FOOD AND NUTRITION SECURITY: INTEGRAL TO CRS' RESPONSE TO HIV

FACT SHEET

CRS
CATHOLIC RELIEF SERVICES

WE BELIEVE

Adequate nutrition is an essential part of maintaining the immune system and of achieving optimal quality of life, especially for people living with HIV (PLHIV).

Through facility-based programs, CRS supports the development of technical capacity for nutrition services delivery at facility and community levels to ensure that quality nutrition assessment, education and counseling (NAEC) are provided to all HIV care and treatment clients as part of the basic standard of care. Where feasible, CRS facilitates the inclusion of therapeutic and supplementary commodities for the treatment of clinical malnutrition as an adjunct to NAEC.

Through community-based partners, CRS works to improve the availability of nutritious foods for those affected by HIV by increasing access to seeds for nutritious crops and labor-sensitive technologies that allow labor-constrained households to increase production of their own food for consumption and sale. CRS increases dietary diversity for extremely vulnerable households through short-term food assistance, cash transfers and vouchers. CRS' savings-led microfinance programs provide a way for participants to improve the management of their financial resources and allow for year-round access to nutritious foods.

HIGH QUALITY, EVIDENCE-BASED PROGRAMMING THROUGH ONGOING LEARNING

CRS Zambia's Scaling-Up Community Care to Enhance Social Safety-nets (SUCCESS) project was based on a holistic approach to HIV care including home-based care, community based counselling and testing, palliative care, the prevention of mother to child transmission of HIV, as well as targeted nutrition. Project management observed that PLHIV receiving nutritional supplementation gained weight and strength, even in the absence of ART. To better understand these effects, a quasi-experimental research design examined the impact of nutritional supplementation on chronically ill PLHIV over a six-month period. Results indicated that even modest supplementation can improve the nutritional status and mental health, reduce the need for caregiver support and increase individual ability to carry out daily activities. CRS Zambia built on this experience through the follow-on project, **SUCCESS Return to Life (SUCCESS-RTL)**, by piloting Food by Prescription (FBP) in 20 care and treatment sites with support from PEPFAR/USAID. FBP "medicalizes" food, providing an individualized short-term response to clinical malnutrition among ART clients as a complement to nutrition assessment, education and counseling. Nutrition services were provided to 5,360 severely and moderately malnourished HIV-positive adults and children. After an average stay of 3.2 months on FBP, results showed a significant improvement in health status and an average increase in body mass index (BMI) of 2.9 kg/m^2. The findings suggest that FBP can make an important contribution to HIV care and treatment services.

CRS Uganda, through the **AIDSRelief consortium**[1], piloted the integrated management of acute malnutrition (IMAM); an approach that

[1]CRS is the prime of AIDSRelief, a consortium designed to provide care and treatment for PLHIV in 10 countries through more than 200 local health facilities.

integrates nutrition into routine health services including HIV care and treatment. To address both child malnutrition and low uptake of pediatric HIV testing services, CRS partnered with Clinton Foundation to identify and treat malnourished children in its catchment areas. Acutely malnourished children were treated with Ready to Use Therapeutic Food (RUTF) and HIV testing was encouraged for children who had never been tested. This pilot is ongoing but after only six months, uptake of HIV testing at larger sites was over 50%; 12% of the children tested at those sites were HIV-positive and more than half were able to enroll in HIV care and treatment.

CRS Rwanda leads the five-year PEPFAR-funded consortium project, **Ibyiringiro**, designed to improve nutritional status of adults and children living with or affected by HIV, with a special focus on mothers and infants enrolled in PMTCT programs. Nutrition education and behavior change activities use a modified Positive Deviance (PD)/ Hearth model that relies on trained Community Health Volunteers (CHV) to lead cooking demonstrations using local ingredients. Project participants also receive training in bio-intensive gardening and participate in Savings and Internal Lending Communities (SILC), a CRS savings-led microfinance methodology. Through SILC, poor households are able generate income, smooth consumption, and increase their ability to purchase nutrient-rich foods. To complement nutrition services to clients initiating ART, Ibyiringiro is currently launching a Food by Prescription program that will provide a supplementary nutrition ration to PLHIV with moderate malnutrition.

CRS Senegal, through its 2002-2007 **Development Assistance Program (DAP)**, worked with Helen Keller International (HKI) to train health care workers in an essential package of nutritional services. To facilitate the monitoring of PLHIV nutritional status, the project distributed scales and height measuring tools to participating facilities. Implementing partners provided a supplementary food aid ration, nutritional education, nutritional counseling and peer discussion opportunities. At the end of the DAP, a short pilot project compared the nutritional status of PLHIV receiving a food aid ration to PLHIV receiving a food voucher of comparable monetary value. Findings suggested the voucher participants had increased dietary diversity and visited the health facility more often than ration recipients. Clients in both groups valued the program and felt it benefited their nutritional status, but voucher recipients appreciated the product selection and the discrete nature of the vouchers compared with a take-home ration. Qualitative data collected from health facilities, grocers, and beneficiaries will inform the implementation of future voucher programs in Senegal and elsewhere.

CRS Zimbabwe, Zambia, Malawi, and Lesotho were part of the **Consortium for Southern Africa Food Security Emergency (C-SAFE)**, a regional response to the food security crisis in southern Africa from 2002-2005. CRS was at the forefront of adapting an emergency response to the high HIV prevalence context, strengthening targeting, implementation and monitoring of targeted food assistance, food for assets and agricultural recovery programs. Tools and guidance developed through C-SAFE are still in use by consortium partners in several countries.

INCLUDING WATER, SANITATION, AND HYGIENE (WASH) IN HIV CARE

PLHIV are particularly susceptible to diarrheal diseases; access to clean **water, sanitation, and hygiene (WASH)** can mitigate this risk and are an essential component of HIV care and support. Building on the WHO (2006) study, **CRS Malawi** developed policy recommendations for Malawi and outlined a strategic approach for the international community. CRS Malawi went on to implement a project that promoted six target behaviors: hand washing at critical times, appropriate hand washing techniques, point-of-use water treatment, safe water storage, consistent latrine use and safe disposal of feces. Systematic evaluations of the project demonstrated significant improvements from baseline. Especially popular are the low cost methods for hand washing and the construction of latrines and boreholes adapted for use by the chronically ill.