FOOD AND
NUTRITION
TECHNICAL
ASSISTANCE

Food-by-Prescription: An Overview of the Current Approach

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Background – *The Evidence*

- Strong evidence on association between nutritional status and HIV outcomes.
  - *BMI and mortality (van der Sande et al. 2004)*
  - *BMI and ART (Paton et al. 2006)*
- Evidence still emerging on impacts of nutrition interventions on HIV outcomes.
  - *Public Health Evaluations: Malawi, Kenya, Zambia*
  - *Micronutrient studies*

Background – *PEPFAR Guidance*

- PEPFAR resources can be used to support food for:
  - *Clinically malnourished adult PLHIV in care and treatment programs (BMI<18.5)*
  - *HIV+ pregnant/lactating women*
  - *Orphans and vulnerable children*
- Support for nutrition assessment, counseling.
- Wrap-around programs encouraged.

Types of Programs

1. Food assistance programs with interventions to improve food security of HIV-affected populations.

   Primary objective is usually food security.

   Examples

   – *Title II (PLHIV feeding, School feeding, Food for assets)*

   – *WFP*

Types of Programs (cont'd)

2. HIV programs integrating food and nutrition components.

A primary objective is usually HIV-related.

<u>Examples</u>

- *Food-by-Prescription*
- *Malawi national program*
- *Medicins sans Frontieres*
- *AMPATH*
- *Clinton Foundation*

What is Food-by-Prescription?

Program approach implemented in Kenya and being initiated and adapted in other countries with PEPFAR support.

What is Food-by-Prescription?

Core Components of FBP *(my take)*

- Provision of food/nutrition services at clinical facilities as part of HIV care
- Clearly defined entry and graduation criteria
- Prescriptions used for individual take-home food packages aimed at improving individual nutritional/health status

Kenya FBP Program

Kenya FBP Program

- PLHIV, PMTCT, OVC eligible for food based on HIV/OVC and nutritional status.
- Each month, clients receive 30 packets of daily fortified blended food rations and WaterGuard from pharmacists/nutritionists.
- Monthly visits should coordinate with ARV visits or other checkups.
- Re-evaluated every 3 months to either graduate or continue.

Kenya FBP Program

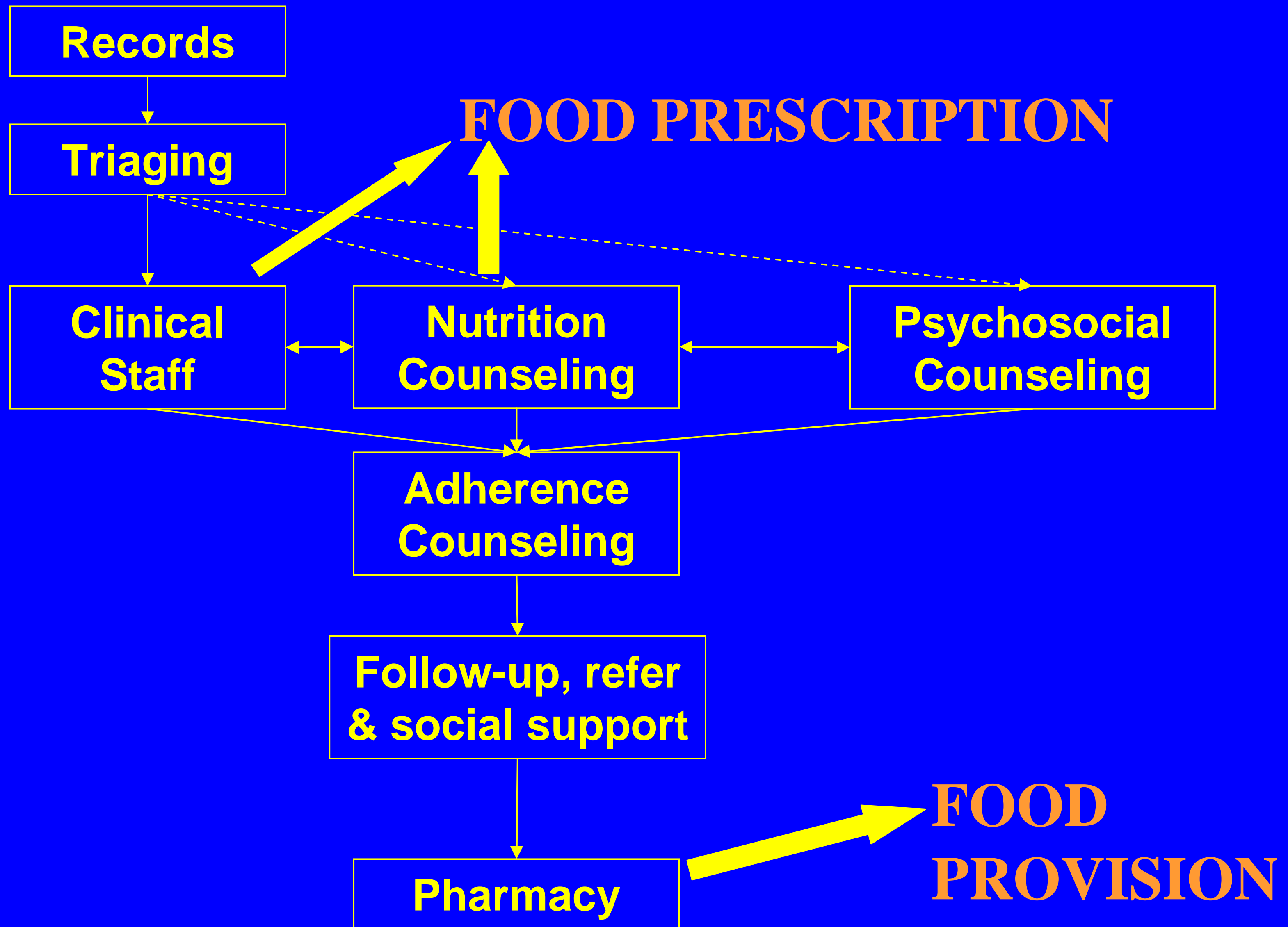
Nutrition assessment and nutrition counseling.

Kenya FBP Program *– The Food*

- Currently three fortified blended food products for adults, P/L women, OVC (corn, soy, sorghum, millet, veg. oil, sugar, salt, whey protein concentrate, MN).

- Need a therapeutic food

Client Flow for Kenya FBP



Kenya FBP Program – *Strengths*

- Integrates nutrition into HIV services.
- Improvements in nutritional status
  - *After two months:*

    Severely malnourished: average BMI 14.5 → 16.1

    Moderately/mildly malnourished: BMI 17.3 → 18.2
  - *No comparison group, until FANTA/KEMRI study*
- Strengthens nutrition assessments, M&E
- Public-private partnership.

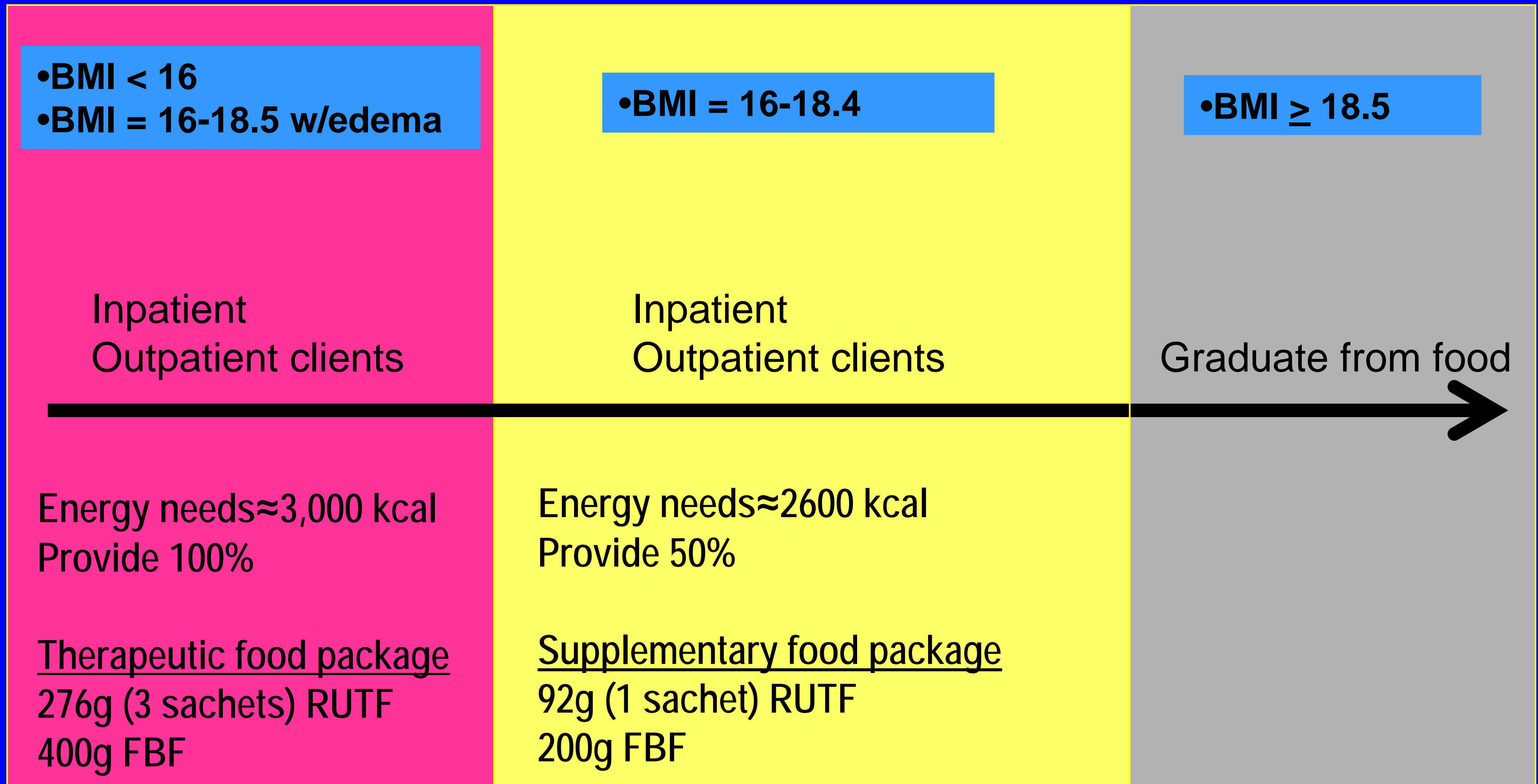
Kenya FBP Program – *Challenges*

- Long time for clients to graduate.
- Need to address severe malnutrition.
- High drop-out rate – part of larger problem facing HIV treatment in Kenya.
- Food storage at sites.
- Sharing of food.
- Replication challenges in other countries.

FBP Variations

- Add RUTF; completer food protocol (all)
- Integration with CMAM (Haiti)
- Linkage with WFP (Ethiopia)
- Cluster approach (Zambia)
- Community PLHIV networks (Uganda)
- Lay workers (Kenya, other)

Example food protocol for ART/pre-ART Adults



Monitoring and Evaluation

- Integration of nutrition indicators into HIV care and treatment M&E systems.
- Example indicators:
  - #/% sites with trained staff/providing services
  - #/% clients reached (assessment, counseling, food)
  - Quality of counseling
  - Nutrition knowledge and behavior of clients
  - % of clients with BMI<18.5

Challenges

- Needs of non-HIV-affected populations: ethical and practical considerations.
- Coordination with existing programs.
- Overstretched health systems, service provider time constraints.

Challenges

FOOD

and nutrition