



## COUNTRY BRIEF: CÔTE D'IVOIRE

# Integrating nutrition into HIV programs to prevent malnutrition and improve HIV-free survival

## Introduction to IYCN in Côte d'Ivoire

From November 2007 to February 2012, the US Agency for International Development's (USAID) Infant & Young Child Nutrition (IYCN) Project worked to improve infant feeding counseling in prevention of mother-to-child transmission of HIV (PMTCT) clinics, strengthen nutrition-related components of therapeutic feeding centers and pediatric care and support services, and provide high-quality nutritional support for orphans and vulnerable children (OVC) through social centers and communities. Working in 17 of the country's 19 regions, IYCN collaborated with national health programs and nongovernmental organizations (NGOs) receiving funding under the US President's Emergency Plan for AIDS Relief (PEPFAR). Through these partnerships, improving counseling by building the capacity of health staff working in PMTCT sites became the cornerstone of our efforts. The capacity-building approach included a six-day training on infant and young child feeding followed by a two-day training on feeding within the context of HIV, and quarterly supportive supervision visits or phone calls to sites. Working with the National Program for Nutrition, one of our many partners, this approach is now being expanded across Côte d'Ivoire. During its final two years, IYCN continued to move forward with many activities despite numerous obstacles and adversities resulting from the country's post-election

crisis. Ultimately, the project was able to make significant contributions toward preventing malnutrition of mothers and children and improving HIV-free survival of children.

## Context for nutrition programming

The last Demographic and Health Survey<sup>1</sup> conducted in Côte d'Ivoire revealed that only 3.5 percent of women who had infants younger than 6 months exclusively breastfed, one of the lowest rates in the world. According to the survey, just 22 percent of non-breastfed infants between 6 and 23 months of age consumed milk or milk products, which are critical for growth, development, and survival. Inadequate breastfeeding and complementary feeding practices place the many babies born to HIV-positive mothers in Côte d'Ivoire at increased risk of becoming infected.

Côte d'Ivoire has significant gaps in HIV and nutrition interventions for infants and adults, in terms of both quality and coverage. When IYCN started working in Côte d'Ivoire in 2007, the country lacked national nutrition policies for infant and young child feeding, and available tools had not been standardized to relay consistent recommendations to programs. Although national OVC programs and their partners were implementing nutrition and HIV programs, their efforts were uncoordinated and inconsistent. Specifically, Côte d'Ivoire did not have a package that could

<sup>1</sup> Côte d'Ivoire 1998 Demographic and Health Survey.



be used by caregivers to determine minimum nutrition standards for feeding the 540,000 OVC living in the country, and few health providers knew how to use anthropometric equipment for measuring growth or how to interpret those measurements. IYCN worked with implementing partners to improve the efficiency and effectiveness of their programs.

### Project activities and accomplishments

IYCN integrated its activities into existing PMTCT, palliative care, and OVC programs. The project engaged with Côte d'Ivoire's national technical leadership group for nutrition and HIV, working with national programs for nutrition, infant health, HIV/AIDS, and OVC, as well as a wide range of NGOs implementing programs with PEPFAR funding.

### Developed policies, reviewed tools, and shared experiences for strengthening programs

Through involvement in a series of national workshops, IYCN contributed to new national nutrition policies and guidance documents that are now used by nutrition, HIV, and OVC programs across Côte d'Ivoire to improve the support they offer to mothers and other caregivers. These contributions supported two guides, one for people affected by HIV/AIDS and/or tuberculosis and another for community counselors supporting people living with HIV/AIDS. The project also participated in national discussions on nutrition, food security, and quality control, as well as a review of the country's PMTCT programs, conducted by the

US government and the United Nations. Technical assistance from IYCN resulted in the publication of a *National Reference Manual on the Minimum Standards of Nutritional Support of OVC*; a training curricula on nutritional care and support for OVC affected by HIV; guidelines for food distribution programs; a facilitator's guide for community-based support groups for HIV-affected families; and a strategic plan for community-based nutrition activities.

With the national nutrition program, IYCN created a plan for scaling up a nationally validated nutrition package and developed a list of nutrition and HIV indicators that could be used by programs countrywide. IYCN met with its many national NGO partners to confirm their support for the national expansion plan and identified 30 new PMTCT sites for immediate inclusion in the plan.

### Built the capacity of health providers to support caregivers

A six-day training in infant and young child feeding for health workers from PMTCT sites was central to IYCN's efforts to strengthen supportive nutrition services across Côte d'Ivoire. The project delivered the training, which employed a hands-on curriculum adapted from the World Health Organization's *Infant and Young Child Feeding Counselling: An Integrated Course*, to 255 health workers from 27 PEPFAR sites and five national health programs. Following the training, 92 PMTCT sites received a two-day refresher training on integrating nutrition counseling support into PMTCT services. These refresher trainings ensured a basic level of knowledge about infant feeding among 1,979 health workers and community agents, promoting the importance of holding monthly staff meetings and support groups for HIV-infected women.

**Table 1. Number of malnourished children identified and rehabilitated from October through December 2011 in the NTU of Pietro Bonelli Health Center, Odienne**

Nutritional status	Number of malnourished children identified	Number of malnourished children rehabilitated	Percent rehabilitated
Severe acute malnutrition	45	28	62%
Moderated acute malnutrition	98	73	74.48%
Total	143	101	71%

NTU: nutritional therapeutic unit



PATH/Alain Kouakoussui

IYCN also introduced algorithms and follow-up forms for infant feeding at 46 PMTCT sites, enabling health workers to personalize counseling sessions and identify infants lost to follow-up. Health workers learned how to properly complete the follow-up forms, contributing to more robust data collection. Additionally, the project drafted a complementary feeding recipe book, which the government plans to disseminate to health and social workers nationally.

In addition, the project strengthened 30 nutritional therapeutic units and ten pediatric care and support centers by training 262 health providers to enhance skills in caring for and supporting malnourished children. For instance, at the nutritional therapeutic unit of Pietro Bonelli Health Center in Odienne, located in the north of the country, trained providers identified 619 malnourished children from January through December 2011 and successfully followed up with many of them to offer care and support that resulted

in improved nutritional status. Table 1 shows the number of malnourished children identified and the number who recovered from malnutrition after receiving nutritional care from trained health providers at this facility during the last quarter of 2011.

To support the scale-up of capacity-building activities, IYCN expanded to PMTCT and OVC sites throughout the country and distributed more than 15,000 tools and information, education, and communication materials, including infant follow-up forms, to health facilities. In addition, IYCN worked with the National Program for Nutrition to develop a plan for scaling up nutritional services within PMTCT and pediatric care centers and advocated for districts to incorporate nutrition and HIV activities into their yearly work plans.

### *Strengthened health systems through supportive supervision*

After the trainings, IYCN staff conducted quarterly supportive supervision at 25 PMTCT sites to provide additional mentoring and support to training participants. The project developed supervision data collection forms and used them during a total of 268 supervision visits and 75 phone calls with trained health workers and health district managers to assess health provider performance, identify problems with delivering nutrition services, and recommend improvements. At several sites, supervision visits resulted in improved use of child growth charts—a critical tool for tracking whether a child is growing well or not. At one health facility, for instance, supervision visits revealed a failure to fill out growth charts accurately and consistently. The IYCN

### **Reaching orphans and vulnerable children at the Abobo Social Center**

Social workers at Abobo Social Center shared that the IYCN training and new equipment is helping them to prevent and identify malnutrition among orphans and vulnerable children. Participants said the training was very practical and they learned to identify not only when a child is not growing well but what to do about it:

- “When we see weights [on the growth chart] going up and down over time, we know there is something wrong. I ask what is going on: Is your child sick? How do you feed? What do you feed?”
- “Before, we didn’t know we were making thin porridge and advised moms to start introducing foods at 4 months.”
- “We...learned to make thicker and enriched porridge by adding powdered milk or soy flour.”
- “We learned about vitamins and what micronutrient deficiencies children are at risk of. I [now] counsel moms on choosing the salt with iodine in it, to keep oranges in the shade so the vitamin C won’t be destroyed by the sun, and that palm oil is rich in vitamin A.”



PATH/Jennifer Burns

team corrected the problem by reinforcing health provider training on how to accurately complete growth charts and encouraging providers to follow up with caregivers to bring their children for regular growth monitoring.

### *Expanded nutrition support for OVC at social centers*

The project equipped 30 social centers with anthropometric equipment, including mid-upper arm circumference tapes, scales, and height boards, as well as cooking demonstration materials. After learning how to use these tools, social workers at the centers could provide more targeted support to caregivers in preventing malnutrition of OVC, identifying malnourished children, and making appropriate referrals for health services. IYCN also provided the social centers with social and behavior change communication materials, including counseling flipcharts and take-home brochures. Through this effort, IYCN developed a training curriculum on nutrition assessment, counseling, and support for social workers and trained 55 national OVC trainers, who conducted cascade trainings with 390 social workers in 30 social centers and more than 130 stakeholders affiliated with the centers. The National Program for Nutrition integrated the curriculum into the national institute where social workers obtain their credentials.

### *Increased community and household support*

To reach caregivers in their homes, IYCN collaborated with the Accelerated Strategy for Child Survival and Development program to train 88 community agents from ten districts to conduct household follow-up visits with HIV-affected infants and to identify and refer malnourished infants to social centers and health facilities. According to supervision visits following the training, community agents demonstrated proper use of mid-upper arm circumference tapes when assessing child nutritional status in addition to correctly identifying malnourished children and making appropriate referrals. By collaborating with Alliance Nationale des Démocrates pour le Reconstruction, IYCN also supported training in nutrition and HIV for 50 additional community agents.

## Lessons learned

### **Coordinate with national programs and NGO partners.**

Coordinating with all relevant national programs and NGO partners was important for reaching facilities and communities with resources to improve supportive nutrition and HIV services. For example, national validation of new guidance documents drove program adherence to standardized recommendations. Consensus on curricula

and other training modules allowed IYCN to reach a greater number of programs across the country.

**Find ways to move forward during crisis.** Even when the post-election crisis prevented the project from continuing normal operations, the IYCN team found ways to move forward with vital activities. For example, the team continued to conduct follow-up calls to PMTCT sites and social centers even though they could not make site visits outside of Abidjan.

**Social centers are an underutilized opportunity for reaching at-risk children.** Because social centers offer a wide range of functions and clients, they are a popular and “social” medium through which to extend support to children and families affected by HIV, and they provide an ideal opportunity for helping families take action to prevent malnutrition.

## Looking ahead

Based on results from an assessment conducted by IYCN, which relayed changes in the availability and quality of nutrition support services and materials since the project’s inception, PMTCT sites are poised to receive recommendations on how to continue to improve program practices. National programs for nutrition, HIV, and OVC will use the scale-up plan and technical documents developed by IYCN to reach remaining health facilities and social centers. These programs should continue to follow up with supportive supervision visits at those facilities and provide refresher trainings to foster a pool of trainers in nutrition and HIV. Establishing a follow-up system led by trained health providers in collaboration with health districts will be important to ensuring quality. To build on IYCN’s work, the national nutrition program should continue to look for additional funding to produce more behavior change communication materials and policy and guidance documents.

### **Available resources**

- Complementary Feeding Recipes for Children 6-23 Months in Côte d’Ivoire
- Infant and young child nutrition counseling materials
- Guide for Nutritional Support of Orphans and Vulnerable Children in the Context of HIV/AIDS in Côte d’Ivoire
- Support Group Discussion Guide

Visit [www.iycn.org/cote-divoire](http://www.iycn.org/cote-divoire)

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## **ABOUT THE INFANT & YOUNG CHILD NUTRITION PROJECT**

The Infant & Young Child Nutrition Project is funded by the United States Agency for International Development. The project is led by PATH and includes three partners: CARE, The Manoff Group, and University Research Co., LLC. For more information, please contact [info@iycn.org](mailto:info@iycn.org) or visit [www.iycn.org](http://www.iycn.org).