

Kenya Nutrition and HIV/AIDS Strategy



2007 to 2010



REPUBLIC OF KENYA
MINISTRY OF MEDICAL SERVICES



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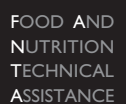


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Foreword

The national HIV/AIDS programmes are guided by the Kenya's National AIDS Strategic Plan (KNASP) and the National Health Sector Strategic Plan II (NHSSPII) for 2005-2010. These plans provide an action framework for the national response to priority areas of the epidemic as well as goals and targets for respective interventions. From these corporate plans, the National AIDS/STI Control Programme (NASCO) along with stakeholders in nutrition care and support have developed a business plan with a nested functional strategy to guide nutrition interventions during the remaining plan period.

Globally, the ravages of the pandemic on productivity and purchasing power have heightened the risk of malnutrition among infected and affected persons. Furthermore, reduced access to adequate quality food, poor appetite due to disease or medications, increased energy demands, and malabsorption associated with HIV disease progression cause malnutrition. High rates of malnutrition among eligible antiretroviral therapy (ART) patients and emerging evidence on the significance of moderate and severe malnutrition as an independent predictor of mortality of people living with HIV/AIDS (PLWHA) underline the need to scale up nutrition interventions. With improved understanding of the relations between HIV disease and nutrition, prevention and correction of malnutrition are now universally integrated into the response to the HIV/AIDS pandemic to reduce the rates of malnutrition and associated morbidity and mortality as well as improve responsiveness, effectiveness and treatment outcomes.

The 2006 national HIV/AIDS statistical estimates indicate significant scale-up of ART and prophylactic therapy. With first-line interventions scaled up to national level, compelling knowledge and experience in nutrition care and support require consolidation and scale-up to ensure realisation of the goals and targets agreed upon in KNASP and NHSSPII. This strategy operationalises the scale-up of nutrition interventions in HIV/AIDS by Kenya's government, development partners and stakeholders. In this regard, the strategy has been developed through a participatory process and multi-sectoral approach to facilitate mainstreaming for sustainability and equitability. The government fully appreciates contributions and participation by development partners and other stakeholders in preparing the strategy and for supporting ongoing nutrition interventions. We appeal to other partners and stakeholders to join this partnership to ensure that the targets agreed upon in both national and sectoral strategic plans are realised.



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Summary

The Kenya National HIV/AIDS Strategic Plan (KNASP) and the National Health Sector Strategic Plan II (NHSSP II) for 2005-2010 provide the framework for the country's response to the HIV/AIDS epidemic. The nutrition and HIV/AIDS agenda is driven by the three priority areas in the KNASP, but the main priority is improvement of the quality of life of people infected and affected by HIV/AIDS (Priority Area 2). The goal of nutritional interventions is to improve nutrition, health, quality of life and duration of survival of people infected with HIV. The targets for the period include strengthening the capacity of service providers to ensure that over 75 percent of PLWHA receive nutrition education and counselling and raising the proportion of hospitals that offer therapeutic nutritional care to 80 percent. This is intended to ensure provision of appropriate nutritional care, including supplements to all PLWHA who are eligible to receive them. Under mitigation of the impact of the epidemic, the health and nutrition needs of orphans and vulnerable children (OVC) are a key component of the livelihood target.

The Technical Working Group for Nutrition and HIV/AIDS and stakeholders held a series of consultation workshops under the aegis of NASCOP to identify strategies and targets that will drive the nutrition plan of action for the period 2007-2010. The purpose of this strategy is to accelerate mainstreaming of nutritional interventions in HIV/AIDS policies and programmes and to address key nutritional concerns of OVC with a view to realise full-scale implementation at the national level. The strategy is intended to guide a two-prong mainstreaming approach, namely:

- (a) Sensitising policymakers about the critical role that food and nutrition security plays and advancing nutrition and HIV/AIDS as a priority on the health agenda
- (b) Identifying nutrition interventions for integration into HIV/AIDS policies and programmes, and incorporating HIV/AIDS in food and nutrition policies and programmes

The strategy seeks to consolidate gains made, expand areas of operation in the scale-up to the national level and ensure synergy. In this regard, the plan and budget estimates for implementing this strategy were determined under these areas of operation: development and production of training and educational materials, human resources capacity strengthening, quality assurance and standards, communications and advocacy, coordination and collaboration, dietary commodity support, research and dissemination, and monitoring and evaluation (M&E). Of note is the alignment of these areas to existing structures and programmes to ensure efficiency and effectiveness. Critically important is the need to ensure detailed operations plans, adequate resources, commitment by all stakeholders and an efficient M&E system. The identified operations will require a total of Ksh 6.4 billion during the three-year period, an annual estimate of Ksh 2.1 billion. Eighty-four percent of this budget will go toward therapeutic and supplemental foods and micronutrient supplements for treatment of malnutrition and prophylactic support. It also is critically important to integrate the strategy in the annual operations plans and the medium-term expenditure framework of the health sector and other relevant sectors for sustainability, and to keep the strategy alive so that resource gaps can be addressed through emerging opportunities and innovations.

Acronyms

AAS	atomic absorption spectrophotometer
ACU	AIDS control unit
AED	Academy of Education Development
AMPATH	Academic Model for the Prevention and Treatment of HIV
APHIA II	AIDS, Population and Health Integrated Assistance
AR	applied research
ART	antiretroviral therapy
ASAL	arid and semi-arid land
BFF	blended fortified flour
BMI	body mass index
CACC	Constituency AIDS Control Committee
CCC	Comprehensive Care Centre
CDC	Centres for Disease Control and Prevention
CHEW	community health extension workers
COBPAR	Community-Based Programme Activity Reporting
CORPS	community-owned resource persons
CSO	civil society organisations
D/CH	Division of Child Health
DFID	Department for International Development
D/Nut	Division of Nutrition
D/RH	Division of Reproductive Health
D/SRS	Division of Sector Reform Secretariat
DDC	District Development Committee
DSC	District Sectoral Committee
DSG	District Steering Group
EPZ	export processing zone
ERS	Economic Recovery Strategy
ESARO	East and Southern Africa Regional Office
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agricultural Organisation
FBO	faith-based organisations
FBP	food by prescription
GIPA	greater involvement of people with HIV/AIDS
GLIA	Great Lakes Initiative on HIV/AIDS
GoK	Government of Kenya
HBC	home-based care
HMIS	health management information system
HPLC	high performance liquid chromatograph

Acronyms (Continued)

ICC	Interagency Coordinating Committee
ICT	information and communication technology
IEC	information, education and communication
IMCI	integrated management of childhood illness
IYCF	infant and young child feeding
JAPR	Joint Annual Programme Review
JICC	Joint Interagency Coordinating Committee
KANCO	Kenya NGOs Consortium
KARI	Kenya Agricultural Research Institute
KARSCOM	Kenya HIV/AIDS Research Coordinating Mechanism
KEBS	Kenya Bureau of Standards
KECOFATUMA	Kenya Consortium to Fight AIDS, TB and Malaria
KEFAN	Kenya Food and Nutrition Network
KEMRI	Kenya Medical Research Institute
KEPH	Kenya Essential Package for Health
KFSM	Kenya Food Security Meeting
KFSSG	Kenya Food Security Steering Group
KIE	Kenya Institute of Education
KIRAC	Kenya Inter-Religious AIDS Consortium
KMTC	Kenya Medical Training College
KNASP	Kenya's National AIDS Strategic Plan
KNH	Kenyatta National Hospital
M&E	monitoring and evaluation
MEDS	Mission for Essential Drugs and Supplies
MGCSSS	Ministry of Gender, Culture, Sports and Social Services
MMN	multiple micronutrients
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoH	Ministry of Health
MoLFD	Ministry of Livestock and Fisheries Development
MoHA	Ministry of Home Affairs
MoYA	Ministry of Youth Affairs
MSF	Médecins Sans Frontières (MSF)
MTEF	Medium Term Expenditure Framework
MUAC	middle upper arm circumference
NALEP	National Agriculture and Livestock Extension Programme
NASCOP	National AIDS/STI Control Programme
NEPHAK	National Empowerment Network of People Living with HIV/AIDS in Kenya

Acronyms (Continued)

NGO	non-governmental organisation
NHSSPII	National Health Sector Strategic Plan II
NPHLS	National Public Health Laboratory Services
OP	Office of the President
OR	operations research
OVC	orphans and vulnerable children
PATH	Program for Appropriate Technology in Health
PEPFAR	The President's Emergency Plan for AIDS Relief
PLHWA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
PNO	principal nursing officer
PPP	public-private partnerships
PSI	Population Services International
RUTF	ready-to-use therapeutic food
STI	sexually transmitted infection
TB	tuberculosis
TOT	training of trainers
TOWA	Total War Against HIV/AIDS
TWG	technical working group
UNICEF	United Nations Children's Fund
UoN	University of Nairobi
USAID	United States Agency for International Development
VCT	voluntary counselling and testing
WFP	World Food Programme
WHO	World Health Organisation

