



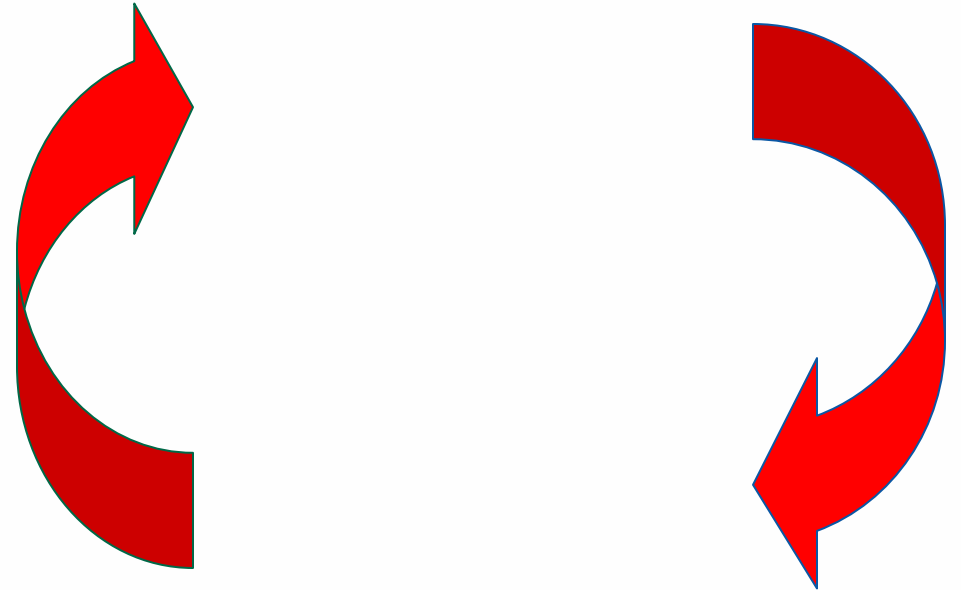
Integrating Nutrition Security with Treatment of People Living with HIV Lessons from Kenya

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HIV and AIDS



Food and nutrition insecurity

Regional Network on HIV/AIDS, Livelihoods and Food Security (RENEWAL)

- Facilitated by IFPRI, RENEWAL brings together national networks of
 - researchers
 - policymakers
 - public & private organizations
 - NGOs
- Network of networks
 - Uganda, Kenya, Malawi, Zambia, South Africa



www.ifpri.org/renewal



RENEWAL



- Interactions, Impacts (2002-2006)
- Evaluating Interventions and examining dynamics(2007-2010)

Several Outputs

- Developing tools, maps and their applications
- RENEWAL Research Studies
- Several publications including
 - Food Policy Review
 - AIDS, Poverty and Hunger: Challenges and Responses
 - Poverty and HIV risk (forthcoming *AIDS* supplement)

Impact

- World Health Assembly (2006); PEPFAR Nutrition Strategy (2006)
- Establishment of Social Cluster Information Expert Working Group in S. Africa



Academic Model for Prevention and Treatment of HIV/AIDS (AMPATH)-RENEWAL Study

Elizabeth Byron, Stuart Gillespie and Mabel Nangami
(www.ifpri.org/renewal)



AMPATH's Integrated Interventions

- Provision of free ARV treatment and care
 - First patient in 2000, today...
 - 14 clinics in western Kenya
 - Over 20,000 HIV positive individuals enrolled
 - Over 9,700 individuals on ARV treatment
- Food supplementation
- Family Preservation Initiative



Aim of the study



Using AMPATH as a case study, identify programmatic lessons and challenges to integrating food and nutrition security interventions with ARV treatment programs in resource-poor settings



Rationale for Integrated Nutrition Interventions

Individual-level

- HIV infection often leads to nutritional deficiencies through decreased food intake and malabsorption
 - Increased caloric requirements esp. during the symptomatic phase
 - Malnutrition can threaten optimal ART outcomes
 - Undesirable ARV side effects
 - Threats of declines in ARV adherence and increased drug resistance
 - Higher mortality in the first three months of ART initiation
- (Moore et al 2007, Zachariah et al 2006)

Household-level

- Deterioration of food security when chronically ill adult member through reduced income, increased expenditures, loss of labor productivity, time for care-giving



AMPATH's Nutrition Interventions

- **HAART and Harvest Initiative (HHI) - 2002**
 - 4 production farms established
 - Purchase of additional food in local markets
 - Nutrition education to all clients on ART
 - Agricultural skills training, income security program
- **WFP – 2005/2006**
 - June 2005, 50% daily requirement for 2200 mouths
January 2006 → scale-up to 15,000 mouths
 - Six months duration
- **USAID (Instamix) – 2006**
 - 1 clinic site, blended flour to index patient



Eligibility Criteria for Nutrition Support

- Food prescription (HHI-2002)
 - Written by the nutritionist for PLHIV and household
 - Types of food at discretion of nutritionist
- Targeting PLHIV (WFP-2005 onwards)
 - Insufficient access to food to support patient recovery
 - Household income less than 3,000 Ksh/month (\$41/month)
 - Advanced disease, CD4 < 200
 - BMI < 19



Methodology



Qualitative Data Collection (Dec. '05 – Feb. '06)

- Key Informant Interviews with program and community stakeholders (18)
- Focus Group Discussions (9)
- In-depth Interviews (79)



Self-Reported Benefits of Nutrition Support

Individual level

- Weight gain, recovery of strength of PLHIV
- Increased dietary diversity and caloric intake of PLHIV
- Better adherence to ARVs, reduced side-effects
- Improved quality of life—lowered stress related to food insecurity
- resumption of labor activities

Household Level

- Increased dietary diversity and caloric intake
- Catalyst for extra family and community support
- Reallocation of HH economic and caring resources
- Increased HH labor supply—economic benefits
- Temporarily relieved demand from social network.



Program Challenges

- Eligibility
- Duration of supplementation
- Seasonal vulnerability
- Transitioning from short-term assistance
- Links to sustainable livelihood programming
- Transportation (\$2.15/trip)
- Stigma
 - Fermented milk packets labeled with AIDS messages
“Let food be food.”



RENEWAL 3: AIDS and Nutrition Security

1. Garner empirical evidence of the impact of food assistance integrated into the AIDS response
2. Develop monitoring and evaluation frameworks for integrated food and nutrition security programs in a manner that enables
 - ongoing learning to improve program effectiveness and
 - support to local organizations' capacity to influence evidence-based policy dialogue
3. Prospectively evaluate the effectiveness and cost-effectiveness of alternate food and nutrition security interventions integrated into AIDS care and treatment programs



Key RENEWAL 3 Collaborations

- The AIDS Support Organization (TASO), Uganda
- AMPATH, Kenya
- Concern Worldwide
- University of Illinois

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AMPATH study collaborators

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