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# Food by Prescription (FPB) Products and Program: Development and Implementation

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# Food by Prescription Program

- Description:
  - Provide supplemental nutrition for 5,426 nutritionally compromised individuals
    - Adults with low BMI, MUAC
    - Pregnant and post-partum women
    - Children with  $<-1.5$  Z value for Height or Weight
    - Orphans/vulnerable children (OVCs)
  - End of June progress
    - 7 sites up and running
    - 60% enrolled



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# Program Definition and Objectives

## ■ Definition:

- ❑ FBP targets medical nutrition therapy for nutritional compromise that affects health and survival outcomes to support other aspects of HIV/AIDS programming

## ■ Objectives:

- ❑ Support ARV and other medical therapies for PLHAs and impacted individuals in the program
- ❑ Improve and support nutritional status and associated markers of health improvement in program participants



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# Methods

- Products developed to match needs of target populations
- Sites identified
- Monitoring and evaluation activities outlined and infrastructure put into place
- Partner personnel trained
- Enrolment & distribution of products
- Data collection and evaluation



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# Products

- Advantage®
- First Food®
- Foundation®
- Foundation Plus®



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# INSTA HEALTH BUILDERS



**ADVANTAGE®**

**FIRST FOOD®**

**FOUNDATION®**

**FOUNDATION®  
+Plus**

For pregnant and nursing Mothers	For Children	For the whole Family	For those who require more concentrated energy
<p><u>Ingredients:</u> Precooked whole maize, soybeans, cane sugar, iodized salt, vegetable oil, whey protein concentrate 80%, fortified with vitamins, minerals</p>	<p><u>Ingredients:</u> Precooked whole maize, millet (wimbi), sorghum (mtama), soybeans, cane sugar, iodized salt, vegetable oil; fortified with vitamins and minerals</p>	<p><u>Ingredients:</u> Precooked whole maize, soybeans, cane sugar and fortified with vitamins and minerals</p>	<p><u>Ingredients:</u> Precooked whole maize, soybeans with <i>vegetable oil</i>, cane sugar and fortified with vitamins and minerals</p>
<p><u>Nutrition per 100g:</u> Energy <b>440 kcal</b> Protein 16% Fat 12% Carbohydrate 56%</p>	<p><u>Nutrition per 100g:</u> Energy <b>435 kcal</b> Protein 12% Fat 12% Carbohydrate 64%</p>	<p><u>Nutrition per 100g:</u> Energy <b>420 kcal</b> Protein 15% Fat 7% Carbohydrate 66%</p>	<p><u>Nutrition per 100g:</u> Energy <b>450 kcal</b> Protein 15% Fat 12% Carbohydrate 61%</p>
<p><u>Serving:</u> 4, 300 ml cups: 1,320 kcal 48 grams protein</p>	<p><u>Serving:</u> 2.5, 300 ml cups: 870 kcal 24 grams protein</p>	<p><u>Serving:</u> 2.5, 300ml cups: 840 kcal 30 grams protein</p>	<p><u>Serving:</u> 4, 300 ml cups: 1,350 kcal 45 grams protein</p>



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# Justification for Soya

- Excellent source of high quality protein
- Economical protein
- Used in existing products
  - High acceptability
- Suitability for blended food product
- Flexibility of soy in products
- Easy to use as precooked product



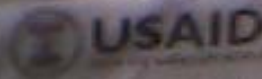
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# FOOD BY PRESCRIPTION FORM

DATE 11/12/11

No. 8001

THIS SECTION MUST BE FILLED IN FOR ALL CLIENTS INCLUDING CHILDREN

NAME \_\_\_\_\_ PATIENT FILE NO. \_\_\_\_\_

AGE \_\_\_\_\_ SEX  M  F HEIGHT / LENGTH (cm) \_\_\_\_\_ WEIGHT (kg) \_\_\_\_\_

HNS  Y  N CD4 \_\_\_\_\_ OPPORTUNISTIC INFECTIONS  Y  N MONITORING ON TRIP \_\_\_\_\_

NEW PATIENT IN CLINIC  Y  N INPATIENT  Y  N

FOOD TYPE	CRITERIA	REASON <small>(Please tick one or more where applicable)</small>
1. ADVANTAGE	HIV+ PREGNANT	Trimester <u>1 2 3</u> MUAC (cms) _____ Other Signs of Malnutrition <input type="checkbox"/> Poor Weight gain <input type="checkbox"/>
	HIV+ POSTPARTUM	Month <u>1 2 3 4 5 6</u>
2. FIRST FOOD	ORPHANED OR VULNERABLE CHILD(OVC) Age group: 6 - 24 months	Underweight <input type="checkbox"/>
		Orphan <input type="checkbox"/>
		HIV Positive Care giver <input type="checkbox"/>
		HIV Positive Child <input type="checkbox"/>
	Other _____	
	OVC Z - SCORE < - 1.5 Age group 2 - 4 yrs	<input type="checkbox"/>
	HIV+ Z - SCORE < - 1.5 Age group: 5 - 10 yrs	<input type="checkbox"/>
3. FOUNDATION PLUS	HIV+ Z - SCORE < - 1.5 Age group: 11 - 17 yrs	<input type="checkbox"/>
	HIV+ BMI < - 18.5 Age group: 18 and above	<input type="checkbox"/>
	HIV+ MUAC (cms) _____ For Bedridden Patients	<input type="checkbox"/>



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FOOD BY PRESCRIPTION DISCHARGE

FORM

DATE [ ][ ] [ ][ ] 20 [ ][ ]

No. 2501

THIS SECTION MUST BE FILLED IN FOR ALL CLIENTS INCLUDING CHILDREN

NAME: \_\_\_\_\_ PATIENT FILE NO: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX:  M  F HEIGHT / LENGTH (cm) \_\_\_\_\_ WEIGHT (kg) \_\_\_\_\_

ADVs:  Y  N CD4 \_\_\_\_\_ OPPORTUNISTIC INFECTIONS:  Y  N

NUMBER OF MONTHS HAVE BEEN ON FBP: \_\_\_\_\_

EXIT CRITERIA	FOOD TYPE	TARGET GROUP	<input checked="" type="checkbox"/> <small>Please Tick One Appropriate</small>
1. Z Score > -1.0	First food	Ages 2 - 4 Yrs	<input type="checkbox"/>
	First food	Ages 5 - 10 Yrs	<input type="checkbox"/>
	Foundation Plus	Ages 11 - 17 Yrs	<input type="checkbox"/>
2. BMI > 20	Foundation Plus	Adult > 18 Yrs	<input type="checkbox"/>
3. Post - Partum > 6 months	Advantage	Post - partum Mothers	<input type="checkbox"/>
4. MUAC > 24 (cms)	Advantage	Pregnant Mothers	<input type="checkbox"/>

Other Reason(s) for discharge \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
DISCHARGING NOTED BY CLINICAL OFFICER'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_



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# Interim Results

- Currently enrolled
  - 3,263 (53% adult, 15% OVC, 8% P/L, 24% children by low Z values)
- Received interim data for evaluation
- Anecdotal reports from the field
  - High interest and acceptability by patients
  - Improvements are rapid, esp for children
  - Increased referrals to sites because of program
  - Improved ARV adherence



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# Lessons Learned

- Program design: entry and exit criteria required
- Program implementation: working with partners, including government
- Product issues:
  - Acceptability, adherence, effectiveness, distribution
- Adjustment: always a work in progress
- Recommendations: clear focus with flexibility



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# Summary and Impact

- Program designed to fit into PEPFAR initiative objectives for care and treatment of PLHA
- Products designed for target groups
- Monitoring and evaluation activities are important to determine impact
- Scaling up
- Learning to work with government



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# Thank You!

- Thanks for support from:
  - USAID
  - PEPFAR
  - Community Care Centers and health facilities personnel
  - Patients and their families



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