Integrated Management of Acute Malnutrition in Promoting HIV Diagnosis in Children: AIDSRelief Uganda Experience

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Abstract

Uganda HIV and AIDS sero-behavioral surveys show that less than 30% of the population, including children, knows their HIV status. Further, the Uganda 2006 DHS highlighted the finding that 6.1% of under-fives are either moderately or severely malnourished. In some settings, more than 30% of those acutely malnourished children are HIV positive. Ready-to-use therapeutic food (RUTF) for management of malnutrition provided to children at eight AIDSRelief local partner treatment facilities (LPTFs) has created an opportunity to diagnose HIV in children.

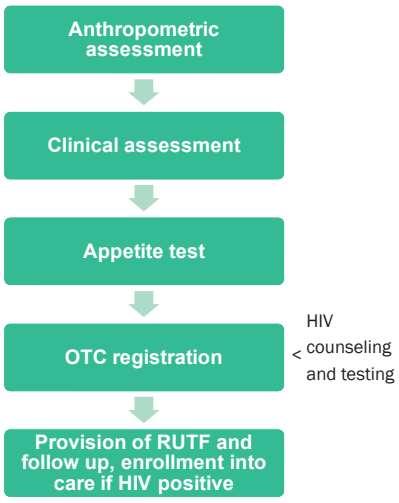
Introduction

Integrated management of acute malnutrition (IMAM) strategy focuses on integrating nutrition into routine health services including HIV care and treatment. AIDSRelief Uganda, in partnership with Clinton Foundation, adopted IMAM to mitigate the impact of malnutrition in children within the facility catchment area. Malnourished children were identified through community outreach, outpatient and inpatient care. Accordingly, HIV testing was incorporated with enrollment into IMAM and of children tested, 12% were HIV positive.

Methods

- Assessments were conducted to determine:
  - Experience managing acute malnutrition using RUTF.
  - Linkages between nutrition programs, pediatric and AIDS clinics.
  - Case load of acutely malnourished children per month.
  - Storage facilities for RUTF.
  - Community component.
  - Human resources available for IMAM.
- A 5-day training in IMAM was conducted for 16 staff
- RUTF supply chain was established
- Case finding was conducted at the community and facility levels

Figure 1: Flow of activities in Outpatient Therapeutic Care (OTC) at facility level



Findings

Table 1: Characteristics of children enrolled in IMAM.

Facility	# enrolled in IMAM	First-time HIV test provided*	# found HIV positive	# enrolled into HIV care and treatment
Nkozi hospital	68	15	2	2
Lacor hospital	189	173	20	13
St. Josephs Kitgum	146	24	7	5
Kasanga	79	60	5	5
Amai community hospital	476	210	28	3
Pope John Paul, Aber	259	189	21	19
Total	**1217**	**671**	**83**	**47**

* Children whose HIV status was already known were not re-tested.

Discussion and Conclusions

- Integration and linkage of services at facility and community level strengthens entry points for HIV counseling and testing targeting children. IMAM created a testing opportunity for 671 children which resulted in 47 new enrolments into pediatric HIV care and treatment services.
- There is an urgent need to improve effective counseling of parents and care providers, reduce stigma and bring HIV care and treatment closer to home to ensure that ALL children who test HIV positive are enrolled in HIV care and treatment services.
- The majority of children who tested positive (71%) were between 6 months and 5 years of age. There is a need for continued support for prevention of mother to child transmission (PMTCT) and early infant diagnosis (EID) programs.
- IMAM is a major point of entry into pediatric HIV care.
- Malnutrition is a direct cause of 35% of all under-5 mortality. Malnourished children, regardless of HIV serostatus, should be referred for other support services e.g. OVC programs, nutrition education sessions and caregivers clubs/ support activities etc.

Literature Cited

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