

Food & Nutrition Strategy in HIV/AIDS Programming



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Programming Strategy

- Holistic
- Integrated with other services
- Nutritional needs for target groups are sought
- Exit strategy from food distribution

Target Groups

- Uninfected (or unknown status)
- Orphans & Vulnerable Children (OVC) & their Caretakers
- People with HIV (Asymptomatic)
- People with AIDS on ART
- People needing palliative; end-of-life care

Uninfected (or unknown status)

- Poverty can increase vulnerability
- Emergencies; Natural Disasters



*Mutare Diocese AIDS
project vegetable garden.*

Basic Needs (Food Aid) ———> Development

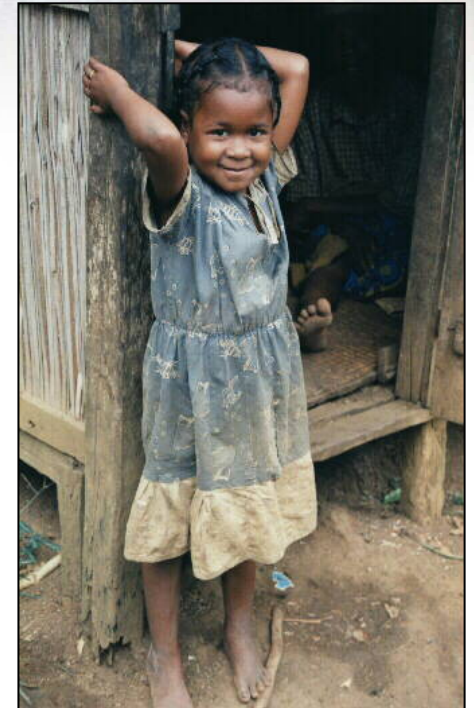
OVC & Caretakers

- More likely to be neglected by family
- Less valued if child is suspected of having HIV/AIDS
- Less likely to be chosen among children to attend school
- More likely to do low paying jobs on street
- Increased vulnerability to HIV/AIDS

OVC & Caretakers

Interventions:

- Community Mobilization around the need to care for those most vulnerable in community (i.e. community daycare centers)
- Food Aid complemented with agricultural and health interventions for family caring for OVC



People with HIV (Asymptomatic)

- Positive Living (slows progression to AIDS)
- Food Security & Nutrition are key

Example Interventions:

VCT

Continuum of Care

Steady income or food inputs



Anti-Retroviral Therapy

- People with AIDS on ART need food for the body to properly utilize the drugs
- People with AIDS need 20% increase in calories and balanced diet
- Food Insecurity increases OIs

Example Interventions:

Food Supplementation with assessment for proper commodity for distribution for PLWHA

Home Gardens

Low Labor Agricultural techniques



Palliative End-of-life care

- Home environment that allows for the best quality of life
- Dignity while dying
- Supports family in time of loss, both spiritual and financial



Programs

- PEPFAR
 - ART; OVC
- DAP
 - Southern & Eastern Africa HIV/AIDS Focus
- DFID, Other
 - Livelihood focus
- CRS Private Programs



Thank You...