



Food Support: patients' perspective in the Integrated AIDS Programme (IAP) of Ndola Catholic Diocese-Zambia

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Nutritional/Food Support to Improve Health Status among TB
Patients*

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INTEGRATED AIDS PROGRAMME (IAP)

- IAP started in 1992
- 11 Community-based HCPs, 26 shanty-townships, more than 8,000 chronically-ill, 750 community volunteers, 60 staff (34 nurses) in 2002
- Targeting chronically ill patients of which 95% were Symptomatic HIV Infection
- 73% coverage
- Catchment's area: 400,000-450,000 people
- Present in five urban Districts (Ndola, Kitwe, Luanshya, Mufulira, Chingola)
- Holistic care, interdenominational approach
- Integration of TB Care (DOTS) and Prevention
- Described in the booklet "Under the Mupundu Tree (Strategies for Hope Series)

TB CARE IN IAP

- ★ TB most frequent opportunistic disease
- ★ Integration of TB Care in HCPs started in 1998 because high defaulter rate among clients was observed due to poor effectiveness of TB control in the District
- ★ Implementation of Community DOTS by training Volunteers as DOT Supervisors
- ★ In 1999, Community DOTS was implemented in all HCPs

Rationale for food support

- ❖ Two thirds of patients were in extreme need of food because of poverty
- ❖ Holistic approach as quality of care characteristic
- ❖ Human right issue
- ❖ Need of improving nutritional status to enhance response to treatment
- ❖ TB treatment adherence was a challenge

Food ration

- ✱ Meallie meal, cooking oil, sugar and HEPS
- ✱ Household ration
- ✱ Monthly delivery by community volunteers
- ✱ For all the period of TB treatment and even afterwards
- ✱ Community volunteers received food support as an incentive
- ✱ Supportive treatment (multivitamin with minerals, Vitamin A, Folic acid)
- ✱ Welfare (food plus other) was 37% of total budget

Patients' perspective

- ★ **A qualitative study on perception of the beneficiaries on home care programme was carried out in 1999 (*P. Blinkoff, I. Bukanga, B. Shyamalewe*)**
- ★ **Beneficiaries regarded food aid as the most critical element of Home Care package after medical treatment.**
- ★ **The study indicated a great desire for self-sufficiency and reliance among beneficiaries**

Answers from patients

“Medicines cannot work if the body has not food”

“Without eating some food, he cannot take medicines because that make him feel dizzy”

“The medicines we take are very strong and good but they make you feeling very hungry. Than the problems come due to scarcity of food”

“Sometimes it takes long before bringing food so if it finishes we get into problems... “

“ Because if they give you this month and the packet gets finished...how can you live the next month? Now you start panicking and you worry a lot. As a result you get very much sick now, you can't rest. So these are the problems we have.”

Lessons learnt

- ✳ **Food assistance in resource constraint settings is crucial to improve quantity and quality of life**
- ✳ **Need to shift gradually from food support to micro-credit schemes to empower people**
- ✳ **Food support as a protection from further poverty when breadwinners are sick with TB/HIV**
- ✳ **Food support policies in a programme require strong management and continuity of funds**
- ✳ **Importance of strict monitoring and evaluation**
- ✳ **Issue of the community volunteers**
- ✳ **Community participation**

Challenges

- ❖ Sustainability
- ❖ Agreement about contents (demand of the community, needs determined by “experts”, felt needs)
- ❖ Partnership
- ❖ Risk of dependency
- ❖ Corruption and ghost patients
- ❖ ART not yet available for all
- ❖ Different scopes of food support (palliative care, adherence to Tx, etc.)
- ❖ Food support twin-tracked with IGAs

Conclusion

Evidence based knowledge on the impact of food support in TB and HIV/AIDS treatment is still lacking....

It is also difficult to measure such an impact and there is need of developing proper indicators....

But..every day there are signs that food support may impact patient's life ...

which?

Brighter eyes, bigger smiles, stronger hand-grips, willingness and energy to walk long distances for coming to the clinics for review...

The background features a light beige field with several interlocking gears of varying sizes and shades of yellow and tan. On the far left, there is a vertical strip of a colorful, abstract, and pixelated pattern in shades of purple, blue, orange, and red.

Thank You