

## Malnutrition Screening and Community-Clinical Linkages Are Increasing HIV Case Identification and Referrals to Antiretroviral Therapy in Côte d'Ivoire

The Food and Nutrition Technical Assistance III (FANTA) project provided technical assistance to the Côte d'Ivoire Ministry of Health (MOH) to integrate nutrition care into health services for people living with HIV.

Haidara Orokia is a community health counselor at Solidarité Plus, a community-based organization (CBO) in the Abobo commune. She has been the nutrition focal person—the contact person for all client-related nutrition activities—since she completed FANTA’s training on nutrition assessment, counseling, and support (NACS) in 2014.

During a support supervision visit by FANTA, Haidara described her experience delivering NACS in her community and reflected on the impact NACS services have had on HIV case findings and clients’ linkage to antiretroviral therapy (ART). Her thoughts appear throughout this story.

*“Before I became the NACS focal point at Solidarité Plus, my job was limited to case management of orphans and vulnerable children (OVC). Through the NACS training, I learned the importance of monitoring the caregiver’s nutritional status as well as the client’s, because poor nutritional status of a family member can be an indication of a more serious problem beyond food insecurity, such as HIV infection, tuberculosis, or both. It was because I was monitoring a client’s care giver that I determined that Kouassi had HIV.”*

*“Kouassi’s case is not unique. There could be many men and women in our community who suffer silently and spread HIV unknowingly.”*

Haidara was completing a routine home visit to a four-year-old OVC for the third consecutive month when she noticed that Kouassi, his



Source: Denise N'Dabian

Haidara Orokia, Community Health Worker at Solidarité Plus

caregiver, looked a lot thinner than when she saw him the previous month. Suspecting he had MAM, and with his permission, Haidara took Kouassi’s mid-upper arm circumference measurement.

*“With the regular food ration that Solidarité Plus provides to this family, I knew food insecurity alone could not explain Kouassi’s sudden weight loss; so, I referred him to my colleague at the Centre Hospitalier d’Abobote for HIV testing.”*

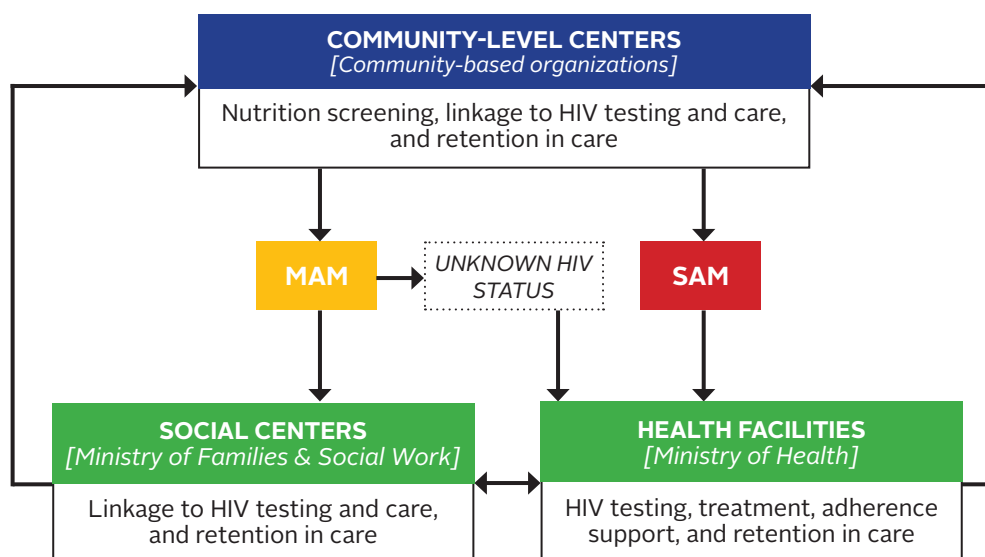
Kouassi received a thorough nutrition assessment and he took a voluntary HIV test. He was immediately enrolled into NACS and ART at the health facility, referred to Solidarité Plus for follow-up, and added to Haidara’s clients list. Her responsibilities included making sure Kouassi adhered to his ART regimen through phone reminders and home visits, and reminding him of his medical appointments and monitoring his weight every month. Haidara would also alert the medical team if Kouassi experienced any health issues.

*“We are thankful to FANTA for the community-clinic linkages because it helps take good care of our clients. I knew exactly who to reach out to when Kouassi needed to take the HIV test. He was received warmly and did not have to wait long because he was expected at the clinic. My colleague gave me prompt feedback, and together with the medical team we are coordinating Kouassi’s care. The collaboration brought about by FANTA’s clinic-community linkages is helping us identify men and women in our community who are suffering silently, and continue to spread HIV.”*

### The community-facility linkages model

In early 2015, FANTA, with support from the President’s Emergency Plan for AIDS Relief (PEPFAR), developed a community-facility linkages model and piloted it in eight districts around Abidjan—Abengourou, Abobo Est, Bouaké, Bouaflé, Dabou, Issia, Oume, and San Pédro. The model aimed to strengthen the health system to meet the health needs of people living with HIV (PLHIV), by improving their nutrition status, improving their adherence to ART, and engaging and retaining them in nutrition and HIV care. Teams were created from district cadres to coordinate, implement, and follow up on integrated nutrition-HIV activities. FANTA also developed a NACS framework (Figure 1 below) that establishes linkages between health facilities, social centers, and CBOs in order to increase screening for malnutrition and link MAM and SAM cases to HIV testing, improve adherence to antiretroviral therapy, and increase retention in care.

**Figure 1. Clinic-community conceptual framework: Using NACS as a platform to improve engagement, adherence to ART, and retention in care**



The linkages model consists of four pillars:

**Communication:** to catalyze collaboration and maintain connections, the central government provided each district with a telephone fleet so that districts/regional nutrition coordination committees can communicate during work hours. Health providers can alert one another when a referral is made, determine whether a client has completed the referral, and follow up on lost-to-follow-up clients. The nutrition coordination committees developed joint workplans with shared responsibilities among task forces from the clinic, social center, and CBO. Nutrition focal persons, like Haidara, are responsible for monitoring client progress and communicate treatment success (or lack of) to other nutrition coordination committee members.

*“My role at Solidarité Plus is to make sure I screen everyone for malnutrition and ensure that every individual who is screened moderately or severely malnourished is tested for HIV and TB, and receives proper treatment before it is too late.”*

**Referral system:** FANTA designed referral forms and a referral registry that are used by the clinics, social centers, and CBOs. MAM and SAM cases screened at the community level are referred to the social center for food support and counseling, and to the clinic for HIV testing and enrollment in ART if they test HIV positive. Cases are referred to their CBO for further follow up.

**Coordination:** With FANTA's technical assistance, the districts formed a network of nutrition focal persons to provide oversight of NACS activities at CBO, social center, and clinic levels. FANTA facilitated quarterly coordination meetings in which focal points, district committee members, and representatives from the MOH meet to discuss progress and challenges in the implementation of the joint workplans, review the distribution of resources and clients' data, and harmonize calendars for shared activities.

**Capacity strengthening:** FANTA developed training material and facilitated NACS training for providers involved in nutrition and HIV activities, and set up a coaching and mentoring system in collaboration with the national nutrition program.

### Clinic-community linkages bring positive change

Nutrition services have become an essential entry point for HIV testing and a linkage to care and treatment for OVCs and their caregivers. Between January 2015 and December 2017, 42 percent of 25,000 clients seeking psychosocial support at the social centers and CBOs in the eight pilot districts were screened for malnutrition. Among those screened, 11 percent (1,144) had MAM or SAM and were referred to the health facility. Of those referred, 49 percent (563) were tested for HIV; 63 percent (354) of those tested were HIV-positive, and 98 percent of the HIV-positive individuals were initiated on ART.

Retention in HIV care, defined as making at least two clinic visits during a calendar year, has also improved, from 49 percent in 2013 to 80 percent in 2016, and clients lost-to-follow up are being identified and re-engaged in the health system. In 2016, 116 HIV-positive individuals lost-to-follow up were identified and re-engaged in care and treatment within three months.

FANTA's work with Côte d'Ivoire's MOH to strengthen clinic-community linkages and establish a referral system has been instrumental in creating a platform for community-based malnutrition screening in children and adults, linking individuals with MAM and SAM to HIV counseling and testing services, enrolling in ART individuals who test as HIV-positive, and tracking and re-engaging those lost-to-follow-up into care. According to Haidara, *“It is less stigmatizing and easy to convince someone to take an HIV test when you approach it as a nutrition problem.”*



[www.fantaproject.org](http://www.fantaproject.org)

**Contact Information:**

Food and Nutrition Technical Assistance III Project  
(FANTA)  
FHI 360  
1825 Connecticut Avenue, NW  
Washington, DC 20009-5721  
Tel: 202-884-8000  
Fax: 202-884-8432  
Email: [fantamail@fhi360.org](mailto:fantamail@fhi360.org)



[@FANTAproject](https://twitter.com/FANTAproject)

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