



HIV/AIDS and Nutrition Programming in ACF International Network

Main Aim of ACF-International (ACFIN)

To combat malnutrition through assistance in:

- Nutrition
- Health
- Water and Sanitation
- Food Security
- Advocacy

HIV Impact Highlighted During 2002/3 Food Crisis in Southern Africa

- Large numbers of complicated SAM
- Failure to achieve Sphere standards in therapeutic feeding
- Mortality at unexpected stages of therapeutic feeding treatment
- Reduced level of household capacity to prevent further malnutrition after discharge

Initial Action Taken (Malawi)

- Point Prevalence study in nutrition rehabilitation units
- Set up of clinical research to compare responses of HIV negative and HIV positive children to standard WHO protocols for the treatment of severe acute malnutrition
- Attempt to incorporate HIV indicators into food security surveillance system

Point Prevalence Study

- Looked at regional and seasonal variation in HIV prevalence of children admitted to the NRU
- Overall HIV prevalence was 21.9% with NRU variations of 1.9% to 59.6%
- Significant regional differences: Southern 38.8%; Central 6.6%; Northern 22.5%
- Rural/urban prevalence: rural 13.5%; urban 34,8%
- Seasonal variation: Dry season 30.1%; Rainy 18.9%

Clinical Research

- To what extent does HIV affect a child's response to standard therapeutic feeding protocols?
- How does HIV impact on mortality?
- Do protocols need to be modified?
- What is the impact on care of the perception of poor prognosis?
- Looks at HIV status, morbidity and mortality, CD4 counts and outcome to therapeutic feeding
- Some household and socio-economic indicators collected
- Inclusion of qualitative stigma study within research

Preliminary Results

- Using CD4 cut off <15%, 65.6% of the HIV positive children in NRU would qualify for ART (treatment implications)
- 34.4% of HIV positive children had CD4 % >20 showing severe malnutrition is not necessarily a sensitive marker for immune suppression
- Longer stay and slower progression to recovery for HIV positive
- Mortality data not yet clear

Further Actions Initiated (Malawi)

- VCT training of NRU staff
- Referral network with training of nutrition units, HIV services and TB services
- Adaptation of Positive Living Manual for nutrition counselling and education
- Pilot project of nutrition supplements to adults starting ART (with WFP)
- Implementation of cotrimoxazole provision to all HIV identified children in the NRU
- Technical support to TB wards in nutrition supplementation

Other ACFIN HIV Related Interventions

- Water and sanitation project with strong health and hygiene promotion targeting areas with high HIV prevalence (Zimbabwe)
- Household survey looking at impact of HIV (Angola)
- Local partnership with CINDI, Zambia
- Incorporation of HIV proxy indicators into food security national surveillance system (not successful)

Planned Interventions

- Skin fold and dynamometry study in adults on ART
- Technical support to national roll out of nutrition supplements for patients starting ART
- Point prevalence study Angola
- 12 months follow up of children discharged from research study
- Multi-micronutrient supplements after discharge
- Development of HIV sensitive assessment tools
- More local partnerships with local HIV CBOs

Outstanding Issues for ACFIN Nutrition Programming

- Infant feeding and abrupt weaning
- TB diagnosis in severely malnourished HIV positive child
- Risks of rapid weight gain with combined ART and nutrition supplements
- Nutrition considerations of the HIV exposed child
- How best to incorporate VCT into Community Based Care of Severe Malnutrition
- Paediatric protocols for VCT

Conclusions

- HIV positive children do respond to therapeutic feeding
- CD4 counts are not necessarily depleted in HIV positive severe malnutrition
- Nutrition rehabilitation centres are a good entry point for VCT and HIV services
- Stigma needs to be addressed through family centred and local community approach