

**HIV/AIDS Food Bank**  
Supplemental Programme  
Providing Food & Hope

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## **HIV FOOD BANK**

The HIV foodbank food supplemental programme have been feeding people living with HIV (PLHIV) since 1992. The food bank is currently the only food bank of its kind in the region.

## **BACKGROUND**

The 1992 World AIDS Day theme ‘Sharing the Challenge’ prompted a modest suggestion as staff members of the Queen Elizabeth Hospital (QEH) who would often ask the question “*What can I do?*”, set out that day to donate at least one food item towards making food hampers that would later be distributed to persons living with HIV (PLHIV). Ms. Vashit Inness, the Health Education Officer of the AIDS Management Team coordinated the event. Circulars were distributed to each department of the QEH, inviting staff to donate at least one food item, as well as to offer themselves as volunteers for coordinating the collection in their departments. The hampers were given to PLHIV after they were discharged from the QEH, as well as to those who because of stigma and discrimination both in their homes and the communities found it difficult to adequately obtain nutritious food for themselves and their dependents. The response was so overwhelming that the idea was shared and sanctioned by the Director of the QEH at that time. These selfless acts continued as a monthly response and eventually evolved into the HIV Food Bank (HFB).

Over the years the contributors to the HFB have increased and diversified from one institution of caring staff to a collective of individuals, community based organizations, government ministries and corporate entities. The Ministry of Health recognized the importance of the Food Bank and supported its development by employing a Community Nutrition Officer. It is the responsibility of the Community Nutrition Officer to manage the day-to-day activities carried out and services provided at the HFB.

The continue support of the general public is the lifeline of the HFB. Annual food drives accompanied by other AIDS awareness activities is aimed at encouraging a sense of responsibility within various organizations, while attempting to mitigate the impact of stigma and discrimination experienced by PLHIV.

## **RATIONALE**

The Food and Agriculture Organization of the United Nations' Committee on World Food Security's 27<sup>th</sup> Session entitled "THE IMPACT OF HIV/AIDS ON FOOD SECURITY" concluded that "*under-nutrition increases the susceptibility to infections and consequently worsens the severity of the HIV disease, which in turn results in a further deterioration of nutritional status.*" The 29<sup>th</sup> session entitled "FOOD SECURITY AND HIV/AIDS: AN UPDATE" stressed on the bidirectional link between food insecurity and HIV/AIDS and concluded that food security responses to the epidemic were imperative and should address food access, nutritional aspects and even food production.

Nutrition-related complications of Human Immuno-deficiency Virus (HIV) infection such as malabsorption, nausea, diarrhea, fatigue and difficulty chewing or swallowing can lead to inadequate nutrient intake resulting in weight loss, muscle wasting, weakness, micronutrient deficiency and frailty which, increases vulnerability of infections and progression to AIDS. The rationale for the functioning of the HFB addresses malnutrition secondary to food insecurity. Poor and insufficient nutrition can impair the function of the immune system thereby impacting heavily on the overall health of the PLHIV and increase their susceptibility to death.

HIV is exacerbated by when there is insufficient nutrition couple by malabsorption, therefore the HIV Food Bank seeks to cater to the nutritional requirements of all PLHIV. In summary, the services offered by the HFB can help to improve the quality of life of PLHIV by addressing the issues of food insecurity, and insufficient or poor nutrition in the following ways:

1. Provide food and nutritional supplement to food insecure PLHIV through food and supplement distributions
2. Develop healthy eating habits in PLHIV to prevent and manage nutritional deficiencies, weight loss and diet related complications
3. Maintain strength, comfort level, and a positive self-image
4. Tolerate and manage the diet-related side effects of antiretroviral drugs
5. Improve PLHIV skills with respect to budgeting and shopping for food
6. Implement good food safety habits when purchasing, storing and preparing meals

7. Provide a vehicle to address issues of stigma and discrimination while creating HIV awareness and providing opportunities for members of the public to establish food drives towards donating to HFB.

## **MISSION**

*To help persons living with HIV to improve their quality of life by improving their nutritional status through the availability of food and nutrition services and the support against stigma and discrimination.*

## **GOALS**

The main goals of the HFB are to:

1. Provide food, nutrition counseling, education and nutrition assessment for PLHIV
2. Bring awareness of HIV to the Barbadian society while highlighting the importance of nutrition for among PLHIV

## **OBJECTIVES**

The specific objectives of the HIV Food Bank are to:

1. Provide food assistance and nutritional supplements for food insecure PLHIV
2. Conduct or facilitate food drives, fund raisers and advertisements and to provide information for and with the help of the general public
3. Perform nutrition assessment and counselling while monitoring the client's nutritional status and monthly anthropometrics.
4. Empower clients through the provision of hand-outs, conducting group or one-on-one sessions on the topics of food and good nutrition, meal planning, budgeting, kitchen gardening, cooking healthily and food safety.

## **CRITERIA FOR REFERRAL TO THE HIV/AIDS FOOD BANK**

- All clients referred to the HAFB must be HIV positive.
- A thorough needs assessment should be conducted by a social worker
- Client must meet the low-income requirement
- The referral must be made via an HAFB referral form completed by the health care provider or social worker

## **CRITERIA FOR GAINING ACCESS TO THE SERVICES**

Clients who access the services of the HAFB must fall into one of the following categories:

- PLHIV who need nutrition assessment, counseling or education
- PLHIV who are unemployed/underemployed and are in need of food assistance
- PLHIV who are low-income earner and sole bread winner with children to support
- PLHIV who have recently been discharged from a hospice, hospital, drug rehab or prison and are in need of food assistance
- PLHIV who are in need of dietary supplementation
- PLHIV who are in need of nutritional support due to acute chronic nutrition related complications and/or diseases such as diabetes, hypertension, high cholesterol, renal insufficiency etc.
- PLHIV who are experiencing nutrition related complications such as nausea, vomiting, diarrhea, loss of appetite, fatigue, constipation, dysgeusia, dysphagia, heartburn or who are lactose intolerance
- PLHIV who are experiencing side effects from HAART
- PLHIV with limited means for food preparation and storage

## **ASSUMPTIONS**

- All PLHIV will require nutrition assessment, advice, education and monitoring.
- Some PLHIV will require monthly food assistance.
- Some PLHIV will experience side effects due to HAART that may be managed by nutrition intervention.
- Private and public sectors will increasingly become aware of the services of the HAFB and will lend their support.
- PLHIV will have improved quality of life due to the assistance from HAFB

## **ACTIVITIES CARRIED OUT AT THE HIV/AIDS FOOD BANK**

### **Nutrition Education & Counselling**

Information obtained from nutritional screenings is then used to conduct a full nutrition assessment. The purpose of including nutrition education and counselling is to enable the client to make decisions and choices to support desirable eating habits for better quality of life. Information is then provided on nutrition and HIV, food safety, budgeting, physical activity. This is often done through one-on-one sessions with individual and CNO. Monitoring and evaluation are also important in order to plot the progress of the individual or to indicate need for adjustment of the nutrition care plan.

### **Monthly Weight & Date Assessments:**

Clients accessing the food bank are weigh. Monthly weight or weight per visits help to identify any nutritional risk the client may be e experiencing, which allows the Community Nutrition Officer to employ nutrition interventions early rather than later.

### **Fundraising**

Fundraising is carried out to obtain money needed for purchasing food items, household items or toiletries which may not be donated in sufficient quantities. Fundraising methods include soliciting monetary donations through annual AIDS Awareness events, public lectures on Nutrition and HIV, direct mailing, emailing, and telephone campaigns.

## **Food Drives**

Donations are solicited from the general public through food drives conducted during AIDS awareness events, public lectures on Nutrition and HIV, direct mailing, emailing, distribution of HFB pamphlets and telephone campaigns. HFB barrels are strategically placed at locations where staff or patrons can leave food items during food drives. In some cases HFB volunteers will manage the barrels as well as distribute literature on site. The annual AIDS Awareness Week food drive now takes place in the month of December to coincide with World AIDS Day. The food is either collected by staff of the HIV/AIDS Programme or Spontaneous donations of food may also be brought directly to the HFB.

## **Inspection of Donated Items**

The HFB aims to provide its clients with food that is suitable for human consumption by the Ministry of Health's standards for food safety and hygiene. Officers from the Ministry of Health's Environmental Division will be expected to carry out regular inspections of the Food Bank. The following items will be discarded to ensure that only foods which are wholesome are distributed:

- Rusty or dented canned items
- Items with disfigured or absent labels
- Repackaged food items
- Opened food items
- Homemade preserves
- Items with broken seals
- Expired food items
- Blown cans or jars
- Packages with weevils or insect bites

## **Sorting and Storage of Items**

All donated food items are entered into an inventory book before being sorted or stored. The food items are inspected and recorded, then sorted into food groups where possible or by type of container. The items are stored in a "first in first out" order and special attention will be paid to the expiration dates. Food items should not be stored in the same storage compartment as house hold chemicals.

### **Determination of the Contents of Food Hampers**

A nutritionist with training in Nutrition for PLHIV plays a pivotal role in determining the contents of the hampers. Donated items should be sorted into the six food groups of the Caribbean food guide. Standards are set for the number of items from each group to be placed in each hamper to be distributed. The standards will of course be affected by the availability of food. An array of food items should be provided to keep the hampers attractive, stimulate appetites and allow for a well-balanced eating plan. Hampers are also packed according to:

- Nutritional needs of the client
- Whether the client lives alone or with dependents
- The number of dependents and their ages
- Personal likes and dislikes
- Special nutrition requirements of the clients
- Food allergies
- The cooking and storage facilities available to the client

### **Distributing Food Hampers**

Clients who are eligible for the food assistance programme may collect one (1) hamper each month. In special cases where circumstances are made known to the CNO, a person may receive more than one hamper in a month. Food hampers can also be delivered to the homes of clients with limited mobility either by the driver of the LRU or the CHA.

### **Distribution of Liquid Supplements**

The HAFB will supply liquid medical nutritional products for use as supplements. These products should be recommended by the Community Nutrition Officer for clients who have been assessed and fall into at least one of the following categories:

- Unintentional weight loss or unable to maintain a healthy weight on a regular diet
- Loss of appetite
- Increase protein and calorie needs
- Recovering from illness or surgery
- On a modified diet which calls for liquid supplement
- Limited means of food storage or preparation

## **ADVOCACY**

The HAFB will seek to educate public policy makers about the importance of nutrition in the management of HIV disease and the cost benefits of community based nutrition services for PLHIV. Non-profit organizations or other local agencies must also be targeted for advocacy because they may have valuable relationships or may be influenced by the guidelines of public policy makers with respect to giving to PLHIV.

The HAFB will advocate on the premise that all PLHIV who need assistance should have free access to nutrition care and support in their quest to an optimal quality of life. The Food Bank will seek to promote its mission, goals and objectives as well as to negotiate on behalf of individuals and families infected and affected by HIV for continued assistance from both government and non-governmental organizations, international organizations and the private sector.

*HIV Food Bank/2015*