

Title: Use of Nutrition Corners to improve identification and nutritional status of HIV-infected infants and young children in Lesotho

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Presentation Type: Oral Abstract

Issues: Lesotho has been facing challenges associated with both high HIV prevalence of 23.7% (270,000 people, including nearly 12,000 children) and childhood under-nutrition. 2009 Lesotho National DHS report showed that 39% of children 5 years of age or younger were stunted, 13% underweight, and 4% wasted (i.e., experiencing acute malnutrition). Evidence suggests that HIV prevalence is especially high (28.7%) among undernourished children (O'Hare, 2009). Nutrition Corners have been established in selected rural health facilities in Lesotho to provide nutritional rehabilitative services to infants and young children. Given the co-morbidity of HIV and under-nutrition, these Nutrition Corners provide an opportunity to identify HIV-exposed infants and young children, test them for HIV, and link them to needed health services.

Description: The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) supported the Lesotho Ministry of Health and Social Welfare (MOHSW) to pilot Nutrition Corners in four rural hospitals in Lesotho. A review was conducted, collecting data twice monthly from August 2009 to February 2010 on all children under five years of age who visited these hospitals during the review period. All children of caregivers with unknown HIV status and those of confirmed HIV-positive caregivers were offered HIV testing and counseling. Children over 18 months of age who were found to be HIV-positive were referred to ART clinics for HIV care and treatment in the same facility. Children under 18 months of age who tested positive were referred for dried-blood spot (DBS) polymerase chain reaction (PCR) testing at the maternal and child health (MCH) clinics.

Lessons Learned: From August 2009 to February 2010, 293 children with evidence of under-nutrition or with known HIV-exposure, identified during growth monitoring at under 5 clinics in MCH facilities, were enrolled into Nutrition Corners; the mean age was 30 months. Of the enrolled, 170 had unknown HIV status (123 children were either previously confirmed HIV-negative or HIV-positive). All 170 children were tested for HIV and 10 (5.9%) were HIV-positive, 8 of the children who had tested positive were under-nourished. Of the 10 HIV-positive children, 6 were older than 18 months of age and were linked to ART clinics for treatment. Four children aged less than 18 months had DNA PCR testing done and were confirmed infected. After confirmation of HIV infection was obtained, the children were initiated on ART. All 10 children found to be HIV-positive were enrolled on ART.

At nutrition corners, caregivers were counseled and educated about good feeding practices and how to prepare complementary foods. The 109 children who were eligible, (who presented with moderate under-nutrition) for ready-to-use therapeutic food (RUTF [i.e., Plumpy'Nut]) were given a two-week supply and followed up for nutritional status. The nutritional status of

194 enrolled children improved from moderate malnutrition to mild and mild to normal weight/height distribution.

Next Steps: Integration of HIV testing in Nutrition Corners is a promising strategy to improve identification of HIV-infected children and to link them to ART services in Lesotho. Next steps include the scale-up of Nutrition Corners to all hospitals and clinics in the country.