Not just another food program: Integrating Food by Prescription into HIV care

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CORE NACS State of the Art

"Getting the Knack of NACS"

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Food by Prescription Pilot in Zambia

Timeframe:

Sept 2008 – March 2010

 # served: 5360 clients

Sites: 8 ART clinics,

10 hospices , and

2 home-based care programs

Each site had a mature HIV program.

- Embedded routines
- No regular nutrition services
- Large staff
- Little physical space
- Decentralized locations

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Integration Issue #1: Busy clinics, with busy staff.

+ Integration of NACS services into regular routine worked.
+ Some hospices used task-shifting, which had varying success.
- Identifying time for staff training in FBP was challenging.
- Large number of people to be trained.
- Trainings needed to be tailored to reach the different cadres doing same tasks across sites.

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Issue #1 -> Recommendations

✓ **Management involvement was a key success factor.**

- Assess degree of leadership buy-in and supervision structures.

✓ **Explore opportunities for systematizing NACS skills:**

- Integration into national policies, guidelines and curricula: IYCN, ART, PMTCT
- Pre-service education for (clinical) staff
- Integration into HBC and OVC minimum standards, and care curricula
- Incorporate into CME (stagger topics over weeks)
- Distance learning certification?

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Integration Issue #2: RUTF and HEPS fall outside the supply chain systems.

- Pilot used a stand-alone system for commodities.

+ Sites improvised storage.

+ Dispensing was managed by different cadres.

Issue #2: Recommendations

RUTF:

- Integration into government medical stores, similar to F-100/F-75.
- Ensure packaging doesn't leak.
- How will OVC/HBC/hospice access?

HEPS:

- Not appropriate for government stores?
- Private sector/vouchers? (packaging by dose possible? quality control?)

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Integration Issue #3: Making NACS routine practice

- Assessment was not routine for every client.
- Nutrition counseling was not routine for every client, regardless of nutrition status.
- Standardized M&E forms did not capture important nutrition indicators.

\+ FBP services integrated into the decentralized ART services.

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Issue #3: Recommendations

- "Routine-ize" assessment and counseling first, then introduce food
- Get assessment tools into facilities.
- Advocate for nutrition indicators to be in M&E tools.
- Use community programs!

What we wish we knew…

Suggestions for Operations Research

- What is the prevalence of SAM and MAM in HIV-positive adults?
- Do pregnant women need a different eligibility cut-off than non-pregnant women?
- What does it take to make task-shifting successful?
- What in-service training models are most effective to integrate NACS?

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Conclusions

Focus NACS service delivery toward prevention of malnutrition, and less about treatment.

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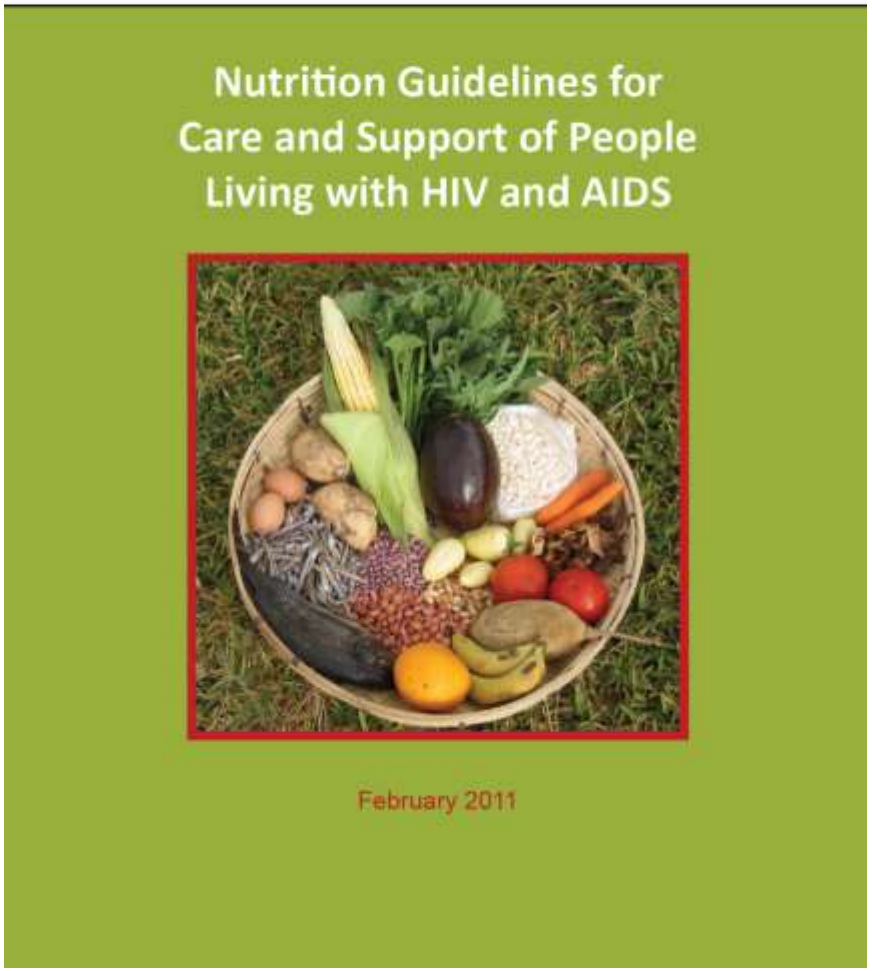
Conclusions

Approaches need to look at systemization, rather than temporary fixes for time-bound programs.



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Vision:

NACS integrated into nation-wide systems and known to everyone.

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For more information:

The CRS Zambia Food by Prescription pilot report:
http://www.crsprogramquality.org/publications/2011/5/19/food-by-prescription-pilot-project-in-zambia.html

The CRS Zambia Food by Prescription pilot summary:
http://www.crsprogramquality.org/storage/pubs/hivaids/iacpubs/treatment/Food_by_prescription_low-res.pdf

Guidelines and counseling flip chart (FANTA):
http://www.fantaproject.org/publications/zambia_guidelines2011.shtml

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