

## **SAATHII – Site visit report 2 of 2 Details of the Nutritional Grant**

by Madhav Lakkapragada  
December 2009

Project Web Site: <http://www.ashanet.org/projects/project-view.php?p=727>

I visited SAATHII Hyderabad Office and met the team members on 17 December, 2009 during my India visit. We started the meeting with a detailed presentation of the Andhra Pradesh Family Care Continuum (APFCC) program that SAATHII implements in the state to care for families affected / infected by the HIV / AIDS.

This site visit document details the nutritional supplement grant of the SAATHII project. The educational grant is discussed in an accompanying document. These two documents are complementary and to get the whole impact of the support grant.

### Terminology:

**AfE:** Asha for Education

**PLHIV:** People Living with HIV / AIDS

**OVC:** Orphans and Vulnerable Children

**APFCC:** Andhra Pradesh Family Care Continuum

**NHP+:** Local partner team for the Ranga Reddy district of AP.

**CNJ:** Central New Jersey chapter of AfE.

**NYC/NJ:** New York City / New Jersey chapter of AfE

**MPHW:** Multi purpose Health Workers

**ART:** Anti-Retroviral Treatment

### **APFCC Program: (Improved version on the OVC program)**

This program that SAATHII implements in the AP state, since 2007, is based on a similar program that the SAATHII team has successfully (relatively speaking) put into place in Tamil Nadu state. The APFCC program covers 52 mandals across six districts of AP. The previous implementation was **only** focused on the orphaned and vulnerable children (OVC). Based on the learnings of the OVC program and the observations in the TNFCC program, the OVC program was enhanced to address the total family care. The redesign of the program led to the current definition of the APFCC program.

In its entirety, this program services include medical, psychological, education, nutrition and other home and community based care. By March 2009, this program had reached 1322 families caring for 1813 HIV affected and infected children.

AfE CNJ Chapter funds the educational component of this program. Based on discussions with the program coordinators Mr Kaveeshar and Mr Chandra Reddy, I understand that AfE support has provided uninterrupted school education for 153 children for the last 3 consecutive academic years.

The nutrition services are supported by a grant from AfE NYC/NJ Chapter and this grant is discussed below.

At the field level, this program is implemented by partnering with local community groups and other local non-governmental organizations (NGOs). SAATHII works very closely with these local organizations and provides enormous support for the successful implementation of the program. SAATHII identifies local organizations that they can work with and then provides training support, financial support and logistical support so that the local partner can implement the program goals successfully in the field. In identifying these local community partners, SAATHII regularly evaluates the various services that are available in the districts from various other support mechanisms such as other non-profits and any government programs available in that district / mandal. This prevents duplication of resources and support services.

#### **2009 Nutritional Supplement Grant: (USD 10977 in Jan 2009)**

This section discusses the details of the 2009 NYC/NJ chapter Grant for nutritional supplement needs.

The nutritional supplement program has been in “development” for some time now based on lessons learned from various approaches that were undertaken prior to the methodology described in this document. A baseline assessment of all the 400 PLHIV people was undertaken. Height, weight, BMI, 24 hour dietary intake, CD4 count was measured for the baseline criteria as part of a clinical nutritional assessment.

Currently the nutritional component of APFCC program is designed as a Macro Nutritional Supplement. The macro supplement addresses the energy (protein, carb and fat) needs. Vitamins etc are considered as Micro nutritional components of a dietary intake. The nutritional program at APFCC was based on lessons learned from the TNFCC program, which was monitored and reviewed for three years by Duke University. In the TNFCC program, the nutritional supplement was funded, prepared and distributed by the government hospitals.

The APFCC nutritional program is being implemented first at NHP+ center and I had a chance to visit the center and learn about the details of the preparation and implementation. I met

Dr Satish, Lead Physician & STI Specialist, APFCC program, SAATHII,  
Mr Kaveeshar, Program Coordinator, APFCC program, SAATHII,  
Mr Chandra reddy, Program Coordinator, APFCC program, SAATHII,  
Ms Anitha, Nutritionist, APFCC program, SAATHII,

Ms Dhanashree, Program Lead, APFCC program, NHP+ and other staff at the NHP+ center.

Based on my discussions with this team, I understand that the initial proposal for the nutritional supplement was estimated based on the costs incurred in the TNFCC program and tailored to be a culturally accepted dietary product in the target areas. However, this proposal was revised based on discussions between the team (after including the nutritionist) and the target consumers.

The APFCC nutritional supplement pilot program was based on the WHO guidelines and cost Rs. 50 per Kg (approx two pounds). At this time, the APFCC team purchased the product directly from a vendor that made the product as per their requirements. After much review and discussions within the team, they decided to handle the manufacture of the product in house with the help of the local project partners. This shift in the approach considerably changed the cost and the estimated costs were considerably lower.

The program coordinators have enlisted the services a nutritionist Ms Anitha to help with the formulation of the product mix and determine the nutritional analysis of the product composition. A feasibility study was first undertaken to refine the product composition based on 4 to 5 product formations and testing by the consumers. She interacted with the target community and helped in the formation of the product. The final product was formulated after much consultation with the community and the PLHIV's that will be the consumers. Details of the product are described below.

### **The Product, The People and The Supplement:**

The product is being based on a ready-to-eat Ragi mix formulation. The Ragi mix is fried then mixed with jaggery and oil to form a paste. This paste is then packed into half-kilogram (approx. one pound) packs. The approach is to distribute one month's supply of this product to each PLHIV approx. 3 Kg in ½ Kg packs. The NHP+ center identified 80 PLHIV's from 48 families of the Hyatnagar mandal for participation in this program. Raw materials for the product were purchased and the product was prepared under the supervision of Dr Satish and nutritional consultant Ms Anitha as can be seen in the pictures below. Two of the PLHIV's were recruited for preparing the product on 23 Dec, 2009 and

The team also purchased plastic storage boxes so that the product can be stored for a month. The families live very far from NHP+ center and its often difficult to make the additional trips, so the idea was to distribute the one month supply of 3 Kgs at one time. The plan was to educate the families about the benefits of the product and provide detailed guidelines of how (quantity, storage and consumption) to consume the product.

The nutritionist Ms Anitha is employed for four months so that follow-up with this target group could be performed and any additional needs could be addresses.

The field staff (MPHWs) were also trained and educated on the significance of monitoring the patients BMI and other parameters for comparison with the baseline metrics.

The product was prepared on Dec 22 and 23, 2009 and I did have a chance to visit the NHP+ center to witness the process. The attached pictures show the preparation process and some of the team members involved in the preparation. I did not get a chance to capture the nutritional facts of the product as the product was sent for testing followed by label printing and packaging.

### **Observations:**

- I did verify the receipts for the purchase of the raw materials, although I did not perform a full audit. I did observe that the NHP+ accounting methods were very thorough.
- The target patients selected did not include any of the NHP+ staff. Upon my enquiring the team as to the reasons, they mentioned that they are expecting that 10% of the product will not be consumed and that product will be consumed by the NHP+ staff members.
- Given that the nutritional component of TNFCC was funded by the government, I enquired if such attempts were in the plans to approach the govt of AP for similar funding. The response was that while such attempts will be made, however they were skeptical about the effectiveness of such govt services. There is currently a lot of social stigma associated with PLHIV in the community. Such community services provided by the govt usually reveal the identity and status of the patients, hence there is considerable stigma to approach such services.
- AfE grant is being targeted for the raw materials and the nutritional needs only. Current grant will be sufficient for six to seven month supplies. Long term commitments are TBD.
- Micro nutritional supplements (vitamins etc) are currently not addressed. The vitamin composition also needs to be customized so that the proper quantity and the most efficient composition can be identified. Plan to work with local pharmacies to address these needs.
- Data collection (BMI etc) is challenging in the field as opposed to the TNFCC program where the metrics were measured by the hospital.

## **Conclusion and Recommendation:**

From the discussions I have had with the APFCC partner NHP+ team (Ms Swapna, Ms Dhanashree, Mr Pavan, Ms Ramadevi) and with the SAATHII team (Dr Satish, Dr Shubha, Kaveeshar and Chandra), I personally am convinced that this is a good project that should be supported - both the educational component and the nutritional grant.

Specifically regarding the nutritional component, I believe that the proposal for nutritional supplement is essential for the healthy growth of the PLHIV's and is based on detailed research (backed by the review by Duke University, according to Dr Satish) observed in the TNFCC program. In the case of Jyothi (a PLHIV that receives educational support, mentioned in the first part of the report), I have personally seen and I can vouch for the need for additional nutritional supplement. Jyothi is in Xth grade but her physical condition is not age appropriate, which IMO is a direct reflection of nutritional deficiency and the reduced immunity.

Based on the observations, I am comfortable in suggesting that we continue to support both the parts of the project - they "complement" each other. In the case of a healthy child, I can see supporting only the education part but given the nature of the underlying conditions, the nutritional grant has great potential of extending the life of the PLHIV's and enhancing the effectiveness of the medication that is provided to them free of charge by the Govt of India.

I understand that there has been some miscommunication on the nutritional grant proposal and the estimated costs associated with the nutritional supplement. I have discussed this with Dr Shubha and Mr Chandra in the meeting. From what I understand, two factors were involved in the estimates

1. based on the TNFCC project cost observations
2. using an external vendor for preparing and packaging the product.

These two factors have been reviewed carefully and revisions to the proposals have been made to better suit the needs of the demographic of the APFCC program. Based on my understanding, bringing the preparation / packing in-house and seeking the help of the partners (NHP+) significantly reduced the costs of the nutritional supplement. They did acknowledge that there have been some miscommunications on this and were open and willing to address any concerns and provide further explanation as needed.

Please note the following limitations of my site visit:

my recommendation is based on my limited visibility and evaluation of only one partner (due to travel challenges given the civil unrest) of the APFCC program. I understand that the grants cover other partners as well. I am convinced however, that the SAATHII process and methodology are very through.

Photos of raw materials purchased.



Photo 1: Ready-to-eat Ragi mix bags purchased by APFCC (NHP+) for preparing about 248 KG of the product



Photo 2: Jaggery and oil packs purchased. Gas stove and vessels purchased for preparation.



Photo 3: Jaggery and oil packs.



Photo 4: Storage boxes to be distributed to the patients. Each to contain 3 Kg of the product packed in 0.5 Kg packs.

Photos of product preparation on Dec 23, 2009.



Photo 5: Volunteers dehydrating the Ragi powder and mixing the oil. The gas stove was also purchased as part of the APFCC program.



Photo 6: Dried powder mixed with Jaggery.



Photo 7: A second view of the work area for mixing the dehydrated ragi powder and jaggery.



Photo 8: Used ragi powder bags for preparing about 248 KG of the product.



Photo 9: A view of the volunteers dehydrating the ragi powder.