



Simplified systems for rapid scale up of “Food by Prescription” in Nyanza, Kenya



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Background

- HIV infected people have increased nutrition demands
- Malnutrition increases the risk of clinical complications
- Many HIV infected persons in Sub-Saharan Africa meet the clinical criteria for malnutrition

Program Description

- FACES (Family AIDS Care and Education Services) is an HIV program in Kenya, which began in March 2005
- Services include comprehensive medical and psycho-social care and support for families (adults and children)
- FACES works in 4 districts in Nyanza province
 - 13,000 patients enrolled
 - 30% of adults enrolled at Kisumu, BMI <18.5
 - Involve lay workers



Nyanza

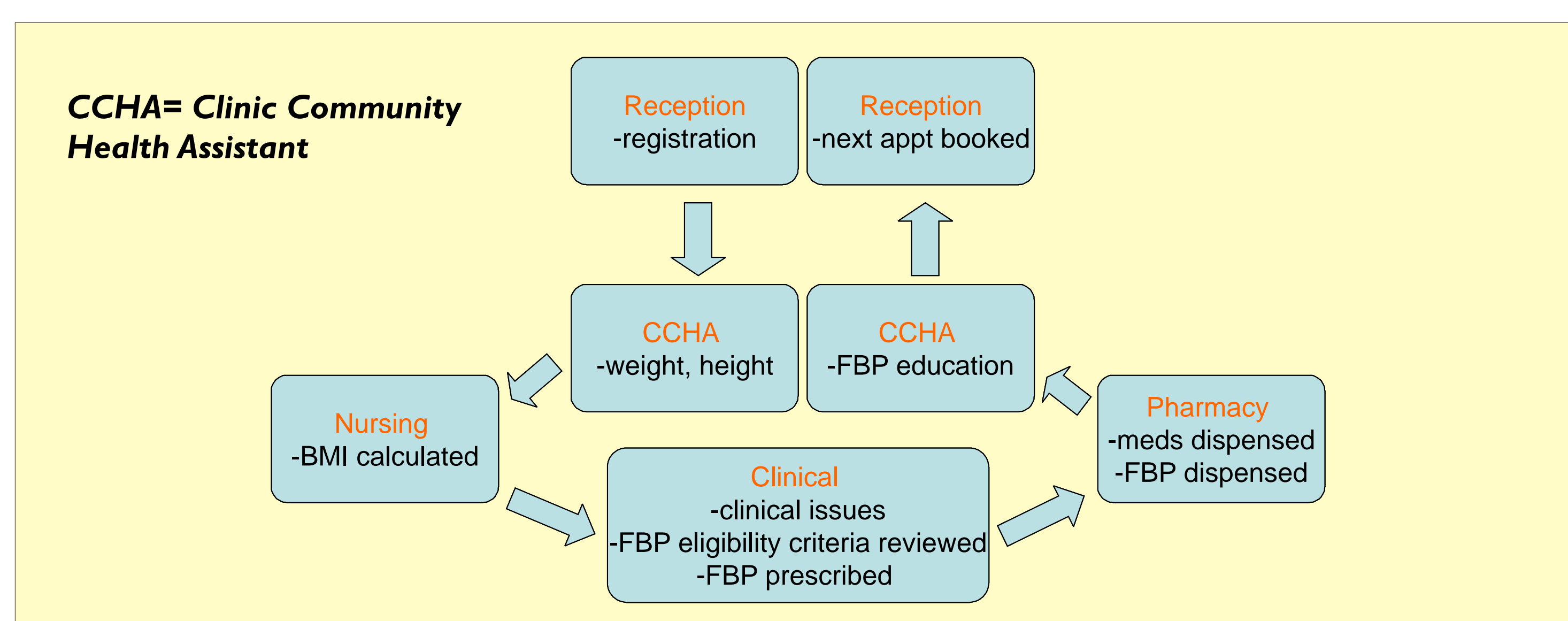
Food by Prescription (FBP)

- USAID funded program through INSTA Products (EPZ)
- Produce nutritional supplements
- Supply ‘water guard’ to ensure safe water used
- Given to PLWHA and other vulnerable children for free

Implementation Process

- CDC and FACES approached USAID with information about the clinic and the demand for nutritional supplements
- 4 staff received a one-day training from INSTA
 - Criteria for eligibility
 - Types of nutritional supplements
 - Preparation of products
 - Job aids
 - Reporting format
- Implementation –multidisciplinary team approach

Initial Patient Flow



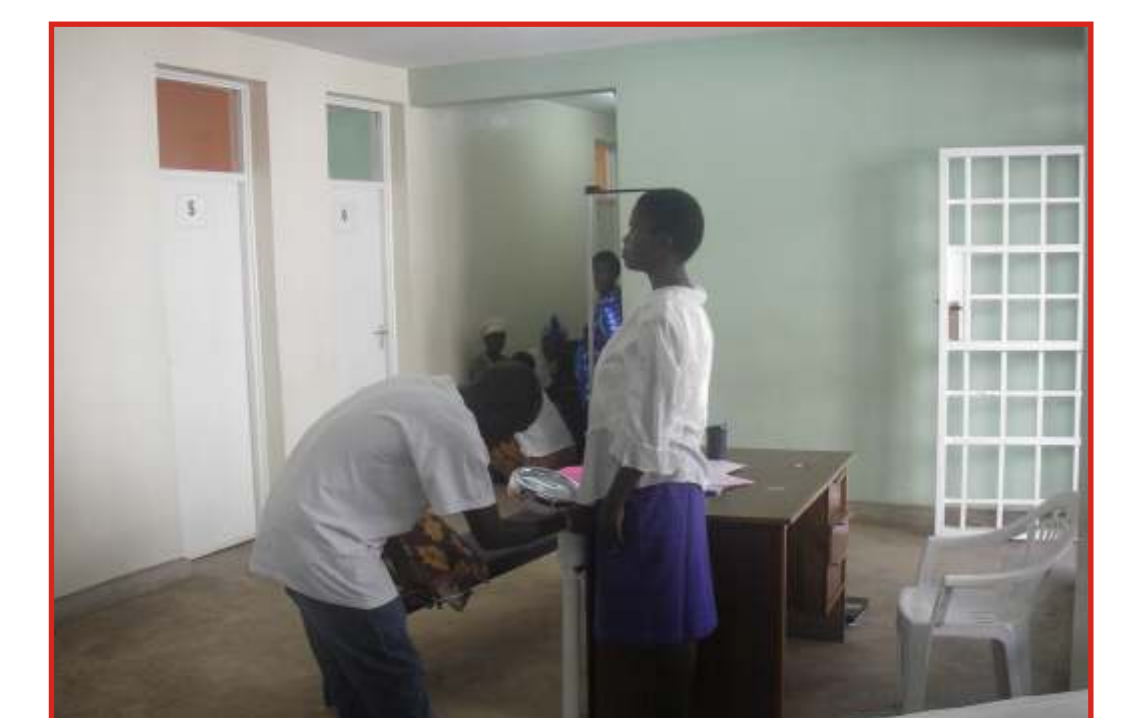
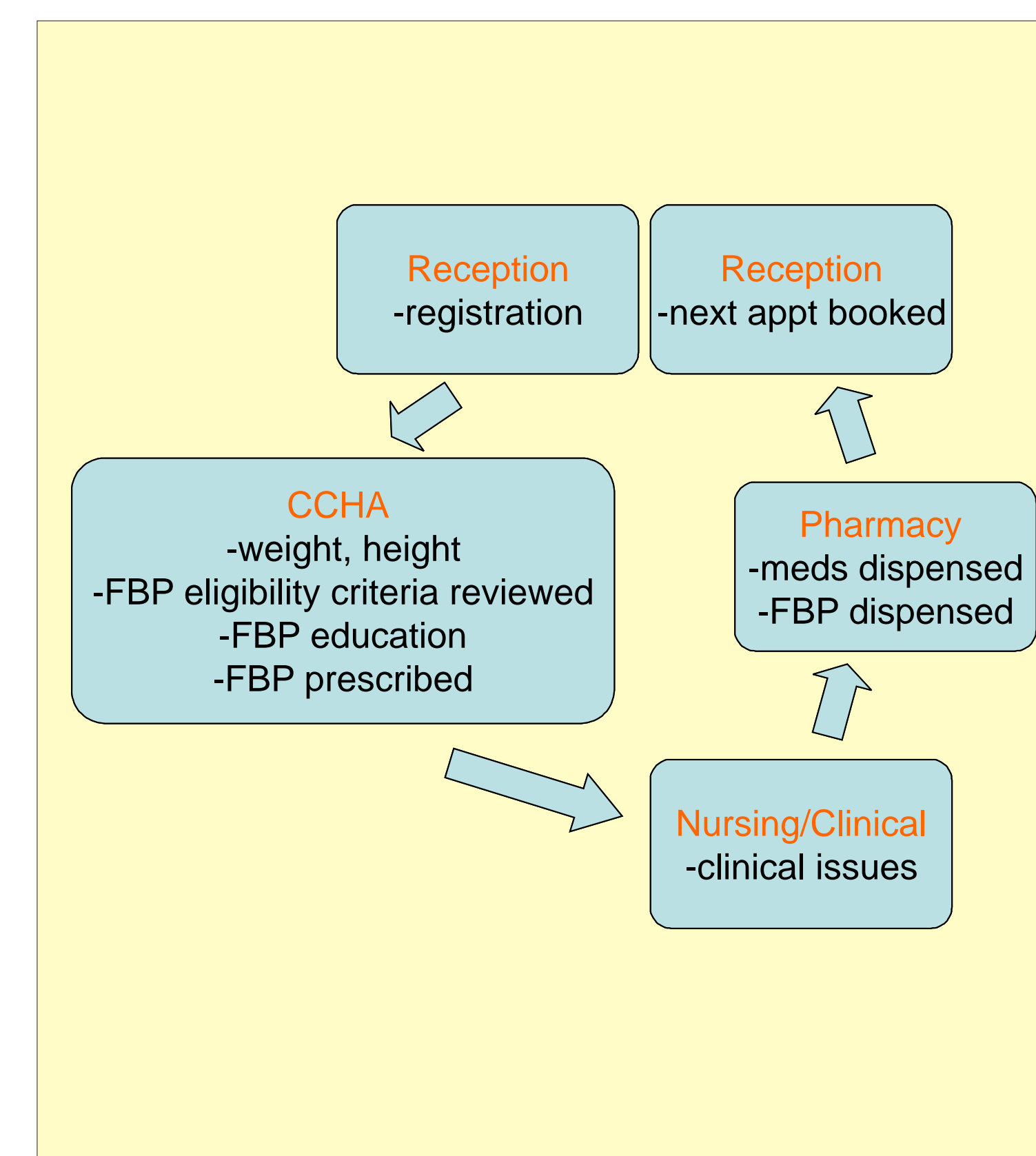
Challenges

- Initial low uptake of FBP, clinicians busy and preferring to calculate BMI rather than use job aids
- Patient flow was poor with involvement of multiple providers
- Record keeping-collation difficult because multiple prescribers kept records

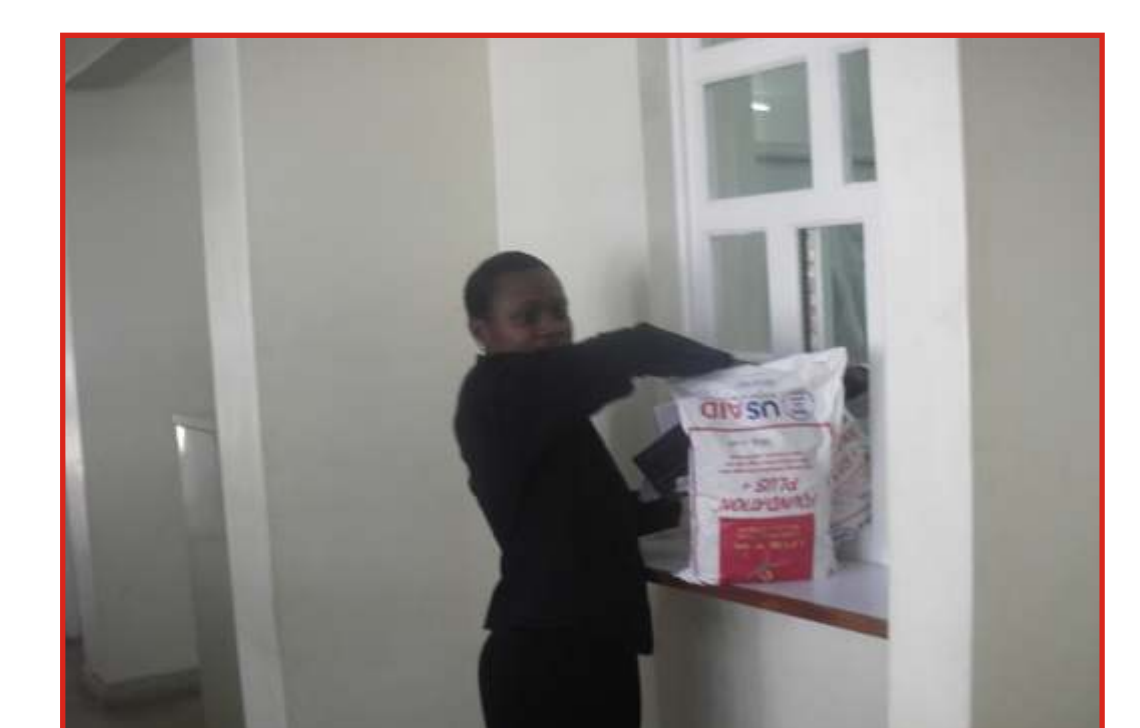
Response

- Lay health workers, who already take height and weight for every patient, were trained on FBP
- FBP became the responsibility of the lay health workers
- Program scaled-out to peripheral sites now that over-burdening of clinical staff was not a barrier

New Patient Flow

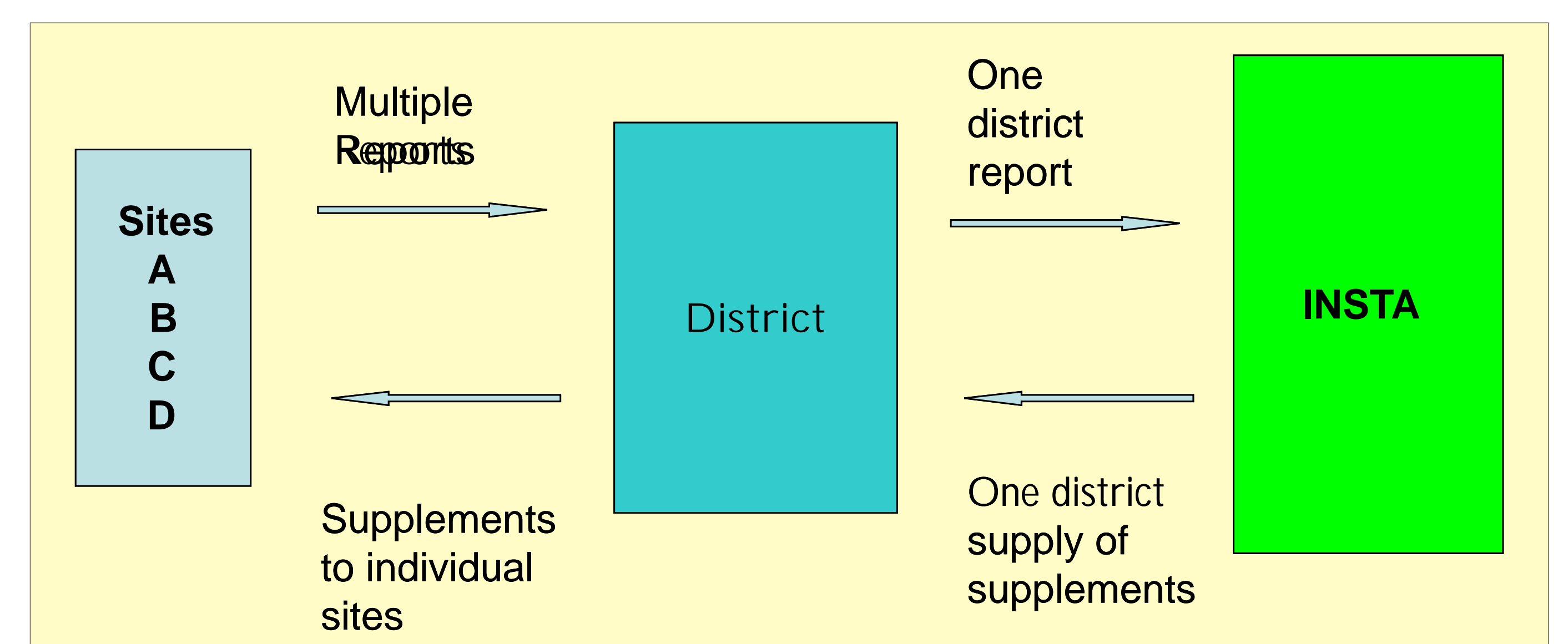


CCHA measuring height

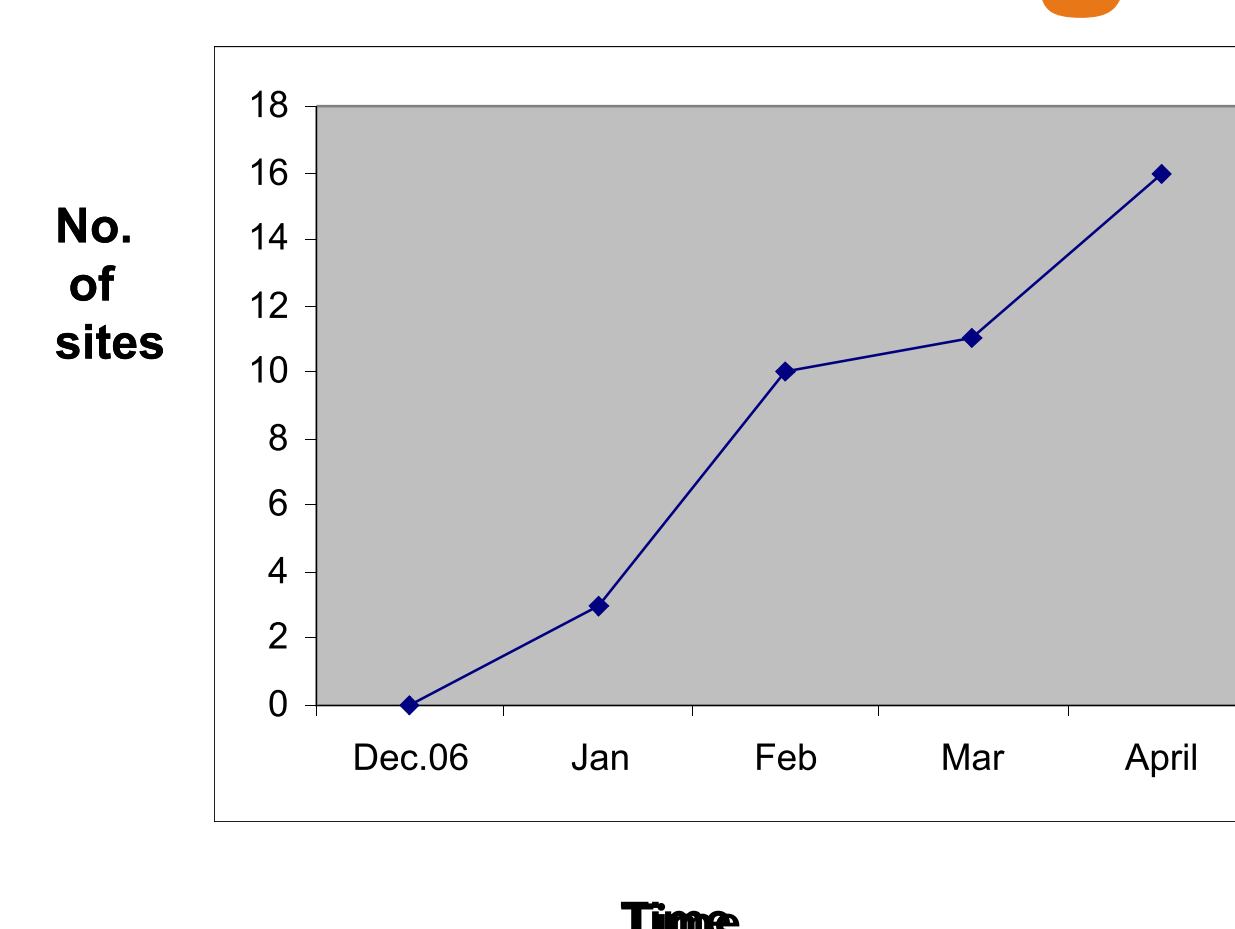


Nutritional supplements dispensed at pharmacy

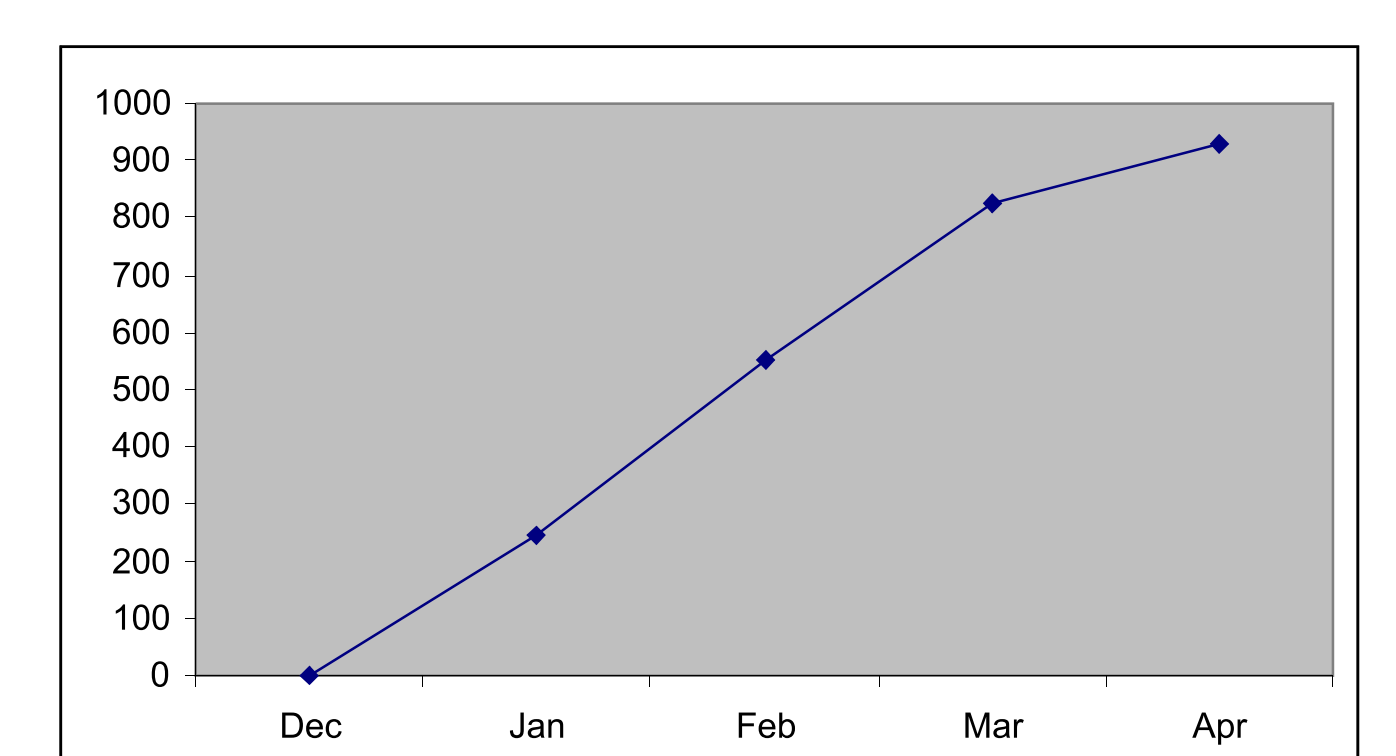
Logistics



Sites offering FBP



Patients on FBP



Lessons Learnt

- Use of INSTA job aids simplifies training of health workers and allows scale up
- It is possible to shift tasks related to FBP away from clinical staff
- Use of staff for “one stop multiple duties” facilitates scale up and allows for more efficiency e.g record keeping
- Centralizing reporting and distribution at district level allows for scale-up to multiple facilities without overburdening INSTA

Recommendations

- Where possible programs should shift responsibility of FBP to cadre of lay workers to allow for scale up
- Programs should also identify other tasks that can be shifted away from clinicians to allow for addition of services to clinic