

HIV/AIDS, Food Supplementation, and Livelihood Programs in Uganda: A Way Forward?

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While studying ways to improve HIV care, researchers have found that food insecurity and HIV infection both negatively impact and reinforce each other. Food insecurity may pose a barrier to antiretroviral adherence, and force patients to make a choice between care and obtaining food. Illness due to HIV may also make participating in livelihood- or food-generating activities more difficult. For these reasons, Dr. Jessica Yager of the Vaccine and Infectious Disease Division and outside collaborators conducted a qualitative study in Kampala, Uganda to better understand how the development of integrated HIV and livelihood programs (IHLPs) can target the root causes of food insecurity.

Participants in the study were staff members at The AIDS Support Organization and their partner organizations in Uganda, who gave open-ended interviews in regards to the patient concerns in the program and had experience and knowledge of the programs successes and challenges. The data collected was very powerful and telling, as many informants commented that program participants felt that they could better provide for their families with food from the program and be viewed as contributing members to their communities. The informants consistently noted they believed IHLPs interventions were sustainable.

After reviewing all of the data, Dr. Yager and colleagues identified several critical areas for further improvement. The main challenges in transitioning from short-term food aid to long-term IHLPs are a lack of resources, timing of the transition, and logistical considerations such as geography and weather. To aid in moving forward, the group suggested strengthening the roles of the community-based organizations and volunteers who help monitor client antiretroviral adherence and provide counseling. Additionally, strengthening the ties with local government could help expand the populations eligible for food aid and supplementation. Several critical areas for future research were identified, including a cost-effectiveness analysis of food aid and IHLPs and better tools to evaluate the impact of food supplementation and IHLPs on health outcomes. As a result of this study, Yager and colleagues recommend that research and programmatic focus should shift to encompass IHLPs as a key tool in HIV care in resource-limited settings.

[Yager J, Kadiyala S, Weiser S](#). 2011. HIV/AIDS, Food Supplementation and Livelihood Programs in Uganda: A Way Forward? *PLoS ONE* 6(10): e26117.



Kampala, Uganda