



Alive Again: Linking Services to Strengthen Lives



Photo credit: CARE/DRC

In Lubumbashi, DRC, LIFT II's referral network clients, like Bikalengele, a 28-year-old mother of twin boys, are being strategically linked to food support provided through World Production. This food assistance activity targets people living with HIV and malnourished populations, with the aim to increase adherence to ART and retention in care.

The Livelihoods and Food Security Technical Assistance II (LIFT II) project was launched in 2013 by USAID as a follow on to the LIFT project (2009-2013). LIFT II's primary goal is to build the continuum of care for people living with HIV and other vulnerable households by increasing their access to high quality, context appropriate, market-led economic strengthening, livelihoods and food security opportunities to improve their economic resilience and lead to better health. LIFT II is implemented by three core partners—[FHI 360](#), [CARE](#) and [World Vision](#).

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The HIV epidemic in the Democratic Republic of the Congo (DRC) is considered generalized, with a nationwide prevalence of about 1.1% according to UNAIDS. Nationally, women continue to be more at risk than men, with a prevalence reaching 2.8% among women 15-49 years old. People living with HIV (PLHIV) face a number of challenges both in the community and in their own homes, from wide spread discrimination to lack of care and support services. This is true for Bikalengele, a 28-year-old mother of twins, who lives in the Lubumbashi's Kenya ward in the Democratic Republic of the Congo (DRC).

“When I tested HIV+ three years ago, I lost all hope. Life became tough and the family faced discrimination from the community, and in particular from my in-laws. With the help and counselling from a Peer Educator, I got enrolled for ARV treatment with Kenya General Hospital in Lubumbashi.”

Bikalengele's story is all too familiar—as her health deteriorated, she could no longer actively carry out income generating activities as before, leading to stretched resources. In order to cover expenses for traveling to the hospital to access antiretroviral therapy (ART), feeding her family and buying medicine, she resorted to selling a few household assets she had accumulated, including a bicycle and a radio. This income helped to supplement the family's income stability but only for the short-term, and as a result, Bikalengele discontinued ART treatments for several months. By August 2014, she had lost a significant amount of weight due to poor nutrition, and she could not properly support her 12-month-old twin boys.

In August 2014, World Food Programme (WFP) announced that they would be resuming their food assistance program to vulnerable and malnourished populations in Lubumbashi. This represented a strategic opportunity for LIFT II, which works with six NACS sites to extend the continuum of care by linking the PLHIV and malnourished to economic strengthening and foods assistance services, with the aim of increasing adherence to ART and retention in care. LIFT II, through local partner CARE/DRC, negotiated with WFP in Lubumbashi to target clients identified through the NACS facilities as the best way of reaching people like Bikalengele. In October 2014, WFP, through their local partner World Production (WP), launched a food distribution activity targeting 1,300 clients from all the six NACS sites in which LIFT II is working.

Bikalengele was among the 1,348 clients who were enrolled on this program—which runs from October 2014 to March 2015—when she visited Kenya Hospital for a prevention of mother-to-child transmission session. Along with the NACS objective, WFP supports WP in coordinating the distribution of food rations to the clients identified by the NACS facilities to reduce the impact of malnutrition to families, but also encourage PLHIV to adhere to their treatment regimens.

“Like many other families enrolled in this program, every month I take home a bag of nutritious fortified corn soya blend in addition to pulses and vegetable oil. Since I started receiving this food three months ago and following the nutrition advice given by the hospital about balanced diet, I have gained 4 kg from 53kg to 57kg. I resumed taking my ARVs, I feel much healthier, and I have the energy to carry out my activities. Like many others, I feel like I am alive again,” Bikalengele said with a smile.

LIFT II has continued to collaborate with WFP to reduce the negative effects of malnutrition and increase PLHIV's chances of recovery. Malnourished PLHIV are more likely to suffer from debilitating health consequences when starting ART compared to those with optimal nutrition status. By strengthening the continuum of nutrition and health care and support, these linkages to food aid can support adherence and retention in ART for PLHIV enrolled in this initiative.