

Associations of PLWHA essential partners in food and nutrition programming: a Counterpart International Senegal case study

Michael Manske, Counterpart International

Since 2005, Counterpart International (CPI) is the first PVO to implement a multi-regional food and nutrition program for people living with HIV/AIDS (PLWHA) in Senegal, through a USAID-funded Title II Development Assistance Program. With prevalence hovering around 1%, the country has been heralded for its achievements in prevention, yet much work remains to improve care and support for poor and food insecure households affected by the disease.

As one seropositive woman from northern Senegal reflected, "I cannot meet my needs while living at my brother's home with my seven children . . .and cannot make sure that everyone gets food."

Such sentiment is echoed by countless other families living there with HIV. While this is a major need, overburdened health workers claim that while



In Dakar, a chef conducts a cooking demonstration of low-cost, nutritious meals for health workers and PLHA association members.
Photo provided by CPI

Where is the Value in Value-Added Food Processing?

Rolf Campbell, Land O'Lakes

What would you say if you were at a food aid conference representing Land O'Lakes and the challenge was put before the audience: "We should not be promoting the consumption of processed foods with US food aid."? All eyes turn to you, the food processing development expert.

Land O'Lakes works around the world to advance the effectiveness of often faltering food systems, focusing significant effort on food processors. Those of us in the food industry consider food processing as not only

consulting with HIV patients they must spend much more time and effort than they would with others in order to provide various types of care. Many doctors, other health workers and social workers maintain that proper nutrition is a high priority area of patient care, but who else can offer these services?

Working in northern and central regions of
continued on page 2

valuable, but imperative. But is that same opinion held by people working in the area of nutrition and food assistance for people who are living with HIV/AIDS?

If you were to read the nutrition recommendation manuals for PLWHA published by government agencies in Uganda, Kenya, and Zambia, you would find little if any mention of processed foods or of fortified blended foods such as food aid stalwart UNIMIX (fortified maize, soy blended flour). There are other documents from PLWHA assistance organizations carrying the same message. What other points of view exist toward processed foods that we should understand – and possibly be illuminating? And, are food processors aggressive in helping to solve the nutrition challenges

continued on page 4

In the April 2007 issue:

- 🚫 New PLWHA case study
- 🚫 News from the donor

- 🚫 Photo highlight
- 🚫 Reading suggestion

the arid, Sahelian country, CPI's approach is to assist members of health structures, local NGOs and PLWHA associations to improve nutritional and organizational support for PLWHA and OVC. Essentially, CPI's focus is community-based care. Program activities include take-home food distribution for families, training of care givers in nutritional counseling, and organizational capacity building.

CPI has learned that compared with all local partners, PLWHA associations are critical to the success of the program. In Senegal they function as auto-support groups composed of people affected and infected by HIV/AIDS, where they can meet and talk freely about how to better cope with the disease. While doctors and other health workers have typically provided most care and support services until recently, many PLWHA are not given adequate attention, nor are they always comfortable talking about their myriad needs. If key members of associations are trained in providing these services, this lightens the burden for the health worker, while creating a confidential, low-stress environment surrounded by a network

of peers. In this case, PLWHA associations are important civil society groups that absolutely cannot be ignored by PVOs working in HIV/AIDS and nutrition, as well as other aspects of community-based care.

Stigma surrounding the virus remains high. Open discussion of HIV/AIDS and sexual health is taboo for many Senegalese, 95% of whom are Muslims belonging to one of four Islamic brotherhoods with strong social and political influence. With at least one in every region of the country, PLWHA associations exist as crucial partnership opportunities for PVOs implementing care and support activities,

especially in a context where services are lacking and stigma is a major barrier for those seeking such services.

PLWHA associations are important civil society groups that absolutely cannot be ignored by PVOs working in HIV/AIDS and nutrition, as well as other aspects of community-based care.

In 2006 focus groups and key informant interviews were carried out in selected sites of the program to study perceptions of food and nutrition activities. One health worker stated, "PLWHA disappear after seeing the doctor and are afraid of being stigmatized. They hold their confidentiality and take care of themselves." Some PLWHA commented during focus group discussions on the potential role of the association in the food distribution: "For us, the

continued on page 5

Photo Highlight

A mother holds her child in one arm and a can of vegetable oil, part of her monthly food aid ration, in the other at a World Vision PLWHA food aid distribution site.



⦿ News from the donor ⦿

Update on the draft Interagency Consultative Group handbook: Food Assistance Programming in the Context of HIV

Colette Powers, World Vision US

Comments have been received on the second draft of the Handbook. Subsequently, the third draft of the Handbook is expected to be released for additional review and feedback around June 1, 2007. Expect to find that the third draft has been streamlined, logic improved and stronger connections made between chapters. In addition, about 50 pages of text have been eliminated.

The Handbook seeks to improve capacity in the assessment, design and implementation of food security programs that respond to HIV-related challenges and HIV programs that respond to food security challenges. The principal audience is program staff at the field level.

The 2006 Baseline on USAID/FFP HIV/AIDS Activities

In early April 2007, USAID/FFP finalized data for the 2006 baseline on USAID/FFP funded HIV/AIDS activities, including targeted food distribution, food for work/asset, behavior change communications and home based care. In FY06, Title II resources reached about 432,000 HIV designated beneficiaries. Approximately 28,000 MT of direct distribution programming with a value of \$30 million was specifically distributed to HIV designated beneficiaries. In addition, approximately 17,000 MT of monetization programming with a value of \$14 million was

specifically used for HIV designated beneficiaries. The baseline identified a variety of commodities used for HIV direct distribution programming, including Breedlove soup, soy fortified cornmeal, CSB, bulgur, vegetable oil, green peas, pinto beans, lentils, soy fortified bulgur, WSB and soy fortified sorghum.



Food for Assets activities, above, helped to provide diet diversity and increased household food security to PLWHAs. Direct food distribution, below, was another way that USAID/FFP resources benefited PLWHA.



faced by PLWHA or others in their own countries?

Recently, I have been working with a nutrition agency in a southern African country on their evaluation of a nutritionally enriched biscuit that is being developed with a Land O'Lakes client. I received a communication from this agency making the statement "...we prefer to recommend only actual foods..." referring to "unprocessed" fresh market goods. This represents an important bias against processed food: it is less preferable than fresh, more expensive, and possibly even not as nutritional. These are big challenges to the processing industry.

The arrival of food aid should signal a challenge and an opportunity for indigenous processors in countries being given US commodities (such as wheat, maize, oil, legumes) and "processed" fortified blended foods (such as fortified corn-soy blend, wheat-soy blend). Because the ultimate aim of foreign assistance - including food aid - is to address a temporary gap, not to become an endless alternative to long-term self-sufficiency, foreign Food Processors are on the spot to improve the impact of their products in the diets and nutrition of consumers in their countries (access, availability, utilization).

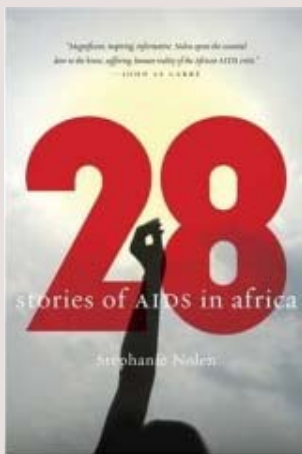
Now at the conference microphone, you begin your explanation of the "value" in value-added food processing: viewed objectively, food processing is

a hinge pin for any large, integrated food chain that succeeds in distributing wholesome food. It includes a wide range of activities – processes – that are often lacking from fresh market goods in developing countries. Here is a very short list just to stimulate thinking:

- Commodity assembly, storage, protection, handling
- Commodity cleaning, grading, standardization
- Safety analysis and culling for pests, pathogens, foreign materials, cleanliness
- Drying, milling, peeling, crushing, grinding, pressing
- Refrigeration, freezing
- Pre-cooking, instant-izing
- Thermal processes: pasteurization, sterilization, aseptic filling
- Pickling, salting, fermentation, culturing
- Filtration, sifting, isolation and concentration of food components
- Formulation: blending, combining, seasoning for product performance, nutrition, and culinary appeal
- Fortification with vitamins and minerals
- Intermediate bulk packaging
- Final consumer packaging

By combining nutritious ingredients, food processors can increase the value food contributes to people's diets. Eating a varied diet is often difficult for people

continued on page 6, bottom



"28 Stories of AIDS in Africa"

Stephanie Nolen

Three main thoughts Stephanie Nolen concluded while researching and writing the book "28", about 28 Africans affected by HIV/AIDS:

1. Women bear the brunt of the disease. "In most of southern Africa, women of child bearing age make up two thirds of those infected."
2. The crisis is solvable. "No reason why people should have to die in Africa everyday. ARTs and a will to help are needed."
3. Fear feels the same in any language. "When an African woman is diagnosed with HIV/AIDS, she is just as scared as you or I would be."

World Initiative for Soy in Human Health: Abstract of Ugandan Report

Food assistance in the form of supplemental feeding is designed to reduce the burden of scarce food resources and improve the health, productivity, and survival of people living with HIV/AIDS (PLWHA) and their families. ACDI/VOCA, a non profit economic development and food assistance organization receives resources from the United States Agency for International Development (USAID) Food for Peace Title II HIV/AIDS Initiative to enhance food security and nutritional intake for PLWHA and their families. Beneficiaries receive a monthly ration of Corn Soy Blend (CSB) and Vitamin A fortified vegetable oil. This one-year pilot study was designed to assess the benefit of supplemental feeding on the nutritional status and quality of life of beneficiaries as well as test the acceptability of the rations distributed. This report presents summary results of key follow-up and impact variables for the fourth quarter data collection compared to baseline.

A total of 154 beneficiaries were interviewed at quarter four, namely 97 primary beneficiaries (68 adult, 29 orphan) and 57 secondary beneficiaries. Results of anthropometric assessments showed that 43% of the primary HIV positive adult beneficiaries had gained 0-3 kg weight, 73% gained mid-upper arm

Associations of PLWHA, cont'd from page 2

association should handle the distribution because people have a negative image of the disease." Additionally, one association member discussed a cooking demonstration she attended: "I was able to discuss my experience comfortably with other members who could not attend the training and I showed them how to use the food."

Health care workers' expertise is needed for complicated medical services. With enough capacity building, nutritional counseling, food distributions and other nutritional activities can easily be carried out by PLWHA associations. Some examples of how CPI incorporates them at different levels of programming include:

⚡ Community meals: association members discuss nutrition and view cooking demonstrations in their meeting places;

⚡ Food distributions: association members serve as distribution volunteers; in some cases, distributions are held at association meeting places;



Headquartered at the American Soybean Association in St. Louis, Missouri, the World Initiative for Soy in Human Health (WISHH) is at work in 23 countries, ranging from Africa to Asia to Latin America, to improve diets as well as encourage growth of food industries. For more information about WISHH, see www.wishh.org.

circumference, and 54% gained head circumference. Overall, the mean weight gain among primary adults as well as mean MUAC gain among adults and orphan beneficiaries respectively at quarter four were statistically significant at $P < 0.05$ indicating positive impact of the food distribution rations on nutritional status. Statistical significance was also noted in mean gains in weight, left handgrip and right handgrip ($P = 0.000$ respectively) among the secondary beneficiaries at quarter four.

Impact of the supplemental feeding was assessed by analyzing measures of beneficiaries who had the baseline measurement, quarter four measurements

continued on page 6, top

⚡ Membership promotion: food distribution program inclusion criteria include membership to an association to encourage joining; and

⚡ Involvement in key events: association member leaders are present and consulted in all pertinent participatory planning sessions, trainings and workshops.

To address food and nutritional needs of PLWHA, more work needs to be done with PLWHA associations, especially in contexts similar to Senegal. Doctors and other professional service providers are often overworked and are not always appropriately trained in the special nutritional needs of their patients. Stigma is also a major impediment to seeking these services. Following CPI's lead, PVOs must partner with and build capacities of PLWHA associations to ensure that proper food and nutrition community-based care is provided in a comfortable environment.

Click [here](#) to learn more about Counterpart International's work in Senegal.

Thanks to Thoric Cederstrom for his contributions to this article.

WISHH, cont'd from page 5

and had two other quarterly assessments, namely quarter one and two. Using this impact assessment methodology, the overall mean weight and MUAC gain among primary adult, orphan and secondary beneficiaries at quarter four were statistically significant at $P < 0.05$.

Medical profiles showed that fever (21%) and mouth sores (17%) were the common illness symptoms experienced at quarter four, although their incidence had reduced. There was a reduction in the percentage of beneficiaries reporting illness in the previous three months (74% at quarter three compared to 71% at

quarter four). The average number of ill days reduced from 16 in quarter three to five in quarter four.

As with quarter three, 77% of the beneficiaries revealed an improved overall quality of life in quarter four. The 24-hour food recall assessment showed that the number of average meals and food groups consumed maintained at four and seven respectively. Seventy-two percent of the beneficiaries reported consumption of CSB, while 79% consumed vegetable oil in quarter four. Seventy-four percent of the food distribution beneficiaries deemed the distribution of the Corn Soy Blend and Vegetable Oil to be beneficial in improving food availability.

Food processing, cont'd from page 4

living in challenging environments. The "monodiet" comprised of inexpensive starch foods can even become a cultural "preference" by default. In Zambia, for example, this may be Nshima, refined white maize flour boiled into a soft paste. Food processing opens up the possibilities to include a variety of good foods into one food with varied and balanced nutrition. Where deficiencies exist, food processing also has the ability to increase micronutrient content through fortification.

Processing can concentrate food nutrients and caloric density, permitting people to ingest better nutrition while eating less volume. This may be bad for someone who is battling a problem with over-eating, but it is good, even critical, for a child with a small stomach capacity and too few opportunities for being fed, or for someone with HIV/AIDS who experiences increased energy requirements.

Processed shelf stable foods remain fresh with nutrients intact, allowing for distribution and longer storage in locations far from manufacturers, even into remote areas. They can be kept for extended periods in the household for ready availability. A Tetra Pak of aseptically packaged milk is one dramatic example of this added value. Packaging is an extension of food processing. Packaging protects, contains, portion controls, and identifies the contents with detailed product information as well as identifies the manufacturer that is accountable for the contents.

Pre-cooked, ready-to-eat foods contribute to convenience and reduce or eliminate the need for cooking fuel and time preparing food. Consider simple prepared bread from the baker – a food processor whose value-adding to flour few would challenge.

Yes, such food processing does indeed add cost to food commodities. At the same time, this cost is (or should be) more than offset by tangible benefits and value that is also added (as per the short list above). On the other hand, we might ask: What are the hidden

"costs" of unclean (unprocessed) water, or milk, or meats that are not controlled? Are chronic diarrhea and other food-borne illnesses factored into the perceived "lower" cost of fresh market foods?

Foods sold at fresh markets are an important contributor to the diet of people, including PLWHA, in food aid recipient countries. At the same time, food processing makes crucial contributions to food safety, consumer benefits, and improved nutrition. There is great, untapped potential for food processing businesses in those countries to make a tremendous impact on consumer nutrition. They must be mindful of the crucial role their processed foods can play, for better or worse, on the consumer's diet and ultimate health. Food processors are accountable for manufacturing affordable processed foods that contribute value to diet with long-term benefits for people's lives.



USAID
FROM THE AMERICAN PEOPLE

World Vision would like to thank Angela Croquette, Colette Powers and Polly Arnold for their contributions to this issue of the HIV/AIDS and Nutrition Newsletter. This newsletter was made possible through the Institutional Capacity Building grant (ICB grant #AFP-A-00-03-00026-00) of World Vision US. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of World Vision or USAID. This newsletter is a collaborative effort that encourages contributions from readers like you. To submit photos and stories related to HIV/AIDS, Nutrition, and Health, please contact Colette Powers at cpowers@worldvision.org.