

ANNEX 6: Rationalisation of Therapeutic and Supplemental Food Interventions

Client category/intervention required	Adults	Pregnant and lactating women	Children (< 14 years) ^a
1 ^b Population of HIV-positive clients and vulnerable children	943,000	68,000	103,000
2 ^c Estimated total population with advanced disease status	430,000 (46%)	40,800 (46%)	51,400 (50%)
3 Number at high risk of malnutrition	150,050 (35%)	18,604 (45%)	51,400 (100%)
4 Number with severe malnutrition (requiring RUTF)	22,500 (15%)	9,302 (50%)	15,400 (30%)
5 ^d Number with moderate malnutrition/risk (requiring BFF)	127,550 (70%)	9,302 (50%)	36,000 (70%)
6 Period of RUTF course	3 weeks	3 weeks	8 weeks
7 Period of BFF course	4 months (+ allowance for relapse)	6 months (+ allowance for relapse)	4 months [6- to 24-month-olds: throughout -100%. > 24 month-olds: throughout -50%
8 Number requiring MMN supplementation	Vulnerable clients not on RUTF or BFF	Vulnerable clients not on RUTF or BFF	Vulnerable clients not on RUTF or BFF
9 Period of MMN support	3-4 months/client/year	6 months then revert to regular ART care protocol	6 months/client/ year
10 ^e Number requiring point-of-use water treatment to prevent diarrhoea and stabilise gut ecology	471,500 (50%)	68,000 (100%)	103,000 (100%)
11 ^f Double orphans	-	-	349,000

a - Based on provisional estimates; to be stratified by age group when data become available.

b and c - Estimated from national statistics for 2006 (NACC and NASCOP, August 2007). No data are available for children. It is estimated that 50 percent will have at least one form of malnutrition.

d - Data on malnutrition rates among pregnant and lactating women were not available.

e - Rates of diarrhoea and severe gut ecology disturbances are estimated at 15 percent of the clients, not 50 percent as reported in literature. Water treatment at the point of use and counselling should contribute very significantly to reduction of diarrhoea episodes. Stabilisation of gut ecology using probiotics and synbiotics is on hold until a clear policy decision is made.

f - The strategy augments programmes targeting OVC in the country and limits intervention to children linked to ART programmes.

ANNEX 7: Commitments for Nutritional Commodities during FY 2007-08

UNICEF Support

Train 1,200 health and nutrition care providers on the management of malnutrition including HIV/AIDS and 1,200 health care providers of MCH/PMTCT services on integrated counselling on IYCF including HIV/AIDS.

Through joint support with WFP, provide supplementary and therapeutic nutritional support to HIV infected adults and children in 10 ASAL districts and Nairobi (Kibera). Support national scale-up of utilisation of MMN for PMTCT and paediatric CCC beneficiaries

Establish a baseline for nutritional interventions of PMTCT services as part of a five-country UNITAID effort. Publish and disseminate national job aids, counselling cards and IEC materials for infant feeding and HIV and nutritional care for children with HIV/AIDS.

WFP Support

Provide corn soy blend and dry rations to:

- a) Nairobi – Seven health facilities under Lea Toto programme sites and three community sites
- b) Busia District – Four divisions
- c) AMPATH – 18 sites in North Rift region
- d) Coast Province (proposed for 2008; US \$600,000) – Kilifi and Mariakani district hospitals
- e) Nyanza (proposed for 2009-2013) – Suba, Rachounyo, Bondo

USAID/INSTA (FBP) Programme

Provide therapeutic and supplemental foods to 58 MoH, Mission and private facilities: 16 in Nyanza province, nine in Eastern province, seven in Central province, six in Rift Valley province, five in Coast province, five in Western province, one in Eastern province and three extension sites.

MoH/Global Fund

Support 14 (target number) CCC sites in Suba district with food and nutritional supplements, training for service providers and support supervision.

ANNEX 8: Programme Monitoring and Evaluation Draft Framework and Indicators for Nutrition and HIV/AIDS Strategy

<p>Input - HR capacity strengthening, information systems, production and education materials, guidelines, assessment tools and other supplies, and processes</p>	<ul style="list-style-type: none"> • Key indicators related to nutrition are integrated into health national HIV/AIDS M&E reporting and plans of lead distribution of sectors and implementers • % of health facilities with necessary tools for proper nutritional • Number of health workers trained in nutrition and HIV/AIDS • % of community resource people trained in nutrition and ART use • % of facilities that have the standard package of nutritional supplies for HIV care/treatment • % of university, medical, nutrition, agriculture and veterinary faculties, and related institutions and colleges that have a curriculum and teach nutrition and HIV/AIDS • Number of community resource persons trained in nutrition and HIV/AIDS • % of health care workers sensitised on stigma issues • Number of new HIV/AIDS and nutrition print materials produced and distributed • Number of hours radio and TV spots are aired • % of CACCs and District Development Committees trained on food and nutrition
<p>Output - services delivered and coverage</p>	<ul style="list-style-type: none"> • Number of clients assessed for nutritional risk • Number of clients given nutrition education and counselling • Number of clients provided with prescribed therapeutic or supplemental food and/or MMN and/or gut support formulations • % of eligible clients who receive therapeutic/supplemental food support • % of eligible clients who treat drinking water at the point of use • % of treatment centres, CCCs and other service points with integrated nutrition programmes • % of district HIV care programmes with nutrition integrated • Number of infected and affected people reached through outreach programmes • Number of OVC given nutritional assistance
<p>Outcome - changes resulting from delivered services practices after counselling</p>	<ul style="list-style-type: none"> • Number of clients who adopt and maintain recommended dietary practices after counselling • Number of clients who adopt and maintain appropriate food hygiene, water safety and lifestyle • % of clients receiving therapeutic/supplemental food who fully adhere to treatment regimens • % of clients with reduced frequency of gut-related and/or other opportunistic illnesses
<p>Impact - effect of the interventions on health and nutrition of clients</p>	<ul style="list-style-type: none"> • % of clients able to work • % of malnourished adults who recovered after nutritional therapy • % of malnourished children who recovered after nutritional therapy • % of inpatients with reduced average length of stay • % of OVC in good nutrition status

ANNEX 9: Bibliography

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