

NUTRITION PROGRAM IN SUPPORT OF HIV/AIDS AFFECTED FAMILIES

1. INTRODUCTION

The Kenya AIDS Intervention Prevention Project Group (KAIPPG) is a local NGO that works with disadvantaged populations in the rural areas of Western Kenya. It is an NGO that mobilizes communities to use local resources in an endeavor to fight against HIV/AIDS. KAIPPG has three programs running in the community, namely: Home Based Care, Advocacy, and Nutrition. The nutrition program is run under the title of *Community Based Dietary Intervention Project (CBDIP)*. This abstract is meant to highlight the primary components of the latter program.

2. SIGNIFICANCE OF THE PROGRAM

Malnutrition is a major factor in dealing with HIV/AIDS which has always gone unnoticed, and which is rarely considered and addressed by most AIDS service organizations. Untreated malnutrition is a major cause of early deterioration and the ultimate death of thousands of HIV/AIDS patients in Kenya. Dietary deficiency in calcium and vitamin C is responsible for mouth sores common in HIV/AIDS patients. Protein and complex starches help build and maintain muscles, while excess starch moderates fats. Apart from helping to rebuild body organs, proper diets help the HIV/AIDS patients to cope with the strong medicines used to treat opportunistic infections associated with HIV/AIDS such as TB. In addition, micronutrients improve the body's ability to clear by-products and other toxins from the strong anti-TB drugs, thereby reducing skin inflammation and blisters. Because of their precarious conditions, people with HIV/AIDS (PLWA) need dietary supplies that can be easily absorbed (such as fruits and vegetables) without burdening their bodies. In developed countries, drugs for PLWA are administered alongside nutritional supplements to give the patient a better chance of recovery. Such expensive nutritional supplements are far beyond reach for the poor communities in Western Kenya where KAIPPG operates.

At the rate of 700 Kenyans dying every day due to HIV, the society's capacity to have stable family lives has been highly compromised. The sweeping effects of HIV/AIDS in families have left a myriad of problems in their wake. Most communities are now left exposed to food insecurity. Their ability to grow food has been reduced because so many farmers are sick or dying, in addition to individuals growing their own foodstuffs. The weak HIV/AIDS patients, who need good nutrition to help them cope with the disease, are vulnerable to malnutrition. HIV/AIDS deaths have created an overwhelming problem of orphans in the community. These orphans develop malnutrition, which complicates their ability to heal even the curable diseases they may contract. Within Western Kenya,

the malnutrition rate stands at 34%. KAIPPG has created the CBDIP to try and address this problem, especially among the widows and orphans affected/infected by HIV/AIDS.

3. ACTIVITIES

KAIPPG selected 180 vulnerable women from its regional units. Six Nutritional Field Schools of 30 members each were formed, to have informal learning in the community. Members were taught and trained in the entire process of crop husbandry and food production. They were taught how to use adaptable technologies in energy preservation, local production of animal and plant cakes, bread-baking, caring for HIV-infected children and hygienic practices for keeping food safe to eat. Members donated parcels of land and labor, which were harnessed through a "merry-go-round system". Each field school had a leader who supervised its activities and coordinated with KAIPPG. These groups, through their group leaders, were also trained to give basic treatment and care to other sick members. 15% of the yield from grains, cereals, and fruits was to be retained and supplied to the other widows who did not benefit from the first phase of the project. This aspect of material sharing helped expand the project without relying on external support.

The beneficiaries of the CBDIP were networked with each other and linked up with other carers and community health workers trained by other organizations, and the whole process developed into a sort of web. Since the program worked with highly stigmatized and neglected people with very diverse needs, a system to address the unique needs of each individual person was put into place. Each Nutrition Field School was further subdivided into 3 small groups of 10 people. The small groups were technically called *Family Care Committees (FCC)*, with each being under an FCC leader. The 10 members of FCC maintained day-to-day contact with each other, assisted one another in tilling the farms, selling their farm products and other daily needs at family level. Any needs that could not be handled by the FCC were reported to the field school leader, who in turn reported to KAIPPG.

For the purpose of project replication, sustainability and expansion, formal linkages were forged with a number of government ministry departments at district level, faith-based organizations, NGOs, and other private groups involved in development work. These groups not only helped in facilitating some aspects of the program but also in publicity.

4. PROJECT OUTCOMES

1. The health status of HIV/AIDS-affected and infected widows and orphans improved.
2. Vulnerable members of the community were empowered in cheaply adaptable technologies i.e. nutrition management and home-based care for PLWA.
3. We learned that it is locally possible to solve the problem of malnutrition in AIDS orphans and other vulnerable children through empowerment education.
4. More people living with HIV/AIDS or affected by HIV/AIDS need food, and we found a way to provide that.
5. We learned that incisive knowledge about HIV/AIDS and nutrition needed to be gathered and disseminated.
6. Foster parents need to help orphans utilize the large tracts of land their parents leave to raise crops. Lack of food has thrown many orphans out into the streets to beg, or into various orphanages where food will be available (this is certainly more desirable than the streets, but ideally it seems best to ensure that the children remain within their extended families, or with foster parents who will provide a home-like environment for them).

The lessons KAIPPG has learned from this program have enabled us not only to help our own clients, but also to disseminate these ideas and this project to others, who have used it as a model for their own nutrition programs. We have also been able to refine and perfect our own model, thereby creating as optimum a response as possible to the often-devastating malnutrition that complicates not only the survival, but also the quality-of-life and chances for longevity, of those living with HIV/AIDS.

5. PROGRAM CONSTRAINTS

Illiteracy: More than 90% of the widows were old and did not know how to read and write, and so could not take the notes. They were generally forgetful and lessons had to be repeated several times before they could be mastered. The facilitators found it difficult to explain some words that do not exist in the local dialects' vocabulary. The facilitators mainly relied on pictorial teaching.

The best way to solve this problem of illiteracy could be to start up an adult literacy project. KAIPPG is in need of a donor who could support an adult literacy project, or production of pictorial learning material in local languages.

Finance: Because of its uniqueness and innovativeness the program drew wide interest and met great acceptance in the community, among the wider public, and by other development partners. This was indicated through the large attendance during the public education days organized by KAIPPG, and by the many invitations KAIPPG received to share the program concepts and the results of the participatory evaluation conducted late last year. Funds are needed to expand the project and replicate it in other parts of the

country, and also to start up a monthly newsletter for sharing the project concepts with the wider public.