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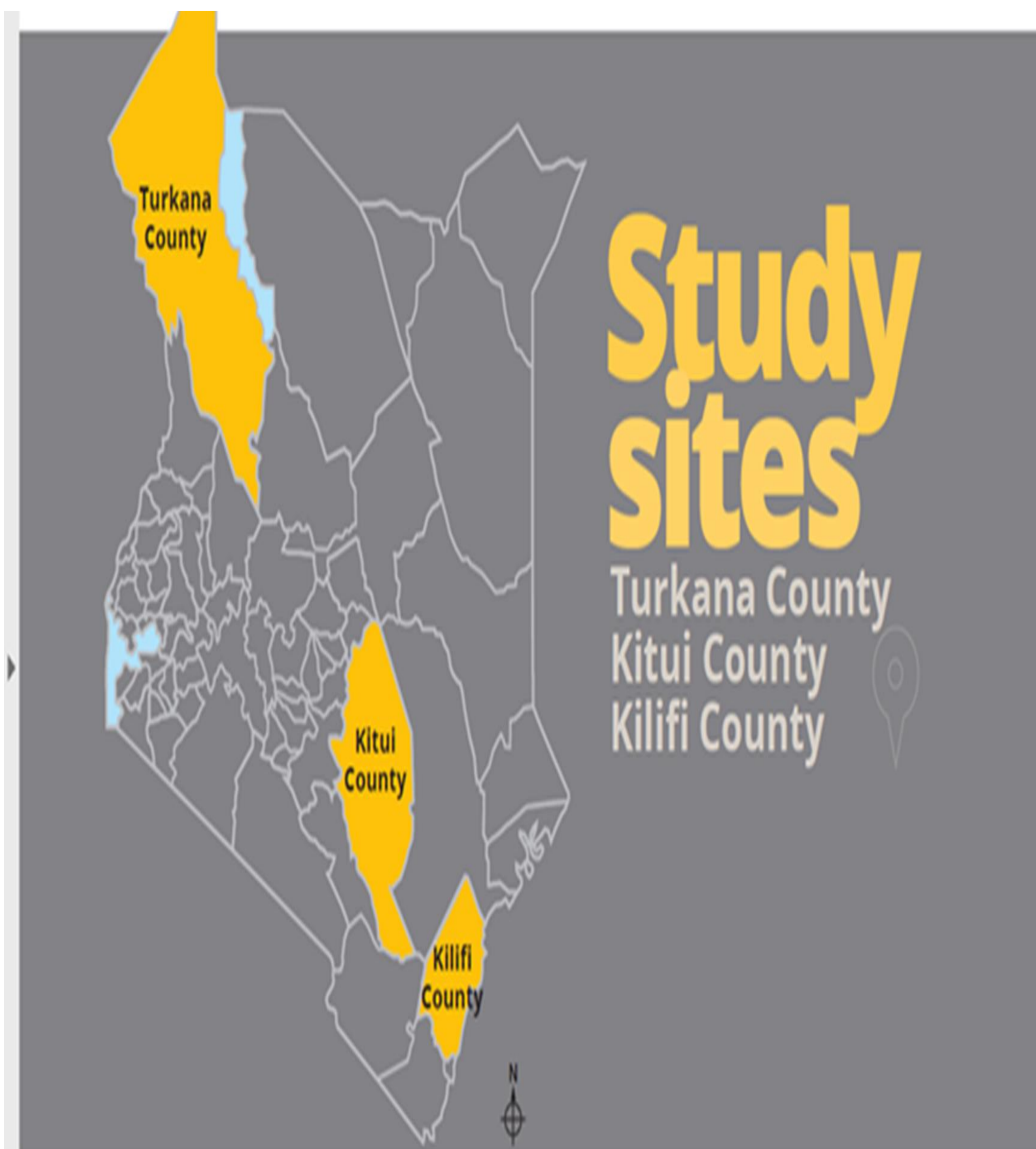
## BACKGROUND:

Despite the best efforts of the national HIV programme, a sustained upward trend in new HIV infections in a number of arid and semi-arid land (ASAL) counties been noted. As one of the countries in the Greater Horn of Africa (GHA), Kenya is vulnerable to drought-related shocks in ASALs.

The HIV response in arid and semi-arid areas which experience cyclical drought and accompanied high levels of food insecurity and malnutrition remains a concern.

With the well-established links between malnutrition, food insecurity and HIV, a large number of people living with HIV (PLHIV) and their households are classified as food insecure. Major gaps are in nutrition and HIV service delivery, prevention of mother to child transmission, antiretroviral treatment coverage, and coverage and distribution of health facilities and personnel.

The rapid assessment sought to establish the effects of drought on health, livelihoods and wellbeing of People Living with HIV (PLHIV), and to explore the complex and interacting mechanisms that enhance or impede the HIV response in ASAL areas in Kenya.



## METHODS AND ANALYSIS

A mixed methods research approach was used in data collection in Kilifi, Turkana and Kitui counties. Three comprehensive care clinics (CCCs) from each county were selected as the entry point. 1272 children aged 2 to 14 years, adult men and women were sampled. Household Dietary Diversity Score (HDDS) was assessed using one 24-hour recall period.

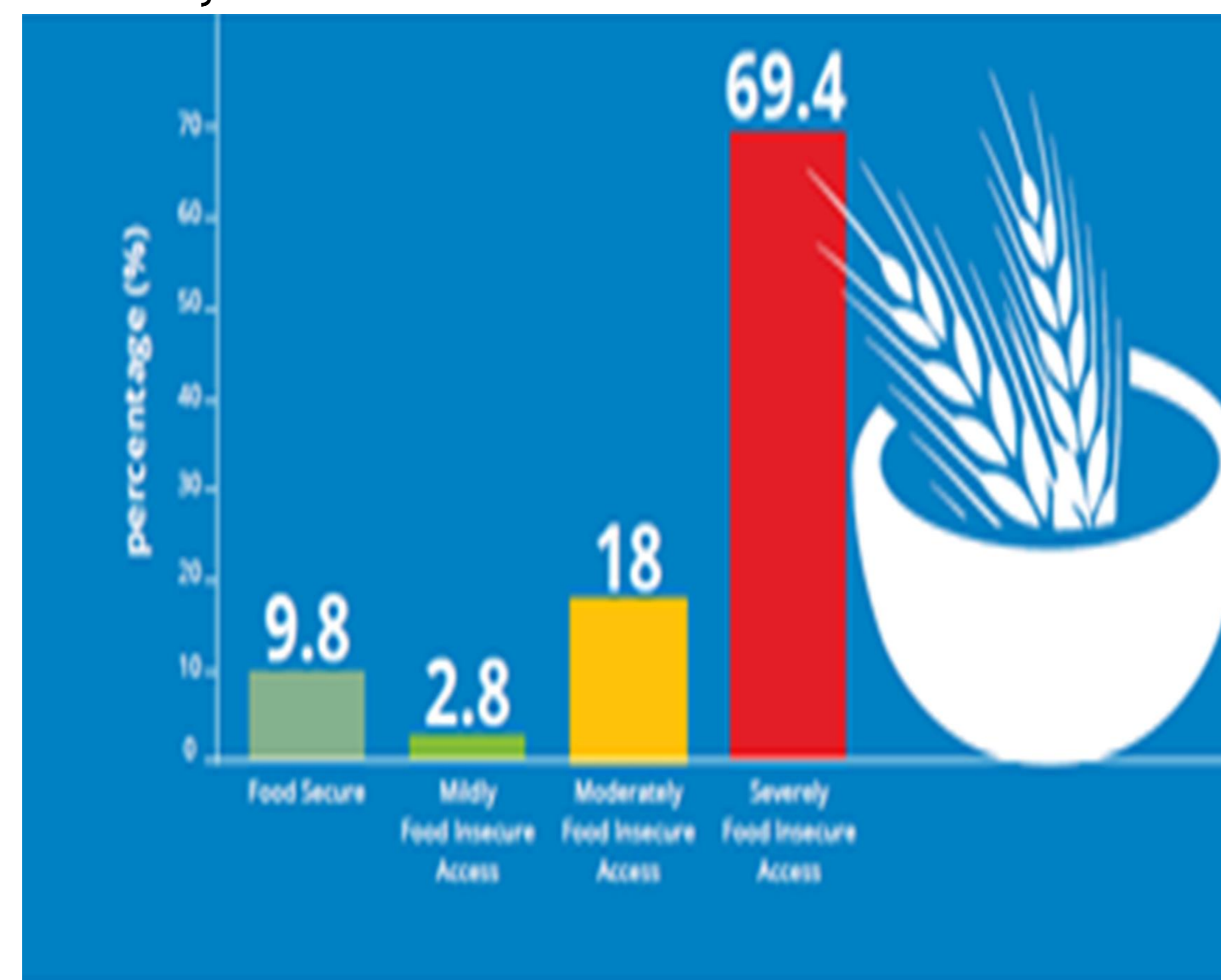
Food insecurity was assessed using Household Food Insecurity Access Scale (HFAS). Coping strategies and Coping Strategy Index (CSI) both qualitative and quantitative approaches were used to inform the CSI. Data collected was stripped and analyzed thematically using SPSS v24.

## ETHICAL CLEARANCE

Permission to undertake the study was obtained from the Ministry of Health, and informed verbal consent was obtained from the participants prior to the participation in the study.

## RESULTS:

**Food consumption, food security and coping strategies:** The mean HDDS was 3.8 and Mean Dietary Diversity score for Women (MDDW) was 3.8, both of which are below the minimum recommended threshold. The study showed that 87% of female participants had low to medium dietary diversity.



**Risk of malnutrition:** Out of a total of 479 adults assessed for risk of malnutrition using the Malnutrition Universal Screening Tool (MUST), up to 281 (56.2%) were at risk of malnutrition [high-risk: 201 (40.2%); medium-risk 80 (16%)]. Turkana County had the highest representation in the high risk category

## Increased risk of HIV transmission during drought

Transactional and commercial sex There were reported cases of increased transactional and commercial sex.

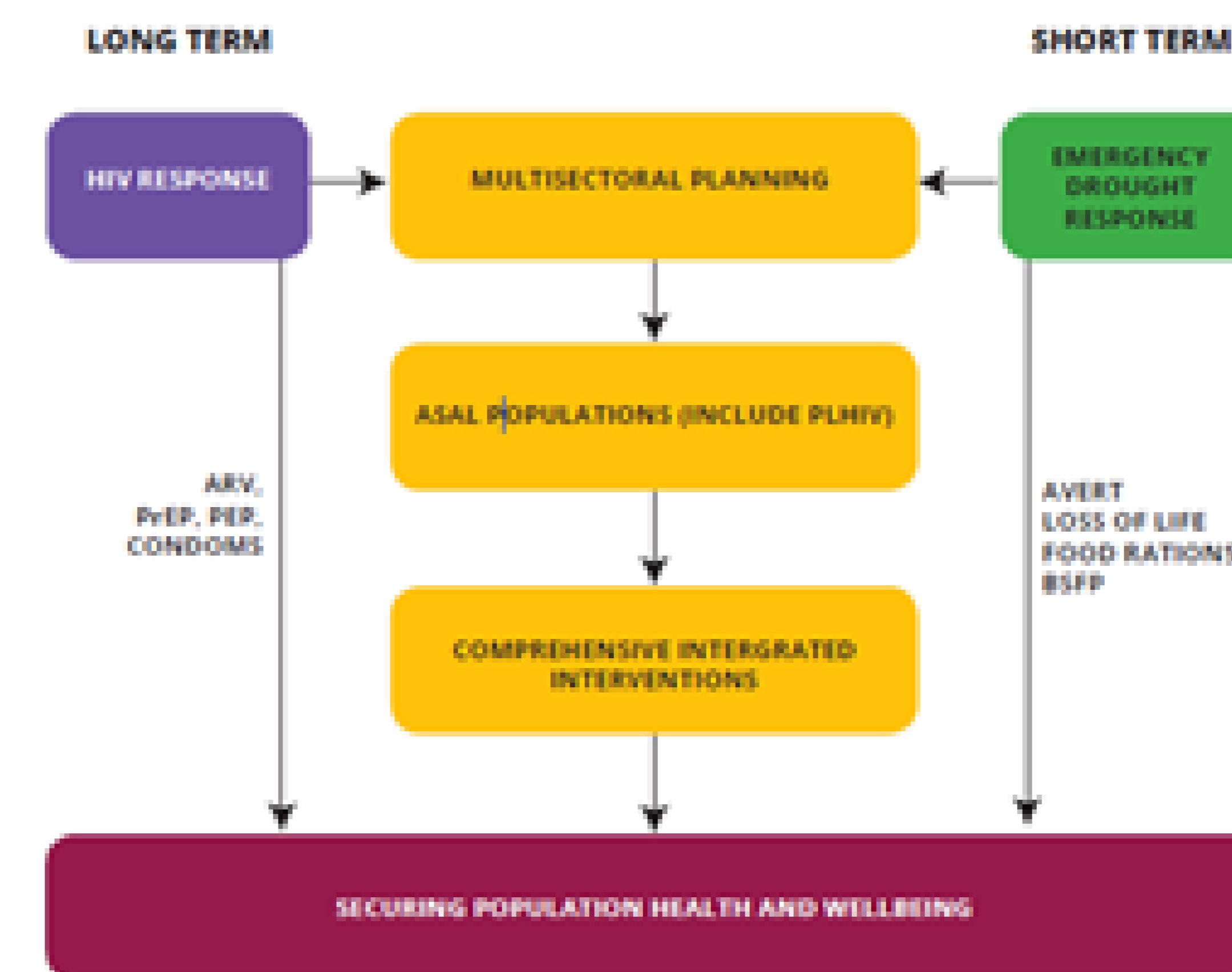
**Disruption of social networks:** The disruption of social networks that increased the risk of HIV transmission was also noted

**Sexual and gender-based violence:** Females in their early teens were reported to be at risk of suffering sexual and gender based violence.

**HIV response during drought:** PLHIV adopted a number of strategies to cope with the effects of drought. This included controlled food consumption in response to food scarcity by skipping meals, reducing portion sizes, opting out of eating in favour of children, reducing the number of meals, and relying on less-preferred foods.

They also sought alternative livelihoods and sources of income by engaging in petty trade, casual jobs, borrowing cash, selling household items, and purchasing food on credit.

## CONCLUSION:



- Strengthened inter-sectoral linkages between nutrition, HIV, WASH and communicable diseases in coordinating drought responses that are cost-effective are needed.
- Consideration of mixed livelihoods when designing drought response and resilience programmes can be used as a strategy to build resilience into communities to reduce outlays on emergency responses.
- Drought-related shocks to livelihoods and health service provision have the potential to reverse gains made in control of HIV in ASAL counties. Concerted multi-sectoral efforts involving HIV, humanitarian and drought management is needed.
- for effective mitigation of the effects of drought to prevent long-term consequences on the HIV response.
- PLHIV face added vulnerabilities during droughts on account of their status and care needs.
- Negative coping mechanisms to loss of livelihoods raised the risk of HIV transmission as the effects of drought become more severe and prolonged.
- Nutrition and health integrated outreaches that are re-activated during drought emergency should include HIV package as an essential commodity for service delivery as drought is a risk to spread of HIV



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