

STRENGTHENING UGANDA'S SYSTEMS FOR TREATING AIDS NATIONALLY

~ SUCCESS STORY ~

Improving Nutrition Assessment and Treatment at 13-supported Healthcare Facilities

Uganda's burden of malnutrition is currently estimated at 20-25% among adults initiated on anti-retroviral therapy (ART), 30-40% for HIV-infected children¹, and 5% for children below 5 years². Because malnutrition can impair healing, increase the possibility of infections and reduce one's productivity if not managed, it remains a serious danger for people living with HIV/AIDS. During the early stages of the infection, HIV makes demands on the body's nutritional status, further increasing the risk of malnutrition.

Supply of therapeutic food, such as milk and Ready-to-Use Therapeutic Food (Plumpy'Nut® or RUTAF®), remains one of the most effective interventions available to improve the nutritional status of severely and acutely malnourished patients at public hospitals. Yet, often these patients are not aware of their condition; they come to the hospital for diagnosis and treatment of other illnesses. And so, as with many areas of health, a key to improving nutrition is information and education.

With support from the USAID/SUSTAIN project, 13 healthcare facilities now conduct nutritional assessment for each patient who attends the anti-retroviral and TB clinics for drug refills and treatment. "Everyone who comes, whether an adult or child, is assessed for malnutrition at their point of service delivery. Patients who are found eligible for Ready- to-Use Therapeutic Food (RUTF) are given an appetite test and receive treatment," said Khalil Ajuga, Nursing Assistant at the ART Pharmacy at Gulu Regional Referral Hospital (RRH).

At Gulu RRH, as in all of USAID/SUSTAIN's supported hospitals, Nutrition Assessment, Counselling and Support (NACS) services have been integrated into the service delivery system and hospital care processes. Gulu RRH serves as a RUTF centre for the district and is responsible for ordering enough supplies to meet the increasing demand. In June 2014, 114 clients were identified (using Mid-Upper Arm Circumference [MUAC] method) as having either moderate or



A child, supported by his mother, takes an appetite test.

severe acute malnutrition (MAM/SAM) and enrolled on RUTF at the hospital.

Most clients who begin treatment are expected to return for RUTF refills/review at least 8 times to be completely out of danger, so RUTF appointments are scheduled to coincide with other healthcare needs appointments to avoid inconveniencing the clients with separate reviews and services. Weaker clients are often given supplies which last for two weeks; in some cases, they may be admitted to the hospital until they are deemed stable. In addition to RUTF, all MAM and SAM patients are encouraged to eat various healthy foods, including vegetables and fruits, and have at least five meals a day to minimize dependence on nutritional supplements. As a result of NACS integration into routine service delivery, Gulu RRH has registered up to 97% success rate for treatment of MAM/SAM.

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Because adequate nutrition is an essential prerequisite for maintaining health status, the USAID/SUSTAIN project promoted and supports nutrition assessment, counselling and support, including provision of RUTF and infant and young child feeding support at supported healthcare facilities through regular mentoring and coaching sessions. The project also partners with the USAID Production for Improved Nutrition (PIN) project to supply RUTF to support care for HIV-infected clients who are severely and moderately acutely malnourished.

From April–June 2014, 41,650 HIV-positive clients out of 53,866 that accessed HIV care services were assessed for acute malnutrition at 14 hospitals. Of the 1,181 clients identified as acutely malnourished, 53% received nutrition counselling and RUTF, an improvement from 42% documented between January–March 2014.



A health worker assesses a client's nutritional status at the triage point for the ART clinic.

1 The Analysis of the Nutrition Situation in Uganda May 2010

2 Uganda Demographic Health Survey, 2011
