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## **Nutrition Care and Support of People Living with HIV in Countries in Francophone Africa: Progress, Experience, and Lessons Learned**

### **EXECUTIVE SUMMARY**

Djibril Cissé, Helen Keller International  
Serigne M. Diène, FANTA-2

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## Abbreviations and Acronyms

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AIDS	Acquired immune deficiency syndrome
ARV	Antiretroviral
CBO	Community-based organization
ECOWAS	Economic Community of West African States
FANTA	Food and Nutrition Technical Assistance
HIV	Human immunodeficiency virus
M&E	Monitoring and evaluation
MOH	Ministry of Health
NGO	Nongovernmental organization
PLHIV	People living with HIV
RDA	Recommended Daily Allowance
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

## Executive Summary

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Recognizing the important role that food and nutrition interventions play in the global response to the HIV pandemic, many countries have integrated food and nutrition components into their national HIV services and programs. The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) support countries in these efforts through international consultations, the issuance of recommendations on nutrient requirements, the development of guidelines, and the provision of technical assistance to governments. Much of this work has focused on eastern, central and southern African countries where the HIV pandemic is most severe. These interventions are important in West Africa, though, as well, where HIV prevalence may not be as high but malnutrition rates often are.

This report presents the results of a 2008 review of progress in integrating nutrition into the care and support of people living with HIV (PLHIV) in 18 francophone countries in western and central Africa. It was prepared in response to a request from WHO and shared during a Nutrition and HIV Consultation organized by WHO in November 2008 in Ouagadougou, Burkina Faso. This consultation followed an earlier one organized by WHO in May 2007 in Nairobi, Kenya, to evaluate progress in eastern and southern Africa.

The methodology for the review included collecting information from official resource persons (i.e., nutrition focal points, officials in charge of nutrition and HIV programs at the Ministry of Health [MOH] level, representatives of National AIDS Control programs) and reviewing documents (e.g., national guidelines and protocols, training manuals, monitoring and evaluation [M&E] and communication tools) to complete and refine the information collected from each country.

The parameters of the evaluation of progress made by the countries in nutrition care and support of PLHIV were based mainly on WHO recommendations arising from the Consultation on Nutrition and HIV/AIDS in Africa held in Durban, South Africa, on April 10-13, 2005. These recommendations reaffirm those formulated in September 2004 during the 9th Annual Forum on Nutrition for the Economic Community of West African States (ECOWAS) in Cotonou, Benin.

The review revealed the following progress in strengthening political commitment to and improving the positioning of nutrition and HIV in national policies:

- Guidelines on nutrition and HIV were developed or nutrition and HIV was integrated into other guidelines in 14 of the 18 countries (78 percent).
- Nutrition focal points were established in National AIDS Control Programs in nine of the 18 countries (50 percent).
- Relevant strategies were used to advocate with or sensitize decision-makers on the importance of incorporating nutrition into responses to HIV/AIDS to better the allocation of resources to in-turn promote nutrition interventions for the care of PLHIV.
- A multi-sectoral approach to nutrition care and support of PLHIV through the involvement of different sectors was used.

The development of practical tools for nutrition services is still limited. An analysis by zone identified a particular gap in countries in central Africa and Madagascar. In this area, notable progress was reported only by Burundi and Rwanda.

Regarding the scale-up of existing interventions to improve nutrition services in the context of HIV, nine of the 18 countries participating in the review (50 percent) reported a clearly defined package of essential nutrition services in their countries. The review also noted a lack of evaluation of coverage of nutrition services in interventions. Nevertheless, six of the 18 countries participating in the review reported that

nutrition services (e.g., nutrition counseling, food supplementation) had reached at least 30 percent of PLHIV.

The integration of nutrition into clinical antiretroviral (ARV) treatment services was reported by 11 of the 18 countries participating in the review. In these countries, clear admission and discharge criteria were used in food supplementation programs for PLHIV.

About 50 percent of the 18 countries reported providing services to control micronutrient deficiencies to PLHIV. Such services include vitamin A, iron/folic acid and multivitamin supplementation, and de-worming. The services, however, are not standardized. Some PLHIV receive them from routine supplementation (e.g., vitamin A supplementation for infants was sometimes combined with de-worming, vitamin A supplementation for post-partum women) and others through medical prescription depending on need (e.g., iron/folic acid, multivitamins).

The allocation of materials for nutrition services was reported by 11 of the 18 countries, and the allocation of goods by nine of the 18. This was mainly carried out through localized interventions by nongovernmental organizations (NGOs) that provide psychosocial or other care to PLHIV. Only two of the countries reported developing specific interventions for PLHIV to supply supplementary staple food commodities.

In regard to strengthening, building and retaining human resource capacity and competencies, 11 of the 18 countries reported that funding for capacity strengthening in nutrition was included in plans for expanding the national response to HIV/AIDS. The development of nutrition and HIV training manuals and tools was reported by 13 of the 18 countries. The review showed, however, a general lack of information systems for the workforce of trained service providers and gaps at the national level. In addition, specific tools to strengthen the nutrition and HIV capacity of community-based organizations (CBOs) working in psychosocial programs for PLHIV are generally lacking. The integration of nutrition and HIV in pre-service health provider training curricula is not yet common in the francophone countries targeted for the review, with the three countries that did report using this strategy are located only in central Africa. In contrast, in-service training was more widespread, reported by 12 of the 18 countries participating in the review.

Concerning M&E, the review discovered that only seven of the 18 countries reported the integration of nutrition indicators in the reporting systems of national AIDS control programs. A weakness was noted concerning the establishment of systems to consolidate individual data to calculate process and impact indicators of nutrition care and support of PLHIV. Only seven countries reported information systems that enable the determination of the percentage of PLHIV benefiting from nutrition services. Moreover, only three of the countries reported that the national prevalence of malnutrition was known.

The elements of success identified by the francophone African countries relate to the different areas of interventions to strengthen nutrition care and support of PLHIV at the national level, principles to guide actions and results of nutrition care interventions of PLHIV. Meanwhile, the challenges faced by countries in francophone Africa in strengthening nutrition care and support of PLHIV reflect gaps identified throughout the fiscal year in completing data collection instruments. Therefore, these challenges in general represent a summary of aspects that need improving in each country at national level.

Lessons learned by countries in francophone Africa confirm the elements of the conceptual frameworks developed at the international level for the strengthening of nutrition care and support of PLHIV. For official resource persons, the review allowed for reflection on and the realization of progress achieved, and gaps to be filled to reinforce nutrition in overall care and treatment of PLHIV.

The suggestions and recommendations below are based on the progress achieved and the gaps identified in nutrition care and support of PLHIV in francophone Africa, and should be taken into consideration in managing national and global programs, in the framework of measures to build on and consolidating achievements.

## **RECOMMENDATIONS FOR INDIVIDUAL COUNTRIES**

Countries should develop action plans for strengthening nutrition care and support of PLHIV on the basis of inadequacies identified through this progress review. The following suggestions and recommendations should be taken into consideration in this context:

- Improve the position of nutrition and HIV in national policies by applying strategies relating to advocacy among or the sensitization of decision makers on the importance of integrating nutrition in the response to HIV/AIDS by better allocating resources for interventions for nutrition care and support of PLHIV
- Make the improvement of the nutritional status of PLHIV a planning objective in all areas of care and support of PLHIV across a multi-structural framework
- Systematize the establishment of nutrition focal points at the level of National AIDS Control programs
- Harmonize the understanding of various actors on the difference between the distribution of food supplies and global nutrition care and support of PLHIV
- Draw on the “essential package of services” with clearly defined components and a clearly defined implementation strategy in the development or adaptation of training tools
- Systematically integrate the appropriate assessment methodologies with the development or adaptation of practical tools for service providers (e.g., manuals, counseling cards, job aids) in order to provide specific counseling messages for PLHIV
- Make use of Global Fund grants to strengthen the capacity of service delivery points to provide nutrition services by including nutrition care and support equipment in resource planning
- Identify indicators relevant to the nutrition care and support of PLHIV to be integrated into the reporting systems of national AIDS control programs
- Systematize timely research (based on evaluations) to address the lack of information on nutrition indicators
- Conduct or identify activities to strengthen the capacity of service providers in nutrition and HIV through pre-service and in-service training as part of the emergence of a critical mass of human resources
- Monitor those who have participated in nutrition and HIV training to habituate service providers in delivering nutrition and HIV services to PLHIV through different contact points and to update them on management tools
- Establish systems at the national level to consolidate data on care of PLHIV that takes nutrition services into consideration

## **RECOMMENDATIONS FOR THE INTERNATIONAL COMMUNITY**

The international community should support countries in initiating action plans to strengthen the nutrition care and support of PLHIV based on gaps identified through this progress review. The following suggestions and recommendations should be taken into consideration in this effort.

- Make French-language versions of reference documents available to francophone countries in real time

- Make the positive impact of nutrition in the global care of PLHIV visible through communication efforts directed toward decision makers in-country
- Support countries in establishing functioning M&E systems for nutrition support interventions for PLHIV
- Disseminate clear norms and protocols on strategies to combat micronutrient deficiencies among PLHIV in the framework of systematizing preventive services (e.g., vitamin A supplementation, iron/folic acid supplementation)<sup>1</sup>
- Integrate indicators on nutrition care and support of PLHIV into key national reporting indicators on subsidies and funding for response to the AIDS pandemic (e.g., Global Fund)
- Support countries in developing specific interventions to support PLHIV in the context of increasing the prices of staple food commodities

**Recommendations from the Consultation on Nutrition and HIV/AIDS in Africa: Evidence, Lessons Learned, and Recommendations for Action, Durban South Africa, April 10–13, 2005**

- Strengthen political engagement in the promotion of nutrition care and support of PLHIV and the positioning of nutrition in national policies and programs
- Develop practical tools for nutrition services and guides for implementation of nutrition interventions in community, health and emergency programs
- Strengthen, build and retain human resource capacities and competencies
- Expand existing interventions to improve nutrition services in the context of HIV
- Conduct effective operational and clinical research to support intervention programming based on scientific evidence
- Incorporate nutrition indicators in the M&E plans of national AIDS control programs

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<sup>1</sup> It should be noted that WHO recommends that multiple micronutrient supplementation for PLHIV should not exceed 1 recommended dietary allowance (RDA).