



NUTRITIONAL IMPACT OF THE TITLE II FEEDING PROGRAM TARGETING PEOPLE LIVING WITH AND AFFECTED BY HIV/AIDS IN UGANDA

GW Maina¹, CF Gardner², J Kulabako⁵, E Murphy³,

S Kugonsa-Isingoma⁴, J Ssemwanga⁶, R Basalirwa⁷, S Magezi⁸,

**¹ Makerere University Institute of Public Health; ² World Initiative
for Soy in Human Health, ^{3,4,5} ACIDI/VOCA PL-480 Title II
Program, ^{6,7,8} Ssemwanga Consulting**



Introduction

- ACIDI/VOCA piloting Title II HIV/AIDS Initiative
- Complements palliative care services through distribution of supplementary rations to improve food security of PLWHA.
- 60,000 target beneficiaries
- Food distributed through Implementing Partners:
 - Africare
 - Catholic Relief Services
 - The AIDS Support Organisation
 - World Vision

Food Distribution: Ration Provided

- Monthly dry ration of:
 - Corn Soy Blend (CSB)
 - Vitamin A fortified Vegetable oil
- Daily ration of 300g CSB & 25g Vegetable oil
 - 1,333Kcal/person/day
 - 65% of a 2000Kcal diet/day



Complementary Activities

- **Agriculture activities**
- **Nutrition & hygiene education**
 - Training materials developed
 - Final Distribution Points (FDPs) Training
 - Capacity Building
 - Nutrition education banners displayed at FDPs
 - Home visiting of most vulnerable families
 - Water source protection





Study Objective

**To assess benefit of the ACDI/VOCA Title II HIV/AIDS
initiative on beneficiaries
registered between September 2003 and January 2004**



Study Design and Sample Size

- One-year study
- Baseline recruitment targeted 250 beneficiaries newly registered between Sept 03 and Jan 04
 - 100 HIV positive beneficiaries aged 16 years and above (primary adult beneficiaries)
 - 100 family members of the primary beneficiary aged below 16 years (secondary beneficiaries)
 - 50 orphan beneficiaries (serostatus unknown)

Study Sites



107 FDPs

12 FDPs
Study sites



Data Collection and Analysis

- Data collection
 - Quarterly assessment of weight, head and mid upper arm circumference
- Data Analysis
 - Percentage respondents who gained, maintained or reduced on selected anthropometric measures
 - Mean change in anthropometric measures at quarter 4 from baseline
 - Impact assessment of beneficiaries present at baseline, Q1, Q3 and Q4

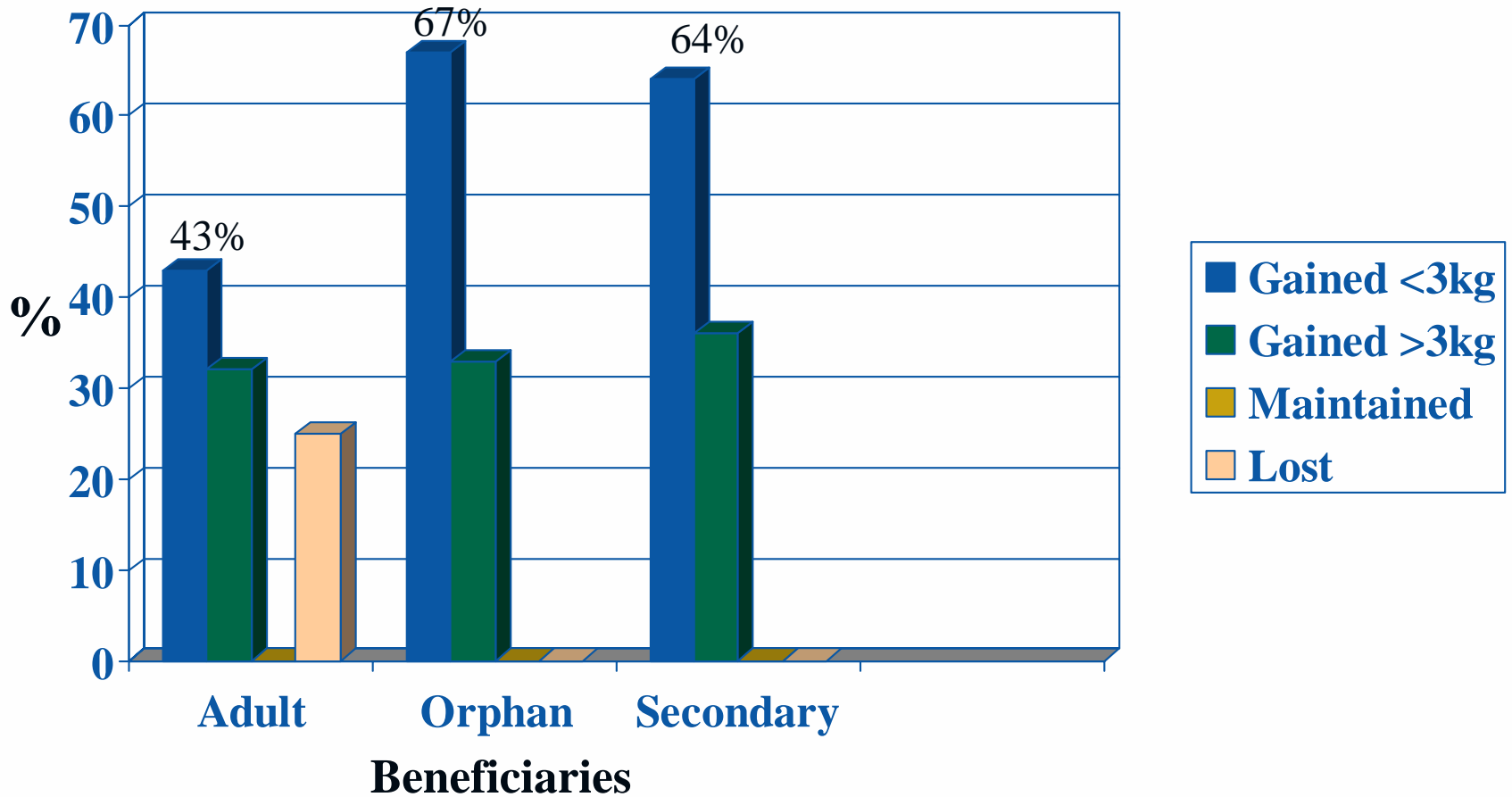


Results:

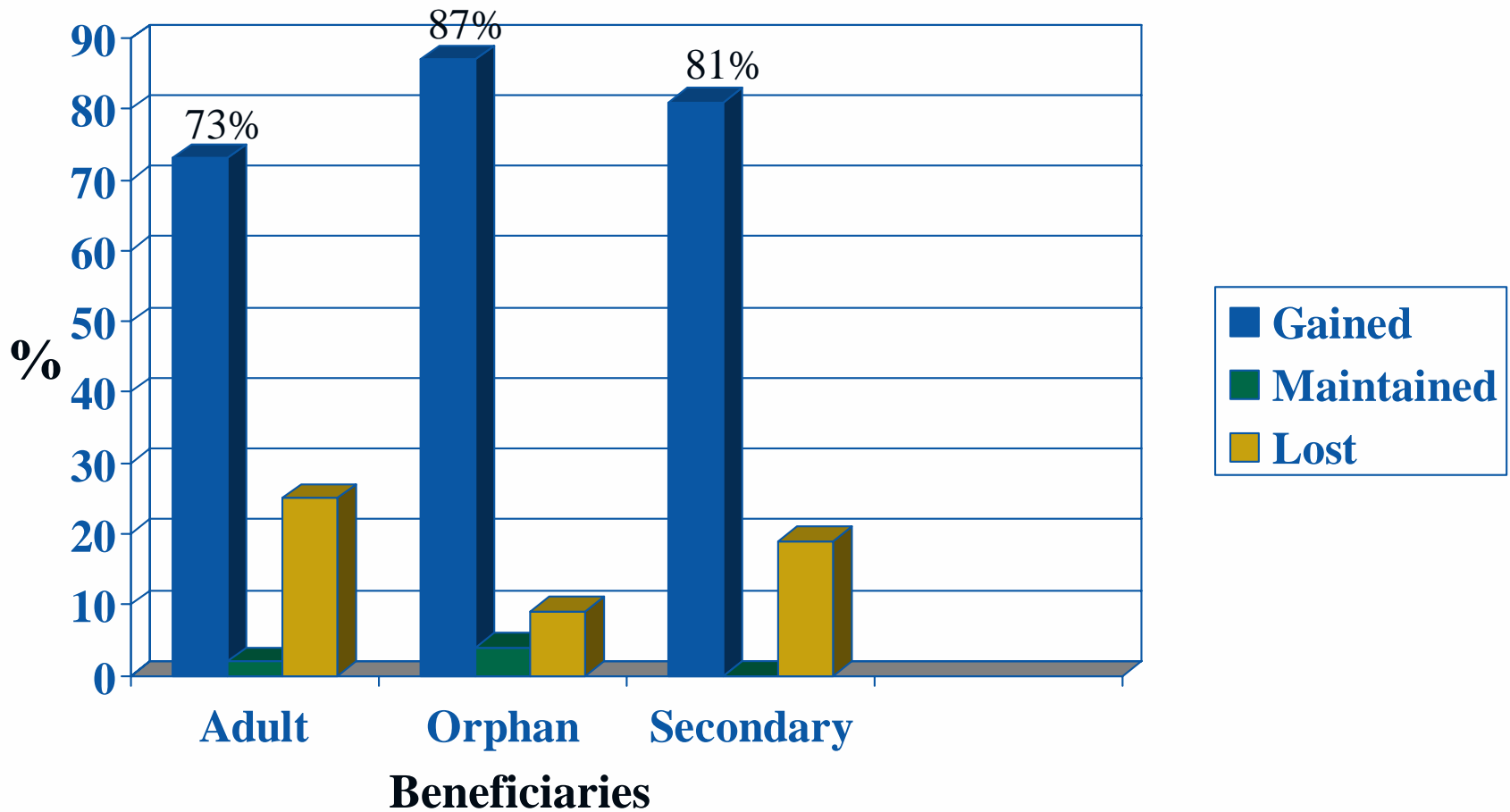
Beneficiaries Interviewed

Beneficiary Category	Baseline	Quarter 4
Primary Adult	104	68
Primary Orphan	37	29
Secondary	88	57
TOTAL	229	154

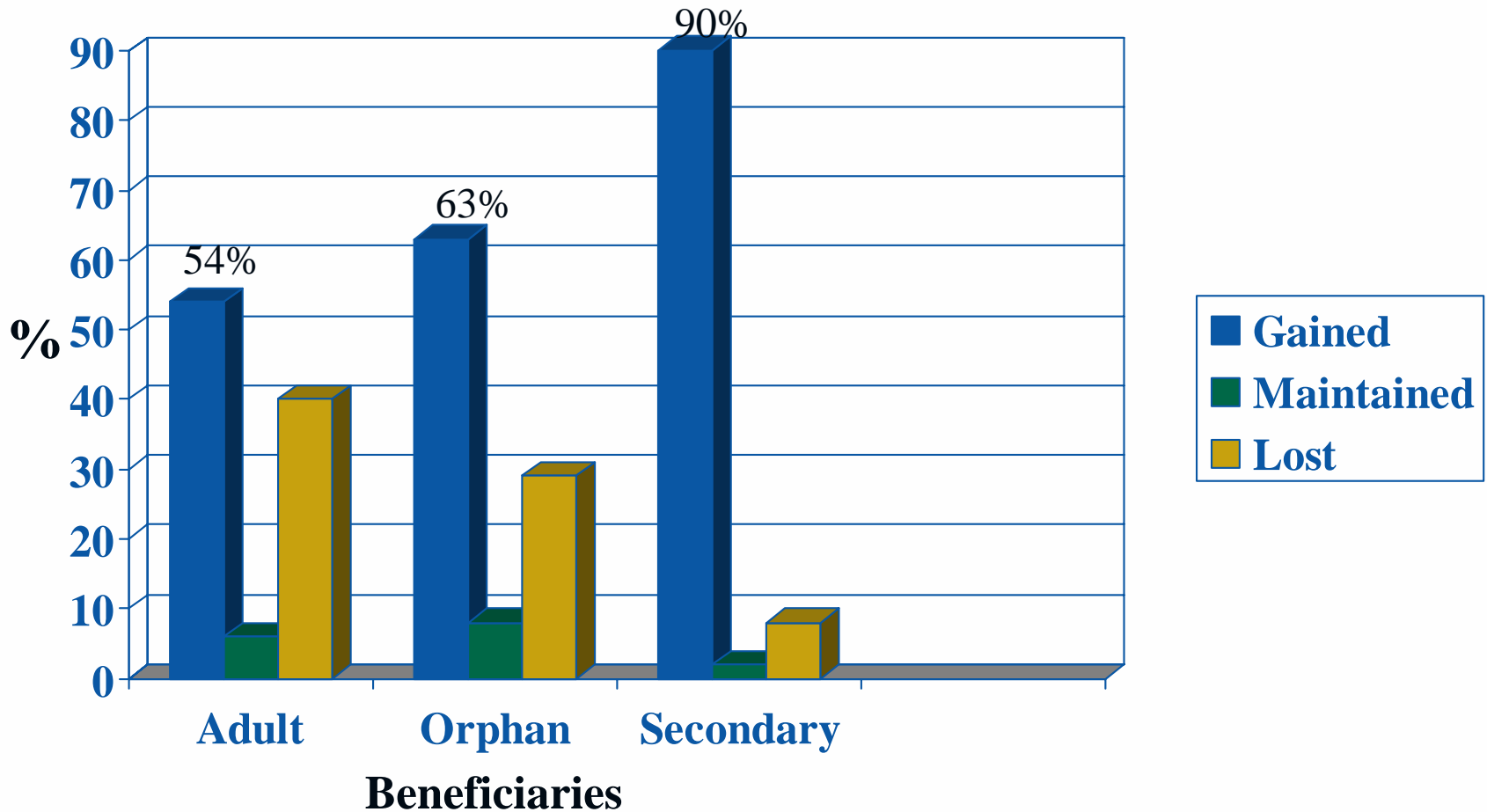
Weight Changes



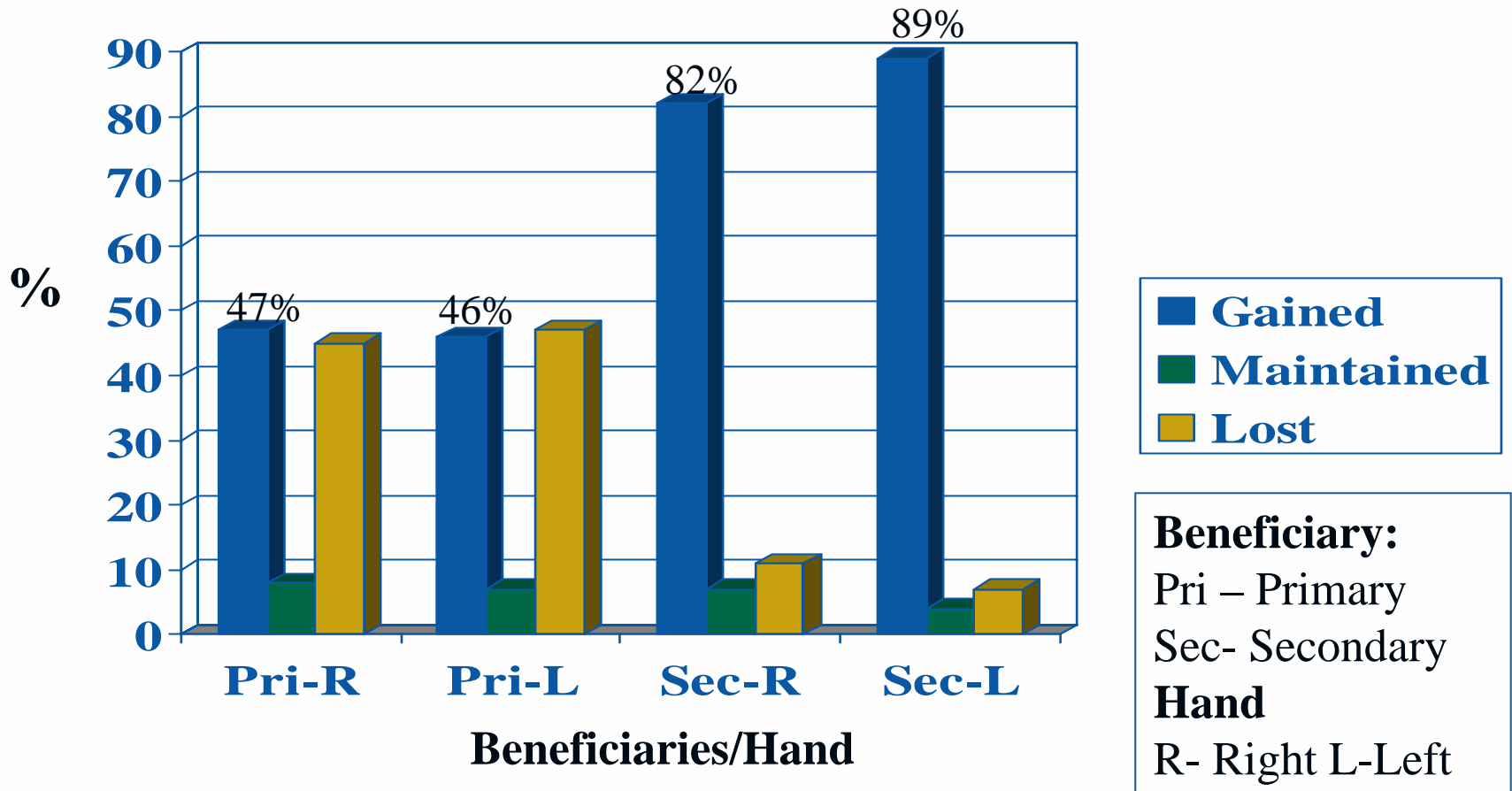
MUAC Changes



Head Circumference Changes



Hand Grip Strength Changes





Significant Changes

Beneficiary	Q4 from Baseline	Overall (B, Q1, Q3 & Q4)
Primary Adult (HIV+)	Weight, MUAC	Weight, MUAC
Secondary (Family member)	Weight Hand Grip (L&R)	Weight, MUAC, Head Circumference Hand Grip (L&R)
Orphan (Serostatus unknown)	MUAC	Weight, MUAC, Head Circumference



Medical Profile

Medical Profile		Baseline	Quarter 4
% Respondents ill in previous 3 months	Adult	90	82
	Orphans	58	45
	Total	83	71
Average number of days ill	Adult	27	14
	Orphans	13	5
	Total	25	5



Quality of Life

Quality of life*	% Primary Beneficiaries	
	Baseline	Quarter 4
Overall quality of life	66	77
Physical well being	65	79
Activity ability	59	75
Sleeping ability	73	88
Health related problems	59	77
Severity of pain	63	78

* Perceived as somewhat better and much better combined



Dietary Intake

Dietary intake	Baseline	Quarter 4
% having adequate appetite in past 3 months*	61	74 ↑
Average number of meals consumed in 24 hours	3	4 ↑
Average number of food groups consumed in 24 hours	5	7** ↑

*Often and usually felt like eating

** Statistically significant P-value ($P < 0.05$)



Food Program Perceptions

1. Increased food availability
 - Could have variety of dishes
 - Could take porridge at anytime
 - Breakfast more available especially for children
 - More meals
 - Could have fried foods (improved variety in cooking)
2. Improved health
 - Increased weight
 - Reduced illness episodes
 - Enhanced strength and productivity
 - Felt good after eating



Conclusion

Provision of food rations and complementary activities resulted in improved:

- Nutritional status
- Health status
- Quality of life
- Dietary intake and food security



Recommendations

1. Continue provision of supplemental foods, nutrition and hygiene education to people living with and affected by HIV/AIDS as it has a positive impact on nutritional and health status as well as quality of life
2. Continue M&E of food assistance program including
 - Advance techniques of measuring body composition
 - Effects of anti-retroviral therapy

Acknowledgements

1. Study Respondents
2. Implementing Partners
3. The Ssemwanga Centre



THANK YOU!