

## FHI FOCUS ON

# Nutrition in Comprehensive HIV Care, Treatment and Support Programs

In its comprehensive approach to HIV care, treatment and support, FHI promotes integrating nutritional services throughout the continuum of HIV/AIDS care. Nutritional status and the progression of HIV are strongly interrelated. HIV infection increases the body's energy needs while it diminishes appetite and decreases the body's ability to digest food and absorb nutrients. Nutritional status can affect both the efficacy of antiretroviral therapy (ART) and a patient's ability to adhere to a treatment regimen. HIV-related illness can also indirectly influence nutritional status by limiting a household's ability to generate income, purchase food and raise crops.

### Goals and objectives

By incorporating nutrition into care, treatment and support programs for people living with HIV/AIDS (PLHA), FHI seeks to achieve the following objectives:

- Help PLHA of all ages—from infants to the elderly—maintain good nutritional status or improve compromised nutritional status to increase longevity and enhance quality of life.
- Improve knowledge of nutritional requirements and food-related practices among PLHA, their care providers and family members.
- Build capacity of health facility staff to provide nutrition education, counseling, therapeutic feeding and linkages to food resources and supplementation as a routine part of comprehensive HIV care and support.
- Strengthen the ability of households and communities to meet food needs and care for HIV-infected individuals and orphans and other vulnerable children (OVC).
- Increase the capacity of nongovernmental organizations (NGOs) that work in nutrition and food security to provide services to PLHA, their families and OVC, thereby increasing food security for PLHA and their households.
- Strengthen the capacity of home-based care (HBC) and community-based palliative care programs and nongovernmental and community-based organizations caring for OVC to meet the nutritional needs of PLHA, their households and children.

### Technical approaches

Achieving these objectives requires developing nutritional services capacity in clinical settings and communities where comprehensive HIV care and support, including ART, are provided. Capacity development centers on the following core activities:

- Building knowledge of the links between HIV and nutrition among clinical staff who provide HIV care and treatment.
- Developing the educational and counseling skills of nutrition staff in health facilities and of community care staff in HBC and OVC care.
- Integrating nutrition staff into the multidisciplinary HIV care and support team, and involving them in developing guidelines and standard operating procedures.
- Promoting collaboration and referral linkages between health facility sites and community support programs that provide food resources.
- Promoting collaboration and referral linkages between programs delivering HBC and OVC care and local and international organizations providing nutrition services and addressing food security and supplementation.
- Providing training on HIV, the relationship between nutrition and HIV and stigma reduction to nutrition and food-security NGOs working with PLHA.

## IMPACT activities in progress

The following are examples of how FHI's programs in Ghana, Kenya, Rwanda, Senegal and Tanzania are using a variety of approaches to integrate nutrition into HIV care, treatment and support services:

- **Ghana:** St. Martin's Hospital's home-based care program in Manya Krobo, one of FHI/Ghana's ART program sites, identifies the food resource needs of PLHA and their households. The hospital's PLHA support group, in partnership with Catholic Relief Services (CRS), distributes monthly food supplements to meet these needs.
- **Kenya:** The Comprehensive HIV Care Center (CCC) at Coast Provincial General Hospital in Mombasa dedicates 40 percent of a nutritionist's time to helping patients living with HIV. Using an FHI training module and training materials from the United Nations Food and Agriculture Organization, FHI/Mombasa has strengthened the CCC's ability to educate and counsel on HIV-related nutrition issues. At Rift Valley Provincial General Hospital in Nakuru, nutritionists at the FHI-supported CCC have created a vegetable garden to supplement the food resources of PLHA.
- **Rwanda:** All preventing mother-to-child transmission (PMTCT) sites supported by IMPACT/Rwanda offer nutritional services such as providing educational materials on nutrition and food supplements for demonstrations about good nutrition and safe food-related practices.
- **Senegal:** FHI supports the nutrition component of the Senegalese ART access initiative, which provides antiretrovirals to more than 1,000 PLHA. The nutrition component includes evaluation of clients' nutrition needs, client and family education on nutrition, culinary demonstrations of well-balanced meals appropriate for PLHA, and food distribution. In September 2003, FHI organized a workshop to discuss nutrition for PLHA and worked with CRS to incorporate PLHA nutrition in a USAID proposal requesting funding for food commodities.
- **Tanzania:** FHI is a partner in the Tumaini Strategic Alliance, a comprehensive HBC and OVC care program that includes organizations working in nutrition and income-generation activities. FHI helps HBC and OVC nongovernmental organizations increase their capacity to support PLHA. The goal is to enable PLHA and their households to develop and sustain good nutrition and improve food security.

## Monitoring and evaluation

Monitoring and evaluation of nutritional support activities is based on both output indicators (indicating what services were provided and the quality of those services) and outcome indicators (indicating the immediate and long-term impacts of program exposure), including:

### Outputs:

- Number and proportion of clients in HIV clinical care who receive nutritional counseling
- Number and proportion of clients on ART who receive client education materials on nutrition
- Number of families with an HIV-infected member served by nutritional support services
- Number of HBC/OVC care providers trained in nutrition education and skills transfer

### Outcomes:

- Proportion of clients on ART reporting that their family's food needs are being met
- Percentage of clients in HBC/OVC care reporting that food needs are being met

## Resources

1. Department of Health, South Africa. 2001. *South African National Guidelines on Nutrition for People Living with TB, HIV/AIDS and Other Chronic Debilitating Conditions.*
2. Hayes C.R., ed. *Integrating Nutrition Therapy into Medical Management of Human Immunodeficiency Virus.* Clinical Infectious Diseases, Vol. 36: Supplement 2 (April 1, 2003).
3. HIV/AIDS Bureau, HRSA. 2001. *Health Care and HIV: Nutritional Guide for Providers and Clients.*
4. Piwoz, E. and E. Preble. 2000. *HIV/AIDS and Nutrition: A Review of the Literature and Recommendations for Nutritional Care and Support in Sub-Saharan Africa.*
5. Regional Centre for Quality of Health Care and FANTA. 2003. *Handbook: Developing and Applying National Guidelines on Nutrition and HIV/AIDS.*
6. United Nations Food and Agriculture Organization. 2002. *Living Well with HIV/AIDS: A Manual on Nutritional Care and Support for People Living with HIV/AIDS.*



Implementing AIDS Prevention  
and Care (IMPACT) Project



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