HIDDEN IMPACT OF AID CUTS ON PWDS LIVING WITH HIV

BY SARAH NAKASENGE


IDIWA members during the training on livelihood programme

In January, US President Donald Trump issued an order to halt funding to all countries supported by the US Agency for International Development (USAID). The USAID support channelled through PEPFAR, the Global Fund, the Clinton Health Access Initiative, and other programmes, formed the backbone of Uganda's HIV response.

Uganda lost approximately $350m, according to Charles Otai, the acting head of resource mobilisation, monitoring, and evaluation at the Uganda AIDS Commission (UAC). This accounts for nearly 60% of the national HIV/AIDS budget.

The pausing of USAID, which was a significant support to persons with disabilities (PWDs) through health, education, food security and economic development, has turned daily survival into an even harsher struggle, a reality underscored by Dorothy Namugaya.

The mother of four is a resident of Nawampiki village, Bukamba sub-county in Kaliro district. Before the funding cuts, Namugaya says life was fair. She and other persons with disabilities living with HIV were treated with dignity, supported to attend training at health centres, guided in livelihood projects and regularly monitored to ensure they adhered to their medication.

Today, with services integrated back into the general government system, she feels abandoned.

"When we go for HIV services, people laugh at us and gossip. One time, I went with my colleague and patients in the queue pointed at her and asked loudly, 'Which shameless man infected her?'" Such humiliating remarks, she says, cause PWDs to shun seeking healthcare.

On some days, Namugaya and her peers wear the IDIWA association uniforms. (IDIWA stands for Integrated Disabled Women Activities) But even then, she says, they walk past crowds whispering and staring at them as they head to the health centre. "Some of my colleagues have never returned to pick up their medication. Sometimes, we feel so discriminated that we even think about ending our lives."

For many PWDs, especially those with communication and mobility limitations, the integration of services has created new barriers. Those without phones or caregivers have been cut off from information about changes in service delivery, a gap that was previously bridged by outreach visits and mobile clinics.

According to the National Population and Housing Census Disability Monograph Report (2024), 13.2% of persons with disabilities live below the poverty line. With crucial funding withdrawn, the already fragile lives of PWDs are pushed further into uncertainty.

STILL HOPEFUL

Not all hope is lost as some local non-government organisations are still ensuring the sustainability of HIV services for PWDs, but experiencing constraints.

Elizabeth Kayanga, a co-founder and chief executive officer of IDIWA in Iganga district, says through the Gender Equality Fund, her organisation received funding to advocate for human rights. The organisation also ensured access to HIV services and prevention, as well as strengthening livelihoods.

However, with the halting of USAID support, the Global Fund has had to refocus its resources resulting in cuts for organisations like IDIWA.

"When the funding was reduced, even the Government changed its service delivery strategy, pushing all services into one-stop health centres," Kayanga says.

"This has caused a lot of stigma for persons with disabilities because many people still believe PWDs are not sexually active. As a result, many have stayed away from health facilities. This exposes them to opportunistic infections such as TB, diabetes, skin cancer, and malaria."

Before the cuts, IDIWA supported home visits alongside health workers, delivering medication and counselling. Without this support, many PWDs have been left to struggle alone.

Kayanga notes that the funding cuts have also created immense pressure on health workers. "We used to have special clinics for HIV, TB and malaria. Now you find one health worker handling everything, which affects the quality of care clients receive."

The organisation has also felt the impact on its community engagements. Several beneficiaries have been lost in the system because IDIWA can no longer reach them consistently.

IDIWA previously served over 368 women with disabilities living with HIV across Iganga and Kaliro. The funding cuts also led to the suspension of components such as education and livelihood support, redirecting whatever remained of the budget to food and nutrition.

"Our people are already poor. Many barely have food to eat. We do not know what to do. We are also worried — how will the children learn? Some of these children are also on medication."

Her concerns reflect the broader fears of many organisations working with vulnerable communities who now stand on uncertain ground.

Robert Nkabala, the centre programme manager at The AIDS Support Organisation Mulago, says the cut in funding has greatly affected their ability to reach people who need their services, especially PWDs.

The most affected include those who use wheelchairs, those with visual impairments and hard-of-hearing who need interpreters, as well as those who lack mobility devices. Many public transport providers refuse to carry PWDs even when they can pay.

"As a result, many stay home, suffering silently. Even those with wheelchairs face challenges because tmost locally fabricated devices cannot be folded when boarding taxis or bodabodas."

"Many PWDs require door-to-door services, which used to be provided freely, but this is no longer the case. Many of the non-government organisations we used to work with to deliver this service have closed."

HOW AID CUTS AFFECTED WORKERS

The impact of the funding cuts extends beyond PWDs to workers who provide essential services, according to Charles Otai, the acting head of resource mobilisation, monitoring, and evaluation at the Uganda AIDS Commission.

"When the US aid was cut, 29,000 people in Uganda lost their jobs," Otai said. Many of these workers were responsible for community outreach, which is now limited. This gap affects data collection, follow-up and quality control across all HIV programmes.

All facilities that provide antiretroviral therapy are operating at reduced capacity. Several facilities that were community-led, peer-led, run by non-government organisations and private ones have either closed or stopped providing services.

Prevention of mother-to-child transmission and early infant diagnosis programmes have been affected due to fewer expert clients who have maintained good adherence to treatment.

STEPS TAKEN TO MITIGATE HARM

Despite the funding cuts, Otai says several steps are being taken to provide HIV services for PWDs, including:

INCREASED DOMESTIC COMMITMENT

The Government is reallocating more resources to support priority HIV programmes. In a parliamentary engagement in March, the Prime Minister confirmed that the Government is preparing a Cabinet memorandum to mobilise resources and fill an estimated shortfall of sh480b caused by the withdrawal of US aid.

Aside from funding, Nkabala recommends that the Government supports PWDs by taking services directly to their doorsteps and creating disability-friendly safe spaces where they can be served with dignity.

Mapping is necessary to identify where PWDs are located, especially those who are isolated.

While integration is laudable, more needs to be done to make HIV services truly accessible to PWDs. These include having interventions that allow deaf clients to communicate with health workers, providing people with physical disabilities with mobility devices to easily access buildings.

CIVIL SOCIETY ACTION

Civil society organisations have conducted rapid assessments to identify service gaps and inform targeted interventions.

Although funding for stigma reduction has stopped, stakeholders continue to advocate for inclusive programming and pursue alternative funding channels.

STRENGTHENING SUPPLY CHAIN

With distribution previously dependent on USAID, government and health sector stakeholders are now coordinating alternative systems to ensure lower-level facilities where many PWDs seek care remain supplied.