

# The Role of HIV-expert clients in extending house-to-house nutrition services for PLHIV in Karamoja region, Uganda

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## Introduction

The World Food Programme, through the joint Karamoja United Nations HIV Programme (KARUNA), is implementing interventions aimed at improving nutrition support for People Living with HIV/AIDS (PLHIV) in Karamoja region, Uganda.

Karamoja has grappled with high levels of food insecurity and malnutrition. Food insecurity and malnutrition are known risk factors associated with increased mortality and morbidity among People Living with HIV (PLHIV).

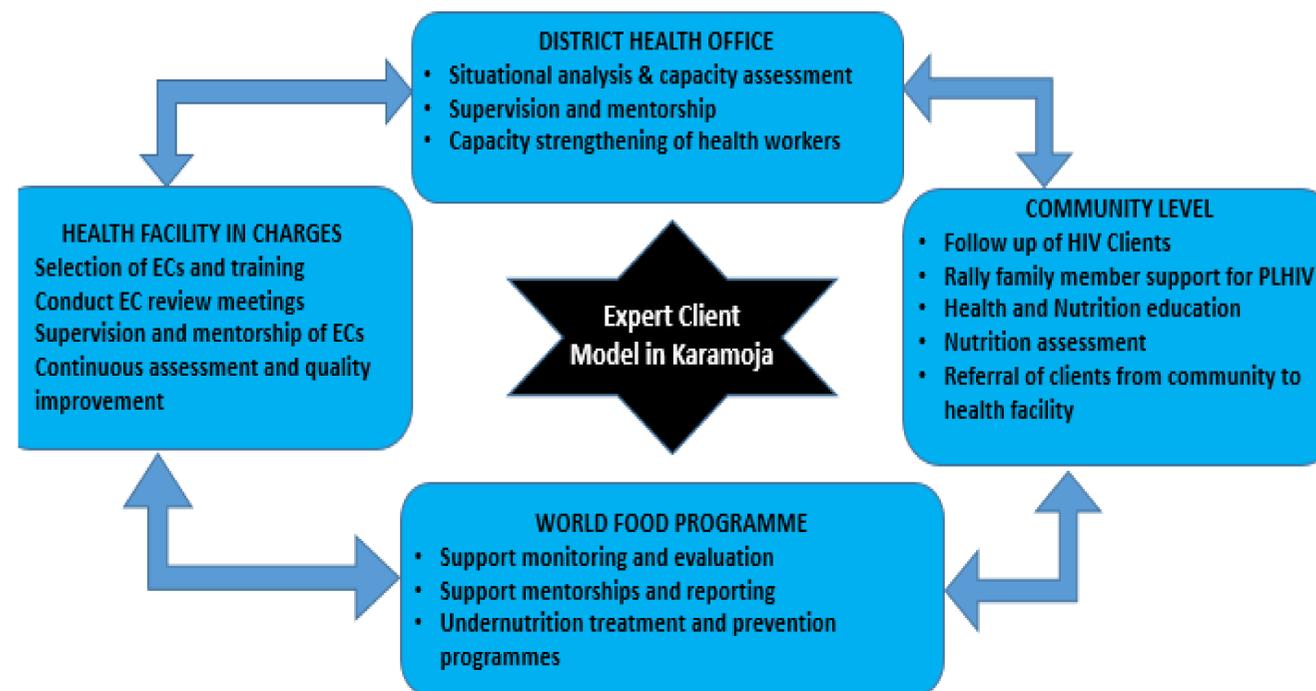
WFP initiated the implementation of a peer-to-peer model using HIV Expert Clients to improve nutrition of PLHIV, adherence counselling, track lost to follow up and disclosure.

Through this model, health and nutrition messages are delivered to HIV clients and their partners/families and these are followed up by a HIV Expert Clients (EC) member to ensure good nutrition and adherence to HIV drugs



An HIV Expert Client conducting a supervised nutritional education session at a outreach site

## Implementation methodology of the Expert Client Model in Karamoja



- 75% reported willingness of family for involvement in care of PLHIV
- 71% of the clients were knowledgeable about breastfeeding in HIV
- 93% of the clients had received EC household visits and nutrition based counseling sessions.
- 68% of the households with PLHIV had initiated vegetable gardens in EC pilot areas
- 91% of the clients had been assessed on a monthly basis for nutritional status by the EC

## Constraints and bottlenecks

- High Patient to Health worker ratio results in continued delays at points of service provision.
- Lack of EC incentives especially in areas with long distances to health facilities.

## Sustainability and Lessons from implementation

- Community members, health facility in-charges and district leadership were involved at all levels of planning with continuous feedback on EC activities.
- ECs were selected from targeted districts, trained and mentored on a monthly basis to improve knowledge on nutrition, HIV, and its relationship.
- District/Health Facility focal persons for Nutrition and HIV were involved to ensure smooth transition of the routine supervisory roles to the district local governments.
- Involvement of existing government structures at parish and sub-county level ensured quality improvement.
- Going forward; ECs will continuously be supervised and mentored directly by health facilities and district HIV focal persons.

## Implementation to date

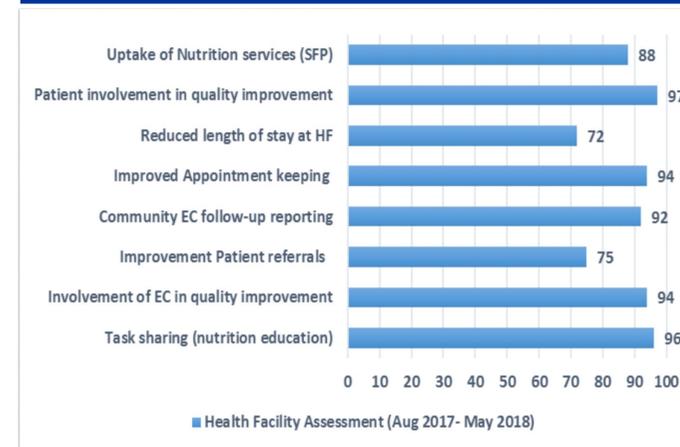
The EC model implementation begun with three districts in 2017. By June 2018, 95 expert clients were trained and mentored to support facilities with high HIV caseloads in Karamoja.

Mentorship of the Expert Clients (ECs) was done on a monthly basis in order to improve effectiveness of duties executed.

From November 2017 to June 2018, 1605 PLHIV households received individual nutrition and ART adherence counselling sessions by ECs in the Karamoja region.

Since the onset of the programme there has been an increase in the number of mother-child dyads affected by HIV registered in WFP nutrition programmes, willingness to disclose and involvement of men in maternal and child care.

## Role of ECs in utilization of HIV and Nutrition services



## Client assessment and feedback

Mid-term client assessments at 6-months were carried out to assess client satisfaction and knowledge of basic nutrition components. Key results include:

- 95% demonstrated awareness about preparation of a balanced diet.
- 88% awareness on the dangers of mixed feeding