged 6-23 months to be prioritised, followed by children aged 24-59 months, then PLW and finally by PLHIV/TB; and by geographical targeting based on food and nutrition security.
- Where possible, the use of affordable and safe cash-based transfers (CBT) should be considered, for the household ration under care and treatment, mitigating safety nets and HIV-sensitive social protection programmes based on market access and availability of nutritious foods in the market.
- For in-kind and CBT food and nutrition assistance to PLHIV and TB clients and their families, including Orphans and Vulnerable children (OVC), hygiene services, personal hygiene behaviours, and food safety standard should be prioritised and followed by all people involved and Standard Infection Prevention and Control (IPC) measures are implemented, as per guidance **[1], [2], [3],** and **[4].**
- Wherever applicable, consider multi-moth dispensing of SNF in alignment with the provision of HIV/TB drugs.
- Consider the prepositioning of 3 months stocks of SNF at sub-office/health facility/ community level.

- In case of Anti-retroviral therapy (ART) and/or TB DOT-treatment break or delay, ensure that malnourished PLHIV and TB clients keep receiving the nutrition support, including of nutrition assessment and counselling, without overwhelming the health system.
- Consider moving food and nutrition assistance closer to HIV and TB clients, possibly at community level, in order to avoid unnecessary interaction of PLHIV and, TB clients and potential caregivers with health staff/lay-counsellors and avoid crowding at health facility level. In this case, consult with and actively involve networks of PLHIV, TB clients and other community members in establishing and maintaining a referral system between the health facility and the community food and nutrition services, by taking into account any potential stigma and discrimination issues. For example, by involving community networks, support group structures of PLHIV, existing partners' platforms, such as out-reach clinics and home visit systems, psychosocial support groups, networks of PLHIV, or other channels, such as radio messaging, WhatsApp/phone SMS, amongst others.
- The health system in some contexts, may collapse. In these contexts, the referral system between HIV/TB treatment and food and nutrition activities at the community level may not be guaranteed. Strongly advocate for the inclusion of this vulnerable population, taking into account their special needs into any existing safety nets programme or in any other social protection measures, that the government/partner may want or plan to implement to respond to the economic and social impacts of COVID on the general population.
- Coordinate with other partners to strengthen hotline or other two-way complaints and feedback mechanism systems, to ensure that PLHIV and TB clients keep receiving adequate and appropriate support, including nutrition and psychosocial counselling support.
- Use any existing platforms (such as during nutrition assessment and counselling sessions and at Food distribution points) or explore additional ones (e.g., radio, sms/whatsapp) to deliver simple feasible practical concise and harmonised messages and use any other social behaviour change communication strategy to sensitise the population around COVID-19 protection measures for staff and beneficiaries, ideally in collaboration with our main partners **[5] [6]**. This platform can also be used to share messages against stigma and discrimination. **[7]**
- Avoid any unnecessary and non-essential gatherings of people, such as nutrition seminars, groups sensitization sessions as well as cooking demonstrations amongst others.

Additional Considerations for PLW/G and children living with HIV/TB

To reduce stigma and discrimination, Country Offices are increasingly integrating malnourished mothers and children with HIV and TB, including preventing mother to child transmission (PMTCT)/Elimination mother to child transmission (EMTCT) clients, into general nutrition treatment and prevention programmes, avoiding having parallel nutrition programmes for PLHIV and TB clients. In the context of COVID-19, here are some additional considerations:

- It is extremely important to maintain linkages and a referral system between the PMTCT/EMTCT/TB service and nutrition support, in particular when the general nutrition programme for PLW/G and children is moved at community level. For example, by involving community, by using existing relevant partners' platform, such as out-reach clinics and home visit systems, or other channels, such as radio messaging, WhatsApp/phone SMS, community megaphone, amongst others.
- Considering the vast benefits of breastfeeding, mothers who do not have indications of COVID-19 should continue breastfeeding, while applying all the necessary actions to protect against the infection. Whether and how a mother living with HIV, with confirmed or suspected COVID-19, should start or continue providing breastmilk should be determined by the mother in coordination with her family and healthcare providers in line with the national Ministry of Health guidance. More information, guidance **[8]**

Potential adaptations to food and nutrition assistance to PLHIV and TB in context of COVID 19

HIV/TB programmes	No or limited mobility restrictions	Full mobility restrictions/ no access to healthcare services
Care and Treatment	**Nutrition assessment and counselling:** Minimize the risk of infection for staff working in In-patient/Outpatient centers and community workers as per WHO guidance. To reduce the frequency of visits to clinical settings explore alternative solutions: ▪ Reduce overcrowding through more frequent provision of services (e.g. from 1 to 3 days per week), in coordination and alignment with medical service. ▪ Reduce the frequency of visits (e.g., from 1 per month to 1 every 2/3 months), in coordination with medical team and wherever possible explore the use of digital devise/ smartphone, such as apps or video call for consultation, counselling and messaging . ▪ For new admissions, consider to shift to MUAC for anthropometric measurements (and also bilateral pitting oedema for children) to encourage community and at-home nutrition status monitoring, wherever possible. Guide adult clients and caregivers on how to accurately measure MUAC under the supervision of a health practitioner **[9].**	**Nutrition assessment and counselling:** It is highly recommended to shift the nutrition assessment and counselling services to community level. In that case, refer to the below steps: ▪ For new admissions, consider to shift to MUAC for anthropometric measurements to encourage and facilitate community and at-home nutrition monitoring. ▪ Train community health workers , and care takers as well as the adult clients to assess MUAC measures and in case of children also bilateral pitting oedema. ▪ Train community health workers to provide counselling to PLHIV and TB clients, using physical distance methods and following protection measures, as per **[1]** and **[2]**. ▪ Reduce overcrowding through more frequent provision of services (e.g. from 1 to 3 outpatient days per week) applying recommended IPC measures or through delocalization of services to the community Explore the opportunity to use innovative technologies for remote counselling such as phone calls. The method will depend on the feasibility and appropriateness within the specific context
	Food Distribution The provision of nutrition support at health facility level should be restricted to clients seeking medications only. Consider multi-month dispensing of SNF in alignment with the provision of HIV/ TB drugs, in coordination with medical team and in accordance with WHO guidance and Food Quality and Safety recommendations for the management of SNF. Consider to use an alternative SNF to limit transport and storing constrains that clients may face as per **[10]**	**Food Distribution** Involve community networks, including PLHIV, support groups, to guarantee a referral system between the health facility and community nutrition services to ensure the continuum of care. It is highly recommended to move the SNF distribution closer to the clients, possibly at community level to reduce overburden of the health system, keeping in mind the following aspects: ▪ Ensure adequate SNF stock for those TB -DOTS, MDR, as well as ART inpatient clients or those who cannot benefit from multi-drug dispensing because not clinically stable, in coordination with medical team.

	To avoid crowding at health facility level and its surroundings, consider to move the household ration distribution (in particular when it is in-kind transfer) closer to the beneficiaries, possibly at community level or explore to shift to cash/voucher transfers in order to maintain the service at health facility level (refer to Scenario 2 for further details)	▪ Consider multi-month dispensing of SNF in alignment with the provision of HIV/TB drugs, in coordination with medical team and in accordance with WHO guidance and WFP Food Quality and Safety recommendations for the management of SNF. ▪ It is highly recommended to move the household ration (in-kind, cash or voucher) distribution closer to the clients, possibly at community level together with the SNF provision, keeping in mind the following: ⇒ Stigma and discrimination considerations need to be taken into account, including fear of people to disclosure their HIV/TB status in their community. Therefore, explore the opportunity to merge this service with any other food distribution or explore the opportunity to shift to CBT.
Mitigation and Safety Net	For in-kind and CBT distribution as well as OVC support through formal or informal school platform, priority is to ensure that hygiene services, personal hygiene behaviours, and food safety standard are followed by all people involved and that physical measure are addressed, as per guidance **[3]**, **[4]**, **[11]** and **[12]** To maintain a good referral system with the health services, explore the following solutions, by taking into account stigma and discrimination issues): 1) use of digital devise/ smartphone to send reminders and inform beneficiaries of any change in the food distribution and preventive measure for COVID-19 2) use existing community platforms, including home-visit 3) radio messaging, amongst others	Whenever possible, strongly advocate for including and accounting the needs of this vulnerable population in any existing safety nets programme or in any other social protection measures, that government/partner may want to implement to respond to the economic impact of COVID on the general population. When formal and informal schools are closed it is important that WFP tries to ensure that children receiving access to meals or to resources for the meals instead of discontinuing the programmes. Possible alternative needs to be identified in collaboration with the government and other partners and may include provision of take-home rations in lieu of the on-site meals, home delivery of food and provision of cash or vouchers.

Resource mobilization

The economic damage from the COVID-19 pandemic is already tangible which has resulted in a decline of food and nutrition funding from HIV/TB traditional donors. In this context efforts to bolster healthcare systems, purchase medical supplies, and support research focused on containment and treatment are prioritized.

However, the following options may be explored:

⇒ The Global Fund's response to the pandemic makes available up to US$1 billion through grant flexibilities and the COVID-19 Response Mechanism **[13]**.

⇒ World Bank is working worldwide to redeploy resources in existing World Bank financed projects to support country to mitigate the impact of COVID-19, which may include also provision of food and nutrition support.

⇒ Country Offices that would like to investigate reprogramming Country Envelope funding are to raise requests with the UN Joint Team for endorsement. The request requires approval from the entire Joint Team. More information in the HIV/TB Q&A and the UNAIDS Guidance on reprogramming of Country Envelope **[14]**.

Reference documents

1. WFP Nutrition immediate guidance
2. WFP's additional recommendations for the management of maternal and child malnutrition prevention and treatment in the context of COVID 19
3. WFP Food and Nutrition assistance in the context of COVID-19- General Guidelines
4. WFP Recommendations for Adjusting Food Distribution SOPs
5. WHO Q&A on COVID-19, HIV and antiretrovirals
6. What people living with HIV need to know about HIV and COVID-19 (UNAIDS)
7. IFRC, UNICEF, WHO. Social Stigma associated with COVID-19
8. WFP Breastfeeding Interim Guidance
9. FANTA, Standardized Mid-Upper Arm Circumstance Cut-offs for Adolescents and Adults
10. WFP Guidance note: Substitution of specialised nutritious food in situations of temporary commodity shortfall
11. WFP CBT Programme Adjustment Guidance in Response to COVID-19
12. WFP Immediate Guidance School Feeding
13. Global fund COVID-19 Response Mechanism
14. WFP Q&A on HIV/TB and COVID-19