

# **Food and Nutrition Programming at Family Health International**

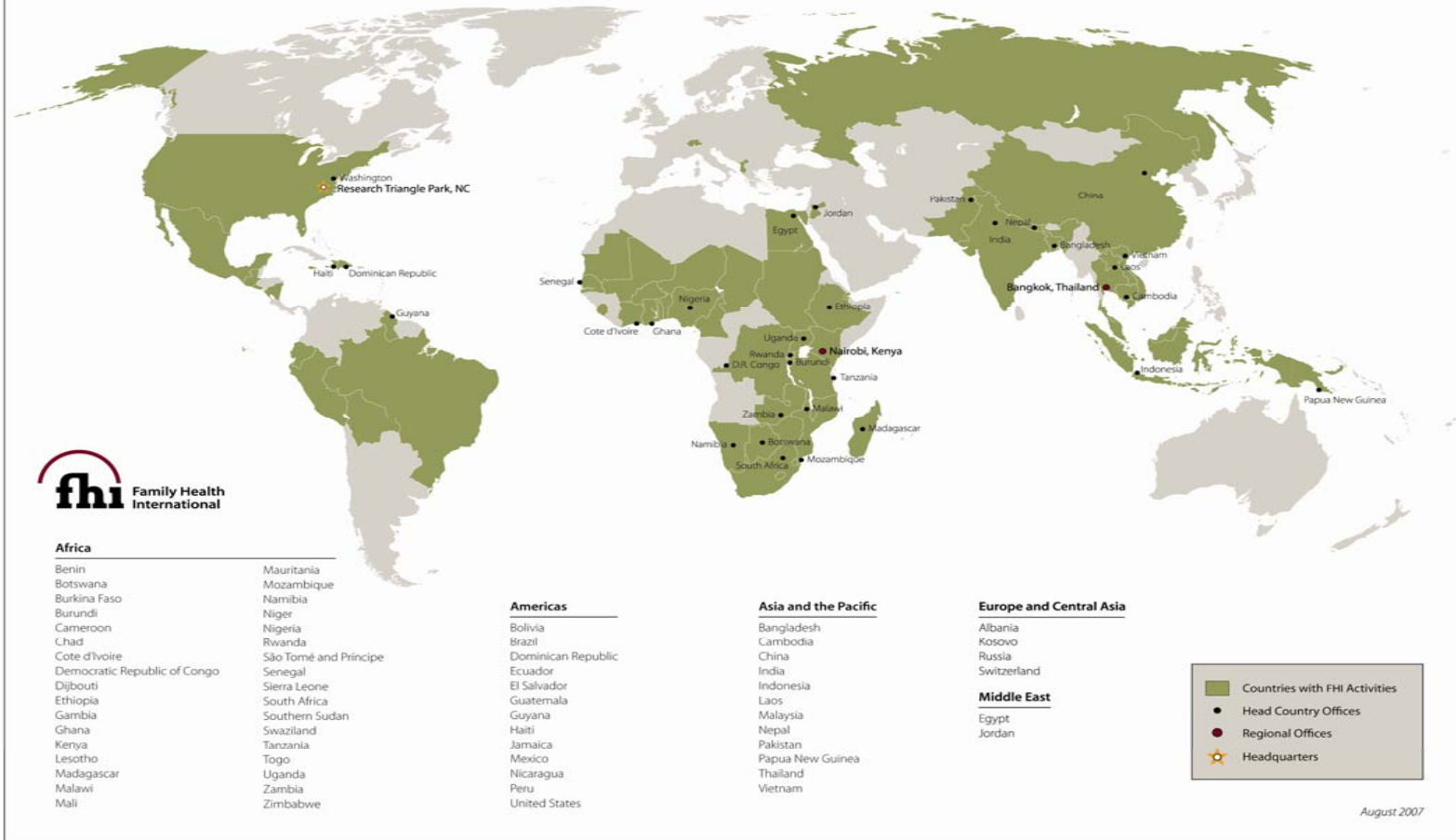
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# FAMILY HEALTH INTERNATIONAL AT A GLANCE

*Global Reach and Local Presence*



Internationally recognized for technical leadership and innovative evidence-based work in prevention, care and treatment

# Our Key Sponsors

## Governments:



United States



United Kingdom



Japan



Netherlands



Ireland

## Commercial Sector:



## International Organizations:



## Foundations:



# About FHI

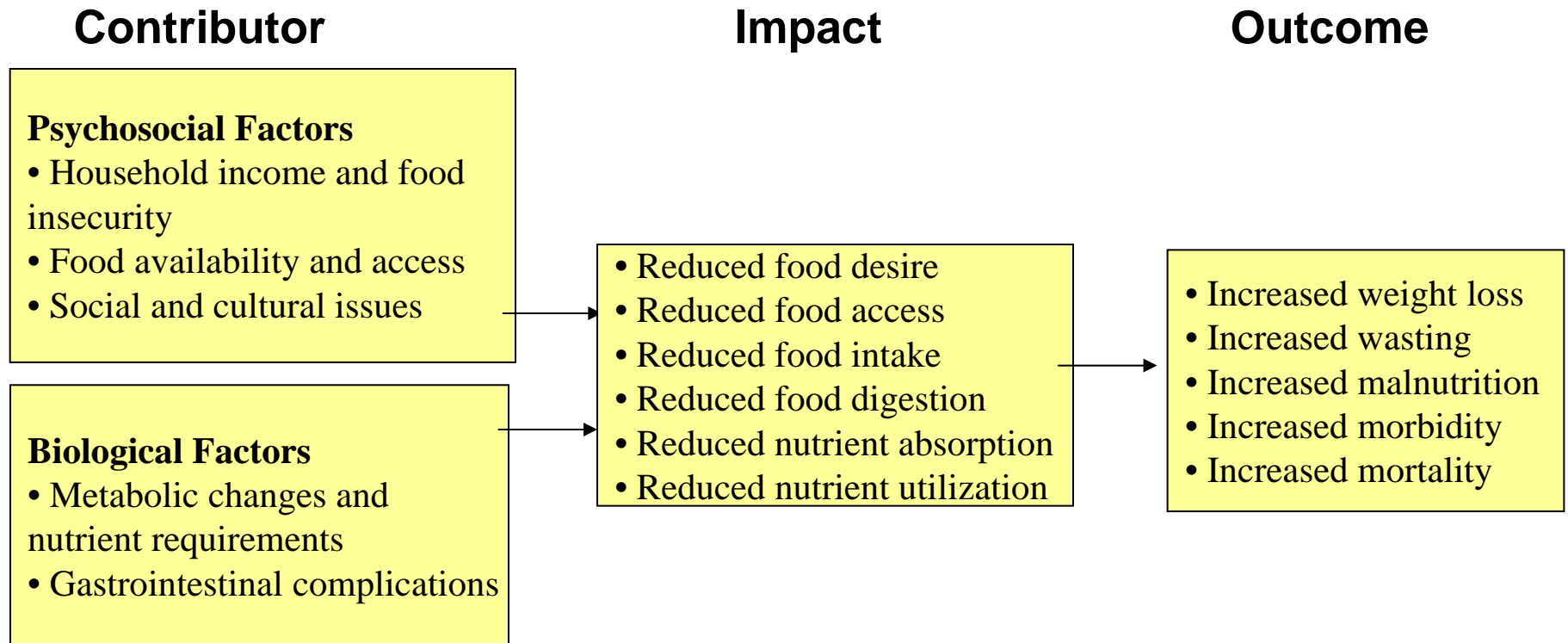
- **Founded in 1971 in North Carolina**
- **Public health and research programs in HIV/AIDS, reproductive health, malaria, TB, avian influenza, rotavirus and HPV in over 60 countries**
- **Over 2,000 staff worldwide**
- **Managed the U.S. Government's three largest HIV/AIDS prevention and treatment projects to date**
- **The first to help the U.S. Government deliver ART in the developing world; currently providing ART to more than 100,000 HIV infected people in 16 countries**

# FHI's approach

- **Working in collaboration with national governments, NGOs and people living with HIV/AIDS (PLHA) groups to ensure buy-in of projects**
- **Comprehensive continuum of care: strategic behavioral communication, fighting stigma and discrimination, HIV testing and counseling, prevention of mother-to-child transmission, and support of orphans and vulnerable children**

# Food, nutrition, and HIV

## Contributing Factors to Poor Nutritional Status Among People Living with HIV



# FHI experience in food and nutrition

- **Malawi:** FHI is integrating a nutrition component into its services for home-based care/orphans and other vulnerable children (HBC/OVC) households.
- **Nepal:** FHI has implemented initial programs with four main partners. Preliminary work includes nutrition training to emphasize the importance of nutrition as part of comprehensive care of PLHIV, and resource development for PLHIV in symptom management, food hygiene, and basic food security.

# FHI experience in food and nutrition

## Kenya

- **ROADS:** A farm initiative in Malaba has brought income-generating agricultural skills to the area's poor residents, as well as fresh fruit and vegetables to HIV-infected and -affected families.
- **APHIA II:** Integrating nutrition into HIV/AIDS in two sites in the Rift Valley and Coast and with private providers.
- **Nuru Ya Jamii:** In its first year, 2006, NYaJ gave food supplements to 889 clients, principally those who were bedridden and/or weak. It also provided short-term dry food rations to 932 clients and conducted 2,000 nutritional counseling sessions for clients.

# Funding for FBP and Nutrition Programs

- **FHI programs are funded through federal cooperative agreements, contracts, and foundation grants**
- **The PHP division responds to solicitations from federal and private organizations**
- **With respect to a large scale FBP program, USAID (one of most important donors) would be the most likely to provide the necessary financial support**
- **Typically, FHI will partner with local organizations and/or international groups to bring together a strong team**

# Demand for food assistance

*“Food assistance programs increase food security and reduce hunger by providing children and low-income people access to food, a healthful diet, and nutrition.” (USDA)*

*“Over 90 percent of the world's hungry are prisoners of poverty. They are too poor to buy enough food. They spend all their time and energy trying to survive.” (World Food Programme)*

*“Lack of food is often mentioned as the most likely cause of non-adherence to anti-retroviral drug (ARV) therapy.” (New England Journal of Medicine)*

# Food Assistance vs. FBP

## Food Assistance

- Provides food to those in need
- Distribution to all populations
- Does not require a prescription
- Food can be shared
- Does not require medical follow-up
- Does not require counseling

## FBP

- Provides food to those in need
- Distribution to PLHA
- Can only be obtained with a prescription
- Food cannot be shared
- Recipients of FBP must have periodic check-ups
- Requires counseling

# Challenges to FBP

**Storage:** Maximum shelf life of supplemental and therapeutic food varies depending on the type of food and environment

**Distribution:** Requires efficient & effective distribution system

**Adherence:** Essential for recipients of FBP to stay on the regimen until adequate BMI is reached

**Behavior change:** shift mentality away from “food as food” versus food as a medical therapy

**Sustainability:** What happens after a patient “graduates” from FBP?

**Integration:** Need for integration of FBP with PMTCT

**Funding:** How is FBP prioritized in the donor community?

# Outlook on FBP: Sooner and Later

FBP programs in Kenya have created a lot of interest among government and other donors such as GFATM, WHO, UNICEF, DFID.

In the current Global Fund proposal, 20% of the funding is for nutritional support and a big proportion is earmarked for FBP.

In Kenya, FHI anticipates that FBP will be a national program with funding from multiple donors, including USAID.

# Outlook on FBP: Sooner and Later

“Hunger seen as big enemy in war on AIDS.”\*

- Starvation and malnutrition are fast becoming the twin perils of the AIDS fight, and doctors and health experts say millions of infected people in the developing world are rapidly approaching a tipping point where food will replace drugs as the biggest need.
- Worldwide, an estimated 3.8 million people with AIDS needed food support [in 2006], possibly rising to 6.4 million by 2008, according to the World Food Program.

\*Associated Press, 11/12/06

# Key Contacts at FHI

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