



Eating to Live: Monitoring nutrition interventions and improved health status of PLHIV

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Relationships

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- 1. HIV infection increases the body's energy needs while it diminishes appetite and decreases the body's ability to digest food and absorb nutrients.**
- 2. Malnutrition further weakens the immune system, increasing susceptibility to infections, reduces the efficacy of antiretroviral therapy (ART) and a patient's ability to adhere to a treatment regimen.**
- 3. HIV-related illness can also indirectly influence nutritional status by limiting a household's ability to generate income, purchase food and raise crops.**

Food Security Assessment

May 2008

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- **2,235 households selected randomly Nationwide**
- **Food crisis has had greater impact on PLHIV, poorest and poor households**
- **Urban communities are more effected than rural communities**
- **PLHIV household consumed less rice than the other categories before the food crisis**
- **Reduced calorie consumption, increased the need for children to work more for income (so they drop out of school), increased report of illnesses and increased domestic violence**

Methodology

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Selected PLHIV (>18 years of age), receiving OI/ART in poor health, living in poverty.

219 PLHIV were provided nutritional support and followed up at the end of 10 months.

Baseline conducted in September 2007 (BMI measurements, observation and one-on-one interviews) during food and nutrition distribution sessions. Information was collected on skin complaints, frequency of diarrhea, weakness/energy levels, and daily food intake.

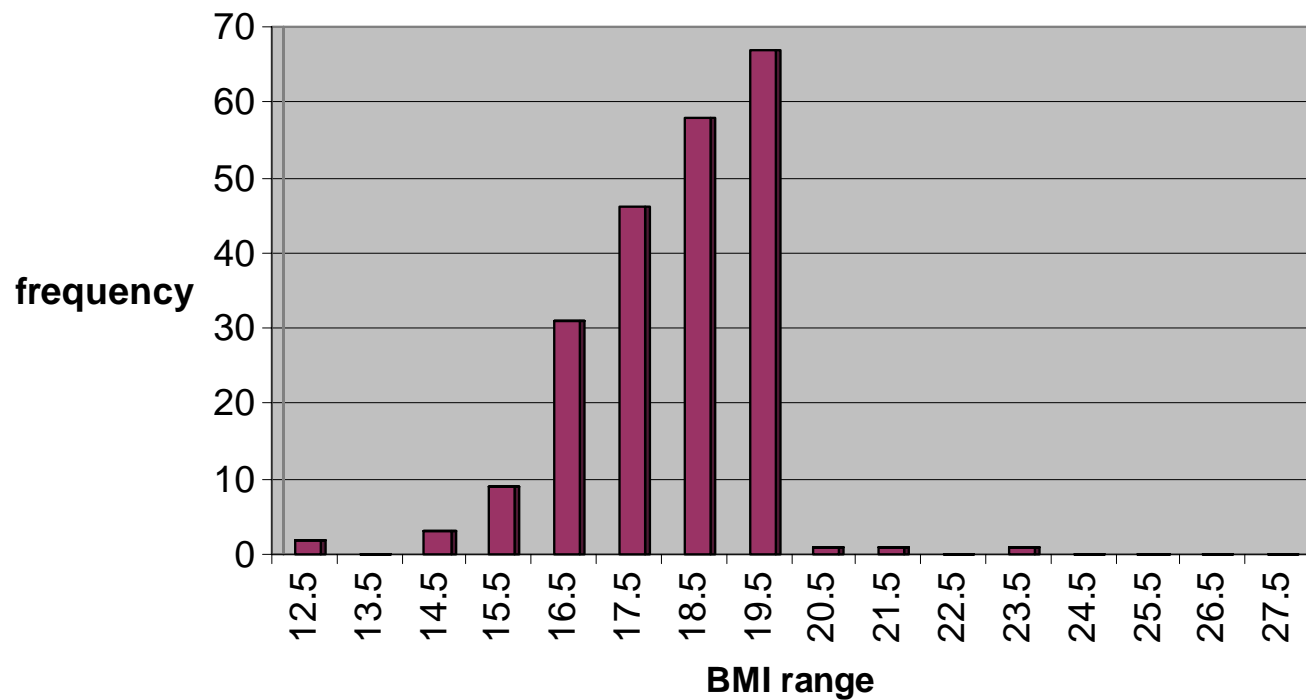
Follow up took place in July 2008 where the same measurements were taken.

Pre-test findings

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BMI in 2007



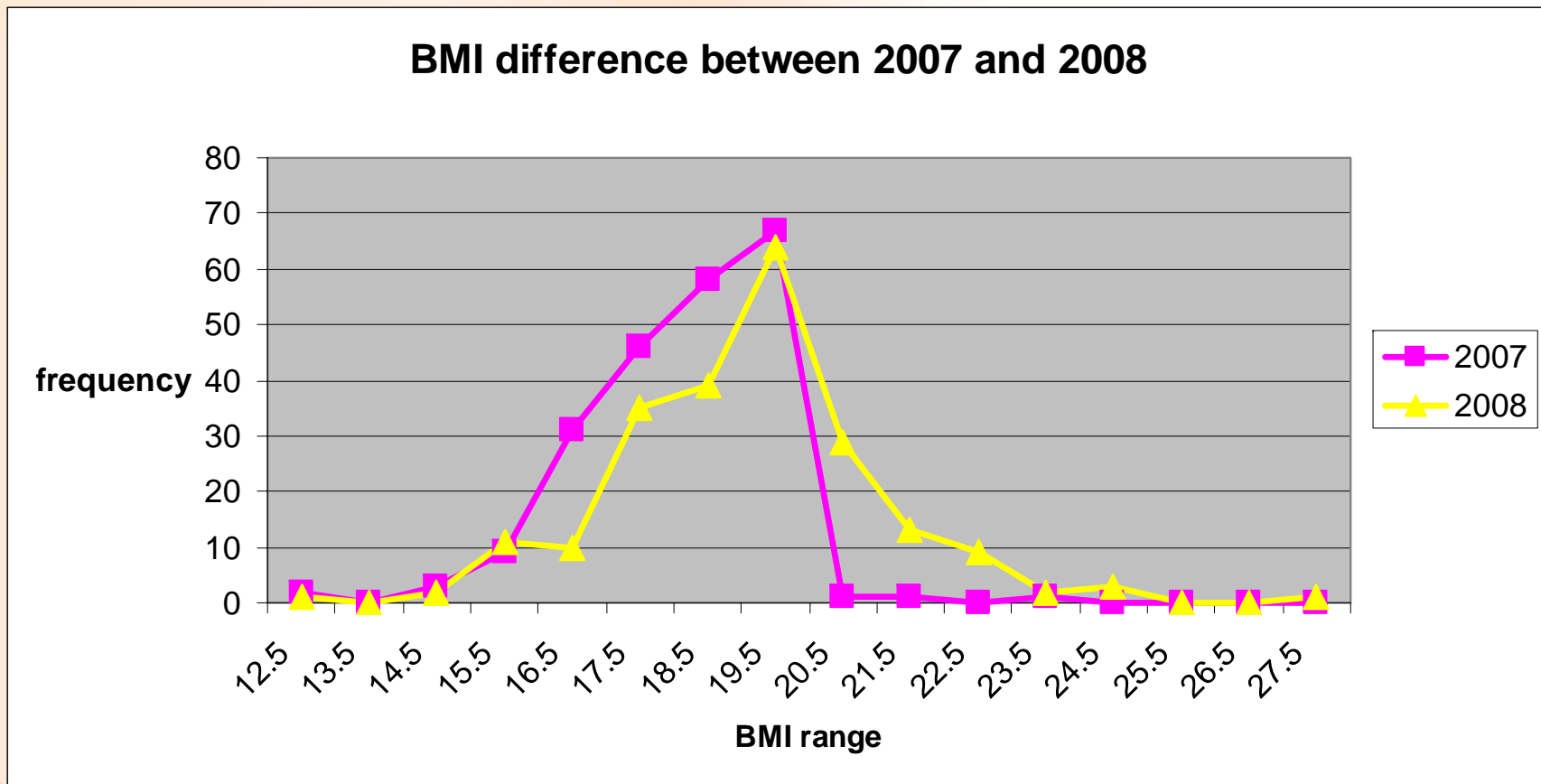
Difference

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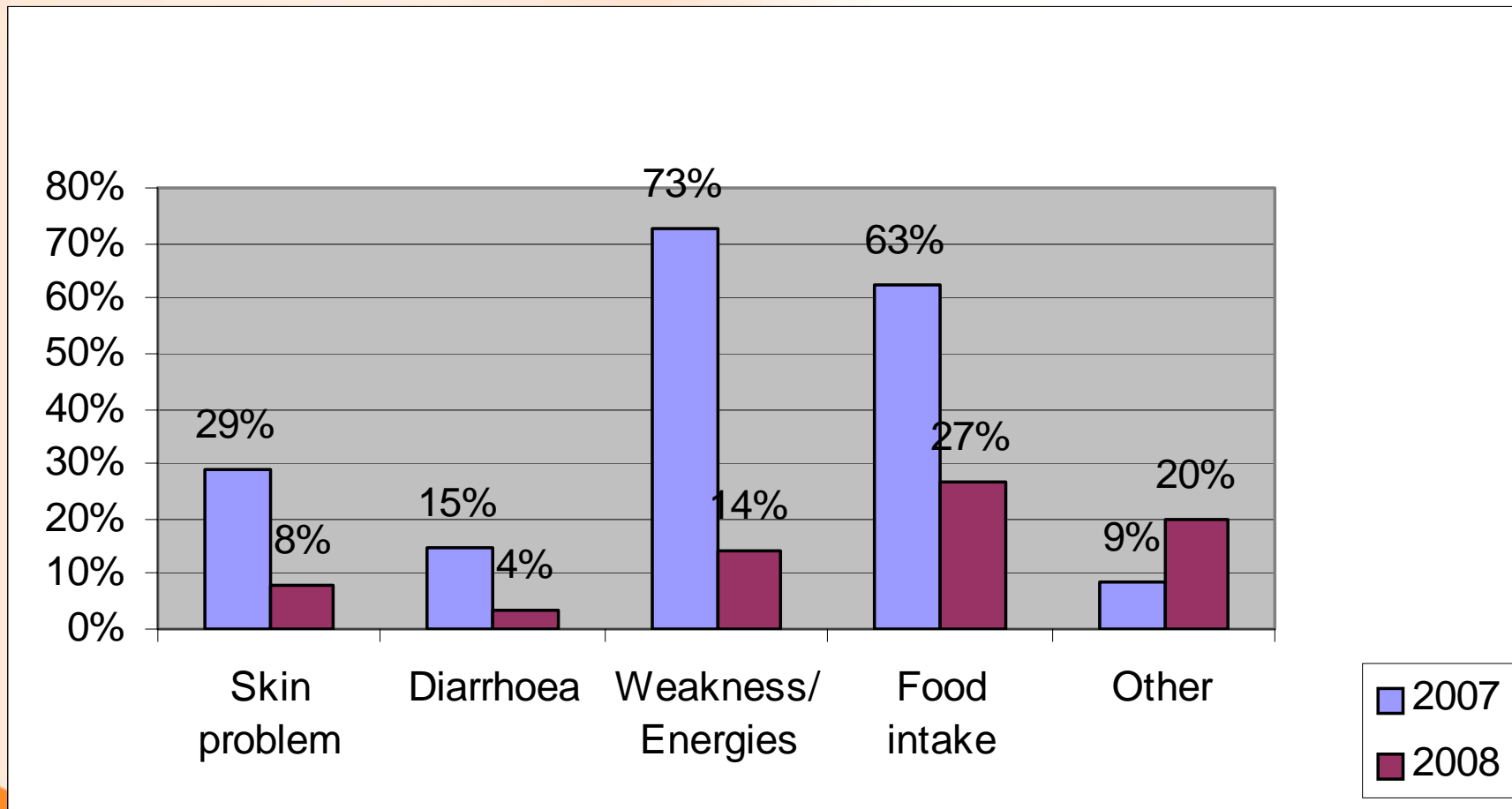
	September 2007	July 2008
Average weight	42.27 kg	44.67 kg
Minimum – Maximum	27 kg – 56 kg	28 kg – 61kg
Average BMI	17.59	18.61
Number under weight	67%	45%
Number normal weight	33%	55%
Number overweight	0%	0%

BMI change



Change in illness

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Change in BMI

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	Improved		Not improve		Worse than before	
	2007	2008	2007	2008	2007	2008
Skin problem	28%	8%	27%	9%	39%	11%
Diarrhoea	13%	1%	14%	7%	28%	11%
Weakness/ Energies	66%	13%	84%	13%	72%	17%
Food intake	66%	26%	75%	26%	44%	39%
Other	14%	14%	34%	6%	6%	33%

Comments

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- **Most found the nutritional supplement acceptable with 3% found it had little value**
- **68% who felt they needed continued support**
- **57% thought they had enough to eat**
- **Transport assistance for collecting regular distribution was desired by 17%**

Conclusion

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- **Important programming need (high malnutrition)**
- **Successful approach (shifting the curve)**
- **Acceptable approach**
- **Local products**

Recommendations

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- **The initially encouraging results in the improvement of health and nutritional status of PLHIV should be expanded to more beneficiaries if finances are available.**
- **WVC should establish a HIV/Nutrition Working Group with a nutritionist and pediatric representative. This group should develop nutritional guidelines including measurement tools for PLHIV and OVC as this area of programming expands.**
- **The majority of PLHIV requested continued nutritional support and found Soya milk as an acceptable and digestible supplement.**

HAPPY picture

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