



**The Federal Democratic Republic of Ethiopia
Ministry of Health**

National Nutrition and HIV/AIDS Implementation Reference Manual



Ministry of Health

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Foreword

The HIV care and support program emphasizes nutrition as an important component to contribute effectiveness and improved quality of services. In order to compliment and upgrade existing nutrition services provided by health services, this National Nutrition and HIV/AIDS Implementation Reference Manual on has been prepared.

The National Nutrition and HIV/AIDS Implementation Reference Manual help to guide the Family Health Department (FHD) of the Ministry of Health and the Federal HIV/AIDS Prevention and Control Office (HAPCO) on the priority areas of nutrition and HIV programs. It also indicates on how to go about in standardizing nutrition and HIV services in conjunction with other clinical services for people living with HIV (PLHIV).

It is the expectation of the Family Health Department and HAPCO that each partner and stakeholder be informed of this Implementation Reference Manual to guide their support and contribution in the realization of nutrition interventions in the context of HIV/AIDS.

The Ministry of Health would like to take this opportunity to express our sincere thanks to the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) for providing the required financial and technical assistance through the Food and Nutrition Technical Assistance (FANTA) Project at the Academy for Educational Development (AED) to prepare this Implementation Reference Manual.



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Abbreviations and Acronyms

AED	Academy for Educational Development
AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
BCC	Behavior change communication
BMI	Body mass index
CBO	Community-based organization
CDC	Centers for Disease Control
CHAI	Clinton HIV/AIDS Initiative
CSO	Civil society organization
FANTA	Food and Nutrition Technical Assistance Project
FAO	United Nations Food and Agriculture Organization
FBO	Faith-based organization
FBP	Food by prescription
FHD	Family Health Department
FHI	Family Health International
FMOH	Federal Ministry of Health
GOE	Government of Ethiopia
HAPCO	Federal HIV/AIDS Prevention and Control Office
HBC	Home-based care
HEEC	Health Extension and Education Center
HEW	Health extension worker
HIV	Human immunodeficiency virus
HMIS	Health management information system
IEC	Information, education, and communication
M&E	Monitoring and evaluation
MDGs	Millennium Development Goals
MOU	Memorandum of understanding
MUAC	Mid-upper arm circumference
NGO	Nongovernmental organization
NNP	National Nutrition Program
NNS	National Nutrition Strategy
OVC	Orphans and vulnerable children
PASDEP	Plan for Accelerated and Sustainable Development to End Poverty
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	Person or people living with HIV and AIDS
PMTCT	Prevention of mother-to-child transmission of HIV
RUTF	Ready-to-use therapeutic food
SC-USA	Save the Children USA
TB	Tuberculosis
The Guideline	National Guideline for HIV/AIDS and Nutrition (2006)
The Implementation Reference Manual	National Nutrition and HIV/AIDS Implementation Reference Manual on 2008–2011
TOT	Training of trainers

UN	United Nations
UNAIDS	United Nations Special Program on AIDS
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

Definitions

Nutrition supplements
Woreda

RUTF, FBF and micronutrient supplements
Equivalent to an administrative district

Acknowledgments

The Family Health Department and HAPCO wishes to acknowledge the efforts of those individuals and institutions that led to the development of this National Implementation Reference Manual on Nutrition and HIV/AIDS for program managers and policy makers to guide the design and implementation of nutritional care services for PLHIV.

This National Implementation Reference Manual on Nutrition and HIV/AIDS is a product of feedback from partners working in the area of nutrition and HIV. Gratitude is expressed to all who have contributed their recommendations. Special thanks go to staff from Family Health Department and HAPCO and members of the Technical Working Group for HIV/AIDS Food and Nutrition Programs for their technical input, participation, and leadership support throughout the writing and review process.

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Executive Summary

The Government of Ethiopia (GOE) has given priority to nutrition in the context of HIV. For some time, infant feeding counseling and support has been a key component of prevention of mother-to-child transmission of HIV (PMTCT) programs in the country. The Federal Ministry of Health (FMOH) developed the National Guideline for HIV/AIDS and Nutrition (hereafter referred to as “the Guideline”) in 2006¹ and a Technical Working Group on Nutrition and HIV/AIDS was recently established within the Palliative Care Task Force. The Government has also developed and launched the National Nutrition Strategy and National Nutrition Program in which nutrition and HIV/AIDS is included as a component. The coordination system, or system of referral links among the various clinical care, food support, and other livelihood support programs for people infected with or affected by HIV is to be worked out as per National Nutrition Program (NNP). While the government is supportive of nutrition services for people living with HIV and AIDS (PLHIV), nutrition support has been delivered by nongovernmental organizations (NGOs) and faith-based organizations (FBOs), though not in a systematic and uniform manner.

A national consultation workshop was held from November 20–21, 2007, to identify key areas and steps required to roll out the integration of nutrition interventions in HIV care and support services provided through the health care delivery system. The workshop was attended by 47 participants working in the areas of nutrition and HIV and representing academic institutions, government offices, U.S. President’s Emergency Fund for AIDS Relief (PEPFAR) partners, NGOs, United Nations (UN) agencies, and the private sector. The outcome of this workshop was the development of an outline for the strategic document that would lay out the priorities of the FMOH and key partners in implementing the sub-component of the NNP/HIV and Nutrition and in operationalizing the Guideline.

As a result of this process, the National Nutrition and HIV/AIDS Implementation Reference Manual (hereafter referred to as “the Implementation Reference Manual”) was developed by a consultant based on meetings with partners in the public and NGO sectors. The Family Health Department and the Federal HIV/AIDS Prevention and Control Office (HAPCO)—in particular the Technical Working Group on HIV and Nutrition—provided input on the outline and content.

The Implementation Reference Manual outlines the GOE’s vision for nutrition and HIV, as well as purpose and objectives, and planned targets for nutrition and HIV activities as stipulated in the NNP. The document addresses the following key points: 1) standardization of food and nutrition service provision for clinically malnourished PLHIV, PMTCT women, and orphans and vulnerable children (OVC); 2) human resource capacity strengthening; 3) dissemination of nutrition and HIV/AIDS guidelines; 4) dissemination of information, education, and communication (IEC) materials and

¹ Ethiopia Federal Ministry of Health 2006. “National Guideline for HIV/AIDS and Nutrition.” Addis Ababa.

behavior change and communication (BCC) tools; 5) coordination and collaboration with partners; 6) advocacy and social mobilization; 7) commodity distribution and logistics; 8) roles and responsibilities of partners; 9) monitoring and evaluation (M&E) and integration of nutrition indicators in the HIV/AIDS M&E framework and the NNP information system.

1. Nutrition and HIV/AIDS in Ethiopia

Ethiopia is one of the countries hit hardest by the HIV epidemic in Africa. The first two cases of HIV infection were reported in 1986, after which the disease spread at an alarming rate. The prevalence rate of 7.3 percent in 2000 declined, however, to 3.5 percent by 2005 after concerted prevention efforts and a national HIV/AIDS Policy was approved in 1998 with the objective of providing an enabling environment for the prevention of HIV and mitigation of the impact of AIDS.⁶ According to the calibrated single point estimate (Single Point HIV prevalence estimate MoH/FHAPCO, June 2007) The National Adult HIV prevalence, however, is reported to be 2.1 percent- 7.7% urban and 0.9 % rural.

According to official publications of the FMOH and HAPCO, an estimated 980,000 people were living with HIV and AIDS in Ethiopia in 2007. Of these, 260,000—including 16,000 children—were in need of antiretroviral treatment (ART). The same year, the country also had an estimated 311,000 AIDS orphans.

Body mass index (BMI), calculated by dividing weight in kilograms by the square of height in meters, is used to define malnutrition or under-nutrition. A BMI under 16 indicates severe malnutrition, one between 16 and 17 indicates moderate malnutrition, and between 17 and 18.5 indicates mild malnutrition. A nutrition assessment carried out in 2007 at St. Peter's hospital in Addis Ababa which offers ART indicated that 35–40 percent of registered pre-ART clients had a BMI of less than 18.5 and 20 percent had a BMI of less than 17. Among ART clients in the same facility, 15 percent had a BMI less than 18.5 and only 10 percent had less than 17.⁷

Health facilities in Ethiopia include 143 Hospitals and 690 Health Centers, according to the Health and Health Indicator's 1999 edition of the Planning and Programming Department, FMOH. Among the country's hospitals, 105 are run by the government and 13 are run by private owners. Counseling and testing, PMTCT and ART, and home-based care (HBC) are also provided by FBOs and NGOs.

1.1. National Achievements in Nutrition and HIV/AIDS

The World Health Organization (WHO) recommends the integration of nutrition support as part of a comprehensive response to HIV/AIDS.⁸ According to 2003 WHO guidelines, energy requirements to maintain adult body weight of asymptomatic PLHIV increase by 10 percent over the requirements of people without HIV while energy requirements of symptomatic PLHIV and people experiencing the onset of AIDS increase by 20–30 percent. HIV-infected children who experience weight loss require increased energy

⁶ Government of the Federal Democratic Republic of Ethiopia. 1998. "Policy on HIV/AIDS of the Federal Democratic Republic of Ethiopia."

⁷ Federal HIV/AIDS Prevention and Control Office. 2008. "Terms of Reference for the HIV/AIDS Food and Nutrition Sub-working Group." Addis Ababa.

⁸ http://who.nt/nutrition/topics/consulation_nutrition_and_hiv aids/en/

intake of 50–100 percent.⁹ In addition, there is evidence that management of drug-food interactions can improve antiretroviral absorption and tolerance. Therefore, assessment of the nutritional status of PLHIV and counseling on how to improve diet and manage HIV-related symptoms and drug-food interactions is critical to improve quality of life and effectiveness of treatment.

Recognizing the importance of nutrition for PLHIV, the GOE developed the National Guideline for HIV/AIDS and Nutrition in 2006. With the support of the U.S. Agency for International Development (USAID) and the USAID-supported Food and Nutrition Technical Assistance (FANTA) Project at the Academy for Educational Development (AED), a nutrition focal person was placed in HAPCO in early 2008. Based on the Guideline, limited nutrition support programs have been started in some facility-based services. In addition, a Technical Working Group on Nutrition and HIV/AIDS was established within the Palliative Care Task Force under HAPCO to coordinate nutrition care programs at the national level and develop a strategic plan for nutrition and HIV/AIDS;² the Task Force's comprehensive work plan now includes nutrition and HIV/AIDS. The FMOH is also developing the NNP, based on the National Nutrition Strategy (NNS)³, covers a wide range of issues including the nutrition aspect of HIV/AIDS.

A number of food and nutrition programs have been implemented in Ethiopia. The World Food Programme (WFP), funded in part by PEPFAR, is the main provider of nutrition for PLHIV. It provides food supplements to support bedridden patients on ART and facilitates PMTCT services. WFP has implemented primarily two types of food assistance programs in urban and rural areas: 1) food aid-supported food security programs in areas with a high HIV prevalence and 2) HIV programs in areas with a high prevalence of food insecurity or a substantial number of food-insecure households participating in HIV program activities. The beneficiaries are chronically ill individuals, pregnant women, and children. WFP provides take-home food rations, usually for 3–6 months depending on the nature of beneficiary groups and/or until clients reach a specific anthropometric target (BMI ≥ 18.5).⁴ The ration provision can be extended beyond 6 months if the beneficiaries remain vulnerable to food insecurity. Some of the main challenges encountered by WFP in providing food for PLHIV are listed below.

- Targeting (entry and exit criteria for services or support)
- Beneficiary graduation
- Food sale by beneficiaries
- Measuring efficacy if the program
- Sustainability and phase-out strategy

⁹ World Health Organization. 13–15 May 2003. “Nutrient Requirements for People Living With HIV/AIDS: Report of a Technical Consultation.” Geneva.

² Federal Ministry of Health and Federal HIV/AIDS Prevention and Control Office. 2004. “Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response.” Addis Ababa.

³ Federal Ministry of Health. 2008. “National Nutrition Strategy.” Addis Ababa.

⁴ World Food Programme Ethiopia.

- Sustainability and future ownership of the program by the government and the community

Many partners—including government ministries, donor agencies, and NGOs such as WFP, Save the Children USA (SC-USA) and the Clinton Foundation—have become involved in HIV/AIDS support in various capacities.

SC-USA, with support from the Clinton Foundation, provides food assistance programs with various commodities for people infected and/or affected by HIV in Ethiopia. SC-USA, through financial support from USAID, provides a comprehensive service for OVC and PLHIV through a collaboration with four partner organizations: Family Health International (FHI), CARE Ethiopia, World Vision, and WFP. It has also linked with local NGOs and civil society organizations (CSOs) to strengthen community capacity building as it did in Idir and Mahber.⁵ SC-USA provides health and nutrition services particularly to those less than 18 years old, with special emphasis on those under 5, and to severely malnourished children and OVC regardless of their HIV status. Thus, the admission criteria for food assistance is malnutrition not HIV status in the project sites (all health centers in Addis Ababa and in Nazareth and Mojo in Oromia region). They have developed a protocol for entry and exit criteria and nutritional assistance is usually given to a maximum of three months⁶.

The Clinton Foundation has a pediatric initiative with a nutrition and HIV/AIDS component (the Clinton HIV/AIDS Initiative [CHAI]). Ready-to-use therapeutic food (RUTF) is provided to malnourished HIV-positive children who are taking ART. However, support is also given to other malnourished children that participate in PMTCT services irrespective of their HIV status. The Foundation also has plans to expand its nutritional support to mothers that fulfill certain criteria in PMTCT centers. Furthermore, because therapeutic nutrition is usually funded through donations from abroad, there is limited domestic assistance for the program and it is currently operating in few PMTCT sites.⁷

While continuity of support is a major challenge for local NGOs, there are also other problems associated with the importation and logistical distribution of rations. These include taxation, transport of commodities from port to central places and including sites that may be in remote areas, storage capacity at distribution sites, shortage of personnel in the distribution process to beneficiaries at health facility level, and transport commodities by beneficiaries to their homes.

1.2. Progress in Integrating Nutrition into HIV/AIDS Services

In 2001 Ethiopia joined 141 UN member countries in signing the international declaration to work toward the Millennium Development Goals (MDGs). Prevention of

⁵ Idir and Mahber in Ethiopia are established on the basis of common interests, basically in the form of community based credit associations for short or long term duration.

⁶ Urban CTC for HIV/AIDS of SC-USA in Ethiopia.

⁷ Clinton Foundation HIV/AIDS Initiative (CHAI)

HIV, tuberculosis (TB) and malaria is one of the eight MDGs. Ethiopia also joined the international community in moving towards universal access to HIV prevention tools, treatment, care and support by 2010 for which the GOE launched a multisectoral plan of action in January 2008.⁸ Providing medical treatment for opportunistic infections and psychosocial support for PLHIV are reflected in the national policy on HIV/AIDS. In addition, HIV/AIDS is one of the eight development interventions recognized by the GOE in its Plan for Accelerated and Sustainable Development to End Poverty (PASDEP) program, which includes targets to be met by 2010.⁹ These initiatives – as well as the development of the Guideline–demonstrate the GOE’s recognition of the importance of nutrition for PLHIV. Many donors and NGOs are committed to working with the people of Ethiopia to support the national HIV/AIDS response. PEPFAR coordinates and funds comprehensive and integrated HIV prevention, treatment, care and support, and the GOE also has implemented HIV/AIDS interventions with other donor agencies and NGOs such as WFP, SC-USA, and CHAI.

The GOE has recognized the role of food and nutrition for effective responses to HIV/AIDS since 2005. Accordingly the government worked closely with USAID/Ethiopia and its partners to produce the Guideline which provides guidance to service providers in Ethiopia about how to effectively incorporate nutrition into a range of community- and facility-based HIV services. Furthermore, BCC tools were developed based on the Guideline to support counseling on critical nutrition behaviors.

Since 2006 there has been an increase in the number of partners engaged in implementing nutrition responses to HIV/AIDS at both the home and facility levels. To strengthen the coordination and leadership aspects of nutrition responses, HAPCO felt the need to strengthen capacity at the central level in nutrition and HIV. Accordingly, USAID provided technical assistance through FANTA at AED in order to integrate food and nutrition interventions into HIV/AIDS services and programs through the development of training and counseling materials, training of service providers, identification of effective approaches, and M&E support. FANTA at AED now works through HAPCO with a technical working group to ensure that the required technical preparations are put in place in order to integrate food and nutrition services into the health system.

1.3. Gaps in Implementation

Food and nutrition support and services to PLHIV have not been delivered uniformly or systematically. There is no well-defined coordination system or referral links among the various programs providing food support, clinical care, and other livelihood support to people infected with and affected by HIV. Participation of CBOs, FBOs, and the private sector in national nutrition and HIV/AIDS forums has been inadequate, and nutrition and HIV/AIDS messages communicated by implementing agencies have not been

⁸ Federal HIV/AIDS Prevention and Control Office. 2007. “Multi-sectoral Plan of Action for Universal Access to HIV Prevention, Treatment, Care and Support in Ethiopia 2007–2010.” Addis Ababa.

⁹ Ministry of Finance and Economic Development. 2005. “Plan for Accelerated and Sustainable Development to End Poverty.” Addis Ababa.

harmonized. Also, the operationalization of the Guideline has not yet been agreed on, and a clinical training guide is lacking.

During a 2007 consultative workshop on creating a national nutrition and HIV/AIDS program, participants identified the following constraints to implementing the Guideline:

- Lack of a national system to ensure their availability at all operational sites
- Lack of a plan to operationalize them
- Poor service provider knowledge and skills to implement them and lack of familiarization plan for health care providers
- Lack of a strategy/plan to translate their content into user-friendly tools
- Poor institutionalization and follow-up of their implementation and effectiveness
- Lack of advocacy to promote their use
- Lack of a clear relationship between the Guideline, existing training manuals, and palliative care services
- Lack of appropriate logistics and supplies for nutrition services in the context of HIV/AIDS
- Poor integration of nutrition and other HIV care components at all levels

The Implementation Reference Manual attempts to address these issues.

1.4. Development of a National Nutrition and HIV/AIDS Implementation Reference Manual

A national consultation workshop was held November 20–21, 2007, to identify the steps necessary to roll out the integration of nutrition interventions in HIV/AIDS care and support services provided through the existing health care delivery system. The workshop was attended by 47 participants working in the areas of nutrition and HIV/AIDS in Ethiopia and representing academic institutions, government offices, PEPFAR partners, NGOs, UN agencies, and the private sector. The participants developed an outline and proposed the content of a national nutrition and HIV/AIDS implementation strategy.

The Implementation Reference Manual was developed by the Technical Working Group on Nutrition and HIV/AIDS established under the Palliative Care Working Group. The document is based on the Multi-sectoral Plan of Action for Universal Access to HIV Prevention, Treatment, Care and Support in Ethiopia, 2007–2010.

A desk review was conducted to ensure that the Implementation Reference Manual concurs within GOE nutrition commitments in other plans and programs, especially Global Fund for AIDS, TB and Malaria proposals, national policy and strategic documents on HIV/AIDS, guidelines for management of childhood and adult illness, national protocol for management of severe acute malnutrition, infant and young child feeding strategy, and PEPFAR guidelines related to the food and nutrition needs of PLHIV. Visits and consultations were made with key stakeholders including the United Nations Children's Emergency Fund (UNICEF), WFP, USAID, the U.S. Centers for Disease Control (CDC), and SC-USA to make sure their long-term plans on nutrition and

HIV were reflected in the Implementation Reference Manual. This publication was reviewed by the Technical Working Group on Nutrition and HIV/AIDS and Palliative Care and Treatment Working Group, whose recommendations were incorporated before the final document is approved.

2. Purpose and Objectives of the National Nutrition and HIV/AIDS Implementation Reference Manual

The purpose of the Implementation Reference Manual is to realize the integration of nutrition in ART services as part of the comprehensive response to HIV/AIDS in order to improve quality of life and health of PLHIV. It will cover all regions of the country in collaboration with the Federal Ministry of Health, Regional Health Bureaus and HAPCO. Its specific objectives are listed below.

- Provide essential information on nutrition and HIV/AIDS to the public, NGOs, CBOs, and others
- Introduce implementation modalities based on the Guideline and within the frameworks of other strategic working documents related to HIV/AIDS
- Provide ways to increase coverage of food and nutrition services for PLHIV through PMTCT, TB, and HIV care and treatment centers and programs for OVC and other vulnerable groups (e.g., malnourished adults, pregnant and lactating women, adolescents, children)
- Define approaches to increase access to quality nutrition care and support services for PLHIV in Ethiopia
- Promote training of health and community workers on nutrition and HIV/AIDS using the recommended curriculum
- Define ways to increase awareness of available materials and information on nutrition and HIV/AIDS
- Standardize and harmonize specifications for appropriate therapeutic and supplementary foods for clinically malnourished PLHIV in care and treatment programs, pregnant and lactating women in PMTCT programs, and infants of HIV-positive women
- Improve coordination and networking among public and private institutions providing services or financing food and nutrition interventions in the context of HIV/AIDS
- Define logistics of supply and management of commodities and equipment needed for food and nutritional care services

3. Targets

The Implementation Reference Manual sets the following targets for implementation by 2011:

1. Fifty percent of ART sites providing nutrition assessment, counseling, and education and management of malnutrition to HIV-positive clients
2. Fifty percent of ART sites with adequate stocks of nutrition supplements for severely malnourished inpatients
3. Hundred percent of HIV-positive mothers in PMTCT sites, 44 percent of targeted PLHIV, 100 percent of severely malnourished HIV-positive adults and children, and 30 percent of targeted OVC all provided with nutrition care plan¹⁰
4. Hundred percent of health facilities with ART services provided with the Guidelines and updated IEC materials, all provided with appropriate orientation on their use
5. Hundred percent of health facilities providing nutrition and HIV/AIDS services receiving a nutrition and HIV/AIDS IEC/BCC package for service providers and communities
6. Nutrition indicators integrated into the HIV/AIDS M&E framework
7. Ongoing advocacy for the integration of nutrition in HIV/AIDS services in conjunction with planned advocacy activities of Multi-sectoral Plan of Action for Universal Access to HIV Prevention, Treatment, Care and Support in Ethiopia 2007–2010
8. Hundred percent of facilities who provide food and nutrition services receive orientation training prior to the commencement of services as part of ART program

¹⁰ All targets are quoted from the Federal HIV/AIDS Prevention and Control Office's Multi-sectoral Plan of Action for Universal Access to HIV Prevention, Treatment, Care and Support in Ethiopia 2007–2010.

4. Major Components and Activities

To meet the objectives of the Implementation Reference Manual, the GOE will mainstream nutrition care and support for PLHIV through the activities listed below. Each section describes needs and gaps in the current context and lists objectives, strategies, activities, indicators, and responsible parties.

4.1. Standardizing Food and Nutrition Services for Clinically Malnourished PLHIV, PMTCT Women, and OVC

Needs and Gaps

Nutrition and HIV/AIDS services are virtually nonexistent, and there are no specific standards that could be integrated into existing care and support programs, including ART services. Available nutrition services are not evenly distributed to benefit the target groups. In addition, the existing food support programs are not linked with clinical services for continuity of care at community levels. Planning and coordination are also weak and where plans exist, financing is a challenge. Most health facilities lack basic equipment to deliver nutrition services, and health care providers do not know what kind of care and treatment is appropriate for different degrees of malnutrition. The existing M&E system needs to be strengthened to ensure quality of services. Current guidelines need to be reviewed to make sure they clearly define the kinds of foods that can be prescribed to PLHIV, the eligibility (i.e. entry and exit) criteria for therapeutic and supplementary feeding, and the process for food distribution and handling. It is also important to consider the appropriateness of various food commodities in the HIV context, including processing methods, preparation requirements, palatability and digestibility, fortification, acceptability, ration size, and duration of food assistance.

Objectives

- To develop a nutrition service package for PLHIV, including severely malnourished PLHIV
- To introduce RUTF and supplementary feeding to manage different degrees of malnutrition among PLHIV
- To standardize and coordinate food and nutrition care plan services.
- To integrate nutrition into HIV care and support services
- To provide nutrition services to PLHIV, including severely malnourished PLHIV, and strengthen linkages with livelihood support programs
- To develop guidance on eligibility criteria for food and food specifications for PLHIV

Strategies

- Introduce nutrition care for PLHIV and set guidelines for the management and use of therapeutic and supplementary food products

- Secure financial resources for procurement of therapeutic and supplementary foods, anthropometric equipment, and micronutrient supplies for PLHIV
- Set guidelines for the procurement, management and use of food products
- Strengthen logistics and management systems for food and nutrition services and supplies

Activities

- Establish standards for clinical nutrition services, including assessment (i.e. measuring height and weight, calculating BMI, and measuring mid-upper arm circumference [MUAC] for clients whose height cannot be taken and for pregnant and lactating women), counseling, and education
- Establish quality assurance standards for nutrition assessment and care
- Develop and disseminate standards for therapeutic and supplementary foods for PLHIV
- Provide basic equipment to assess the nutritional status of PLHIV in unequipped facilities
- Establish a system to refer PLHIV for food assistance and livelihood support where such services are available

Indicators (pool of indicators to be selected from based on the type of program)

- Number and proportion of PLHIV receiving nutrition assessment and counseling
- Number and proportion of health care providers and counselors trained in nutrition assessment, counseling, and nutrition care plan distribution
- Number and proportion of malnourished PLHIV provided with therapeutic and supplementary foods
- Number and proportion of PLHIV with different degree of malnutrition receiving nutrition services
- Adequacy of financial resources to procure food and nutrition support in the short and long term
- Referral system established for household food assistance and livelihood support
- FBP implementation guide/nutrition care plan for health workers developed and distributed

Responsible Organizations

- HAPCO/FMOH/Family Health Department (FHD)

4.2. Strengthening Human Resource Capacity

Needs and Gaps

The limited human resource capacity at all levels in Ethiopia is a serious limitation for the planned scale-up of nutrition and HIV/AIDS interventions. A large number of health facility and community personnel have to be trained and retrained in the short term. The training should focus on: HIV-related skills; the relation between nutrition and HIV and the impact of HIV on the health and nutrition of PLHIV; stigma and discrimination; nutrition assessment and counseling; and clinical management of nutrition problems among PLHIV. The health sector needs to be strengthened through refresher and on-the-job training of the physicians, nurses, and other personnel who provide nutrition care and support to PLHIV and OVC. Universities and other training institutions (e.g., colleges, specialized schools) should be strengthened to integrate nutrition and HIV/AIDS in their pre-service training and to train more nutritionists and dieticians. HAPCO also needs stronger nutrition capacities from the federal to woreda levels. Furthermore, capacity needs to be strengthened in operations research, surveillance, and M&E of planned activities.

Objectives

- To train personnel in nutrition and HIV/AIDS to act as focal persons in facilities offering nutrition services for PLHIV at all levels
- To ensure standardized nutrition and HIV/AIDS interventions are properly implemented in health facilities
- To ensure a critical mass of trained and motivated nutrition and HIV professionals at different levels

Strategies

This is a two-pronged approach, where in the short and medium-term nurses and health extension workers (HEWs) are trained in nutrition and HIV to provide care and support, and in the long-term pre-service training of cadres of nutritionists occur through establishment or strengthening of higher level training program.

- Identify local institutions (i.e. centers of excellence) to training professionals in nutrition and HIV/AIDS in line with the NNP
- Review, update, and introduce clinical nutrition curricula and develop a national training plan in nutrition and HIV/AIDS

Activities

- Assess needs, establish a database of technical and national human resources, and identify capacity to address gaps

- Strengthen technical capacity to support pre-service and (in the short term) in-service training in nutrition and HIV/AIDS for doctors, nurses, nutritionists, dieticians, and HEWs
- Develop training curricula, manuals, standards, and materials that integrate the essential components of the Guideline
- Organize training of trainers (TOT) at various levels through institutions that can sustain nutrition and HIV/AIDS training
- Plan for in-service training for service providers at all levels

Indicators (pool of indicators)

- Database established
- Needs assessment conducted
- Number of training facilities and units established or strengthened
- Number of trainers trained and available
- Number of training courses, including in-service courses, conducted at various levels
- Number of service providers trained and available
- Number of curricula incorporating the Guideline

Responsible Organizations

- HAPCO/FMOH, RHB

4.3. Disseminating the National Guidelines for HIV/AIDS and Nutrition

Needs and Gaps

The Guideline have not been formally disseminated. No health care or service providers have been orientated on the content of the Guideline. As a result, most service providers do not have up-to-date information, adequate knowledge, or skills to operationalize the Guideline. Existing training manuals on palliative care and other materials used in care and treatment of PLHIV do not adequately reflect the Guideline. Apart from dissemination of the Guideline, related advocacy work is needed.

Objectives

- To prepare a dissemination plan for the Guideline
- To orient HIV/AIDS care and support service providers in the Guideline

Strategies

- Conduct workshops to disseminate and orient stakeholders in the Guideline
- Hold meetings to advocate for the operationalization of the Guideline

Activities

- Revise and reprint existing nutrition and HIV guidelines
- Organize a dissemination workshop with partners at various levels to launch the Guideline
- Disseminate the Guideline, strategic plan, and other resources
- Prepare a press conference kit in collaboration with media organizations
- Develop advocacy materials to reinforce and improve awareness of the importance of nutrition interventions in HIV/AIDS

Indicators (pool of indicators)

- Number of workshops held
- Number of stakeholders invited to the workshops
- Number of copies of the Guideline
- Number of Dissemination channels
- Number of Press kit developed
- Number of press conferences held
- Number of service provision sites with the Guideline available

Responsible Organizations

- HAPCO/FMOH/FHD, RHB

4.4. Disseminating IEC and BCC Tools and Materials

IEC and BCC materials on nutrition and HIV/AIDS should be produced in sufficient quantities for distribution to all implementing partners. Various materials (e.g., posters, flipcharts, brochures, leaflets, fliers) should be developed or adapted for local use. Audio cassettes should be used as sources of practical information for different stakeholders. Arrangements should be made with the appropriate media organizations to broadcast messages on nutrition and HIV/AIDS. Radio and television—which are accessible to most people in the country—are particularly important for transmitting spot messages and education programs.

Objectives

- To develop and standardize nutrition and HIV/AIDS IEC and BCC materials and use multiple channels to communicate key messages

Strategies

- Disseminate IEC and BCC tools on nutrition and HIV/AIDS to health facilities and community nutrition and HIV/AIDS programs
- Disseminate information on nutrition and HIV/AIDS through appropriate communication channels
- Ensure community involvement in nutrition and HIV/AIDS program design and implementation where appropriate.

Activities

- Revise and develop IEC/BCC materials
- Disseminate IEC/BCC materials on nutrition and HIV/AIDS using different communication channels (e.g., print and electronic media, community drama, dialogue, community conversation)
- Arrange awareness-creation programs in collaboration with health networks, PLHIV networks and other NGOs working in nutrition and HIV/AIDS

Indicators

- Type of IEC and BCC materials disseminated
- Number of IEC and BCC materials disseminated

Responsible Organizations

- HAPCO/FMOH/FHD, HEEC

4.5. Establishing Partner Coordination and Collaboration Mechanisms

Needs and Gaps

Implementation of the Guideline calls for active participation and collaboration by a wide range of actors, including government bodies, NGOs, multilateral and bilateral funding agencies, the private sector, FBOs, teaching and research institutions, and the community at large which includes PLHIV. This requires an effective partnership, coordination, and networking mechanism to avoid duplication of efforts and wastage of resources, promote exchange of promising practices, and enhance and promote synergy.

HAPCO has been coordinating the nutrition and HIV/AIDS activities of multi-sectoral actors at all levels. Current coordination needs to be strengthened to put in place the Three Ones principle advocated by the United Nations Special Program on AIDS (UNAIDS; i.e. one agreed AIDS action framework, one national coordinating committee, and one agreed country-level monitoring and evaluation system). The Multi-sectoral Plan of Action for Universal Access to HIV Prevention, Treatment, Care and Support in Ethiopia 2007–2010 assigns the leading institutional role of coordination and networking

to HAPCO and the partnership forums. HACPO, and the FMOH/FHD, will play a leading role in coordinating partners to implement the Implementation Reference Manual.

Objectives

- To coordinate support, technical interventions, and M&E of nutrition and HIV/AIDS services
- To harmonize efforts with partner organizations to minimize duplication and ensure synergy
- To ensure coherence of nutrition and HIV/AIDS policies, guidelines, and standards of interventions

Strategies

- Foster partnerships and collaboration among the public and private sectors and among international organizations and donors.
- Create a forum to facilitate coordination and networking among partner organizations involved in nutrition and HIV/AIDS programs
- Strengthen HAPCO's and FHD capacity to coordinate and guide partners' implementation and reporting of nutrition and HIV/AIDS activities according to their core mandates

Activities

- Disseminate information on the Guideline, IEC/BCC material and clinical nutrition training guide manual for nutrition and HIV/AIDS including policy environment and opportunities, and the roles of public, private, and donor organizations in implementation of the Guideline
- Prepare a database of organizations working in nutrition and HIV/AIDS (e.g., activities, locations, duration of programs)
- Strengthen the technical working group on nutrition and HIV/AIDS by including the private sector, universities, teaching institutions, and organizations and communities working with OVC and HBC
- Coordinate activities of implementers and donors and encourage joint planning
- Develop a memorandum of understanding on implementation and coordination of partners providing and integrating nutrition and HIV/AIDS services

Indicators (pool of indicators)

- National network forum held
- Number of memoranda of understanding with partner organizations to strengthen linkages and coordination where necessary
- Partner responsibilities and tasks defined
- Number of links with PLHIV, the private sector, and teaching and research institutions

- Number of regular activity reports

Responsible Organizations

- HAPCO/FMOH/FHD

4.6. Mobilizing Resources and Commitment

Needs and Gaps

Institutional capacity at all levels and in all sectors to implement quality nutrition and HIV/AIDS services is the major stumbling block for national response to the need to integrate nutrition assessment, counseling, and support into care and treatment of PLHIV. Special attention is needed to strengthen capacity to scale up service delivery and program planning, implementation, coordination, and M&E. Adequate and consistent supply of essential therapeutic and supplementary foods, anthropometric measurement equipment, IEC and BCC materials, and recording forms is a problem at all levels. Guidelines and standards are needed to define how these provisions will be procured and distributed. The organizational set up and staffing of service providers from the federal to the woreda and community levels need to be strengthened. Outsourcing of specialized tasks when necessary could improve overall services. These actions require strong advocacy and mobilization for continued partner commitment and support.

Objectives

- To ensure adequate infrastructure for the start up and roll out of nutrition and HIV/AIDS programs
- To maintain high-level commitment of adequate resources to cover the demand for nutrition and HIV/AIDS services by PLHIV and health care providers

Strategies

- Advocate for the urgent incorporation of nutrition and HIV/AIDS into all public and private sector and community organizations
- Establish links with donors and partners to fund capacity building in nutrition and HIV/AIDS
- Adopt best practices in nutrition and HIV/AIDS
- Advocate for increased commitment at public, private, NGO, and community levels to support nutrition and HIV/AIDS

Activities

- Assess the capacity of facilities selected to provide nutrition and HIV/AIDS services at various levels
- Strengthen nutrition and HIV/AIDS services with needed human and financial resources

- Develop partnerships, especially with the private sector and NGOs
- Coordinate community mobilization to support nutrition and HIV/AIDS activities
- Identify sustainability mechanisms and follow up income generation activities
- Strengthen the capacity of PLHIV networks

Indicators (pool of indicators)

- Comprehensive needs assessment conducted
- Number of service providers possessing necessary resources such as equipments, supplies and IEC/BCC materials for nutrition care services
- Number of partnerships between public and the private sector and NGOs
- Number of community mobilization activities and community-based nutrition support activities initiated
- Number of PLHIV networks strengthened
- Number of specialized tasks outsourced (e.g. distribution of RUTF to health facilities)
- Number of structures and organizations strengthened

Responsible Organizations

- HAPCO/FMOH

4.7. Establishing Commodity Distribution and Logistics Systems

Demand for food as a component of nutrition care is increasing, especially for people receiving ART. However, commodity distribution systems for therapeutic and supplementary foods for PLHIV and OVC are a major challenge and operational and logistical costs to reach rural and remote areas are high. Because health facility sites lack space for storage and distribution of food commodities, alternative channels are needed (e.g., HBC and PLHIV networks, community stores, CBOs).¹¹ Budgets and financial resources are needed to maintain a commodity pipeline for adequate and timely nutrition and food supplies. In addition, specifications are needed for selecting and procuring products with adequate nutrient content and shelf life, monitoring and ordering food stocks, transporting food, and storing and handling food at distribution sites to ensure continuous and reliable supply and distribution. PLHIV discharged from the nutrition and food program need to be followed up to ensure they have the social and livelihood means to maintain good nutrition. Referral links need to be established between care and treatment programs and programs providing livelihood and social support of PLHIV. This intricate system requires strong partner coordination.

¹¹ Food assistance program managers can find guidance on commodity procurement, storage, accounting and reporting in the World Food Programme's 2002 Food Distribution Guidelines and in the United States Agency for International Development's Office of Food for Peace guidelines. www.wfp.org, www.usaid.gov.

Objectives

- To develop distribution and logistics systems for food distribution to PLHIV
- To identify and address problems related to logistics and management of food assistance
- To identify mechanisms to ensure sustainability of food supplies
- To establish quality assurance systems

Strategies

- Strengthen the existing government logistics system to handle procurement and distribution of nutrition supplements
- Coordinate partners that purchase food for PLHIV to ensure equity, avoidance of duplication and learning
- Adopt and improve a food distribution mechanism
- Strengthen inter-sectoral links among partners providing care and treatment for PLHIV and those providing livelihood and social support

Activities

- Establish quality control/quality assurance systems to maintain standards for nutrition supplements
- Conduct a situation analysis of distribution mechanisms for therapeutic and supplementary foods and the roles of various stakeholders
- Learn from organizations that have used alternative food distribution mechanisms (e.g., CBOs, HBC, health facilities) and pilot food distribution through these alternative channels
- Establish adequate infrastructure and space to facilitate distribution of therapeutic and supplementary food at health facilities which includes encouraging partners to share resources (i.e. staff, office space, infrastructure, warehousing, logistics)
- Coordinate and direct funding to establish commodity distribution and logistics systems

Indicators

- Number of facilities with infrastructures and space for storage and distribution of FBP
- Number of joint planning and operation mechanisms among partners
- Percentage of ART sites with food storage and distribution mechanisms
- Percentage of ART sites with links to livelihood and social service interventions for PLHIV
- Mechanism for HAPCO/FMOH coordination and funding of food and nutrition programs for PLHIV

Responsible Organizations

- HAPCO/FMOH/DPPA

4.8. Defining Partner Roles and Responsibilities

Needs and Gaps

Various agencies will implement nutrition interventions for PLHIV based on this Implementation Reference Manual. The roles of HAPCO, the Ministry of Agriculture, the regions, the National Forum for PLHIV, and other bodies need to be defined. The technical working group will be housed under FHD/MOH to coordinate the national program. FHD/MOH at national and regional levels will be responsible for overall coordination and monitoring, while individual implementing organizations will conduct routine monitoring of their programs. The Ministry of Agriculture is expected to mobilize resources internally and externally from government and private institutions and external sources (e.g., the Food and Agriculture Organization of the United Nations [FAO], WFP) for food assistance. The national forums for PLHIV will solicit funds from different sources to develop the capacity PLHIV networks and increase access, coverage, and integration of nutrition and HIV/AIDS programs.

Community mobilization is vital for HIV prevention and treatment and for the care and support of PLHIV and OVC. The Implementation Reference Manual places special emphasis on encouraging community participation, particularly in income generating activities and food and shelter support, particularly for OVC.

Apart from the public sector, partner organizations will have different roles and responsibilities for implementing the proposed plan of action at various levels. Partnerships are needed among NGOs on all levels, UN agencies, government bodies, CBOs, PLHIV, and communities for a comprehensive and holistic approach to addressing the nutrition problems of PLHIV. Partnerships can take many forms including cooperating, complementary, and coordination partnerships. Partners need to appreciate each other's mandates and roles, exchange expertise and experience, and be as flexible as possible to achieve their program goals in the context of the Implementation Reference Manual.

Objectives

- To strengthen partnerships among public, private, NGO, and donor sectors
- To define the mandates of public, private, NGO, and donor stakeholders in the implementation of the Guideline
- To build partner capacity in nutrition and HIV/AIDS
- To encourage a multi-sectoral approach by emphasizing the Three Ones principle

Strategies

- HAPCO/FMOH take lead role in coordinating the Nutrition and HIV programs
- Ensure the involvement of public, private, NGO, and donor stakeholders through task force building.
- Encourage implementation of nutrition and HIV/AIDS activities by NGOs, FBOs, PLHIV associations, teaching and research institutions, and health facilities
- Strengthen partner capacities and coordination

Activities

- HAPCO and Family Health Department of MOH will provide leadership in the process of integration of nutrition in HIV/AIDS services
- The existing national technical working group on nutrition and HIV/AIDS in partnership with key partners will be strengthened.
- Ensure support of partners such as the Ministry of Agriculture and PLHIV to strengthen coordination and fundraising
- Create forums for implementing CBOs, FBOs, and PLHIV to advocate, mobilize communities, and disseminate information according to their mandates
- Document agreed roles and responsibilities through a memorandum of understanding (MOU)

Indicators

- National Nutrition and HIV/AIDS Technical Working Group established
- Work plan developed
- Mandate of different stakeholders defined
- Reporting system established

Responsible Organizations

- HAPCO/ Family Health Department of FMOH

4.9. Integrating Nutrition into HIV/AIDS Monitoring and Evaluation

Needs and Gaps

A system as well as timely data collection and reporting are critical to ensure adequate operationalization of the Guideline and implementation of the Nutrition and HIV Program. Indicators should be agreed on among HAPCO, FMOH, and key partners and integrated into Ethiopia's national HIV/AIDS M&E framework. Data collection tools and instruments based on agreed indicators will be needed. The essential components should be included and incorporated in the national health management and information system (HMIS) and the nutrition information system of the NNP. HAPCO and the Family Health

Department of MOH in collaboration with the regional HIV/AIDS prevention and control offices will be responsible for overall coordination and monitoring.

Partners will need to collect, report and share data on client nutritional status at the service delivery level as well as on coverage, equity and meeting the responsibilities defined in this publication at the implementation level. The indicators suggested in this document could be used to monitor and evaluate progress in implementing the proposed activities. Progress in carrying out the activities of the Nutrition and HIV program can be shared during the meetings of the Technical Working Group on Nutrition and HIV/AIDS.

Quality implementation of the Nutrition and HIV program requires adequate supervision of service providers against agreed criteria. Supervisory checklists and a system for regular supervisory monitoring visits to nutrition and HIV/AIDS programs need to be established. Apart from collecting and reporting nutrition and HIV/AIDS data, a mechanism is needed to document promising practices and share them among the various implementing partners. This process will allow exploration of important questions, such as the feasibility and advisability of institutionalizing standardized clinical nutrition services for PLHIV in different settings.

Objectives

- To monitor program planning, design, and implementation and training to ensure compliance with this Implementation Reference Manual
- To evaluate the effectiveness of different approaches to integrate nutrition into HIV/AIDS services and programs
- To identify barriers and challenges that affect implementation of activities proposed in this Implementation Reference Manual

Strategies

- Use a standardized and uniform data collection format
- Integrate key nutrition indicators into the HMIS and HIV/AIDS M&E framework and the nutrition information system of the NNP
- Analyze progress against agreed indicators and targets
- Carry out operations research

Activities

- Develop standardized formats for data collection and reporting
- Integrate the standardized reporting format into the HMIS
- Monitor and evaluate progress according to indicators through activity reports from partner organizations and take corrective measures when necessary
- Identify priority operations research areas and collaborate with local and international organizations to conduct operations research

Indicators

- Registry, reporting, and auditing mechanisms developed
- Number and proportion of sites collecting nutrition data
- Number and proportion of sites submitting information on time
- Incorporation of nutrition indicators in the HIV/AIDS M&E framework, including HMIS
- Number of National Nutrition and HIV/AIDS Technical Working Group meetings discussing the Nutrition and HIV programs.

Responsible Organizations

- HAPCO/FMOH/FHD/EHNRI

Annex 1 is the implementation and results framework for the Implementation Reference Manual.

ANNEX 1. Implementation Matrix and Results Framework

Planned results		Time frame	Lead agencies	Key partners
1. Standardizing food and nutrition services for clinically malnourished PLHIV, PMTCT women, and OVC				
1.1	Standards for clinical nutrition services developed	January–July 2008	FHD/HAPCO/AED/ FANTA	PEPFAR partners, Global Fund, UN agencies, CHAI, Concern, CBOs, food industries, Ethiopia Health and Nutrition Research Institute
1.2	Basic equipment provided to assess the nutritional status of PLHIV provided	2009	FHD/HAPCO/ PEPFAR partners	Same as above
1.3	Quality assurance standards established for nutrition assessment and care	2009	FHD/HAPCO/ member of Technical Working Group (TWG)	Same as above
1.4	Referral system established for food assistance and livelihood support for PLHIV	2009	FHD/HAPCO/WFP	Same as above
1.5	Standards for therapeutic and supplementary foods for PLHIV developed and disseminated	August 2008	HAPCO/SCMS	Same as above
2. Strengthening human resource capacity				
2.1	Results of needs assessment analyzed and database of technical and national human resources and capacity compiled	August 2008	FHD/HAPCO/JHU and FANTA at AED	Same as above

Planned results		Time frame	Lead agencies	Key partners
2.3	Training curriculum, manuals, standards, and materials developed	March–July 2008	FHD/HAPCO	Same as above
2.2	Training curriculum, manuals, standards, and materials developed	2009	FHD/HAPCO	Same as above
2.3	Technical capacity of teaching institutions in pre-service and in-service training in nutrition and HIV/AIDS strengthened	2009/2010	FHD/HAPCO	Same as above
2.4	TOT rolled out at various levels through training institutions	2009	FHD/HAPCO	Same as above
2.5	Provide in-service training at all levels	2009-20011	FHD/HAPCO/ Implementing Partner Organizations (IPOs)	Same as above
3. Disseminating the National Guideline for HIV/AIDS and Nutrition				
3.1	Dissemination workshop held and the Guideline launched	September 2008	FHD/HAPCO/ FANTA at AED	PEPFAR partners, Global Fund, UN organizations, NGOs, CBOs, training institutions, professional associations, referral and training hospitals, international organizations

Planned results		Time frame	Lead agencies	Key partners
3.2	The Guideline disseminated at various levels	September 2008 onwards	FHD/HAPCO/Partners	Same as above
3.5	Advocacy materials developed to reinforce and improve awareness of the importance of nutrition interventions in HIV/AIDS	September 2008	FHD/HAPCO/Partners	Same as above
4. Disseminating IEC and BCC tools and materials				
4.1	Key nutrition and HIV/AIDS messages disseminated through different communication channels	September 2009 onwards	FHD/HAPCO/IPOs	Same as above
4.2	PLHIV networks and other NGOs working in nutrition and HIV/AIDS oriented on available IEC and BCC materials	September 2009 onwards	FHD/HAPCO/IPOs	Same as above
5. Establishing partner coordination and collaboration mechanisms				
5.1	The Guideline disseminated to public, private, and donor organizations to encourage joint collaboration in implementation	September 2009 onwards	FHD/HAPCO/IPOs	UNICEF, USAID, FANTA at AED, PEPFAR partners
5.2	Database of implementing partners developed and updated	August 2008	FHD/HAPCO/IPOs	Same as above
5.3	Technical Working Group on Nutrition and HIV/AIDS established and functioning	April 2008 onwards	FHD/HAPCO/IPOs	Same as above
5.4	MOU on implementation modalities and coordination with implementing partners	2009 onwards	FHD/HAPCO/IPOs	Same as above

Planned results		Time frame	Lead agencies	Key partners
6. Mobilizing resources and commitment				
6.1	Capacity of facilities selected to provide nutrition and HIV/AIDS services assessed	2009	FHD/HAPCO/IPOs	Same as above
6.2	Human and financial resources provided to nutrition and HIV/AIDS services	2009 onwards	FHD/HAPCO/IPOs	Same as above
6.3	Partnerships developed with the private sector and NGOs	Ongoing	FHD/HAPCO/IPOs	Same as above
6.4	Community mobilization to support nutrition and HIV/AIDS coordinated	Ongoing	FHD/HAPCO/IPOs	Same as above
6.5	Mechanisms to sustain and maintain adequate nutrition for PLHIV identified	Ongoing	FHD/FHD/HAPCO/IPOs	Same as above
6.6	Capacity of PLHIV networks to support nutrition for PLHIV supported	Ongoing	FHD/HAPCO/IPOs	Same as above
7. Establishing commodity distribution and logistics systems				
7.1	Situation analysis of food distribution mechanisms (i.e. supplementary and therapeutic foods) and roles of various stakeholders conducted	Ongoing	FHD/HAPCO	PEPFAR partners, Global Fund, UN agencies, FANTA at AED, FMOH, NGOs, FBOs, CBOs
7.2	Food distribution piloted through alternative channels	2010	FHD/HAPC/IPOs	Same as above

Planned results		Time frame	Lead agencies	Key partners
7.3	Adequate infrastructure and space ensured to facilitate distribution of therapeutic and supplementary food at health facilities	Ongoing	FHD/HAPCO	Same as above
7.4	Amount of funding needed to strengthen commodity distribution and logistics systems determined	Ongoing	FHD/HAPCO	Same as above
8. Defining partner roles and responsibilities				
8.1	National task force (technical working group) on nutrition and HIV/AIDS established	April 2008	FHD/HPCO/IPOs	PEPFAR partners, Global Fund, UN agencies, FANTA at AED, FMOH, NGOs, FBOs, CBOs
8.2	Partner support to strengthen coordination and fundraising ensured	Ongoing	FHD/FHPCO/IPOs	Same as above
8.3	Forums created for implementing CBOs, FBOs, and PLHIV to mobilize communities and disseminate information	Ongoing	FHD/HPCO/IPOs	Same as above
9. Integrating nutrition into HIV/AIDS M&E				
9.1	Standardized formats developed for data collection and reporting	September 2008 onwards	FHD/HPCO/IPOs	PEPFAR partners, FANTA at AED, UN agencies, NGOs, CBOs, FBOs

Planned results		Time frame	Lead agencies	Key partners
9.2	Standardized data collection and reporting formats integrated into HMIS	August 2008	FHD/HPCO/IPOs	Same as above
9.3	Data gathered, analyzed and used for monitoring purposes	2009 onwards	FHD/HPCO/IPOs	Same as above
9.4	Operations research conducted and results used to refine standards of services	2009 onwards	FHD/HPCO/IPOs	Same as above



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