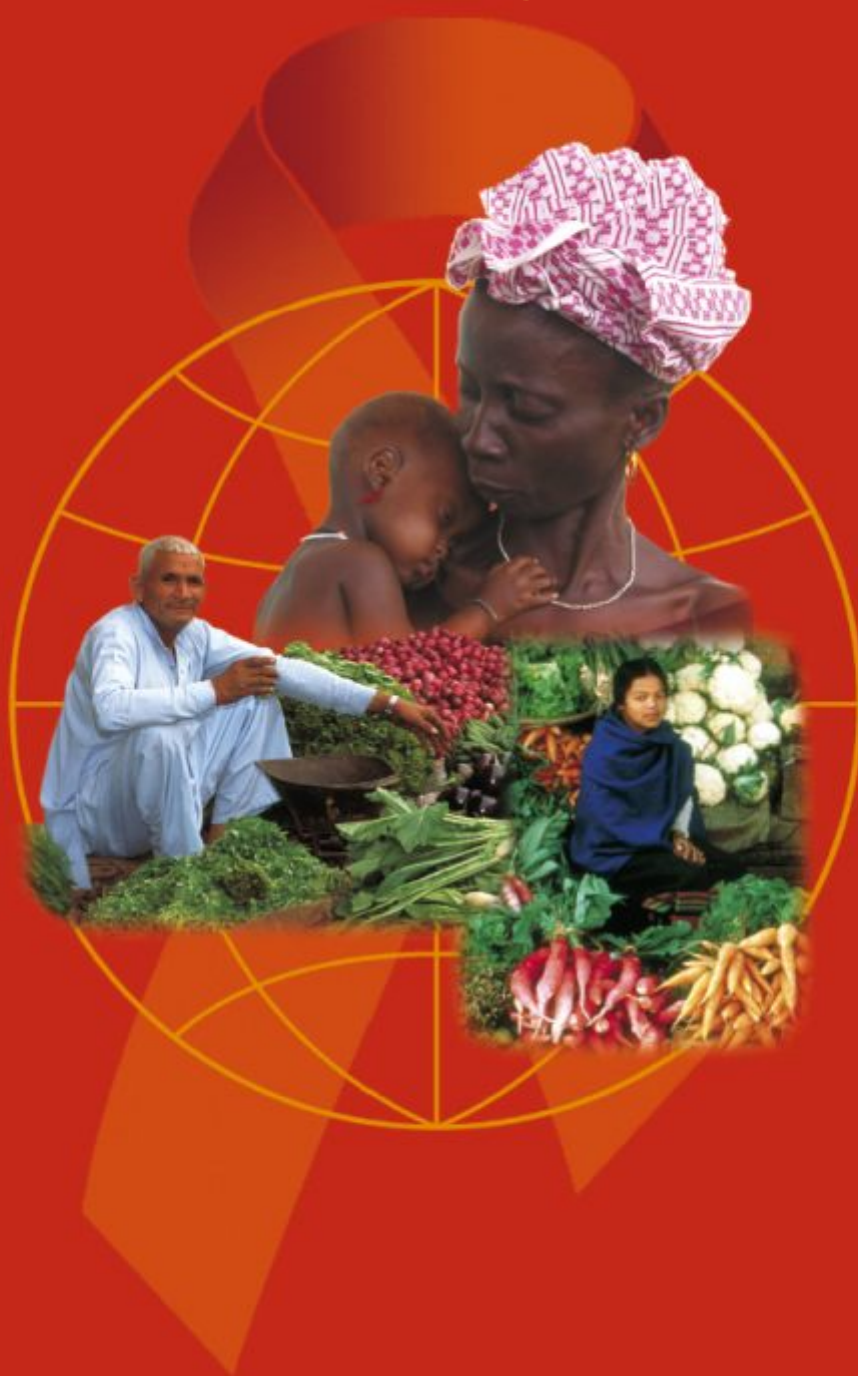


# Nutritional care and support for people living with HIV / AIDS

## A training course



World Health  
Organization



Food and Agriculture Organization  
of the United Nations



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It is expected that the material will be revised by 2015.





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## Introduction

Nutrition refers to how food is handled, prepared, shared, eaten and ultimately utilized by the body. Foods contain different nutrients that are essential for various body functions, such as: the Energy required for breathing; movement, work and temperature control; growth, building, replacement and repair of the body tissues; protecting and fighting against infection and helping to recover from illnesses. Good nutrition is therefore a key factor for the maintenance of good health and quality of life for all people.

Malnutrition can result from inadequate or excessive intake of one or more nutrients. Poor nutrition reduces a person's ability to work and be active. It also weakens the immune system leading to frequent illnesses, poor growth and development in children, and an inability to replace and repair body cells and tissues, resulting in severe weight loss. Excessive intake of food leads to excessive weight gain associated with high risk of obesity, heart diseases and high blood pressure.

For people living with HIV (PLHIV), poor nutrition worsens the effects of HIV by further weakening the immune system. This may lead to a more rapid progression of the disease. Moreover, HIV interferes with the ability to access, handle, prepare, eat and utilize food, thus increasing the risk of malnutrition among people living with HIV. Food and nutritional intake can affect adherence to antiretroviral drugs (ARVs) as well as their effectiveness. Food insecurity and inadequate knowledge of good nutrition can thus impede management of the disease, particularly in resource-constrained settings where HIV is prevalent and health care services remain inadequate.

Good nutrition, on the other hand, gives strength, helps to maintain and improve performance of the immune system thereby protecting the body against infection and delaying progression of the disease. Good nutrition cannot cure AIDS or prevent HIV infection; however, people living with HIV who are well-nourished are stronger and better able to fight infections. Good nutrition will also complement and ensure effective antiretroviral treatment.

Nutritional care and support, which includes counselling, education, information-sharing and provision of food, is therefore a fundamental component of a comprehensive package of care and support for all PLHIV. Ensuring that PLHIV have access to food of adequate quantity and quality at the individual and household levels is a critical part of their health care. Maintaining a varied and healthy diet can help improve the body's utilization of nutrients thereby contributing to the health of people living with HIV. Nutritional care and support must be started at the early stages of the infection in order to prevent

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weight loss and malnutrition. Such care and support is often provided by a variety of people including family members, nurses, doctors, dieticians, extension workers, volunteers, community support workers and others. In this course, we refer to these people as service providers and caregivers.

## **Why is this course needed?**

Effective management of the food and nutrition implications of HIV requires adequate skills and capacity at the local level. Especially in countries and regions with limited resources, there is a recognised need to develop the capacity of community-level health service providers and caregivers in promoting good nutrition as an important component of improving the health and quality of life of PLHIV. This training guide provides practical steps and information to help strengthen local capacity for effective nutrition care and support for people living with HIV in limited resource settings.

## **Course aims**

This course aims to improve knowledge and skills on nutritional care and support among community-level health service providers and other extension workers providing services to PLHIV. The combination of knowledge and communication skills covered by the course will enable participants to provide quality nutrition care and support at various service points, thereby contributing to the improvement of the nutritional and health status and the overall quality of life of people living with HIV.

The information, ideas and skills from this course can be used in many ways. Examples include:

- One-to-one nutrition counselling of a person living with HIV;
- Nutrition education to a group of individuals at a clinic or in a community setting;
- Discussing practical suggestions and skills with a group of caregivers;
- Sharing information and skills learned with colleagues to increase their knowledge; and
- Helping oneself or a family member.

This course includes basic information on communication skills. However, it is not designed to train people to be HIV counsellors. The nutrition information provided is at a basic level. People with complex nutrition related concerns or co-morbidities such as diabetes, altered lipid levels and other conditions would need to be referred to someone with more extensive training in nutrition.

## **Target group**

The course and the accompanying training guide are intended for use by community level health service providers and other extension workers whose activities may include providing general

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nutrition information, care and support to individuals or groups of people living with HIV and their household members and communities.

Examples of the primary target groups are:

- Community health workers
- Extension workers
- Social workers
- Counsellors
- Nutritionists
- Nurses and doctors

Course participants need not have any specific training in nutrition. However, they are expected to:

- be comfortable working with people living with HIV;
- have moderate literacy and basic communication skills;
- have basic knowledge about HIV, including its modes of transmission/ prevention; and
- be familiar with locally available HIV/AIDS services such as counselling and testing, prevention, treatment and care.

For participants with lower levels of literacy or little experience with classroom work, those needing additional knowledge on HIV in general or more skills in counselling, the course may need to be extended over a longer period to allow more time for discussion of additional information. Sources of such additional information to complement this guide and course are included in *Annex 4*.

## Course structure

The training sessions can be delivered as a complete course all at one time. This would take about 12-15 hours, not including meal breaks. Alternatively, the sessions, which vary in length from 30 to 90 minutes, can be spread out over a number of weeks. The course can therefore be conducted intensively over two days or spread out over a longer period, as appropriate. If facilitators or participants come from outside the area, it may be necessary to hold an intensive course. If facilitators and participants all come from within the same district or institution, it may be more practical to deliver a part-time course over a longer period. The number of course facilitators needed will depend on the chosen format of the course and the number of participants. In general, it is recommended that a maximum of 15 participants be enrolled for every two or three facilitators.

## Course sessions

The course starts with an opening session, followed by 12 core sessions covering key aspects of nutrition care and support for people living with HIV. Each of these 12 main sessions is designed in the same way and contains three parts: (a) notes of up-to-date basic knowledge and principles on the topic; (b) practical activities and exercises; and (c) a summary of the key points covered in the session. The course concludes with a review and planning session, followed by a closing session.

The sequence and duration of each session is outlined below.<sup>1</sup>

Session		Duration
Opening session		50 minutes
1.	Links between nutrition and HIV	30 minutes
2.	Introduction to communication skills	105 minutes
3.	Eating wisely	80 minutes
4.	Food safety	45 minutes
5.	Improving food intake	45 minutes
6.	Preventing weight loss and promoting physical activity	60 minutes
7.	Nutrition for people on anti-retroviral therapy (ART)	70 minutes
8.	Nutrition for HIV-positive pregnant and breastfeeding women	50 minutes
9.	Feeding options for infants of HIV-positive mothers	35 minutes
10.	Feeding a child living with HIV	45 minutes
11.	Improving food access	55 minutes
12.	Use of nutritional supplements and herbal remedies	40 minutes
13.	Course review and action planning	70 minutes
Closing session		20 minutes

The course is classroom-based and involves a variety of facilitation methods, interactive lectures, role-plays, group discussions, individual reading and group brainstorming exercises to facilitate the exchange of ideas and encourage participants to apply knowledge and skills acquired during the various sessions.

<sup>1</sup> If there are additional opening and closing ceremonies or speeches, extra time will be needed.

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## Course design: the story of Sam and Suzi

There is a story about a couple - Sam and Suzi - which runs throughout the course sessions and is intended to help participants see how the information presented applies to individuals in real life situations. Included in the course materials, are three pictures of Sam and Suzi, each illustrating different times in their lives. Facilitators are expected to select, adapt and use versions of the pictures that are most appropriate to their particular local cultural context. The full story of Sam and Suzi can be found in ***Annex 1***.

## Course materials

The course materials are packaged in three different guides, related to each other: (a) the Director's Guide; (b) the Facilitator's Guide and (c) the Participant's Manual. The contents of each are described below.

### Director's guide

The *Director's Guide* contains all the information that the course director needs in order to plan and prepare for a course, and to select facilitators and participants, starting several months before the actual programme. It contains lists of the materials and equipment needed, as well as samples of handouts and forms that need to be photocopied for participants before the course. It also describes the Director's role during the course itself.

### Facilitator's guide

This *Facilitator's Guide* contains information that the facilitator needs in order to lead participants through the course. This includes:

- Instructions on how to conduct each session and the information required for each;
- Practical exercises to be completed by participants;
- Lecture/discussion guides, along with focusing questions and possible answers; and
- Role-plays and demonstrations.

Reference materials listed in ***Annex 4*** may be useful for answering questions and providing additional information, as required. Other materials which facilitators will require for the course include the following:

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### **Overhead transparencies**

Overhead transparencies are provided for the sessions marked ***“show overhead”***. The figures for the overhead transparencies are also printed on paper so that facilitators can copy and display the content on flipchart paper, if an overhead projector is not available. Reprints of the key overhead transparencies are included in the *Participant's Manual*. Overhead transparencies of the three pictures of Sam and Suzi may also be enlarged and used as posters if this suits the local course delivery format. Facilitators should choose versions of the pictures that best suit their particular local context.

### **Training aids**

The course will need an overhead projector if one is available. A flipchart can be used as an alternative to an overhead projector or in addition to one. A flipchart stand, flipchart paper and a means of fixing flipchart sheets to the wall or other display surface such as, masking tape will be required. Additional training aids may be needed for specific sessions. Facilitators should ensure that they read each session carefully and prepare all the necessary aids several days before the course.

### **Participant's manual**

The participant's manual contains:

- A summarized version of information covered in each of the sessions;
- Key overhead transparencies;
- Texts for the role-plays with which participants will assist; and
- Exercises that the participants' will do during the course (without answers).

As a copy of the manual should be provided to each participant to be used as a reference both during and after the course, it is not essential for participants to take detailed notes.

### **Key points**

This course uses key points to emphasize information. The key points covered in each session are clearly outlined (throughout this Facilitator's Guide as well as the Director's Guide and Participant's Manual) and are expected to be reinforced throughout the course (by facilitators and participants), by repeatedly writing them, putting them on display and reiterating them verbally. Key points from preceding sessions need to be reviewed and reinforced in each subsequent session.

### **Course follow-up activities**

It is important to plan some follow-up activities to find out whether participants apply the skills that they have learnt in the course and if they need any further assistance. The appropriate follow-up

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method varies depending on the person carrying it out, the type of participants and the particular local context of the course. With the assistance of the Course Director, facilitators need to develop a follow-up plan that would be most appropriate for each particular group of participants.

A follow-up plan can contain at least these two steps:

- Towards the end of the training course, each participant should be asked to write a plan or list of actions that he or she will undertake to apply the skills learnt.
- Course Facilitators (with the assistance of the Course Director whenever feasible, can then visit each participant in his or her workplace several months later, in order to observe his or her work and discuss which actions he or she has been able to put into practice.

## **Using and adapting the manual for the training course**

The contents of this manual are presented in a 'generic' format. As such, some of the technical information will need to be adapted to the particular local context in which the course is being delivered. Facilitators will need to read the sessions well in advance in order to identify and collect local information that may need to be added in some sections or omitted in others to suit particular local conditions. Adapting the information contained in the manual to local circumstances should therefore be considered as an essential part of preparing for the training course.

While this course includes basic information on communication skills, it is not designed to train people to be HIV counsellors. The nutrition information provided is at a general level and people with complex nutrition-related concerns or co-morbidities, such as diabetes, altered lipid levels and other conditions would need to be referred to someone with more extensive training in nutrition.

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## Using the Facilitator's Guide

### **SIGNS USED IN THE FACILITATOR'S GUIDE**

□ : *This symbol and typeface indicates an instruction to the facilitator.*

■ : This symbol indicates what you should say/explain to participants; **questions you should ask them are highlighted in boldface.**

☆: This symbol indicates important points, including key points in each session which the facilitator should emphasize.

### ***Preparing a presentation***

- It is important that you are thoroughly familiar with the material, and with the order of ideas in the presentation. This is necessary even if you are an experienced facilitator and/or knowledgeable about the topic.
- Try to read through all the sessions rather than just focusing on those you will present. Having an idea of how the different sessions fit together will help you focus on the information for each session without duplicating material that will be presented in later sessions. It also makes it easier to draw linkages with information from previous sessions or to defer a question if the topic will be covered later on in the course.
- Research and keep abreast of new information of relevance to the topics covered in each session.
- Read the session objectives from your guide to know what the session aims to achieve.
- Outline the programme at the beginning of the workshop and define the objectives clearly.
- Structure your sessions so that both you and the participants understand the objectives and the content to be covered.
- Read the preparation section, so that you know what to prepare in advance for the session, namely, training aids and other kinds of help that you may need.
- Read through the text for each session and practise; be clear about the information to be covered and how to present it.
- Read the notes through carefully, and study the overheads that go with them.
- In coordination with the course director, consider splitting some session between two or more facilitators, particularly long sessions that involve different activities such as, role-plays and other group exercises.



- 
- Go through the text, and add in your own notes as necessary, e.g., to remind you of points to emphasize or those of special local importance. Try to think of your own stories and ways to present the information naturally in your own way.
  - Prepare your overheads and/or flipcharts. Have the overheads required for each session arranged in the correct order.

If an overhead projector is not available and items need to be copied on flipchart paper beforehand, prepare these well before the session. Write clearly. During the session, another facilitator can write additional items on the flipchart as necessary, allowing you to keep eye-contact with the participants at all times.

Keep your '*Facilitator's Guide*' with you at all times and refer to it throughout the course preparation, delivery and follow-up as needed.

### ***Giving a presentation***

- Talk in a natural and lively way. It is preferable to present the information in a conversational manner instead of reading out the presentation notes exactly as they are written.
- Speak clearly and slowly, projecting your voice so that all participants can hear and understand what you are saying. Vary the tone and pace of your voice as necessary.
- Face the audience and maintain eye contact with participants when speaking. Be careful not to block participants' view of the screen or board. Move around the room to keep your audience engaged. But avoid turning your back to the audience for more than a short time.
- Use natural hand gestures and facial expressions as necessary.
- Explain to participants exactly what each overhead or flipchart shows, and highlight clearly the main points from which they should learn. As you explain the information in the text, point to it on the overhead or flipchart so that participants can easily keep track of the key points. Remember, overheads and flipcharts are only visual aids to help your teaching; do not expect participants to learn from them without your help.

### ***Involving the participants***

- You will have to present some of the information in lecture form, in order to cover all the material in the allotted time.
- Constantly read the mood and atmosphere of the group. Is everyone participating? Do people look interested or not? Respond accordingly.

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- Use ice-breakers and warm-ups if the energy level seems low. Consider having a five-minute break if participants appear tired or overwhelmed by the amount of information being presented.
  - Involve all participants. Read and use both verbal and non-verbal cues to encourage participation. Pose questions directly to quiet individuals. Use paired work or small group discussions to maximize engagement.
  - Ensure that participants get a chance to speak one at a time; assign them an order in which to speak if necessary. People are less likely to interrupt others if they know that they will have a turn to talk.
  - Ensure that the discussion is not dominated by one or two people and that all participants have a chance to pose and answer questions. Encourage quieter participants to talk. Ask someone who has not spoken to answer, or move near someone to bring attention to that person and encourage him or her to participate.
  - Encourage participants to make suggestions; discuss their suggestions and then continue with the session.
  - Acknowledge all participants' responses in order to encourage continued engagement.
  - If a participant gives an incorrect answer, invite others to express their views and suggest alternative answers, thus steering the discussion towards the correct answer. Make participants feel that it is good to make a suggestion, even if it is not the "correct" answer.
  - Reinforce correct answers given by participants by expanding on them as necessary or by asking others to comment on them.
  - Encourage succinct answers by commenting on the presentation of participants who give responses that are short and to the point.
  - Re-cap and reflect on the points raised regularly throughout the sessions.
  - Ensure that each participant has his/her copy of the *Participant's Manual* available throughout the course.

### ***Preparing role-plays***

The sessions include a number of short demonstrations of communication techniques and other skills. Read through these role-play exercises carefully so that you understand the points being made in each. Make sure that you have all the equipment that you need.

Taking part in the role-play exercises can be an effective learning experience for participants as it increases their involvement and teaches them communication skills. Ask participants to help with role-plays well in advance of the session so that they have time to prepare themselves and to discuss and understand well what they are expected to do.

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If you feel that participants are not ready to do the role-plays, ask other facilitators to help demonstrate the exercises first. This can help participants better understand role-playing and encourage them to take part themselves.

### ***Practising role-plays***

Practise giving the demonstration by yourself, with your assistant or with another facilitator, so that you know how long it takes, and to ensure that you have all that is needed, including extra tables, chairs or other props to help make the demonstration as convincing as possible.

At the end of each session, leave time for participants to ask questions. Do your best to answer them. You do not need to know the answer to every question. Other participants may be able to offer information or you can refer them to a local source of further information.

## **Basic requirements of a facilitator and principles of adult learning**

This section explains the basic requirements of a facilitator as well as the principles and methodologies underlying adult learning that should to guide the course. You should read it before you start conducting sessions.

### *The facilitator should:*

- Have a warm and welcoming manner and an ability to show approval and acceptance of participants.
- Be able to develop a good rapport with the group.
- Be enthusiastic about the subject and have a capacity to deliver it in an interesting way.
- Be able to create an interactive environment, i.e. by asking questions, moving around the room, always addressing the whole group, and avoiding focusing on a small group or individual.
- Always speak clearly and in understandable language, addressing all participants.
- Be able to lead without stifling participation.

### *The facilitator needs to:*

- Ensure that the appropriate visual materials, such as flipcharts or overhead transparencies/projectors are available and ready.
- Keep visual aids simple and legible.
- Use the room and visual aids as required without creating interference in the process.

- 
- Regularly check that participants understand the information being presented and keep them interested and engaged.
  - Use interactive techniques, such as asking open-ended questions which require participants to explain and give detailed answers that demonstrate their comprehension.
  - Ask participants to keep their manuals closed while answering discussion questions so that they think about possible answers rather than reading the information from their manuals.
  - Give participants a genuine chance to arrive at the answers to the questions included in each session themselves. Questions are asked in such a way that participants should be able to find the appropriate answer by looking at the relevant figures displayed or by drawing from their own experience, or from material that has been covered previously in the course.

Sometimes, participants may need additional help in finding the answer; in such cases, you may opt to give them a hint. In other instances, you may find that asking the question again in a different way can help.

### ***Principles of adult learning***

*In line with the key principles of adult learning, facilitators should also aim to:*

- Encourage discussion and sharing of ideas and experience. Learning is more effective and faster when it builds on what learners already know or have experienced.
- Ensure to have a non-judgemental attitude to participants (even if he or she does not share their views).
- Create conditions so that the participants will learn in an atmosphere of acceptance, respect and encouragement, one in which they will feel free to ask questions and contribute to discussions.
- Communicate clear messages to learners; this minimizes confusion and facilitates learning.
- Present information in a logically ordered and structured way.
- Facilitate learning by using a variety of training methods and techniques.
- Build trust with learners by demonstrating that he or she is equally committed to the training and is willing to share his or her own experience.
- Provide opportunities for learners to practise what they are learning and to address feelings and ideas as they arise.
- Encourage team work and a sense of belonging through active participation.

☆ **REMEMBER!** ☆

HIV is a very emotive topic. Be aware that participants may have strong feelings about this topic. It is also likely that some participants are themselves living with HIV or have close family or friends who are living with the disease. Help participants to understand and accept each others experiences and perspectives and to show mutual respect without passing judgement. Avoid and rectify any comments that can sound critical of those infected or affected.

### Checklist of facilitation skills

<b>Movements</b>	Take centre stage; avoid standing in a corner or behind a desk.
	Face the audience; do not face the board or screen when speaking.
	Avoid blocking the audience's view.
	Make eye-contact with people in all sections of the audience.
	Use natural gestures and facial expressions.
	Move around the room; approach people to get their attention and encourage their participation.
<b>Speech</b>	Speak clearly, slowly and loudly enough for everyone to hear; be natural and lively; vary the tone of your voice as appropriate.
	Write difficult new words on the flipchart; pronounce and explain them.
<b>Interaction</b>	Interact with and engage all participants; address them by name as appropriate.
	Ask the questions suggested in the text; ask different participants; encourage quiet participants to speak.
	Allow time for participants to answer; do not give the answers too quickly; drop hints if needed.
	Respond encouragingly and positively to all answers; correct errors with tact and sensitivity.
	Avoid discussions which are off the point or distracting; postpone them if necessary. Try to give satisfactory answers to questions from participants.
<b>Visual aids</b>	Have the required aids and equipment ready; check and arrange them before the session.
	Make sure that everyone can see clearly; arrange the room so they can
	Point to what you are talking about on the projector or on the screen as appropriate.
	If using a flipchart or a board, write in large, clear letters.
	Cover, turn off, or remove visual aids that are not in use any more.
<b>Use of materials</b>	Follow the session plan accurately and completely; use your guide.
	Prepare thoroughly; read and obtain any materials that you need beforehand.
	Prepare your helpers (e.g., for role-plays) before the session; practise if possible.
	Do not learn the session by heart; follow the guide but talk in your own way.
<b>Time management</b>	Emphasize important points; try to avoid repetition unless really useful.
	Do give a few local examples; avoid introducing too much extra material.
	If it is necessary to read from the guide, look at the audience regularly.
	Keep to time: pace yourself; gauge the group regularly to ensure that you are not moving too fast or too slow; do not take too long with the early parts of the session.

## Opening session

### Learning objectives

By the end of this session, participants will be able to:

- List the aims and objectives of the course; and
- Refer to glossary of terms used in the course.

### Session outline

	Content	Time
1	Getting started	10 minutes
2	The role of the facilitators	3 minutes
3	Pre-test	20 minutes
4	Introduce the course aims and objectives	7 minutes
5	Review the glossary of terms	10 minutes
	<b>Total</b>	<b>50 minutes<sup>2</sup></b>

### Preparing for the session

- ☐ Prepare a course timetable and make a copy for each participant
- ☐ Collect local data on HIV prevalence. Keep a record of the sources of the local data you obtain so you can share them with participants if needed.
- ☐ Gather and review the following information:
  - Current HIV and AIDS situation in the country/area/region;
  - National policies/guidelines on nutrition and HIV; and
  - National policy, documents on prevention of mother-to-child transmission of HIV (PMTCT)
- ☐ Identify how this course can support the implementation of these guidelines and policies
- ☐ Prepare out the course aim and objectives on a sheet of flipchart paper.
- ☐ Collect/prepare the following materials:
  - An overhead projector and screen; and/or flipchart paper, markers and a means to attach flipchart sheets to the wall or other surface. *If an overhead projector is not used, the overhead may be*

<sup>2</sup> If there are opening speeches, additional time will be required.

*written out/displayed on a flipchart sheet; the appropriate versions of Pictures 1-3 can also be enlarged for display as posters.*

- **Overhead Opening/1: 'Course aims'**
- **Pictures 1-3: Sam and Suzi:** select the versions suitable for the local area and prepare enlarged copies for display as posters if necessary (*see Annex 1*).
- **Course evaluation sheet:** prepare enough copies for all participants (*see Annex 6*).
- **Pre-test:** prepare enough copies for all participants (*see Annex 5*).

## 1. Getting started (10 minutes)

- ☐ *Indicate the objectives of the session.*
- By the end of the session, participants will be able to:
  - List the aims and objectives of the course.
  - Refer to the glossary of terms used in the course.
- ☐ *Start by introducing yourself then ask other facilitators and participants to take turns introducing themselves.*
- ☐ *Ask them to describe their responsibilities in relation to nutrition and HIV, where they work and to mention one expectation from the workshop.*
- ☐ *Ask your co-facilitator to help you write down participants' expectation from the course on the flipchart and post the complete list on the wall.*
- ☐ *Give information on administrative matters (e.g. per diem, facilities in the training site, etc.)*
- ☐ *Ask participants if they have any questions on the above and answer any questions raised.*

## 2. The role of the facilitators (3 minutes)

- ☐ *Explain to the participants the role of the facilitators.*
- ☐ *Indicate whether particular facilitator(s) have been assigned to particular groups of participants.*

## 3. Pre-test (20 minutes)

- ☐ *Distribute copies of the Pre-test and inform participants that they have 15 minutes to complete it.*
- ☐ *Ask participants to write down their names or unique identification numbers (whichever you agree upon) to help with the analysis of the test results.*

#### 4. Introduce the course aims and objectives (10 minutes)

- ☐ *Cite HIV prevalence statistics in the area.*
- “In this region/area/country, there are an estimated ..... people living with HIV”
- ☐ *Use the following information for further explanation:*
- Infection with Human Immunodeficiency Virus (HIV) causes reduction in the body’s natural defence system against diseases and infections leading to the Acquired Immunodeficiency Syndrome (AIDS).
- As the immune system weakens, the body becomes less able to fight infections. Other germs take advantage of this opportunity and cause various illnesses such as pneumonia, tuberculosis, oral thrush and other opportunistic infections further weakening the body.
- When a person starts developing these opportunistic infections he/she has AIDS. The amount of time it takes for the person to advance from HIV infection to AIDS and his/her overall quality of life depends on the general health and nutritional status of the person.
- Good nutrition is important to everyone. A person who is well-nourished may have a better quality of life. He/she is stronger and better able to fight infections. This is true for all people but is especially important for people with HIV who are more susceptible to recurring infections.
- On the other hand, people living with HIV are at a higher risk of malnutrition as HIV increases nutritional needs even during early stages of HIV infection, when no symptoms are apparent. The demand increases significantly during the course of the infection posing additional challenges to people living with HIV and their care providers.
- People living with HIV and their families need care and support. This care and support may be provided by nurses, doctors, dieticians, other health workers, lay counsellors, support workers, families and other people.
- During this course, we will discuss ways to support people living with HIV to enable them to be better nourished. Food is not a magic solution. It will not stop people dying of AIDS. However, it can help people live longer, be more comfortable and lead lives that are more productive.
- ☐ *Show **Overhead Opening/1** and outline the aims and objectives of the course.*



## OVERHEAD OPENING/1: COURSE AIMS

- The aim of this course is to assist **community level health service providers** and **other extension workers** to:
  - Improve their knowledge and skills on nutrition care and support for people living with HIV;
  - Understand the importance of using good communication skills when providing nutrition care and support for people living with HIV; and
  - Be able to effectively transfer the key nutrition messages to people with HIV, their family members and the community.

## Course objectives

- By the end of the training course participants will be able to:
  - Explain the link between nutrition and HIV.
  - Discuss the effects of HIV on nutrition.
  - Describe the benefits of good nutrition for people living with HIV.
  - Demonstrate appropriate communication skills for nutrition counselling.
  - Describe how to manage HIV-related symptoms that reduce food intake.
  - Discuss the basic principles of eating wisely.
  - Discuss food safety for people living with HIV and AIDS.
  - Outline guidelines for preventing weight loss and promoting physical activity.
  - Discuss management of food-drug interactions.
  - Discuss appropriate nutrition for HIV-positive pregnant and breastfeeding women.
  - Discuss feeding options for infants of mothers living with HIV.
  - Discuss feeding children with HIV.
  - Describe the options for improving food access.
  - Evaluate and provide advice about the use of nutritional supplements and herbal remedies.

- *Give an overview of the training methodology and an explanation about Sam and Suzi's story.*

## Methodology

The course will include interactive lectures, role-plays, group discussions, individual reading and brainstorming to facilitate exchange of ideas and encourage participants to apply knowledge and skills from the sessions.

## The story of Sam and Suzi

- The story of Sam and Suzi runs through the course so that you can see how the information applies to individuals.
  - You will find the full story of Sam and Suzi in **Annex 1**.
  - Each session contains parts of Sam and Suzi's story relevant to that session.
  - Also included are three pictures of Sam and Suzi, each illustrating different times in their lives.
- ☐ *Show the three different pictures of Sam and Suzi as overheads or posters; use the versions appropriate to the local area (see Annex 1).*
  - ☐ *Ask participants to turn to page 6-7 of the Participant's Manual where they will find the glossary of terms. You may wish to ask one participant to read the first term, another to read the next and so on until they are all read. Check for understanding of the terms and clarify where necessary.*

## 5. Review the glossary of terms (10 minutes)

- ☐ *Following are definitions of some of the terms that will be used frequently throughout the course. Ask participants to take turns reading the terms and definitions out loud.*

<b>Absorption</b>	When food that is eaten is broken down or digested and passes through the gut walls into the bloodstream for use by the body.
<b>AIDS</b>	Acquired immunodeficiency syndrome (AIDS) is the later stage of HIV disease. A person is said to have AIDS when HIV has weakened the body's immune system to the extent that they develop one or more specific illnesses.
<b>Anti-retrovirals</b>	Drugs used for HIV prophylaxis or treatment that aim to slow or stop the HIV virus from multiplying or increasing in the body. However, these drugs are not a cure for HIV.
<b>Caregivers</b>	Persons who assume responsibility for providing care to those in need. They may be health workers, support workers, community-based care providers, family members and friends, etc.
<b>Dehydration</b>	Excessive (unhealthy) loss of water and salts from the body that often occurs due to diarrhoea or vomiting.
<b>Diet</b>	The customary mix or pattern of food and drink types consumed by a person on a daily basis.
<b>Digestion</b>	The process of breaking down foods into forms our body can use. It begins when we put food in our mouths and continues until it gets into the stomach and finally into the intestines.
<b>Disclosure</b>	When a person with HIV reveals his/her status to other persons. There may be fear of disclosing one's HIV status if the disclosure could result in the person being isolated from his/her family or community, stigmatised, or at risk of physical or psychological harm.

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<b>Energy</b>	Can mean the way a person feels, such as when he or she says, “I am full of energy” or “I have no energy.” The word <b>energy</b> is also used to describe fuel for the body. All foods can provide energy (fuel) though some foods provide more energy than others.
<b>Food-borne illness</b>	Illnesses caused by eating contaminated food containing harmful pathogens or germs.
<b>Food security</b>	Situation where people, at all times, have access to sufficient, safe and nutritious food that meets their dietary needs
<b>HIV</b>	Human immunodeficiency virus is one of a family of viruses known as retroviruses. HIV infects and destroys special white blood cells called CD4+ lymphocytes. These cells are an important part of the body’s immune system, which is the body’s defence against infection. A person <b>HIV-infected</b> or <b>HIV-positive</b> means the person has been tested and the test result shows that the HIV virus is present in his/her body.
<b>Immune deficiency</b>	When the immune system has been weakened and is less able to fight disease. HIV can lead to a range of specific opportunistic infections that take advantage of the weakened immune system.
<b>Immune system</b>	The processes in the body that help resist or overcome infections. These processes need nutrients to work properly.
<b>Malabsorption</b>	Failure to absorb one or more nutrients from the food eaten into the body. This may occur if the: <ul style="list-style-type: none"> <li>• gut wall is damaged;</li> <li>• food moves too quickly through the gut (e.g. in the case of diarrhoea); or</li> <li>• body processes are not working adequately, e.g. if the digestion organs do not produce enough fluids to breakdown foods.</li> </ul>
<b>Malnutrition</b>	Condition caused when the body gets too few or too many nutrients causing the body not to function properly. However, the condition of a person receiving too little food is more common - referred to as <b>under nutrition</b> .
<b>Mastitis</b>	An inflammatory condition of the breast, which may or may not be accompanied by infection. It is usually associated with lactation, so it is also called <i>lactational mastitis</i> .
<b>Metabolism</b>	Describes the processes taking place in the body that keep it working properly including the production and utilization of energy.
<b>Nutrients</b>	Nourishing substances or components of food released during digestion and absorbed to be used to promote body functions. Nutrients may be divided into: <ul style="list-style-type: none"> <li>• <i>Macronutrients</i> (protein, fats and carbohydrates)</li> <li>• <i>Micronutrients</i> (vitamins and minerals).</li> </ul> This course focuses on foods that we eat rather than the individual nutrients that make up these foods.
<b>Nutrition</b>	Broad term referring to processes involved in eating, digestion and utilization of food by the body for growth, reproduction and maintenance of health. It also helps understand the relationship between food and the body.

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<b>Nutritional status</b>	The extent to which the individual needs for nutrients are being met. Weight, height and other measures of growth are often used to indicate nutritional status. Clinical indicators, such as levels of nutrients in the blood, urine, bone as well as other areas, are more difficult to measure.
<b>Palliative care</b>	Aimed at relieving the symptoms of an illness, such as pain, stress and nausea, but does not treat the actual illness. In some places, this care is provided in a hospice or by a hospice home care team.
<b>People living with HIV (PLHIV)</b>	A general term used for all people infected with HIV, whether or not they are showing any signs and/or symptoms of infection.
<b>Symptomatic</b>	An observable change in the body that indicates the presence of disease. The opposite of this term is <b>asymptomatic</b> and means that the symptoms of a condition are not present even though a person has disease.
<b>Thrush</b>	Otherwise known as <i>Candida</i> , is a fungal infection that can occur in the mouth or other moist areas of the body. White fuzzy patches may be seen on the tongue and insides of the cheeks. Thrush can result in a very sore mouth and make eating difficult. Treatments can reduce thrush infection.
<b>Viral load</b>	The amount of HIV in the blood of an HIV-positive person. The higher the viral load the higher the risk of disease progressing into AIDS.
<b>Wasting</b>	Loss of body fat and muscle leading to the individual being weak.

## Session 1: Links between HIV and nutrition

### Learning objectives

By the end of this session, participants will be able to explain the links between nutrition and HIV, including:

- How HIV affects the nutritional requirements of the body;
- How nutritional status affects quality of life;
- The benefits of good nutrition for people living with HIV; and
- The importance of nutrition counselling for people living with HIV.

### Session outline

	Content	Time
1	Learning objectives and introduction to the session	5 minutes
2	The links between nutrition and HIV	7 minutes
3	The effects of nutrition on HIV	7 minutes
4	The benefits of nutrition care and support for people living with HIV and their families	6 minutes
5	Summary of the session and transition	5 minutes
	<b>Total</b>	<b>30 minutes</b>

### Preparation for the session

- ☐ Write and display the learning objectives on a sheet of flipchart paper.
- ☐ Write the key point on a sheet of flipchart paper and keep it aside until needed.

### ☆ KEY POINT ☆

**A well-nourished person has a stronger body to fight infection and cope with HIV.**

- ☐ Collect/prepare the following materials:
  - An overhead projector and screen; and/or a flipchart stand, flipchart paper, markers and a means to attach flipchart sheets to the wall or other surface. *If an overhead projector is not available, the following may be copied/enlarged and prepared for display as posters.*

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- Overhead 1/1: The “bad cycle” of poor nutrition and HIV’.
  - Overhead 1/2: ‘The “good cycle” of good nutrition and HIV’.
  - Overhead 1/3: ‘Effects of nutrition on HIV’.

## **1. Learning objectives and introduction to the session (5 minutes)**

### **Review the learning objectives of the session**

☐ *Show the flipchart and discuss the learning objectives.*

- By the end of this session, participants will be able to explain the links between nutrition and HIV, including:
  - How HIV affects the nutritional requirements of the body;
  - How nutritional status affects quality of life;
  - The benefits of good nutrition for people living with HIV; and
  - The importance of nutrition counselling for people living with HIV.

### **Introduce the session**

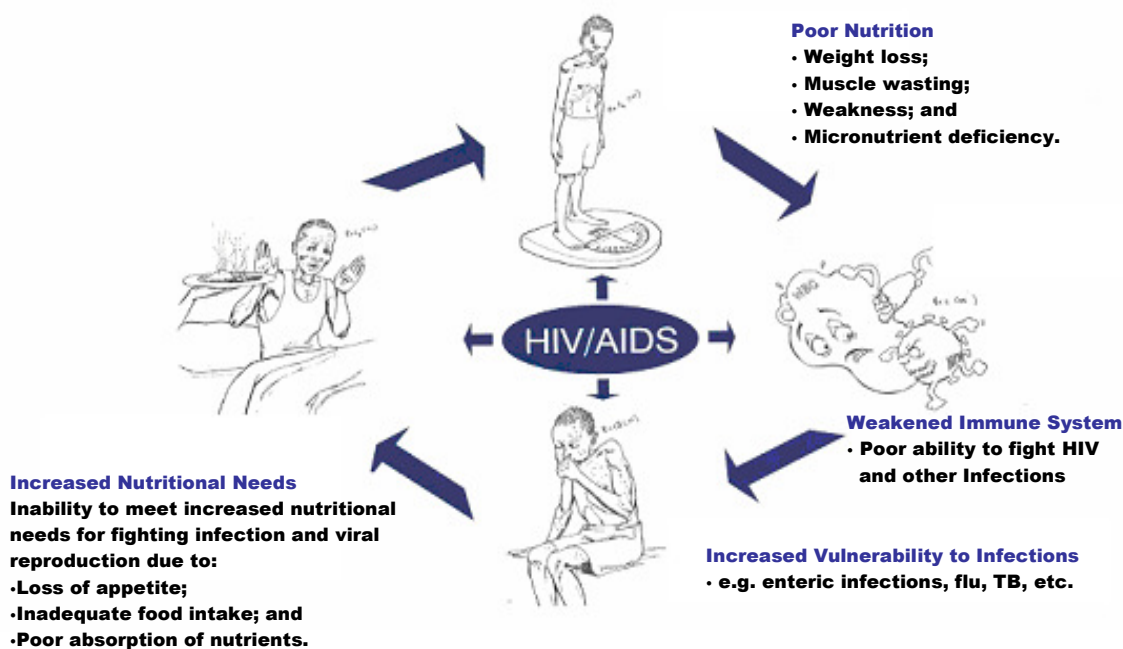
- Food is important for everyone. It is essential for the proper functioning of the body and the maintenance of good health.
- Food provides nutrients which are used by the body to:
  - Grow and replace cells when they have been damaged.
  - Produce energy for work, movement and warmth.
  - Carry out other body functions such as digestion and metabolism.
  - Protect against and help to recover from disease.
- If the body does not get enough food, it cannot function properly. Even the immune system which is the body’s fighting force against all the different diseases will be weakened.
- In a later session, we will talk more about making food choices in order to provide enough nutrients to the body.
- In this session, we will discuss more about the links between HIV and nutrition, specifically:
  - How HIV can affect nutritional status and quality of life;
  - The benefits of nutrition in the care and support for people living with HIV and their families.

## **2. The links between HIV and nutrition (7 minutes)**

☐ *Explain the following:*

- Poor nutrition quickens the progression from HIV to AIDS while good nutrition slows down the progression from HIV to AIDS. This can be explained with the cyclical link between HIV and nutrition.
- *Show* **Overhead 1/1: 'The 'bad cycle' of poor nutrition and HIV.**

### OVERHEAD 1/1: THE 'BAD CYCLE' OF POOR NUTRITION AND HIV



- **What do you see in this picture?**
- *Give participants a few minutes to identify what they see. Write down their responses on a flipchart (or ask a co-facilitator to write them for you) for discussion. Explain the following:*
- HIV weakens the body's natural defence system against disease and infection; as a result, the body's ability to fight infection is greatly reduced.
- With weakened ability to fight infections, the body becomes vulnerable to infections which normally may have not affected the person. Frequent infections and diseases make the body weaker and accelerate the progression from HIV to AIDS.
- HIV and frequent infections increase the nutrition needs of people living with HIV. However, they may not be able to take enough food to meet these needs. This is usually due to loss of appetite,

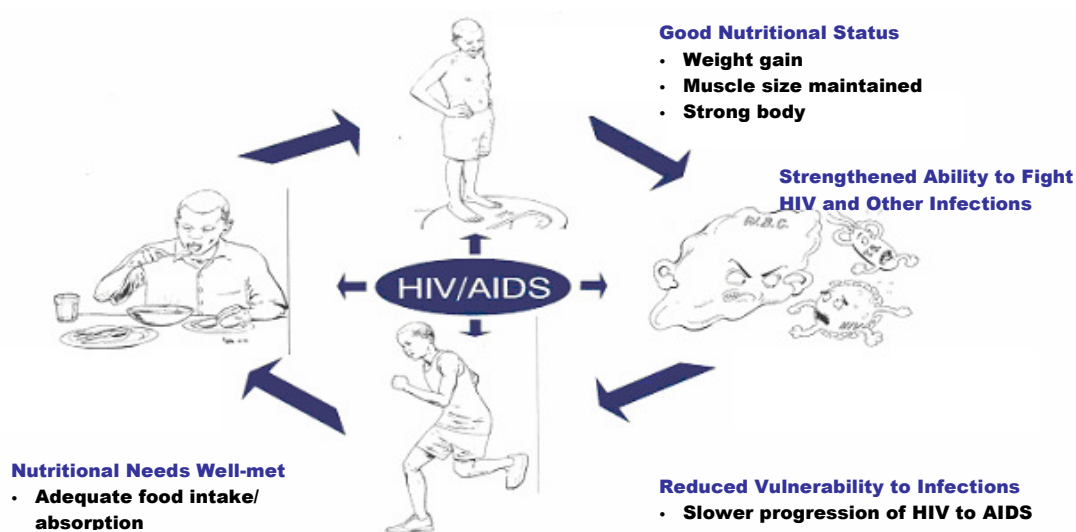
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poor absorption and the changes in the way food is utilized by the body resulting from HIV and frequent infections.

- The poor intake of food leads to loss of weight, body weakness, and malnutrition, which further weakens the body's natural defence mechanism, thus aggravating this 'bad cycle'.
  - In the early stages of infection a person shows no visible signs of illness. But later many of the signs of AIDS will become apparent, including weight loss, fever, diarrhoea and other opportunistic infections such as, sore throat and tuberculosis (TB). Poor nutrition may accelerate the onset of these infections.
- ☐ *Explain that the discussion in the rest of this session focuses on how people living with HIV can avoid or break the 'bad cycle' of poor nutrition and HIV.*
- ☐ *Show Overhead 1/2: The 'good cycle' of good nutrition and HIV.*
- **If a person is eating well, what effect could this have on the HIV-nutrition cycle?**
- ☐ *Give participants a few minutes to respond by identifying what they see. Write down their responses on a flipchart (or ask a co-facilitator to write them for you) for discussion.*
- ☐ *Discuss the following points:*
- The body's defence system is strengthened against disease and infection and the body has enough stores of nutrients. The body can therefore easily respond to infection and delay progression to AIDS.
  - The body can better resist infection. This helps people living with HIV to stay stronger and able to eat well and absorb nutrients required by the body.
  - When people living with HIV are able to meet their body's food needs, they will not lose weight; they will be able to stay strong and well-nourished.



## OVERHEAD 1/2: THE “GOOD CYCLE” OF GOOD NUTRITION AND HIV



☐ Show the key point displayed.

### ☆ KEY POINT ☆

**A well-nourished person has a stronger body to fight infection and cope with HIV.**

☐ Read it and reinforce it with the following explanation:

☆ The well-nourished body is able to build strength to fight HIV and other infections because the body has enough nutrients stored. The immune system is strengthened even further and the cycle continues.

### 3. The effects of nutrition on HIV (7 minutes)

■ The three ways in which HIV can affect the nutritional status of a person are by:

- Reducing food intake;
- Lowering food absorption; and
- Increasing energy requirements.

☐ Discuss these three effects in turn, asking participants about the possible causes of each.

- 
- ☐ Give participants a few minutes to give their suggestions and list their responses on a flipchart for discussion.
  - ☐ Explain the following, focusing only on answers that may have been missed.

### **Reduced food intake**

- **For what reasons might a person with HIV reduce his or her food intake?**
- Reduced food intake can result from one or more of the following reasons:
  - Difficulties with eating or swallowing because of painful sores in the mouth and/or throat.
  - Altered taste of food, nausea and vomiting.
  - Poor appetite as a result of tiredness, depression and other psychological factors.
  - Less quality and quantity of food in household due to insufficient money, inability to grow crops and/ or difficulties in shopping and preparing food.
  - Lack of awareness of the importance of nutrition, especially when recovering from illness.
  - Side effects of medications, including nausea, vomiting, metallic taste in the mouth, diarrhoea and abdominal cramps.

### **Lower food absorption**

- **How might the body's ability to absorb food be reduced?**
- During digestion, the food we eat is broken down into small parts called nutrients. These nutrients are absorbed through the gut into the bloodstream to be used by the body. Reduced absorption of nutrients can result from one or more of the following reasons:
  - Damage of the gut due to infection and/or the breakdown of cells can result in lower food absorption.
  - Infections such as diarrhoea make the food pass too quickly through the gut, reducing/not giving enough time for digestion and absorption.
  - Poor absorption can cause difficulty in controlling blood sugar levels, which may lead to diabetes.

### **Increased energy requirements**

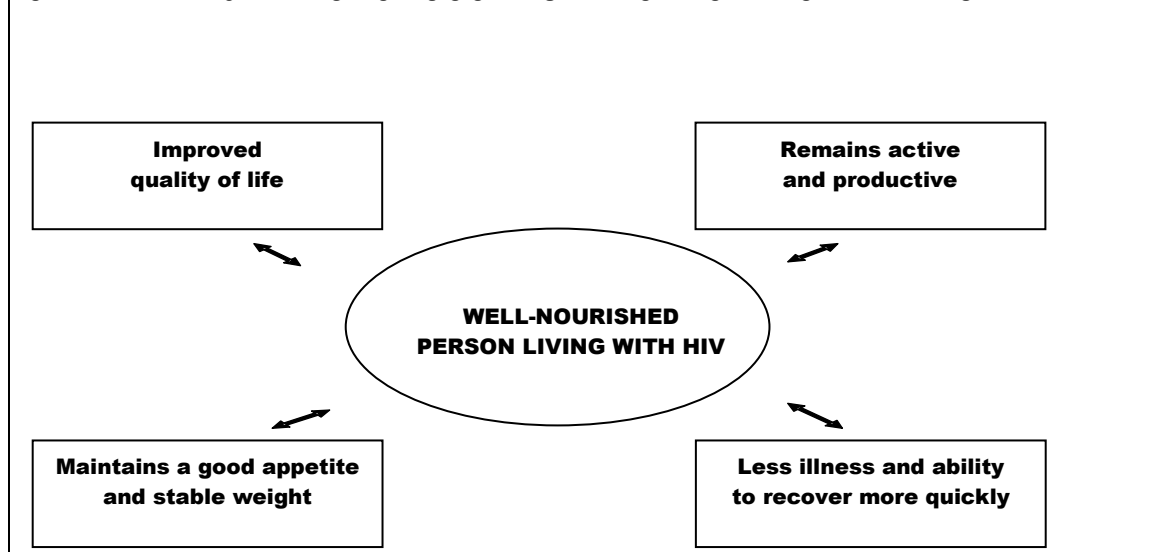
- **What happens when the body is unable to meet its increased energy requirements through adequate food intake and absorption?**
- If food intake and absorption are not sufficient for meeting increased energy needs, muscles are broken down ('muscle wasting').
- In turn, excessive muscle breakdown leads to:
  - Weight loss;
  - Swelling of the feet and/or other parts of the body;

- 
- Reduced production of saliva and other digestive fluids needed to break down foods into nutrients, which further reduces the absorption of food.
  - *Emphasize the following points:*
  - ☆ For those who are losing weight, add extra quantities of fats and oils such as, butter, margarine and cooking oil to increase energy intake. If diarrhoea, vomiting or discomfort arises due to these increased intakes, then reduce intake to a level the body is able to tolerate.
  - *Refer participants to page 13 of their manual. Ask a participant to read the following statement and emphasize its importance:*
  - ☆ Since the effects of HIV starts even in the early stages of HIV infection, nutrition becomes an important aspect of care for people living with HIV at all times. It is thus important to find appropriate ways of encouraging healthy eating as soon as possible so that the person stays healthy.

#### **4. The benefits of nutrition care and support for PLHIV and their families (6 minutes)**

- Good nutrition is particularly important at the initial stages of HIV infection. Nutrition counselling and education at this early stage gives the person a chance to build up healthy eating habits and to take action to improve access to food and adopt other healthy practices.
- **If a person has HIV, what difference would it make if they were well-nourished?**
- *Take responses from a few participants.*
- *Show Overhead 1/3: 'Impact of good nutrition for people living with HIV'. Ask participants to comment on this overhead.*

### OVERHEAD 1/3: IMPACT OF GOOD NUTRITION FOR PEOPLE LIVING WITH HIV



- *Use the following points to emphasize the importance of good nutrition for people living with HIV:*
- People living with HIV who are well-nourished are likely to:
  - ☆ Have improved quality of life, being able to work and contribute to the family's income;
  - ☆ Have prolonged good health, remaining active and able to care for themselves and help with the care of children and other dependants;
  - ☆ Have reduced illnesses and recover more quickly from infections, thereby reducing costs for health care.
  - ☆ Maintain a good appetite and stable weight.
- Children with HIV who are well-nourished can:
  - ☆ Go to school regularly, resulting in better education and development;
  - ☆ Have more energy to play and have fun.
- The provision of nutrition care and support to people living with HIV and their families promotes well-being, self-esteem and a positive attitude towards life.
  - ☆ Good nutrition should be one of the goals of counselling and care for PLHIV.
  - ☆ Effective nutrition counselling, care and support will improve the quality of life of people living with HIV.
  - ☆ As health workers and caregivers we need to have knowledge and skills that can help improve the nutrition for people living with HIV. For example, counsellors may encourage wise eating even on a brief visit.

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## 5. Summary of the session and transition (5 minutes)

- ☐ *Show/review the key point displayed again.*

☆ KEY POINT ☆

**A well-nourished person has a stronger body to fight infection and cope with HIV.**

- Food is vital to keep our body working. A well-nourished person has a stronger body for coping with HIV and fighting additional infections.
- Malnutrition in people living with HIV may result in weight loss, due to 'muscle wasting' and loss of body fat. It also increases the risk of infections, resulting in, e.g. mouth sores and diarrhoea, which in turn further limit food intake and absorption.
- Good nutrition is very important from the time a person is infected with HIV. Nutritional care and support can improve the quality of life of a person living with HIV.
- ☐ *Ask if there are any questions, or if anything needs clarifying.*
- In the next session, we will discuss communication skills.
- The next session will be presented by:
  - ☐ *State the name of the presenter.*

## Session 2: Introduction to communication skills

### Learning objectives

By the end of this session, participants will be able to:

- Explain the importance of using a counselling approach with clients;
- Demonstrate the appropriate use of the six listening and learning communication skills; and
- Demonstrate the appropriate use of the six skills for building confidence and giving support.

### Session outline

	Content	Time
1	Learning objectives and introduction to the session	5 minutes
2	Introduction to communication skills	15 minutes
3	Environment for communication	10 minutes
4	Skills that facilitate the counselling process	50 minutes
5	Role-plays	20 minutes
6	Summary of the session and transition	5 minutes
	<b>Total</b>	<b>105 minutes</b>

### Preparation for the session

- ☐ *This session should be prepared and conducted by at least two facilitators. This is one of the most important sessions.*
- ☐ *Health and nutrition workers and other caregivers will gain some communication competencies to better convey nutrition messages to their clients.*
- ☐ *Write and display the learning objectives on a sheet of flipchart paper.*
- ☐ *Write the key points on a flipchart sheet and keep it aside until needed:*

#### ☆ KEY POINTS ☆

**☆ When you ensure physical comfort, listen and talk about food and eating, you show that you care about the person.**

**☆ When you assure confidentiality and give clients support by praising their positive practices related to food and eating, you help build their self-confidence.**

- ☐ *Write each communication skill on different coloured papers ready to stick on the flipchart when needed.*

□ *Collect/prepare the following training materials:*

- An overhead projector and screen; and/or a flipchart stand, flipchart paper, markers, coloured paper and means to attach flipchart sheets to the wall or other display surface. *If an overhead projector is not available, the following overheads may be written out/ prepared for display on flipchart sheets; an enlarged copy of the appropriate version of Picture 1 can also be prepared for display as a poster.*
- **Overhead 2/1: 'What good communication means'**
- **Overhead 2/2: 'Six listening and learning skills'** (*Alternative: write and display each skill on different coloured cards*).
- **Overhead 2/3: 'Six skills for building confidence and giving support'**
- **Picture 1: 'Sam and Suzi'** (*see Annex 1*).

## 1. Learning objectives and introduction to the session (5 minutes)

### Review the learning objectives of the session

□ *Show and outline the learning objectives displayed.*

- By the end of this session, participants will be able to:
  - Explain the importance of using a counselling approach with clients;
  - Demonstrate the appropriate use of the six listening and learning communication skills;
  - Demonstrate the appropriate use of the six skills for building confidence and giving support.

### Introduce the session

- In the last session, we discussed some information on nutrition and HIV that would be useful for a health or nutrition worker. In this session, we will:
  - Explain the importance of using a counselling approach;
  - Learn about the communication skills of listening and gathering information, how to offer suggestions and how to follow up.
- Communication skills are introduced early in the course so that you can see examples of them used as the course progresses.

## 2. Introduction to communication skills (10 minutes)

- Communication skills are only introduced at a basic level in this course. These skills improve with practice.
- Communication skills can be practiced/ used at home with your family, as well as in work settings.

- The communication skills that we will review can also be called ‘counselling skills’ or using ‘a counselling approach’. This approach aims to increase the person’s confidence so that he/she can decide to adopt and carry out certain new practices.
- Think of a situation when someone told you what you should do; for example, that you should eat fresh vegetables every day. Describe how you felt.
- *Allow one or two participants describe how they felt; then, explain the following points:*
- Good communication is not just telling or advising a person what they should do. It is a way of working with people to help them decide for themselves what they think is best to do in their situation.
- Good communication skills can be used in many situations when you are talking to a client. In nutrition we could use good communication skills to:
  - Gather information on nutrition practices and challenges the client faces.
  - Praise good practices.
  - Give information on eating wisely or infant and young child feeding practices and suggest changes, if needed.
- A discussion may include other family members. However, it is the decision of the persons themselves as to whom to include in the discussion.
- **What does good communication mean?**
- *Show Overhead 2/1 and ask participant s to take turns reading each point.*

#### **OVERHEAD 2/1: ‘WHAT GOOD COMMUNICATION MEANS’**

- Listening to and understanding what the client is saying about his/her problem;
- Exploring with the client all the possible options available to solve a problem;
- Providing a client with the necessary information to make informed decisions;
- Evaluating with the client the options available to solve a problem
- Helping the client reach the best decision to solve the problem he/she faces;
- Providing skill-building, coaching or mentoring to ensure the client solves the problem successfully;
- Identifying the help or support needed and determining the next steps;
- Following-up with the client to evaluate how the action plan is proceeding; and
- Helping the client modify or change the action plan if necessary.



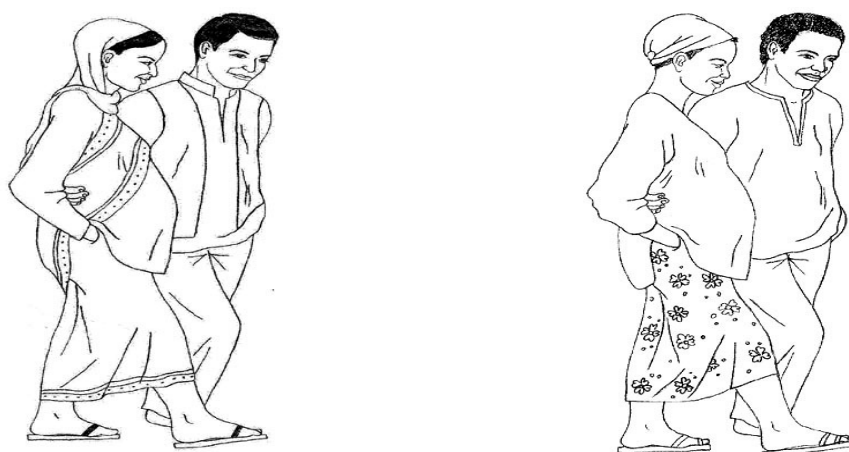
- What might influence a person's decision to carry out a particular nutrition practice?
- *Allow a few minutes for participants to respond; write down their responses on a flipchart sheet and then complete the list given by participants, using the following:*
- Many people may not do what they want to do or what you may suggest they do. Client's decisions may depend on a number of influences.
  - Other people's beliefs, opinions and needs;
  - Who controls the household money and resources;
  - Local culture, the media and the person's social status;
  - The health status of the person;
  - Whether the person has disclosed his/her HIV status; and/or
  - Whether there are any perceived risks to taking the particular action in question.

### 3. Environment for communication (10 minutes)

#### The story of Sam and Suzi

- *Show Picture 1: Sam and Suzi.*

PICTURE 1: Sam and Suzi



- ☐ *Read the story.*

### THE STORY OF SAM AND SUZI

- Sam and Suzi are a young couple expecting their first baby. They have come to the health centre to talk to the counsellor.
- In order to talk with Sam and Suzi, the counsellor must create a comfortable environment for them -- one that puts them at ease and encourages them to talk openly.

- ☐ *Ask participants to close their manuals.*
- ☐ *Ask one participant to turn to page 17 of the Participant's Manual and to read the section on "Environment for communication".*
- ☐ *Ask others to describe how each element can be achieved, then explain the following:*
- The counsellor must create a comfortable environment that puts people at ease and encourages them to talk openly. An environment that encourages communication is one that is:
    - physically comfortable;
    - private;
    - psychologically safe; that is, one in which the client trusts the health worker or caregiver and believes that what is being presented will be considered confidential; and
    - offers sufficient time and attention for full discussion of the issues.
  - A client may feel that the presence of someone such as a family member or friend whom they trust and supports him/her, will contribute positively to his/her care and support. It is for the client to decide who attends his/her counselling session.

## 4. Skills that facilitate the counselling process (50 minutes)

- ☐ *Introduce the skills that facilitate the counselling process.*
- Once the session begins, the counsellor must use good communication skills to build a relationship that will help the counsellor to gather information and help clients build confidence in order to constructively address the issues they face. There are two major categories of communication skills that could be used:
    - Listening and learning skills; and
    - Skills that help build confidence and give support.
- ☐ *Discuss each of these skill-sets in detail.*

### 3.1 Listening and learning skills

- ☐ *Explain the following:*
  - The counsellor needs to listen carefully to what the client is saying in order to gather as much information as possible about the client's problem.
  - The counsellor needs to do less talking than the client because the necessary information is coming from the client. The counsellor can also learn a lot about the client's nutritional status by just observing, before asking any questions.
  - Sometimes this approach is referred to as "The Triple L" ('**Listen, Look and Learn'**) approach.
  - There are **six** listening and learning skills that help the counsellor communicate better and facilitate the communication process.
- **What are the listening and learning skills that can facilitate information gathering?**
  - ☐ *Allow a few participants to respond and then discuss the listening and learning skills in detail.*
  - ☐ *Introduce each of the six skills in turn. Attach the relevant coloured card on the flipchart for display as you explain each and move on to the next skill until you have completed all six.*

#### OVERHEAD 2/2: SIX LISTENING AND LEARNING SKILLS

1. Using helpful non-verbal communication;
2. Using responses/gestures which show interest;
3. Empathising;
4. Asking open-ended questions;
5. Reflecting back what the client says; and
6. Avoiding words which sound judgemental.

- ☐ *Use the following points to explain each of the listening and learning skills*

#### **Skill 1: Use helpful non-verbal communication**

- Non-verbal communication means showing your attitude through your posture, your expressions and gestures without speaking. Good non-verbal communication skills will encourage the client to talk more, focus his/her responses and establish a positive environment.
- Following are five non-verbal means of communication, various forms of which can either help or hinder communication:

		<b>Helps</b>	<b>Hinders</b>
1.	<b>Posture</b>	Sit so that your head is level with the other person's	Stand with your head higher than the other person's.
2.	<b>Eye contact</b>	Look at the client and pay attention as he/she speaks	Look away at something else or down at your notes.
3.	<b>Barriers</b>	Remove the table or the notes	Sit behind a table, or write notes while you talk.
4.	<b>Taking time</b>	Make the person feel that you have time. Sit down, greet without hurry, then just remain quiet smiling and waiting for him/her to respond.	Be in a hurry. Greet quickly, show signs of impatience, and look at your watch.
5.	<b>Touch</b>	Touch the client appropriately.	Touch the client inappropriately.

### ***Skill 2: Ask open-ended questions***

- To start a discussion with a client, you need to ask some questions. It is important to ask questions in a way which encourages a client to talk and give information. This can save you from asking too many questions and enable you to learn more in the time available.
- *Explain the value of open-ended questions by comparing them to other types of questions.*
  - Open-ended questions are very helpful. This is because to answer such a question a client must give some information.  
Open-ended questions start with “*How? What? When? Where? Why?*”  
*For example:* “How are you eating?”
  - Closed questions are less helpful. They communicate that the answer that you expect is either, “Yes” or “No”  
Closed questions start with “*Are you?*” or “*Did he?*” or “*Has he?*” or “*Does she?*”  
*For example:* “Are you eating well?”  
Whether the client answers “Yes” or ‘No’, you still will not understand much about his/her eating habits and will not have sufficient information to identify whether there are any problems to be addressed.
  - One idea at a time: Asking the client more than one question at the same time allows him/her to choose which question to answer avoiding the other(s).

*For example:* “When will you tell your parents about your status and how do you think they will react?” The client may avoid such a question that he/she does not want to answer. If the unanswered question is an important one, you must remember to ask it again in a different way.

- ‘No /Why questions’ often sound ‘psychological’ and may make the client feel uneasy or defensive. If a client responds to a question by saying “No”, start the follow-up question with “Tell me/ Explain the reasons...” rather than simply asking “Why?”

### **ACTIVITY 2/1: FORMULATING CLOSED AND OPEN-ENDED QUESTIONS (15 minutes)**

- ☐ *Ask participants to form groups of five. Formulate two questions that are nutrition-related for each group. Ask them to classify these into closed or open-ended questions. List their answers in the relevant columns on a flipchart sheet (5 minutes).*
- ☐ *Ask the groups to reassemble and discuss the responses with all participants, making corrections as appropriate (10 minutes).*

### **Skill 3: Use responses and gestures to show interest**

- In order to encourage the client to continue talking, you must show that you are listening and interested in what he/she is saying.
- Key ways to show you are listening include:
  - Gestures: for example, maintaining eye contact, nodding and smiling
  - Simple expressions of acknowledgement: for example, saying: “Aha”, or “Mmm”.

### **Skill 4: ‘Reflect back’ what the client says**

- It is useful to ‘reflect back’ or repeat what a client says. It shows that you understand, and he/she is more likely to say more about what is important to him/her.
- It is best to repeat what they say in a slightly different way, so that it does not sound as though you are simply copying him/her.

*For example:*

If a client says: “My mouth gets sore and I cannot eat”

You could say: “Your mouth gets sore and that makes it difficult for you to eat”

The client could say: “I feel too weak to fetch vegetables from the garden”

You could say: “You are too weak and that makes it difficult for you to fetch vegetables from the garden”

### ***Skill 5: Empathize - show that you understand how the client feels***

- When a client says something which shows how he/she feels, it is helpful to respond in a way which shows that you understand his/her feeling from his/her point of view.
- Note that empathy is significantly different from sympathy. When you sympathize you are sorry for a person, but you look at his/her concerns from your own point of view.
- Empathy should not only be about understanding the client's bad feelings. It is helpful to empathize with a client's good feelings as well.

### ***Skill 6: Avoid words that sound judgemental***

- Words that can be perceived as judgemental include:
  - right
  - wrong
  - good
  - bad
  - well
  - badly
  - enough
  - properly
- *For example:* Avoid questions such as “Does the baby sleep well?” Instead, ask: “How is the baby sleeping?”
- *Show the first key point of this session displayed, and ask a participant to read it out loud.*

#### ☆ KEY POINT ☆

☆ **When you ensure physical comfort, listen and talk about food and eating, you show that you care about the person.**

### **3.2. Skills that build confidence and give support**

- *Introduce this group of skills.*
- People with HIV can easily lose their self-confidence. They are thus likely to succumb to pressures from others around them. In some cases, this may lead to unhealthy practices.
- You therefore need skills to help them feel confident and good about themselves. By doing so, you can help them resist pressures which may prevent them from successfully adopting healthy practices.
- **What are some of the skills you could use to build confidence and give support to clients?**
- *Allow one or two participants to respond and then discuss the six communication skills for building confidence and giving support in turn, displaying the corresponding coloured card as you introduce each.*

## OVERHEAD 2/3: SIX SKILLS FOR BUILDING CONFIDENCE AND GIVING SUPPORT

1. Accepting what a client thinks and feels;
2. Recognising and praising what a client is doing right;
3. Giving practical help;
4. Giving a little, relevant information which can be of immediate use to the client;
5. Using simple language; and
6. Making a few suggestions, rather than giving commands.

### ***Skill 1: Accept what a client thinks and feels***

- Accepting means responding in a neutral way, without agreeing or disagreeing.

*For example:* The client may say: I do not eat fish; it is bad for someone with HIV infection.

You could respond in a neutral way by saying: "I see".

### ***Skill 2: Recognize and praise what a client is doing right***

- The idea is not just to look for what a client is doing wrong, and try to correct him/her. We must first **recognize** what he/she is doing **right** and praise him/her or show approval of the good practices. Praising good practices will help:
  - Build a client's confidence;
  - Encourage him/her to continue those good practices; and
  - Make it easier for him/her to accept suggestions later on.

### ***Skill 3: Give practical help***

- Practical help is the most supportive intervention.
- When clients have a problem that they need to solve, the counsellor should help them walk through the steps that will give them the confidence to solve the problem in a constructive way.

*For example:*

- When a client says: "I no longer feel comfortable to continue with exclusive breastfeeding because I do not know if I am producing enough breast milk",
- You could ask: "Why do you think that you do not have enough breast milk?" or "Does the baby continue crying after feeding?", and
- You could suggest that the mother try breastfeeding the baby more frequently, in order to have more milk for the baby.

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**Skill 4: Give a little relevant information which can be of immediate use to the client**

- It is important to give information which is relevant to the client's situation now. Practical measures that he/she can take today, rather than in a few weeks time.
- Try to give only one or two pieces of such information at a time.
- Give information in a positive way, so that it does not sound critical, or make the client think that he/she has been doing something wrong. This is especially important if you want to correct a mistaken idea.
- You do not need to give new information or correct a mistaken idea immediately. Wait until you have built the client's confidence, by accepting what he/she says, and praising what he/she does well.

**Skill 5: Use simple language**

- It is important to use simple language and familiar terms to explain things to the clients.
- Avoid using medical terms or technical jargon.

*For example:* A client may not necessarily understand the term "exclusive breastfeeding". Thus, when informing her about this practice, you could talk about "giving a baby breast milk only and not any other milk or food, not even water".

**Skill 6: Make a few suggestions rather than commands**

- Care must be taken not to tell or command clients to do something. This does not help him/her to feel confident.
- Instead you should suggest what he/she could do. Then he/she can decide to do it or not. This leaves him/her feeling in control and confident.
- Examples of command words: always; never; must; should.
- Examples of phrases for making suggestions:
  - Have you considered....?
  - Would it be possible....?
  - What about trying...to see if it works for you?
  - Would you be able to?
  - Have you thought about....? Instead of....?
  - You could choose between....and....and....
  - It may not suit you, but some mothers..... a few women....
  - Perhaps....might work...
  - Usually....Sometimes....Often....
- *Ask participants to change the following command into a suggestion:*
- "You should eat more fruits than vegetables"
- Instead of saying: "You should eat more fruits and vegetables"; you could say: "What about trying some fruits and vegetables at meals?"



- It is also important to check that the person understands the information and if she /he can, and is willing to apply the suggestions you are making. Also necessary is some follow-up action to evaluate how well the client implements the decision(s) he/she made.
- *Show the second key point displayed, and ask a participant to read it out loud.*

**☆ KEY POINT ☆**

**When you assure confidentiality and give clients support by praising their positive practices related to food and eating, you help build their self-confidence.**

## **5. Role-plays (20 minutes)**

- *Introduce Role-play 2A: 'The effects of counselling styles on the patterns of interaction between client and counsellor'. (Handout 2/1 on page 26 of the *Participant's Manual*).*
- *Ask two participants to role play (one as the counsellor and the other as the client, i.e. Sam or Suzi, as appropriate).*
- *Allow them three minutes for preparation, considering that you had already allowed preparation time before the session.*
- **Is the counsellor agreeing or disagreeing with, or accepting what Sam or Suzi is saying?**
- *Introduce Role-play 2B: 'Demonstration of how to use counselling skills to gather information' (Handout 2/2 on page 27 of the *Participant's Manual*).*
- *Ask for two participants to role play (A client and a health worker talking)*
- *Allow them three minutes for preparation, considering that you had already allowed preparation time before the session.*
- *Ask participants to observe and write down the type of intervention the health worker makes when responding to the client.*
- *Ask them to report what they observed after the demonstration.*

## **6. Summary of the session and transition (5 minutes)**

- *Show/review both key points.*

**☆ KEY POINTS ☆**

**☆ When you ensure physical comfort, listen and talk about food and eating, you show that you care about the person.**

**☆ When you assure confidentiality and give clients support by praising their positive practices related to food and eating, you help build their self-confidence.**

- ☐ *Read and reinforce the key points, adding the following points.*
- Good communication is not simply telling or advising a person what they should do. It is a way of working with people to help them decide for themselves what they think is best to do in their situation.
- **“Listen, Look and Learn”:** Do less talking than the client because the necessary information is coming from the client.
- ☐ *Review the various types of communication skills covered in the session, as summarized below:*

<b>Listening and learning</b>	Use helpful non-verbal communication
	Ask open questions
	Use responses and gestures which show interest
	Reflect back what the client says
	Empathize: Show that you understand how the client feels
	Avoid words which sound judgemental
<b>Building confidence and giving support</b>	Accept what a client thinks and feels
	Recognize and praise what a client is doing right
	Give practical help
	Give a little relevant information which can be of immediate use to the client
	Use simple language
	Make a few suggestions rather than commands

- In the next session, we will discuss ‘eating wisely’.
- The next session will be presented by:
  - ☐ *State the name of the presenter.*

## HANDOUT 2/1

### ROLE-PLAY 2A: The effects of counselling styles on patterns of interaction between client and counsellor

- The clients are Sam and Suzi who are HIV positive. They will be talking to three different counsellors who have three different styles of interacting in order to illustrate the effect of counselling styles on the patterns of interaction between client and the counsellor. Listen to determine whether the counsellor is agreeing, disagreeing or accepting what Sam or Suzi is saying.

1.		
COUNSELLOR 1:	Foods from animals can help you to stay healthy. Could you eat some of these foods?	
SAM/SUZI:	I do not have the money to buy animal foods. I buy the special tablets in the market to keep me healthy and they are very expensive.	
COUNSELLOR 1:	Oh no, those tablets are a waste of your money. You should not buy them.	<i>Disagreeing Judgemental</i>

2.		
COUNSELLOR 2:	Foods from animals can help you to stay healthy. Could you eat some of these foods?	
SAM/SUZI:	I do not have the money to buy animal foods. I buy the special tablets in the market to keep me healthy and they are very expensive.	
COUNSELLOR 2:	Yes, many people buy those tablets to keep them healthy. I am sure they will help you.	<i>Agreeing with a wrong idea</i>

3.		
COUNSELLOR 3:	Foods from animals can help you to stay healthy. Could you eat some of these foods?	
SAM/SUZI:	I do not have the money to buy animal foods. I buy the special tablets in the market to keep me healthy and they are very expensive.	
COUNSELLOR 3:	You find buying the tablets very expensive and this leaves you with less money for food.	<i>Reflecting back</i>

## HANDOUT 2/2

### ROLE-PLAY 2B: Demonstration of how to use counselling skills to gather information

- A client and a health worker are talking. Observe and note the communication skills the health worker uses.

		COMMUNICATION SKILL USED
HEALTH WORKER	Please sit down ( <i>name</i> ). Welcome. How are you today?	<i>Open question</i>
CLIENT	Well, I am OK.	
HEALTH WORKER	Describe how you feel?	<i>Open question</i>
CLIENT	I have more energy to do my work	
HEALTH WORKER	Anything else?	<i>Open question</i>
CLIENT	I seem to have more <i>colour</i> in my face.	
HEALTH WORKER	I see you were weighed earlier by the doctor and your weight has stayed steady since I last saw you. That's very good. Describe what you have been eating?	<i>Recognition</i> <i>Praise</i> <i>Open question</i>
CLIENT	I did some of the things you suggested the last time.	
HEALTH WORKER	Specifically tell me which suggestions you followed.	
<i>PAUSE</i>		
HEALTH WORKER	I am glad some of the suggestions were useful to you. Are you having any problems eating?	<i>Building confidence</i>
CLIENT	Yes, sometimes.	
<i>IDENTIFYING THE PROBLEM</i>		
HEALTH WORKER	Describe the problems that you are having?	<i>Open question</i>
CLIENT	Well, my mouth gets sore.	
HEALTH WORKER	Your mouth gets sore. Does it get sore when you eat certain foods or does it just become sore?	<i>Reflecting back</i> <i>Open question</i>
<i>PAUSE</i>		
CLIENT	Just sometimes, it is sore and hard to eat.	
HEALTH WORKER	You find that is hard to eat because your mouth gets sore. Let me tell you about some things that might help you to eat more comfortably?	<i>Empathy</i>

## Session 3: Eating wisely

### Learning objectives

By the end of this session, participants will be able to:

- Describe the role of food in our body, for growth, repair, energy and protection;
- Outline the principles of healthy eating or eating wisely; and
- Discuss how food choices are made.

Session outline		
	Content	Time
1	Learning objectives and introduction to the session	3 minutes
2	Nutrients and their role in the body	10 minutes
3	An 'eating wisely' demonstration talk	30 minutes
4	'Eating wisely': summary and discussion <i>(Role-play 3A: Discussing 'eating wisely' with the caregiver of a young child)</i>	15 minutes (Total)  ( 10 minutes)
5	Food choices <i>(Exercise 3/1: Food Choices Worksheet)</i>	20 minutes (Total) ( 15 minutes)
6	Summary of the session and transition	2 minutes
	<b>Total</b>	<b>80 minutes</b>

### Preparation for the session

- ☐ Write and display the learning objectives on a sheet of flipchart paper
- ☐ Write the key point on a sheet of flipchart paper and keep it aside until needed.

### ☆ KEY POINT ☆

**Aim to eat a wide variety of foods at each meal, everyday.**

- ☐ This session may be divided between two facilitators, with one facilitator presenting the theory sections and one facilitator giving the demonstration talk.
- ☐ Decide on examples of foods that are used in the area and add or replace with the foods on the tables. You may also use food posters if available.

- ☐ *The discussion in this session is based on an image of a variety of foods. If you use another image that is more familiar in the area, ensure that it is easy to understand.*
- ☐ *Focus on food rather than nutrients. If you are using another method of explaining eating wisely, practise the demonstration so it fits into the allocated time of 30 minutes.*
- ☐ *Use locally available pictures and handouts relevant to 'eating wisely' during the talk, if these fit with the information you are providing.*
- ☐ *Prepare a collection of food models or flash cards for demonstration*
- ☐ *You will need eight sheets of coloured paper to list down the eight 'eating wisely' guidelines, each on a different sheet, in bold letters; keep these aside until needed during the demonstration talk.*

### **'Eating wisely' guidelines**

1. Enjoy a variety of foods.
2. Make staples or starchy foods the largest part of your meal.
3. Eat peas, beans, lentils, nuts and seeds, if possible everyday.
4. Eat animal and milk products regularly.
5. Eat a wide variety of vegetables and fruits everyday.
6. Use fats and oils as well as sugar and sugary foods regularly but in moderation.
7. Use foods that are fortified with essential nutrients, if possible.
8. Drink plenty of safe water.

- ☐ *Ask two participants to assist with the demonstration talk by asking prepared questions. The questions are at the end of the text for the 'Eating wisely' talk in this guide.*
- ☐ *Give each of the participants assisting you a question written on a piece of paper and explain when to ask these questions.*
- ☐ *Ask participants to form three groups for Exercise 3/1: **"Food choices worksheet"** (found on page 41 of the *Participants' Manual*).*
- ☐ *Collect a few packets and tins of fortified foods available locally and bring them for demonstration in the session. Mention a regional brand of fortified food products if one exists.*
- ☐ *For discussion of **Handout 3/1: 'Food portions: sizes of a healthy meal'**, collect a few household utensils used for serving or measuring food such as, cups, teaspoon, tablespoon, as well as samples of a few fruits for demonstration.*
- ☐ *Collect/prepare the following training materials.*
  - An overhead projector and screen; and/or a flipchart stand, flipchart paper, markers, sheets of coloured paper and means to attach sheets to the wall or other surface. *If an overhead projector is not available, overheads may be written out on flipchart sheets or enlarged copies can be prepared for display as posters..*

- Overhead 3/1: 'Nutrients'
- Overhead 3/2 'Grow, Go, Glow'
- Overhead 3/3 'A variety of foods' (*this can be substituted by a local illustration*)
- Overhead 3/4: 'Eating wisely guidelines'
- Overhead 3/5: 'Increased energy requirements for people living with HIV'
- Overhead 3/6: 'Food choices'
- Table 3/1: 'Legumes and pulses, nuts and oilseeds'
- Table 3/2: 'Milk and milk products, meats, poultry and fish'
- Table 3/3: 'Starchy foods'
- Table 3/4: 'Sugars and fats'
- Table 3/5: 'Vegetables and fruits'
- Handout 3/1: 'Food portions: sizes of a healthy meal' (*available at the end of this session*)
- Role-play 3A: 'Discussing 'eating wisely' with the caregiver of a young child'
- Exercise 3/1: "Food choices worksheet" (*available at the end of this session*)

## 1. Learning objectives and introduction to the session (3 minutes)

### Review the learning objectives of the session

- ☐ Show the flipchart and discuss the learning objectives.
- By the end of this session, participants will be able to:
  - Describe the role of food in our body for growth, repair, energy and protection;
  - Outline the principles of healthy eating or eating wisely; and
  - Discuss how food choices are made.

### Introduce the session

- Sam and Suzi thought about what the HIV counsellor had said to them about how eating wisely helps people to stay healthy longer. They decided they would go to the talk at the health centre.
- In this session, we will hear a talk as if it were being given to a group in a health centre. This talk will describe the role of food in growth, repair, energy and protection and outline the principles of eating wisely. We will discuss how similar information could be used with an individual and how people make choices about what food they eat.

## 2. Nutrients and their role in the body (10 minutes)

- ☐ *Show Overhead: 3/1: 'Nutrients' and explain the following points*

### OVERHEAD 3/1: NUTRIENTS

- **Macro-nutrients:** carbohydrates, protein and fat
- **Micro-nutrients:** vitamins and minerals

- Food is made up of nutrients needed by the body. These nutrients are divided into *macro-nutrients* such as, carbohydrates, protein and fat, which are needed in large amounts; and *micro-nutrients* such as, vitamins and minerals, which are needed only in small amounts.
  - Nutrients work as a team and need each other. The body cannot function properly if even one of nutrients is missing.
  - A healthy diet provides foods in the right amounts and combinations that are safe and free from disease and harmful substances.
- ☐ *Emphasize the following point:*
- ☆ People think of *eating food* rather than *eating nutrients*. In this session, we will often talk about food and not nutrients. The session will also outline dietary guidelines discussing what to do with every group of food.

## 3. An 'eating wisely' demonstration talk (30 minutes)

- Some of you may need to talk to a group about healthy eating. The information in this section is presented in a way that you might introduce this subject to a group. The information is at a basic level; additional information can be provided if people ask questions.
- This is only one of many possible ways in which information on healthy eating can be presented. Facilitators may choose to incorporate other ideas or use other formats to make the presentation more relevant and understandable to particular groups.
- This talk assumes you have only a short time and limited facilities. If you have more time available, the talk can involve more activities.
- During this demonstration talk, you will pretend to be the group of people attending the talk given by a health worker at a health centre.



- As part of the demonstration talk, there will be some questions where you still pretend you are the people in that health centre group. After the demonstration talk, we will continue the session with you as participants in this course.
- *Ensure that participants understand that they are expected to pretend to be people attending the talk at a health centre throughout this session. Remind them of this repeatedly at the start of each topic (Sections 3.1. to 3.11.) below.*
- *Introduce the person who will give the talk if the session is shared between facilitators.*
- *Present the eating wisely talk*

### 3.1. 'Eating wisely': introduction

- *Welcome the group and explain what the talk is about.*
- Good afternoon/ morning and welcome.
- Today, we will talk about food and eating.
- Food is important to all of us.
- *Show **Overhead 3/2: The role of food in the body** and explain the important functions of food.*

#### OVERHEAD 3/2: THE ROLE OF FOOD IN THE BODY

Food helps us to:

GROW

GO

GLOW

- Food is used by the body to:
- **Grow:** Food is essential for our bodies to develop, replace and repair cells and tissues.  
Children need food to grow. For adults, food serves to repair cells and tissues. To illustrate this process it is useful to think of the body as a wall made of many bricks. If a brick is damaged, it is taken out and replaced by a new one. The wall may stay in the same shape but it is repaired or renewed in parts. Food is essential for this continual repair process to take place in the human body.
- **Go:** Food is essential for our bodies to produce energy, to keep warm, to move and work.  
Food provides us with energy or fuel to move about and be active; to keep the body working, the heart to pump blood, the lungs to breathe, and to produce body fluids such as blood, breast milk, saliva and

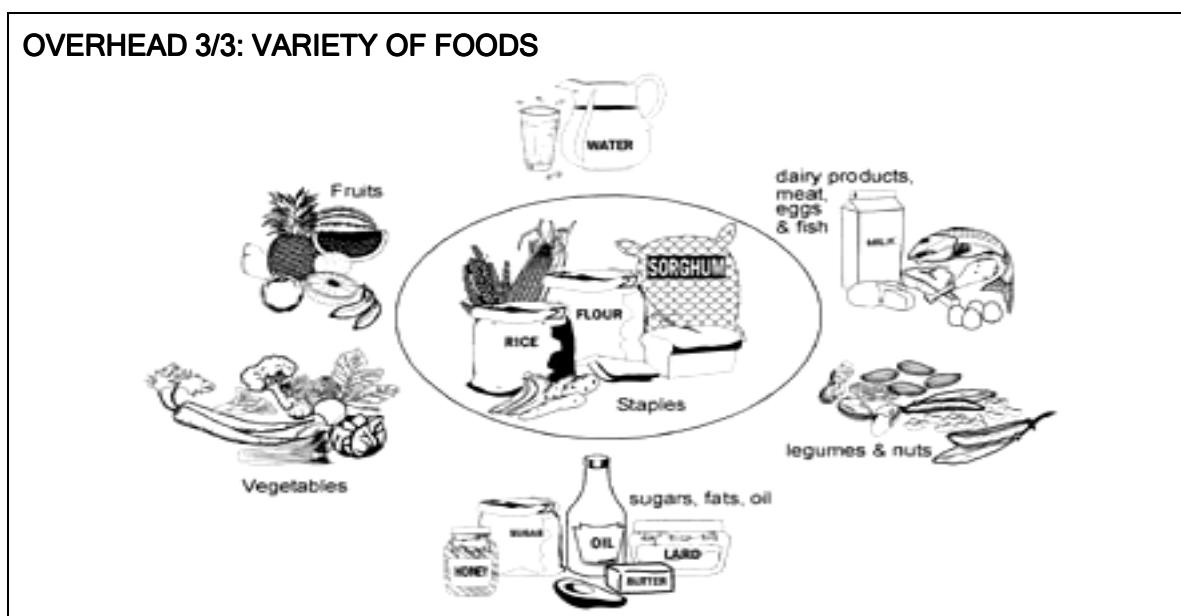
digestive fluids. The body also needs food to carry out the process of food digestion. In the same way that a car cannot go without fuel, the body becomes weak without food and cannot function.

- **Glow:** Food is essential to protect our bodies from disease, to fight infection and to recover from illness.

Food thus, enables our bodies to 'glow' or 'shine with health'.

- **If somebody were to ask you about what you think eating wisely means, what would you say?**

- ☐ *Remind participants that they should still be role-playing as people attending an 'Eating wisely' talk at a health centre.*
- ☐ *Take a few responses from the group and explain the following:*
- 'Eating wisely' means eating a variety of foods in the right quantity, combination and frequency to provide the body with the required nutrients on a daily basis. This means that to stay healthy, we need to try to eat many different kinds of food at each meal.
- It is essential for all people to understand and follow the principles of eating wisely in order to ensure adequate food for meeting their nutritional needs.
- ☐ *Show Overhead 3/3: 'Variety of foods' and explain the guidelines that an individual can follow for eating wisely.*



### 3.2. Enjoying a variety of foods

- ☐ *Remind participants that they should still be role-playing as people attending an 'Eating wisely' talk at a health centre.*
- ☐ *Show the first coloured paper "enjoy a variety of food" and explain the following.*
- No single food or group of foods contains all the nutrients that the body needs in the right quantities and combinations, except breast milk for infants up to six months.
- Eating a variety of different foods will provide the nutrients that are essential for our bodies. It is important to include different food and food groups in one's diet as well as to alter methods of preparation.
- By taking care to choose foods that are in season and locally available, eating can be enjoyable, healthy and affordable.

### 3.3. 'Eating wisely': Group activity

- ☐ *Remind participants that they should still be role-playing as people attending an 'Eating wisely' talk at a health centre.*
- ☐ *Ask them to get into groups of three; give each group a stack of food flash cards.*
- ☐ *Ask each group to single out flash cards with pictures of foods that are easily available in their region in one pile. Take back the flash cards with foods that are not available.*
- ☐ *Ask them to discuss how they will use these foods in order to enjoy a varied diet.*
- ☐ *Ask them to suggest reasons that might make it difficult to follow this guideline.*
- ☐ *Use the following points for discussion:*
- It might not be possible for all people to enjoy a variety of foods at each meal. However, it is important that at least the meals consumed throughout the day are varied.
- An example of a mixed meal of optimal variety is one made up of maize-meal, chicken, pumpkin and spinach.
- ☐ *Ask participants to provide a similar example of a mixed meal comprising a variety of locally available foods.*
- This could be exchanged with other foods in other meals and days.
- For example, maize-meal can be eaten with other meats, animal products or legumes, instead of chicken. In addition, try to buy fruits and vegetables that are in season, such as, oranges and traditional green leafy vegetables, to add variety. Fruits and vegetables can also be grown at home.

- In addition, the same food could be cooked differently. For example, instead of always frying food in fat or oil, you could try steaming, baking, and grilling.
- Vegetables need not always be cooked but can also be used as salad. It is important to clean vegetables thoroughly if they are to be consumed raw.

### 3.4. Make staples or starchy foods the largest part of your meal

- *Remind participants that they should still be role-playing as people attending an 'Eating wisely' talk at a health centre.*
- *Show the second coloured paper/card: 'Make staples or starchy foods the largest part of your meal' and explain the following:*
- Staple foods should be eaten with every meal. When planning meals, the staple or starchy food should be the central or main food, and the rest of the meal should be planned around this food.
- *Ask participants to single out and put aside 'starchy foods' from their pile of flash cards.*
- *Clarify any confusions and show Table 3/1 for more examples.*

**Table 3/1: Examples of staples or starchy foods**

Cereals and Grains	Starchy Roots or Tubers	Starchy Fruits
Maize/Corn Meal	Cassava (Fresh)	Breadfruit
Millet	Cassava Flour	Plantain
Rice	Potato	
Sorghum	Sweet Potato	
Wheat Flour	Yam	

- *Ask participants to suggest reasons that might make it difficult to follow this guideline.*
- *Use the following points for discussion:*
- These foods are relatively cheap and provide mainly energy or fuel to give us 'Go', as well as some nutrients to help us 'Grow' and 'Glow'.
- However, staples alone are not enough to ensure adequate variety of food and to provide all the nutrients that the body needs. Thus, we need other foods as well.

### 3.5. Eat pulses and legumes, nuts and oil seeds, if possible everyday.

- *Remind participants that they should still be role-playing as people attending an 'Eating wisely' talk at a health centre.*
- *Show the third coloured paper 'Eat pulses and legumes, nuts and oil seeds, if possible everyday.' and explain the following :*

- These foods are needed to **'Grow'** as they help develop and repair of the body and also to build up strong muscles. They also contain some nutrients to help **'Glow'**.
- *Ask participants to single out and put aside, 'pulses and legumes (e.g. peas, beans, lentils), nuts and oilseeds' from their pile of flash cards.*
- *Clarify any confusion and show **Table 3/2** for more examples.*

**Table 3/2: Examples of pulses and legumes, nuts and oilseeds**

<b>Pulses and Legumes</b>	<b>Nuts and Oilseeds</b>
Chickpeas	Ground Nuts
Cowpeas	Melon Seeds
Kidney Beans	Peanut
Lentils	Pumpkin Seed
Pigeon Peas	Sesame
	Soybean

- *Ask participants to suggest reasons that might make it difficult to follow this guideline.*
- *Use the following points for discussion:*
- These foods are cheaper sources of protein than animal products such as, beef and chicken, and should be eaten everyday, if possible.
- However, most of them may require thorough cooking to help their digestion.
- Soaking beans and peas in water prior to cooking, and using locally-made, fuel-efficient cookers will reduce the amount of firewood needed to cook them well.

### **3.6. Eat poultry, meat, fish, eggs, milk and milk products regularly**

- *Remind participants that they should still be role-playing as people attending an 'Eating Wisely' talk at a health centre.*
- *Show the fourth coloured paper "Eat poultry, meat, fish, eggs, milk and milk products." and explain the following:*
- These foods are useful for growth and repair, for the formation of blood, to strengthen muscles and the immune system to fight infections.
- *Ask participants to single out and put aside, 'poultry (chicken, turkey, duck and other domestic birds) meat, fish, eggs, milk and milk products' from their pile of flash cards.*
- *Clarify any confusion and show **Table 3/3** for more examples.*

**Table 3/3: Poultry, meat, fish, eggs, milk and milk products**

<b>Milk and milk products</b>	<b>Poultry, meat and fish</b>
Cow milk (fresh)	Chicken, turkey, duck, geese, etc.
Goat milk (fresh)	Beef (Cow/ Bull)
Fermented milk	Goat
Cheese	Lamb (Sheep)
Curd	Pork
Yoghurt	Rabbit
	Deer
	Fish
	Insects
	Organ meats/offal, e.g. liver
	Eggs

- ☐ *Explain the following points:*
  - Liver and other organ meats or offal are particularly valuable for the formation of blood.
  - Fermented milk is beneficial if a person has diarrhoea because it is easily digested, may help in digestion and absorption of other foods and is a good source of energy. Fermented milk may be readily available and does not need to be stored in a refrigerator.
  - Breast milk is a good food for infants and young children. It helps them to 'Grow', 'Go' and 'Glow'.
- ☐ *Ask participants to suggest reasons that might make it difficult to follow this guideline.*
- ☐ *Explain the following:*
  - Poultry, meat, fish, eggs, milk and milk products may be expensive but it is important to include even small portions of such foods in the meal as often as possible.

### **3.7. Eat a wide variety of vegetables and fruits everyday**

- ☐ *Remind participants that they should still be role-playing as people attending an 'Eating wisely' talk at a health centre.*
- ☐ *Show the fifth coloured paper "Eat a wide variety of vegetables and fruits everyday." and explain the following.*

- Vegetables and fruits are an important part of a healthy diet. They supply foods that keep the body functioning and the immune system strong.
  - They are known as 'protective foods' because they are important for preventing and fighting infections.
  - These foods are especially important for people living with HIV to fight infections. Aim to eat a wide variety, as each one has a different way to help us '**Glow**' with health.
- *Ask participants to single out and put aside, 'vegetables and fruits' from their pile of flash cards.*
- *Clarify any confusion and show **Table 3/4** for more examples.*

**Table 3/4: Vegetables and fruits**

Vegetables	Fruits
Carrot	Apricot
Kale	Banana
Okra	Lemon
Pumpkin	Mango
Tomato	Orange
Traditional green leafy vegetables	Passion fruit
Spinach	Pawpaw
Sweet Pepper	Pineapple

- *Ask participants to suggest reasons that might make it difficult to follow this guideline.*
- *Use the following points for discussion:*
- Most vegetables and fruits can be easily grown in home gardens. Those who do not have access to land for a home garden, may consider organizing communal gardens for growing such nutritious fruits and vegetables.
  - Eat vegetables and fruits that are dark-green, yellow, orange or red in colour; many of these are rich in vitamin A - a nutrient essential for good vision and growth. Examples include:
    - green leafy vegetables (spinach, pumpkin and cassava leaves); green pepper;
    - apricot, papaya, mango; carrot.
  - Eat other vegetables and fruits rich in vitamin C to help fight infections; examples include:
    - cabbage, tomato, baobab fruit, guava, lemon, orange and pineapple.
  - Vegetables lose some of their goodness if soaked or boiled for a long time. Cook them for as short a time as possible and reuse the cooking water in soups and other foods.

### 3.8. Use fats and oils as well as sugar and sugary foods regularly but in moderation

- ☐ *Remind participants that they should still be role-playing as people attending an 'Eating wisely' talk at a health centre.*
- ☐ *Show the sixth coloured paper "Use fats and oils as well as sugar and sugary foods regularly but in moderation" and explain the following.*
  - To improve energy intake, use oils and fats as well as sugar and sugary foods because they are rich in energy. They also add flavour to food, thereby stimulating appetite. During illness, a person with a poor appetite may eat better if small amounts of sugar or fats are added.
  - Adding extra quantities of oil/fat and sugar may help one to gain body weight. This is particularly important for those living with HIV and children.
  - However, care should be taken in the case of patients diagnosed with Candida (oral thrush) as sugar can make this condition worse. In such cases, patients should avoid eating sweet foods such as sugar, honey, and sweet fruit and drinks.
  - In addition, as excess weight gain can lead to health problems such as, heart disease, it is essential to closely monitor one's weight and adjust fat and sugar intake as appropriate.
- ☐ *Ask participants to single out and put aside, 'fats, oils, sugars and sugary foods' from their pile of flash cards.*
- ☐ *Clarify any confusion and show Table 3/5 for more examples.*

**Table 3/5: Sugars, fats and oils**

<b>Sugar and Sugary foods</b>	<b>Fats</b>	<b>Oils</b>
Biscuits	Butter	Coconut oil
Cakes	Fat from meat	Corn oil
Fruit juices	Ghee	Groundnut oil
Honey	Fat from fish	Palm oil
Jam	Margarine	Sunflower oil
Sodas		
Sugar Cane		
Table/Tea Sugar		



- 
- *Explain the following:*
  - Although fats and sugars are good sources of energy, they are not rich in other nutrients. Thus, they should be eaten in addition to other foods and not in place of them. Closely monitoring one's weight will ensure that fats/oils and sugars are consumed in moderation.
  - *Ask participants to suggest reasons that might make it difficult to follow this guideline.*
  - *Use the following points for discussion:*
  - Because fats/oils, sugar and sugary products enhance the flavour of food and boost one's appetite, people tend to overuse them. It can then become difficult to reduce their intake.
  - People living with HIV who are not experiencing weight loss should be encouraged to regulate their fat/intake by:
    - choosing more foods with adequate natural fats/oils and need little or no extra oil for cooking, and/or using cooking methods such as, steaming, grilling and boiling as often as possible; and
    - choosing fewer foods that are rich in sugar, such as fizzy drinks, cakes, sweets, chocolate and sweetened fruit juice.
  - In case of excess weight gain, sugar and fat intake should be reduced gradually, while closely monitoring one's weight. For example, if one normally takes three teaspoons of sugar, this can be reduced to two and a half and then gradually to two or less, until optimal levels are reached.

### 3.9. Drink plenty of clean and safe water

- *Remind participants that they should still be role-playing as people attending an 'Eating Wisely' talk at a health centre.*
- *Show the seventh coloured paper with "Drink plenty of clean and safe water" and explain the following:*
- Water is important for life and is necessary everyday. A person needs about two to three litres or eight large cups of fluids each day.
- When it is very hot, while working, sweating or suffering from diarrhoea, vomiting or fever, a person needs to drink even more to replace the water that has been lost. Some medications may not work well if the person is dehydrated. Breastfeeding women also need extra water.
- Children also need adequate water. However, care should be taken to avoid filling a child with watery drinks in place of foods.
- Exclusively breastfed infants (<6 months of age) do not need extra water.
- If drinking water is collected from a protected well or river the water should be boiled for at least 10 minutes and stored in clean container (*see the discussion in **Session 5** on 'Food Safety'*).
- In addition to drinking clean water, fluid can also come from juices, soups, vegetables and fruit as well as meals that have gravy or sauces. Thirst is a good guide; if you are frequently thirsty, you need to increase your fluid intake significantly.

- However, one should not rely on tea, coffee and alcohol drinks as source of water, as they can interfere with absorption of nutrients and may interact poorly with medicine.
- Alcoholic drinks remove water from the body and as such are not a good source of fluid.

### 3.10. Use foods that are fortified with essential nutrients, if possible

- ☐ *Remind participants that they should still be role-playing as people attending an 'Eating wisely' talk at a health centre.*
- ☐ *Show the eighth coloured paper 'Use foods that are fortified with essential nutrients, if possible' and explain the following;*
  - Fortified foods have added nutrients to improve the nutritional value of readily available foods.
  - Examples of fortified foods include: salt with iodine, maize meal with vitamins, and oil with vitamin A.
  - Where available and affordable, such fortified foods can be used to improve one's nutritional intake.
  - It is important to read labels and/or ask for advice regarding the nutrients contained in fortified foods. Attention should also be paid to their expiry dates.
  - Like fruits and vegetables, fortified foods should not be over-cooked as this may result in the loss of nutrients.
- ☐ *Ask the group to name locally available fortified foods.*
- ☐ *Show examples of packets/tins you brought with you and explain how to identify the added nutrients they contain.*

### 3.11. Optimal quantity and frequency of meals

- ☐ *Remind participants that they should still be role-playing as people attending an 'Eating wisely' talk at a health centre.*
- ☐ *Explain the following:*
  - People have different needs and so eat different amounts of foods depending on their age, gender, level of activity.
  - Pregnant and breastfeeding women and people who are ill also have special nutritional needs.
  - In particular, because people living with HIV have increased energy needs, they should be encouraged to:
    - Increase the frequency of their meals and snacks:
    - It is easier to eat wisely if you eat three or more times daily, rather than having large meals once or twice in the day. Having small, frequent meals about three to four hours apart everyday helps to increase energy intake.

- Increase the amount and variety of food consumed during each meal.
- There is often uncertainty regarding the appropriate amount of food to be eaten. People often ask “How do I know when I am eating enough?” The simplest way of knowing that the appropriate amount of food is being consumed is by regularly monitoring one’s weight and ensuring that it is within the ‘normal range’ for one’s age group and height.
- Measuring portions of food using common utensils such as, cups and spoons can help ensure that appropriate quantities of different food types are included in each meal.
- *Ask participants to look at Handout 3/1: ‘Portion sizes of a healthy meal’ on page 40 of the Participant’s Manual.*
- *The purpose of this table is to familiarize participants with commonly accepted ways for measuring portions of various foods to ensure a healthy diet. The portions and examples provided are intended only as a general reference. The appropriate portions of particular foods to be included in daily meals will depend on the particular nutritional requirements of individuals and should be modified as necessary, by following the ‘eating wisely’ guidelines and closely monitoring one’s body weight.*
- *Using the sample of utensils you brought for the session, discuss each food portion; then explain the following:*
  - Increasing nutritional intake may mean consuming additional portions of food such as, one to two extra portions (about one or two fists full) of meal or one to two cups of porridge during the day. It can also mean an additional meal during the day.
  - Make every portion count by choosing a variety of foods that are rich in nutrients.
  - One’s diet can also be enhanced by adding nutrient-rich foods, including foods fortified with essential nutrients in each meal. In families with one or more members living with HIV, it is especially important for the entire family to eat wisely.
  - HIV-positive people need to pay attention to their diet even before they have any symptoms. ‘Eating wisely’ can help them to stay healthy longer.
  - It is essential that people living with HIV understand and follow the ‘eating wisely’ guidelines to ensure that their food intake is adequate for meeting their nutritional needs.

### 3.12. Review of the ‘eating wisely’ talk: questions and answers

- *Remind participants that they should still be role-playing as people attending an ‘Eating wisely’ talk at a health centre.*
- *Ask three participants to repeat the following points:*
  - The main points to remember are:
    - ☆ ‘Eating wisely’ is important to everyone.
    - ☆ Aim to eat a variety of foods.

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☆ Adjust the amount eaten and how often food is eaten depending on individual needs.

□ *Ask the group to raise questions from the prepared list of questions and discuss the answers.*

### **Prepared question 1**

**All this food seems very expensive. Will eating like this cost a lot of money?**

**Answer:**

■ 'Eating wisely' does not need to be expensive. Vegetables can be those that are available locally.

□ *Give examples of locally available vegetables.*

■ Some vegetables could be grown in home gardens. Small amounts of animal foods can make a difference; large amounts are not necessary. Some animal foods such as, tinned fish or chicken parts may be affordable.

□ *Give other local examples of readily available animal foods, as appropriate.*

### **Prepared question 2**

**Which supplements are good for people with HIV?**

**Answer:**

■ Supplements do not prevent or cure HIV or AIDS. A variety of good foods will provide adequate vitamins and minerals. It is worth spending money on good foods.

■ It is rare to have a deficiency of only one vitamin or mineral. It is more common to find a combination of deficiencies. There is no evidence that taking large doses of a single vitamin or mineral helps, unless there is an established deficiency of that particular nutrient.

■ Some people with HIV may need extra vitamins and minerals because they have other conditions such as iron anaemia. They may be prescribed a supplement that contains a wide range of vitamins and minerals, if available. This is a supplement, not a replacement for foods.

■ It is best to talk individually to your health care provider about using a supplement rather than choosing a supplement yourself. Nutritional care and support can have a positive impact on health, even without the use of supplements.<sup>2</sup>

□ *Ask the group for any additional questions of their own.*

□ *After discussing the answers to the questions raised, thank the group for their interest and attendance of the 'Eating wisely' talk.*

### **End of demonstration talk**

□ *Explain to participants that the demonstration talk has now ended and that they no longer need to be role-playing as people attending a health centre talk.*

□ *Return to the rest of the session.*

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<sup>2</sup> New information on the role of vitamin and mineral supplements in HIV becomes available frequently. Keep up-to-date.

#### 4. ‘Eating wisely’: summary and discussion (15 minutes)

- In this ‘eating wisely’ talk we heard another key point:

☐ *Show the key point displayed.*

☆ KEY POINT ☆

**Aim to eat a wide variety of foods, at each meal, everyday.**

- **What communication skills were used in the ‘eating wisely’ talk?**

☐ *Allow participants to discuss this and use the following points to add the discussion.*

- Communication skills used in the ‘eating wisely’ talk included, open questions, reflecting, offering small amounts of relevant information and suggestions, praise and checking of understanding.
- If these simple approaches do not help to improve the client’s diet, then he/she might need to be referred to a nutritionist or dietician or other specialized caregiver for a more detailed nutritional assessment.

- **Where could you use a talk like this?**

☐ *Take responses from a few participants and explain the following:*

- Such a general talk on “Eating wisely” can be used with many groups. It could be used with community groups, religious groups, home caregivers, groups of people attending health facilities and others, as appropriate. The talk could also be adapted to focus more on the group’s particular needs. For example, later in this course, we will see a talk intended for women who are pregnant.
- This talk could also include demonstrations of recipes and more examples of locally available and affordable nutritious foods.

#### ***More information on ‘eating wisely’***

- The information presented in this demonstration talk was basic. You may be asked about other areas not included in the talk, e.g. what to do in cases where animal foods are not eaten. The following points can be used to explain the appropriate measures to be taken in such cases.
  - Animal foods such as, meat, poultry, fish and insects are valuable foods for people living with HIV. Many animal foods are a good source of iron. If animal foods are not eaten, foods enriched with iron, such as fortified cereals, can help meet these needs. A supplement with iron and zinc may also be needed if animal foods are not eaten. However, as iron supplements may cause digestive problems for some people, their use needs to be discussed on an individual basis.

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- Animal products such as, eggs and milk products are good sources of many other nutrients as well. Egg yolk and milk fat are rich sources of vitamin A.
  - As an alternative, dried milk powder can be added to soups to give more food value. However, coffee creamers and whiteners do not add food value.
- ☐ *Ask if there are any questions or points that need to be made clearer.*
- **The demonstration talk in which you participated was designed for a group. How would you communicate similar information to an individual person or family?**
- ☐ *Allow participants to respond and explain the following:*
- When you talk with one person or one family, you can provide information relevant to their specific needs. You could start by listening and asking about what is eaten at present, praising and reinforcing the positive practices that should be continued. You could then offer some information and suggestions, check understanding and arrange follow-up.

**Role-play 3A: Discussing ‘eating wisely’ with the caregiver of a young child**  
**(10 minutes)**

- ☐ *Explain to participants that the purpose of this exercise is for them to identify different communication skills as they are being used.*
- ☐ *Ask participants to get into pairs and to turn to page 38 of the Participant's Manual.*
- ☐ *Ask them to fill out the third column of the table, i.e. to identify the type of communication skills being used by the health worker at different points in Role-play 3A. Give participants five minutes to complete this exercise.*
- ☐ *At the end of five minutes, ask each pair to report their response to each intervention, adding only what has not already been covered by other pairs.*

### ROLE-PLAY 3A: Discussing ‘eating wisely’ with the caregiver of a young child

		COMMUNICATION SKILLS USED
HEALTH WORKER	Good morning, ( <i>Name</i> ). Please sit down. How are you today? How can I help you?	<i>Open question</i>
CAREGIVER	Good morning. We are well. I wanted to talk some more because ( <i>Child's name</i> )’s weight is still low.	
HEALTH WORKER	Yes, thank you for coming today. The last time we spoke, you were going to try to give ( <i>Child's name</i> ) a full bowl of food three times in the day, plus something small between the meals. How did that work?	<i>Open question</i>
CAREGIVER	Well, it seems a lot of food to give a young child. Does ( <i>he/she</i> ) really need that much food?	
HEALTH WORKER	It seems to you like a lot of food for a young child. ( <i>Child name</i> ) is growing very fast at this age. To grow well, children need plenty of food.	<i>Reflect</i> <i>Give relevant information</i>
CAREGIVER	But what if ( <i>he/she</i> ) didn’t eat it all? I don’t have extra food to waste.	
HEALTH WORKER	You are worried about wasting the food if it is not eaten. What about increasing the amount slowly - adding one or two extra spoonfuls each day until it is a full bowl?	<i>Empathize</i> <i>Suggestion</i>
CAREGIVER	I could try that. Then I would see if ( <i>he/she</i> ) eats it without wasting it.	
HEALTH WORKER	That’s a good idea. So what would you put in the bowl each time?	<i>Praise</i> <i>Check understanding</i>
CAREGIVER	I’ll put a bit more food in each day until ( <i>he/she</i> ) is eating a full bowl three times a day.	
HEALTH WORKER	Exactly. And you already give a variety of foods including some animal food whenever you can, so keep doing this. Can you try it for two weeks and then come back and tell me how it went?	<i>Praise</i> <i>Arrange follow-up</i>
CAREGIVER	OK, I’ll do that. Thank you. Good-bye.	
HEALTH WORKER	Good-bye.	

## 5. Food choices (20 minutes)

- Sam and Suzi now have some information on ‘eating wisely’. Is this information all that is needed for them to eat wisely?
- What could affect Sam and Suzi’s decision to eat wisely?
- We make choices about the food we will eat or give to children or others we care for based on:
  - What foods are available/affordable;
  - Time, energy and equipment;
  - Knowledge, culture, habit, family preferences and beliefs about food; as well as
  - Hunger or appetite.

- Knowledge about what foods to eat is not enough. The food a person eats is affected by his/her access to foods as well as customs and beliefs. Check that any suggestions you give are acceptable and can be carried out.
- When suggesting food to another person, consider their preferences, culture, habits and beliefs. Foods may be chosen or avoided because of religious beliefs, family tradition, local customs or personal preference.

### Exercise 3/1: Food choices worksheet (15 minutes)

- ☐ *Ask participants to form three groups.*
- ☐ *Ensure that each group has a copy of the Exercise 3/1: 'Food choices worksheet' on page 41 of the Participant's Manual.*
- ☐ *Each group should discuss one of the three points outlined (allow 5 minutes for discussion).*
- ☐ *Check that participants understand which specific point they are to discuss.*
- ☐ *After 5 minutes, bring the three groups back together and ask each to report the main points of their discussion to the whole group.*

*At the end of the feedback, thank the participants for their comments.*

- **What key point did we cover in this session?**
- ☐ *Show the key point displayed on a flipchart sheet*

#### ☆ KEY POINT ☆

**Aim to eat a wide variety of foods, at each meal, everyday.**

### 6. Summary of the session and transition (2 minutes)

- Food is needed for energy, to build and repair, to protect and to keep the body functioning. We need a variety of foods. The amount to eat and how often to eat depends on individual needs
- ☐ *Show Overhead 3/4: Eating wisely guidelines' (or the eight coloured cards prepared for displaying the guidelines).*



**OVERHEAD 3/4: 'Eating wisely' guidelines**

1. Enjoy a variety of foods.
2. Make staples or starchy foods the largest part of your meal.
3. Eat peas, beans, lentils, nuts and seeds, if possible everyday.
4. Eat animal and milk products regularly.
5. Eat a wide variety of vegetables and fruits everyday.
6. Use fats and oils as well as sugar and sugary foods regularly but in moderation.
7. Use foods that are fortified with essential nutrients, if possible.
8. Drink plenty of safe water.

☐ *Explain the following points;*

- It is recommended that all eight 'Eating wisely' guidelines are followed, in order to ensure that the body gets all the nutrients it needs to **'Go'**, **'Glow'** and **'Grow'**.
- Knowledge about what foods to eat is not enough. One's diet is affected by the type of foods to which one has access as well as various preferences, customs and beliefs.
- Help clients to deal with the barriers that could hinder them from following the 'eating wisely' guidelines and check that any suggestions you give are acceptable and can be carried out.

☐ *Ask if there are any questions and if anything needs clarifying.*

- In the next session, we will discuss food safety for people with HIV.
- The next session will be presented by:

☐ *State the name of the presenter.*

### HANDOUT 3/1: Food portions: sizes of a healthy meal

FOOD GROUP	EXAMPLES	1 PORTION	PORTIONS FOR DAILY MEALS
STAPLES & STARCHY FOODS	Bread	1 slice	<b>6 PORTIONS - Example:</b> <u>Breakfast:</u> 1 cup of porridge <u>Snack:</u> 1 slice of bread <u>Lunch:</u> 1 cup of rice during lunch <u>Snack:</u> 1 slice of bread <u>Supper:</u> 1 cup of maize meal
	Rice/ Pasta	½ cup (measured after cooked)	
	Maize-meal	1 cup (or about 1 fistful)	
	Potatoes	1 medium size potato	
MEAT, FISH, POULTRY & MILK	Chicken, beef, lamb, fish	Equivalent size to one chicken thigh	<b>3 PORTIONS + 1 PORTION OF MILK</b> <i>Example:</i> <u>Lunch:</u> 1 thigh of chicken <u>Snack:</u> 2 tablespoons of peanut butter <u>Supper:</u> 1 cup of cooked beans <u>Snack:</u> 1 glass of milk for snacks
	Eggs	1 egg	
	Milk (fresh/fermented)	1 cup	
PULSES & LEGUMES/ NUTS & OIL SEEDS	Cooked beans	1 cup	
	Nuts	1 cup	
	Peanut butter	2 tablespoons	
FRUITS	Fruits	1 medium size piece of fruit	<b>3 PORTIONS - Example:</b> <u>Breakfast:</u> 1 glass of orange juice <u>Lunch:</u> 1 piece of fruit <u>Snack:</u> 1 piece of fruit
	Fruit juices	1 glass	
VEGETABLES	Raw chopped vegetables	1 cup	<b>5 PORTIONS - Example:</b> <u>Breakfast:</u> ½ cup of green beans <u>Lunch:</u> 1 cup of mixed vegetables <u>Snack:</u> 1 cup vegetable salad <u>Supper:</u> 1 cup of green leafy vegetables
	Cooked vegetables	½ cup	
FATS & OILS		1 teaspoon	<b>5 PORTIONS (INCLUDING NATURAL FATS FOUND IN MEAT)</b> <i>Example:</i> 1 teaspoon of oil for every meal
WATER		1 glass	<b>8 PORTIONS:</b> 8 glasses of safe water and fluids spread out throughout the day.

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**EXERCISE 3/1: Food choices worksheet****1. Food availability**

- What affects the availability of foods?
- What foods are grown or produced in the area?
- Are there foods that are commonly available at only certain times of the year?
- How far do the people you work with need to go to get their food?
- Does the distance differ depending on what the food is? For example, can rice be obtained nearby but vegetables or animal foods are further away?
- Cost is a major factor in availability. Which foods are seen as affordable for many people?
- Which foods mentioned in the 'Eating wisely' talk are considered 'too expensive' for regular use? (*We will discuss food subsidies, grants and food aid later in the course.*)

**2. Time, energy and equipment**

- How much time is needed everyday to prepare food in order to 'eat wisely'? How does this affect food choices?
- Energy can be of two kinds. The energy or fuel to cook the food and the human energy required to prepare it. How can each kind affect food choices?
- Can you think of any equipment that might not be available to some of the families you care for that would affect their food choices?

**3. Culture, habit, family preferences and beliefs about food**

- Are there foods that might be avoided by people living with HIV because of certain beliefs or customs?
- Are there foods that are considered beneficial for people who are ill, especially for HIV?
- Are some foods avoided because they are associated with poverty? Are there any foods that may be chosen in place of others because they are thought to be of 'higher status'?
- How do local people commonly learn about what foods to use and how to prepare them?

## Session 4: Food safety for people with HIV

### Learning objectives

By the end of this session, participants will be able to:

- Explain the importance of food safety, especially for people with HIV;
- Describe how food and water can become sources of infection;
- Discuss the five keys to safer foods; and
- Develop and use an observation guide to help identify common food safety problems and their appropriate solutions.

### Session outline

	Content	Time
1	Learning objectives and introduction to the session	2 minutes
2	Causes of food-borne illness: germs	6 minutes
3	Other causes of food-borne illness: poisons	3 minutes
4	Importance of food safety for people living with HIV	10 minutes
5	Exercise 4/1: Developing an observation guide for keeping food safe	12 minutes
6	Keeping food safe	10 minutes
7	Summary of the session and transition	2 minutes
	<b>Total</b>	<b>45 minutes</b>

### Preparation for the session

- ☐ Write and display the learning objectives on a flipchart sheet.
- ☐ Write the key point on a sheet of flipchart paper and keep it aside until needed:

#### ☆ KEY POINT ☆

**Follow the five key steps to safer foods and stopping germs from making you and those around you ill.**

- ☐ Find out about the local sources and quality of household water supply. Gather information on local hygiene practices, particularly relating to washing hands and waste/faecal disposal, how food is generally stored and prepared and what people know about keeping food and water safe.
- ☐ Find out information from local health, water, and food safety authorities on what they are doing to improve the safety of the food supply and prevention of food-borne illnesses.

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- ☐ *Be familiar with dangerous germs and recent food-borne illness outbreaks if any in the area/region.*
  - ☐ *Find out how agricultural chemicals are used and how they are handled.*
  - ☐ *Prioritize the important information to be emphasized.*
  - ☐ *Write out three sets of role-plays for Exercise 4A. The role-plays describe three cases in which the client is not keeping his/her food safe. The health worker will be asked to discuss these cases with the client and help him/her make changes to improve food safety.*
  - ☐ *Write the learning objectives on a sheet of flipchart paper for display.*
  - ☐ *Collect/prepare the following training materials:*
    - An overhead projector and screen; and/or flipchart paper, markers and a means to attach flipchart sheets to the wall or other surface. *If an overhead projector is not available the overhead may be written out and displayed on a flipchart sheet.*
    - **Overhead 4/1: Five keys to safer foods.**
    - **Handout 4/1: Observation guide**
    - **Handout 4/2: Five keys to safer foods**
    - **Handout 4/3: Example of water treatment**

## 1. Learning objectives and introduction to the session (2 minutes)

### Review the learning objectives of the session

- By the end of this session, participants will be able to:
  - Explain the importance of food safety, especially for people living with HIV;
  - Describe how food and water can become sources of infection;
  - Discuss the five keys to safer foods; and
  - Develop and use an observation guide to help identify common food safety problems and their appropriate solutions.

### Introduce the session

- In **Session 3**, we talked about how important it is to eat enough food, how to choose nutritious foods and eat wisely. Eating safer food is also an important part of good nutrition. As a part of good nutrition, it is important that the food we eat and the water we drink is safe.
- Food can easily be contaminated by harmful germs or poison at anytime before eating, if it is not handled, prepared and stored in a safe way. A person eating these contaminated foods may

become ill and experience symptoms such as stomach pains, nausea, vomiting and diarrhoea. This illness is called food-borne illness.

- The consequences of food-borne illness are more severe for people with low immunity such as people living with HIV.
- In this session, we will discuss the importance of food safety, especially for PLHIV and some key guidelines for ensuring food safety. It is important that all people follow these food safety guidelines, whether they have HIV or not.

## 2. Causes of food-borne illness: germs (6 minutes)

### 2.1. What are germs?

- *Allow participants to make one or two suggestions, before discussing the following points*
- Germs are very small living things -- so small that they cannot be seen with the naked eye. It takes one million germs to cover the head of a pin. Bacteria, viruses, yeasts, moulds and parasites are all germs. Germs can be:
  - ‘**Good germs**’, useful for making food and drinks like cheese, yoghurt, beer and wine, as well as medicines such as penicillin. They also help digest the food in the gut.
  - ‘**Bad germs**’, which cause food to spoil, smell bad, taste horrible and look disgusting.
  - ‘**Dangerous germs**’, which make people sick and can even kill them. Most of these germs do not change the appearance of the food. It is therefore, difficult to tell if food is spoiled simply by its appearance, taste and smell. Some bad germs do spoil and change the appearance of food and are also dangerous. For example, green mould on bread can produce harmful toxins.
- *Give local examples of germs which cause food spoilage and are also dangerous.*

### 2.2. Where do germs live?

- *Allow participants make one or two suggestions, before discussing the following points:*
- Germs are everywhere, but are mostly found in:
  - Faeces: human and animal faeces contain disease-causing germs
  - Soil and water: a teaspoon of soil contains more than 1 billion germs.
  - Rats, mice, insects and pests: all living things have germs associated with them
  - Domestic, marine and farm animals: e.g. dogs, fish, cows, chickens and pigs; animals carry germs on their feet, their mouths and on their skin.
  - People: mouth, nose, bowels, hands, fingernails and skin.

- In order to move around, germs rely on someone or something. Hands are one of the most common means of moving germs from one place to another. For example, if you touch your face with your hands and then touch some food with the same hand, the food can become contaminated.
- Germs can also be spread through contaminated food and water. Pets and domestic animals can also be a source of contamination.

### 2.3. How do germs grow?

- ☐ *Allow participants to make one or two suggestions, before discussing the following points:*
- Most germs “grow” by multiplication. To multiply, germs need food, water, warmth and time.
- Meat, seafood, cooked rice and pasta, milk, cheese and eggs provide ideal conditions for germs to grow.
- Raw and under-cooked chicken, meat, fish and eggs, raw milk, contaminated, raw vegetables, raw/ smoked fish and unsafe water could contain dangerous germs.
- Feeding children with infant formula and other foods prepared with unsafe water may cause dangerous illness and even death.<sup>3</sup>
- ☐ *Discuss with participants some local foods that do or do not provide ideal conditions for the growth of germs, e.g. dry cereals :*

### 3. Other causes of food-borne illness: poisons (3 minutes)

- **Apart from germs, what are other causes of food-borne illness?**
- ☐ *Allow participants to make one or two suggestions, before discussing the following points:*
- People can also get sick from being ‘poisoned’. The sickness can result from chemical contamination, from exposure to the chemicals on an ongoing basis, for an extended period of time.
- These toxins and chemicals include: natural toxins, metals and environmental pollutants, chemicals used for treating animals, improperly used pesticides and food additives, as well as various chemicals used for cleaning.
- ☐ *Discuss with participants local examples of some toxins and dangerous chemicals that could be sources of contamination.*
- Some ‘natural’ toxins, such as **aflatoxin**, may be caused by moulds growing on food stored in damp places. Maize and peanuts are some of the foods that can have aflatoxin if they are not stored properly. Ingesting aflatoxins may have harmful effects on the liver that can lead to cancer.

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<sup>3</sup> ‘Safe’ means that water and food are free from dangerous germs and toxic chemicals at levels that could cause illness and/or disease.

- Some types of cassavas may cause cyanide poisoning when they are not processed well. In severe cases, this may lead to kidney failure and death.
  - Foods grown near highways or roads in areas where most vehicles use leaded fuel may be a cause of lead toxicity.
  - Simple measures, such as, washing and peeling may reduce risk from chemicals found on the surface of foods.
  - Appropriate storage can help avoid or reduce the formation of some natural toxins.
- ☐ *Discuss appropriate cookware.*
- Using cookware and utensils glazed with materials containing heavy metals (e.g. lead, cadmium) can result in chemical poisoning.
  - It is important to read and understand instructions on the labels of chemicals used for cleaning.

#### **4. Importance of food safety for people with HIV (10 minutes)**

- **Why is discussing food safety with people living with HIV so important?**
- ☐ *Allow participants to make one or two suggestions before discussing the following points:*
- Every person is at risk of food-borne illness. Even healthy people sometimes experience stomach pains, diarrhoea, nausea and vomiting, without knowing what caused it. This is often the result of eating contaminated or spoiled food.
- The immune system of a healthy body is well-equipped to fight harmful germs but when the immune system is weakened the body becomes less able to fight such germs.
- Food safety is very important for people living with HIV because of two main reasons: (a) because of their low immunity; and (b) consequences and symptoms of food-borne illness.

##### ***Low immunity:***

- The immune system of a healthy body is well-equipped to fight harmful germs. However, HIV weakens the immune system making the body of people living with HIV less able to fight harmful germs. This exposes people living with HIV to a higher risk of infections, including food-borne illnesses

##### ***Consequences and symptoms of food-borne illness:***

- The symptoms of food-borne illness such as stomach pains, nausea, vomiting and diarrhoea are more severe in PLHIV and are more likely to cause serious conditions such as meningitis.
- These symptoms may also affect food intake, absorption of nutrients and increase the need for extra nutrients to fight infection.



- Food-borne illnesses are also difficult to treat and can often persist or recur. PLHIV may also have a harder time recovering from the illnesses.
- Food-borne illness may cause weight loss, thus further lowering the body's resistance to other infections.
- It is therefore, important that **extra care** is taken to ensure food safety for PLHIV.

## 5. Exercise 4/1: Developing an observation guide for keeping food safe (10 minutes)

- ☐ Ask participants to get in pairs to design an observation guide, using the outline provided (**Handout 4/1** found on page 48 of the *Participants' Manual*), they should think of a guide that could be used to evaluate how well their client is keeping food and water safe.
- ☐ Encourage participants to think about observing the entire house.
- ☐ Remind them that:
  - Often, what household members do in one part of the house will affect how food is kept in another part of the house, like the kitchen.
- ☐ Have a member from each pair report the criteria to the large group.
- ☐ Post the items reported up on the flipchart. Ask others to add items to the list that have not been mentioned.
- ☐ Check that the participants understand and agree that the items listed are relevant to assessing a client's situation.
- ☐ Explain the following:
  - As we discuss more information on food safety you should record any additional items that are appropriate for the *Observation Guide* and add these items to the guide at the end of each section of the presentation.

## 6. Keeping food safe (12 minutes)

### Introduction to guidelines for keeping food safe

- No food is 100 per cent safe at all times. But the risks of illness can be reduce by following five simple rules about food safety that can help prevent most food-borne illnesses.
- Do you know of/can you suggest any measures for ensuring food safety?

- ☐ *Allow participants to make one or two suggestions.*
- ☐ *Show **Overhead 4/1 'Five key steps to safer foods'** and explain that to prevent food-borne illness it is essential that we understand and follow the five key guidelines to safer foods.*

#### **OVERHEAD 4/1: Five keys to safer foods**

- Keep yourself, your surroundings and cooking utensils clean
- Keep raw and cooked foods separate
- Cook food thoroughly
- Keep food at safe temperatures
- Use safe water and raw materials/ ingredients

#### **Exercise 4/2: Adapting the five key steps to safer foods to the local context**

- ☐ *Ask participants to form three groups. Give each group a role-play and ask them to provide counselling to a family living with HIV using the observation guide developed in the previous exercise and the Five Keys for Safer Food:*
- ☐ *Ask them to discuss in their groups appropriate ways for following the guidelines within the particular context of their local area/region.*
- ☐ *Refer them to **Handout 4/2** (found at the end of this session and on pages 49-52 of the Participant's Manual).*
- ☐ *Remind them that the practices they suggest for following each guideline must be feasible and practical in their local context.*
- ☐ *After the group work ask each group to present their suggestions and allow time for discussion.*
- ☐ *Clarify any issues that might have been left out using the following additional facts.*

#### **6.1. Keep clean**

- Dangerous germs are easily carried on hands; wiping cloths and utensils, especially cutting-boards, and the slightest contact can transfer them to food and cause food borne illness.
- Always wash hands with safe water and soap: advise people and families to always wash their hands with safe water and soap (or ashes), dry hands by shaking and rubbing them together or using a clean cloth that is kept only for this purpose and to keep finger nails short and clean.
- Advise people and families about hygiene around the home.

- Just because something looks clean does not mean that it is. It takes over 2.5 billion germs to make 250 ml of water look cloudy, but in some cases it takes only 15-20 dangerous bacteria to cause illness.

## 6.2. Separate raw and cooked foods to stop germs from spreading

- Raw food, especially meat, poultry, seafood and their juices can contain dangerous germs that may be transferred onto other foods during preparation and storage. This is called '**cross-contamination**'.
- Advise individuals and families to always:
  - Separate raw and cooked food during cooking and preparation, including the animal slaughtering process.
  - Keep raw meat, poultry and seafood separate from other foods.
  - Use separate equipment such as knives and cutting boards for handling raw foods.
  - If possible, use one cutting board for meat, chicken and fish and another for vegetables and bread. Alternatively, clean the board well with soap and hot water after using it for each type of food.
  - Store foods in covered containers to avoid contact between raw and cooked foods.

☐ *Explain the following:*

- '**Cross-contamination**' is a term used to describe the transfer of germs from raw to cooked food.
- Separation must occur not only when cooking, but during all phases of food preparation, including the slaughtering processes.

## 6.3. Cook food thoroughly in order to kill germs

- Proper cooking can kill almost all dangerous germs. Foods that require special attention include: minced meats, rolled roasts, large joints of meat and whole poultry.
- Advise individuals and families to always:
  - Cook food thoroughly, especially meat, poultry, eggs, fish and seafood.
  - Bring foods like soups and stews to boiling point. For meat and poultry, make sure juices are clear, not pink.
  - Reheat cooked food thoroughly. Bring to boil or heat until too hot to touch. Stir while re-heating.
  - It is not safe to eat raw eggs or foods with raw eggs added. Eggs may carry illness-causing bacteria that can survive even in cool temperatures but can easily be killed by heating.

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#### 6.4. Keep food at safe temperatures to slow the growth of germs

- Keep hot food hot and cold food cold.
- It is not safe to leave cooked food at room temperature for more than two hours. Germs can grow and multiply very quickly if food is stored at room temperature.
- Advise individuals and families to always:
  - Buy fresh foods, such as meat and fish on the day they will eat them.
  - Prepare food in small amounts to reduce leftovers. Food for infants, children and people with low immunity should be freshly prepared and eaten as soon as possible.
  - Store fresh foods (especially foods from animals), and cooked food in a cool place, or a refrigerator if available.
  - Avoid storing leftovers for more than a few hours (unless refrigerated). Always store them covered and reheat them thoroughly until hot and steaming (bring liquid foods to a rolling boil).
- *Discuss other practical food storage methods which may be applicable in the local area/region. For example: the use of cold water for storing food and milk in sealed containers; storing food in a special dugout hole in the ground; buying foods which keep well for long periods, such as potatoes and cassava, etc.*
- *Explain the following:*
  - Food can be cooled quickly by: putting the food onto open trays; slicing large pieces of meat into smaller pieces; placing food in a cool, clean container; or stirring regularly for soups.

#### 6.5. Use safe water/ foods to stop germs and chemicals from entering the home

- Raw materials, including water and ice, may be contaminated with dangerous germs and chemicals. Toxic chemicals may be formed in damaged and mouldy foods. Care in selection of raw materials and simple measures such as washing and peeling may reduce these risks.

### **Safe water**

- Advise individuals and families to always:
  - Use safe water such as, treated piped water or water from a safe source such as, a protected well. Untreated water from rivers and canals contain germs which can cause diarrhoea, typhoid or dysentery and are not safe! Water that is not safe should be boiled before drinking or use for food preparation.<sup>4</sup>
  - Use clean containers to collect and store water with a lid or covered with a clean cloth. Rainwater collected in clean tanks is safe as long as the tank is protected from contamination from birds or other animals. Cool drinks and ice cubes should also be made with water that is safe.

### **Safe food**

- Advise individuals and families to always:
  - Buy fresh foods such as, meat and fish. Look for signs that indicate the poor quality of food.
  - Foods with any signs of poor quality are likely to have been contaminated.

## **7. Summary of the session and transition (2 minutes)**

- Which key points did we discuss in this session?

☐ *Show the key point displayed and read it.*

### ☆ KEY POINT ☆

**Follow the five key steps to safer foods and stopping germs from making you and those around you ill.**

- Eating safe foods can help maintain good nutritional status.
- Food-borne illness can be life-threatening for PLHIV due to their lower immunity to fight off infections.
- The five key guidelines to safer food are the **key** to preventing food born illnesses.
  - Keep yourself, your surroundings and cooking utensils clean to stop germs from growing and spreading.
  - Keep raw and cooked foods separate to stop germs from spreading.
  - Cook food thoroughly to kill germs.
  - Keep food at safe temperatures to slow the growth of germs.

<sup>4</sup> Find out about the appropriate method for treating water in your local area or region. One example is the 'bleach method' (see **Handout 4/6**).

- Use safe water, food and raw materials to stop germs and chemicals from entering the home.
- *Ask participants if they have any questions or if anything needs clarifying.*
- In the next session, we will discuss improving food intake.
- The next session will be presented by:
- *State the name of the presenter.*

**HANDOUT 4/1: Observation guide**

- Keep clean (includes hand washing, clean kitchen, dishes, utensils, clean eating places, separation of garbage, and protection from human waste).
- Separate raw and cooked (includes separation of cutting and other utensils).
- Cook thoroughly (includes attention and observation of cooking equipment or materials).
- Keep food at safe temperatures (includes observation of leftovers, food storage).
- Use safe water and raw materials (includes observation of water storage, source of drinking water, water containers, water treatment and handling).

## HANDOUT 4/2: Five keys to safer foods

### 1. Keep clean

- Dangerous germs are easily carried on hands, wiping cloths and utensils, especially cutting-boards, and the slightest contact can transfer them to food and cause food-borne illnesses.
- Always wash hands with safe water and soap.

Advise individuals and families to always wash their hands with safe water and soap (or ashes):

- Before and after preparing food and eating;
- After being in contact with faeces, e.g., after going to the toilet, cleaning baby's bottom or cleaning cloths, dirty bed linen or surfaces containing faeces;
- Before feeding a child or a sick person (make sure they wash their hands too);
- Dry hands by shaking and rubbing them together or using a clean cloth that is kept only for this purpose;
- Keep finger nails short and clean.

### *Maintain hygiene around the home*

Advise individuals and families to always:

- Keep kitchen, dishes and utensils clean.
- Wash all work surfaces (table tops, counters, shelves) and dishes with soap and safe water.
- Protect kitchen areas and food from insects, pests and other animals.
- Keep rubbish in covered bin or rubbish pit. Empty and wash the bin or burn rubbish regularly.
- Wash kitchen cloths, sponges and scourers with soap. Sunlight is an effective way to kill germs naturally. Dry cloths in the sun.
- Keep kitchen well ventilated. This help to prevent the growth of moulds and fungus.
- Keep food preparation areas in good condition (repair wall cracks or holes).
- Make composed for the garden with suitable waste food, garden rubbish and animal faeces; composting destroys germs in faeces.

### *Other ways of keeping clean*

Advise individuals and families to always:

- Avoid coughing and sneezing near the food or water.
- Cover any wounds on hands to prevent contamination of food during preparation.
- Use a latrine and keep it away from flies.
- Teach children to use potty, and discard children's faeces in the toilet.
- Clean up faeces from animals.
- Just because something looks clean does not mean that it is. It takes over 2.5 billion germs to make 250 ml of water look cloudy, but in some cases it takes only 15-20 dangerous bacteria to cause illness.

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## 2. Separate raw and cooked foods to stop germs from spreading

- Raw food, especially meat, poultry, seafood and their juices can contain dangerous germs that may be transferred onto other foods during preparation and storage. This is called “Cross-contamination”.

Advise people and families to always:

- Separate raw and cooked food during cooking, preparation including slaughtering processes.
- Keep raw meat, poultry and seafood separate from other foods.
- Use separate equipment such as knives and cutting boards for handling raw foods.
- If possible, use one cutting board for meat, chicken and fish and another for vegetable and bread or clean the board well with soap and hot water after each type of food.
- Store foods in covered containers to avoid contact between raw and cooked foods.

Be aware of the following;

- “Cross-contamination” is a term used to describe the transfer of germs from raw to cooked food.
- Separation must occur not only when cooking, but during all phases of food preparation including slaughtering processes.

## 3. Cook thoroughly to kill germs

- Proper cooking can kill almost all dangerous germs. Foods that require special attention include minced meats, rolled roasts, large joints of meat and whole poultry.

Advise individuals and families to always:

- Cook food thoroughly, especially meat, poultry, eggs, fish and seafood.
- Bring foods like soups and stews to boiling point. For meat and poultry, make sure juices are clear, not pink.
- Reheat cooked food thoroughly. Bring to boil or heat until too hot to touch. Stir while re-heating.
- It is not safe to eat raw eggs or foods with raw eggs added. Eggs may carry bacteria that cause illness that can survive even in cool temperatures but can easily be killed by heating.

## 4. Keep food at safe temperatures to slow the growth of germs

- Keep hot food hot and cold food cold.
- It is not safe to leave cooked food at room temperature for more than two hours. Germs can grow and multiply very quickly if food is stored at room temperature.

Advise individuals and families to always:

- Buy fresh foods, such as meat and fish on the day they will eat them.
- Prepare food in small amounts to reduce leftovers. Food for infants, children and people with low immunity should be freshly prepared and eaten as soon as possible.



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- Store fresh foods, (especially foods from animals) and cooked food in a cool place, or a refrigerator if available.
  - Avoid storing leftovers for more than few hours (unless refrigerated). Always store them covered and reheat them thoroughly until hot and steaming (bring liquid food to a rolling boil).

Be aware of the following:

- Food can be cooled quickly by putting the food onto open trays, slicing large pieces of meat into smaller pieces, placing food in a cool, clean container; or stirring regularly for soups.
- Other food cooling and storage methods applicable in the local area/region; for example: cooling containers of food by dipping them in cold water; digging a hole and burying foods such as potatoes and cassava.

## **5. Use safe water and foods to stop germs and chemicals from coming into the home**

- Raw materials, including water and ice, may be contaminated with dangerous germs and chemicals. Toxic chemicals may be formed in damaged and mouldy foods. Care in selection of raw materials and simple measures such as washing and peeling may reduce risk.

### ***Safe water***

Advise individuals and families to always:

- Safe water is needed for drinking, to wash fruits and vegetables, to add to food, to make drinks and ice, as well as for cleaning cooking/eating utensils and washing hands.
- Use safe water such as treated piped water or water from a treated source such as protected well. If the water is not safe, it should be boiled before drinking or being used for food preparation. Untreated water from rivers and canals contain germs which can cause diarrhoea, typhoid or dysentery and are not safe!
- Use clean containers to collect and store water with a lid or covered with a cloth. Rainwater collected in clean tanks is safe as long as the tank is protected from contamination from birds or other animals. Cool drinks and ice cubes should also be made with water that is safe.

Be aware of the following:

- Boiling, chlorination and filtration are important means to slow growth or kill dangerous germs, but do not remove harmful chemicals.

### ***Safe food***

Advise people and families to always:

- Buy fresh foods, such as meat and fish. Look for signs of poor quality of food.
- Foods with any of the poor quality signs are likely to have been contaminated and increase chances of food-borne illness.
- Wash all raw fruits and vegetables thoroughly with safe water before use. If it is not possible to wash them properly, peel them before eating.

**Table 4/1: Signs of poor quality of food**

FOODS	SIGNS OF POOR QUALITY
Cereals and other dry foods	Contain insects and dirt, look or smell damp or mouldy; bag is broken; legumes are wrinkled; flour is lumpy
Vegetables and fruits	Wilted, too soft, rotten spots, bruised
Meat, poultry and fish	Bad smell or colour; fish have dull eyes or loose scales. Uninspected meat, liver and other offal may contain dangerous parasites
Fresh milk	Smells bad; is, or has been, exposed to dirt and flies
Canned foods	Can is swollen, rusty or damaged; food has leaked out; food looks or smells or tastes bad. Any of these signs means the food may be very poisonous.
Advise people to check “sell by” (and “use by”) dates on labels and not to buy (or use) foods after this date.	

- Dry cereals and legumes thoroughly and store them in a dry place to avoid moulds from growing. Mouldy cereals and legumes contain “aflatoxin” that can make them seriously ill.
- Food may also be contaminated from the point of production. Involve extension workers for more information on good agricultural practises to ensure production of safer foods
- People with HIV should avoid tasting any food that might be spoiled. They might have done this in the past and never got ill but remember things are different with HIV.
- Some foods are poor value for money because they contain few nutrients. Examples are sodas (bottled fizzy drink), ice lollies and sweets, which are mainly sugar. These foods should be kept as treats not eaten often.

#### ***Other information on food-borne illnesses***

- Food-borne illness can also lead to long-term health problems and severe illnesses, including cancer, arthritis and mental disorders especially among children, people who are sick, pregnant women and the elderly.

Advise individuals and families to:

- Seek medical advice immediately when symptoms are severe; for example, when bowel movements are very frequent, very watery or contain blood, or last beyond 3 days.
- Try not to handle or prepare food while ill and 2 days after recovering especially from vomiting and/or diarrhoea.

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### **HANDOUT 4/3: Example of water treatment**

#### ***The bleach method***

- Add 1 teaspoon or one capful if the bottle has a screw cap (5 ml) of bleach to 25 litres of water.
- Mix it well and let it stand for 2 hours (or preferably overnight) before using.
- Store safe water in clean container with a lid or covered with a cloth.

## Session 5: Improving food intake

### Learning objectives

By the end of this session, participants will be able to:

- Discuss common eating difficulties that may affect the food intake of people living with HIV; and
- Describe strategies and techniques for improving food intake by overcoming loss of appetite, sore mouth and throat, nausea and vomiting, change in taste, diarrhoea and other common difficulties experienced by people living with HIV.

### Session outline

	Content	Time
1	Learning objectives and introduction to the session	5 minutes
2	Common eating difficulties that may affect the food intake of PLHIV: <ul style="list-style-type: none"> <li>■ sore mouth/throat;</li> <li>■ dry mouth/change in taste;</li> <li>■ diarrhoea; and</li> <li>■ nausea and vomiting.</li> </ul>	25 minutes
3	Eating during recovery from illness	5 minutes
4	Preparing an oral re-hydration solution (ORS) to treat dehydration	5 minutes
5	Summary of the session and transition	5 minutes
	<b>Total</b>	<b>45 minutes</b>

### Preparation for the session

- ☐ Write and display the learning objectives on a sheet of flipchart paper.
- ☐ Write the key point on a sheet of flipchart paper and keep it aside until needed.

### ☆ KEY POINT ☆

**Eat well and wisely during illness and when recovering from an illness.**

- ☐ *Collect/prepare the following training materials:*
  - An overhead projector and screen; and/or a flipchart stand, flipchart paper, markers and a means to attach flipchart sheets to the wall or other surface. *If an overhead projector is not available, the following may be written out/ prepared for display on flipchart sheets.*
- ☐ *Prepare a sheet of flipchart sheet for each eating difficulty using the following headings:*
  - Sore mouth/throat;
  - Dry mouth/change in taste;
  - Diarrhoea; and
  - Nausea and vomiting.
- ☐ *Add any other eating difficulties you wish to discuss.*
- **Handouts 5/1 to 5/4** (*available at the end of this session and on pages 57-60 of the Participants' Manual*) provide suggestions for addressing the main eating difficulties. Adapt the suggested measures to local foods and circumstances as appropriate. Encourage participants to make their own lists rather than just copying these.
- **Handout 5/5: 'Preparation of an oral re-hydration solution'** (*available at the end of this session and on page 61 of the Participants' Manual*).

## 1. Learning objectives and introduction to the session (5 minutes)

### Review the learning objectives of the session

- ☐ *Show the flipchart and discuss the learning objectives.*
- By the end of this session, participants will be able to:
  - Discuss common eating difficulties that may affect the food intake of people living with HIV; and
  - Describe strategies and techniques for improving food intake in order to overcome loss of appetite, sore mouth and throat, nausea and vomiting, change in taste, diarrhoea and other common difficulties experienced by people living with HIV.

### Introduce the session

- People infected with HIV often experience symptoms that lead to the reduction of food intake and are thus, more at risk of malnutrition. Reduced food intake may be for a short time or continue for long time. If food intake is reduced for a long time a person may experience weight loss and then malnutrition.

- In a previous session, we mentioned ways to enrich foods and to add extra energy, for example, by adding milk, eggs, sugar as well as fats and oils. We also discussed suggestions to offer when a person does not feel like eating.
- In this session, we will discuss more ways of improving food intake when a person with HIV is having difficulty eating. This is done in order to combat malnutrition and weight loss so that the person has a better quality of life.

## 2. Common eating difficulties that may affect the food intake of people living with HIV (25 minutes)

- What are the common eating difficulties that affect the food intake of people living with HIV?
- ☐ Allow participants to respond and list their responses on a sheet of flipchart paper.
- ☐ Use the list below to add items that may have been missed by the participants.

<b>Sore mouth/throat</b>	Thrush, herpes, infections and other conditions may cause sore mouth/throat-making it difficult to eat. Patients diagnosed with (Candida) oral thrush should avoid eating sweet foods such as, sugar, honey, sweet fruit and drinks as these can make the condition worse. Mouth hygiene such as rinsing the mouth with clean water before and after meals and cleaning the teeth, is important and can help the person to feel better.
<b>Dry mouth/change in taste</b>	A person may find that they have a taste in their mouth; their mouth may feel dry; or they may be more aware of the texture or feel of food in their mouth. Some medications may make seasonings such as, mint, garlic and ginger taste less pleasant.
<b>Diarrhoea</b>	When a person passes a loose or watery stool three or more times a day, he/she has diarrhoea. There are several causes of diarrhoea including bacterial infections, medication side effects and contamination of food resulting from food safety and hygiene problems. Severe diarrhoea may cause dehydration, loss of appetite, poor food digestion and absorption, weight loss and malnutrition resulting in weakness and further illnesses. In young children, diarrhoea can quickly become serious and if untreated can lead to death.
<b>Nausea/vomiting</b>	These symptoms may be caused by infection, stress, certain foods, hunger or lack of water. Unpleasant smells or a side-effect of some medications or treatments. Nausea/vomiting may also reduce the appetite.

- In addition to these four main types of eating difficulties, people living with HIV may experience a general loss of appetite. Loss of appetite may be a sign of other infections such as, tuberculosis. It could also be related with pain in the mouth or gut, or be due to depression, anxiety or tiredness. The feeling of hunger may disappear or the person may feel satisfied and therefore not want to eat. It is recommended that people living with HIV experiencing appetite loss are referred to their doctor/health care provider for determining and treating the cause.

- 
- ☐ *Explain about Sam's ill health, using the text below.*

### **THE STORY OF SAM AND SUZI**

- Sam was feeling much better for a while. After he talked with the support worker and had treatment for tuberculosis, he was eating well, not losing weight and able to do some work.
- Now, he is not as well as he was before. He has bouts of diarrhoea, a sore mouth and is eating less again. He is looking for suggestions that might help him with these new problems.

### **■ What might the support worker suggest to Sam to improve his food intake?**

- ☐ *Allow participants to respond and then introduce Activity 5/1: Suggestions to improve food intake.*
- ☐ *Explain the importance of giving suggestions that are relevant and realistic to the particular circumstances of the person.*

### **ACTIVITY 5/1: Suggestions to improve food intake**

- ☐ *Ask participants to get into four groups and assign one of the four main types of eating difficulties to each group as follows:*
  - Group 1: Sore mouth/throat
  - Group 2: Dry mouth/change in taste
  - Group 3: Diarrhoea
  - Group 4: Nausea and vomiting
- ☐ *Ask the groups to write down their suggestions for dealing with the eating difficulty they are assigned.*
- ☐ *Explain to the participants that some suggestions are given in the handouts for this session which can be found on pages 57-60 of the Participant's Manual. Encourage groups to develop their own lists rather than simply copying these.*
- ☐ *It is recommended that one facilitator should work with each group to check that participants understand the task.*
- ☐ *Ask each group in turn to report their respective suggestions for discussion; then write down and display these on sheets of flipchart paper.*

### 3. Eating during recovery from illness (5 minutes)

#### THE STORY OF SAM AND SUZI

- Sam tries some of the suggestions and he is eating better.
- His strength improves and he is able to take regular walks with his family.
- But Sam's weight remains lower now than it was a few months ago.

- **What might the support worker suggest to Sam about eating during recovery?**
- ☐ *Allow participants to give their suggestions and explain the following:*
- Sam talks to the support worker who reminds him that it takes time to regain his lost weight. It can take weeks, not just days. Therefore, Sam needs to pay special attention to what he eats and to continue to eat wisely.
- To regain weight after recovering from illness, it is important to increase food intake beyond what one normally eats, rather than just going back to one's normal diet.
- ☐ *Emphasize the following:*
- ☆ When recovering from illness, a person has to make sure to eat extra well, by increasing the quantity and quality of his/her food intake in order to regain weight. The same is recommended for children recovering from illness, who must also be fed more than usual, in order to 'make up for missed meals'.
- ☐ *Remind participants of the importance of food safety (as discussed in **Session 4**).*
- Safe food practices are important for everyone. Infections from water and food can make a person ill or worsen conditions that may cause reduced food intake. Therefore, prevention of infection from food and water is very important.
- Discuss, with the people for whom you provide care, ways in which they can keep food safe in their household as discussed in **Session 4**.
- ☐ *Discuss the importance of referral for treatment.*
- It is important to encourage people infected with HIV to seek early treatment when:
  - Diarrhoea lasts for more than three days;
  - An infant or young child is not able to drink or breastfeed, is drinking poorly, becomes sicker and weak, has blood in the stool, develops fever; and/or
  - In the case of illnesses such as tuberculosis, fever, oral thrush and depression that may cause loss of appetite.



#### 4. Preparing an oral re-hydration solution to treat dehydration (5 minutes)

- ☐ *Ask participants to look at Handout 5/5: 'Preparing an oral re-hydration solution (ORS) to treat dehydration' (found at the end of this session and on page 61 of the Participant's Manual).*
- ☐ *Explain the following:*
  - Dehydration is caused by excessive loss of water and salts from the body that often occurs due to diarrhoea or vomiting.
  - Not all people with diarrhoea need ORS, only those that are dehydrated.
  - In young children, diarrhoea can quickly become serious and if untreated can lead to death. It is therefore, important to treat dehydration promptly.
  - To treat dehydration the person should receive an oral re-hydration solution (ORS), The ORS can be prepared by using safe water and one of the following:
    - a pre-prepared ORS packet;
    - salt and sugar; or
    - powdered cereal.
- ☐ *Refer to Handout 5/5 and discuss the three different ways of preparing ORS.*
- In addition to ORS, it is also recommended that the person experiencing dehydration be given foods and fluids which he/she can tolerate.

#### 5. Summary of the session and transition (5 minutes)

- ☐ *Show the key point on display and ask a participant to read it out loud.*

**☆ KEY POINT ☆**

**Eat well and wisely during illness and when recovering from an illness.**

- ☐ *Summarize the session using the following points:*
  - In a person with HIV, reduced food intake may be caused by conditions such as sore mouth and throat, dry mouth/change in taste, nausea and vomiting, diarrhoea and lack of appetite.
  - Reduced food intake for a long time may lead to weight loss and malnutrition.
  - The suggestions given to a person to improve their food intake during these difficulties in eating must be relevant and realistic to the person.
  - Encourage the person to seek treatment early for HIV-related illnesses that may lead to reduced food intake
- ☐ *Ask participants if they have any questions or if anything needs clarifying.*

- In the next session, we will discuss more about preventing weight loss and promoting physical activity.
- The next session will be presented by:
  - *State the name of the presenter.*

#### **HANDOUT 5/1: Suggestions for dealing with a sore mouth/sore throat**

- Rinse with slightly salty warm water: use clean boiled water.
- Clean mouth frequently, at least twice a day morning and evening, preferably after every meal.
- Use cinnamon tea as a mouthwash (1/4 teaspoon of cinnamon to one cup of boiling water; cover and allow to cool).
- Take a spoonful of lemon juice mixed with honey to relieve sore throats.
- Add gravy, sauce or custard to meals to make them moist (but not sticky) or dip foods in liquid.
- Eat soft foods such as mashed foods, soups and juices.
- Use a straw to drink liquids to ease swallowing.
- Patients diagnosed with Candida (oral thrush) should avoid eating sweet foods such as sugar, honey, and sweet fruit and drinks.
- Avoid rough foods such as toast or raw vegetables.
- Avoid sticky foods such as peanut butter.
- Avoid very hot or very cold foods.
- Avoid alcohol, in particular spirits.
- Avoid spicy, salty or acidic foods that irritate your mouth.
- Use fermented products such as, yoghurt.
- If solid food is too hard to eat, drink nourishing liquids such as, beef broth, lentil or pea soup and enriched porridge.

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## **HANDOUT 5/2: Suggestions for dealing with dry mouth/change in taste**

### ***Dry mouth***

- Stimulate saliva production by sucking a hard sweet or chewing gum.
- Serve liquids with meals and sip cold drinks frequently during the day.
- Rinse mouth with clean warm salty water.
- Avoid very hot foods and drinks high in caffeine such as, coffee, strong tea and sodas.

### ***Change in taste***

- Clean your mouth frequently by rinsing it with slightly salted warm (safe/boiled) water.
- Use salt, sugar, spices, vinegar, lemon, and other flavours to help change any unpleasant taste in your mouth.
- Eat the foods you do like.
- Try a variety of foods as your taste may come back after a few weeks.
- Very cold foods may taste better.
- Fresh fruits and fruit juice are refreshing and may leave a pleasant taste in your mouth.

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### **HANDOUT 5/3: Suggestions for treating diarrhoea**

- Continue to eat and drink which you can tolerate when experiencing diarrhoea.
- Drink lots of fluids: more than 8 cups a day especially clean boiled water, to prevent dehydration. If dehydrated, prepare and take an oral dehydration solution (*see Handout 5/5*).
- Eat small meals, five or more times in the day. Eat slowly and chew well.
- Pay particular attention to food hygiene. Use clean boiled water, keep food and utensils very clean, store food for as short a time as possible in a cold place. If you are reheating food, make sure it is very hot. Keep raw food separate from cooked foods.
- Make rice soup by boiling one cup of rice in 5-6 cups of clean water with a bit of salt for one hour. Eat both the rice and the rice water.
- Eat ripe yellow bananas, cooked apples or mango; avoid unripe fruits.
- Peel and cook vegetables rather than eating them raw.
- Eat refined cereals rather than wholegrain cereals and flour when you have diarrhoea.
- Avoid beans, gas-forming foods, fizzy drinks and highly-spiced foods.
- Eat foods warm, rather than very hot or cold.
- Fat is a good source of energy, so do not cut out fat if it is not causing you a problem. Reduce fatty foods temporarily if they make you feel worse but introduce again later.
- Some adults may find that avoiding milk and milk products may help. Take all milk products out of your diet for a day, and then put it back in gradually to about two cups in the day. Fermented milk or yoghurt can be used if available.
- For children: sometimes cow's milk or dried milks purchased from the shops can be a problem. If breastfeeding, continue, or increase breastfeeding. If available, fermented milk can be used for the older child.
- Try different foods until you find something that suits you or your child.

**HANDOUT 5/4: Suggestions for treating nausea and vomiting**

- Have enough liquid in the day. Try to use fluids such as, milk and other energy-rich drinks. This is particularly important for children.
- Drink liquids about half an hour after meals, rather than with meals.
- Drink liquids slowly.
- Eat small, frequent meals: eat something every 2-3 hours.
- Eat whenever you are hungry or feel like eating. Do not wait until mealtime.
- On days when you feel better, eat well by increasing the quantity and variety of your food intake (three meals a day plus snacks in-between).
- Chew foods well to make them easier to digest.
- Eat slowly and relax after eating. Avoid lying down immediately after a meal.
- Eat high energy snacks available: nuts, yoghurt, and bread with a spread.
- Some people find sour foods easier to eat than sweet foods.
- Avoid cooking smells; ask someone else to prepare food.
- A walk in the fresh air before meals and eating in a well-ventilated room may help.
- Try dry foods such as dry bread, toast or plain biscuits and keep meals dry.
- Avoid large amounts of fizzy drinks and beer that can make you feel bloated.
- Choose foods that do not have a strong smell. Cold foods generally have less smell
- Increase starchy foods and reduce fatty foods temporarily.
- Nausea may be a side-effect of drug treatments; talk to your doctor about it.
- There are also medications which can reduce nausea, so discuss these with a health worker if needed.

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**HANDOUT 5/5: Preparing an oral re-hydration solution (ORS) for treating dehydration**

- Use clean water, boiled if possible.
- ***From a packet:*** Follow directions on the packet.
- ***With salt and sugar:*** To one litre of water, add half a teaspoon of salt and eight teaspoons of sugar. Stir or shake well. The solution should taste no more salty than tears.
- ***With powdered cereals:*** To one litre of water, add half a teaspoon of salt and eight teaspoons of powdered cereals. Rice is best, but fine ground wheat flour, maize, sorghum or cooked mashed potatoes can also be used. Boil for five to seven minutes to make a liquid soup or watery porridge. Cool the drink quickly.
- In addition to ORS, also eat and drink foods and fluids that are tolerated.

## Session 6: Preventing weight loss and promoting physical activity

### Learning objectives

By the end of this session, participants will be able to:

- Explain the importance of maintaining body weight;
- Describe ways to increase energy intake and reduce weight loss; and
- Outline the importance of physical activity for people living with HIV.

Session outline		
	Content	Time
1	Learning objectives and introduction to the session	5 minutes
2	Importance of maintaining good body weight	5 minutes
3	Assessment of weight loss	2 minutes
4	Suggestions for preventing weight loss and re-gaining lost weight	5 minutes
5	How to add extra nutrition to everyday food (Handout 6/1)	3 minutes
6	How to boost one's appetite (Handout 6/2)	3 minutes
7	Recommending food examples from the local area (Activity 6/1)	10 minutes
8	Other factors that influence weight loss	3 minutes
9	Role-play 6A: Weight concerns	10 minutes
10	Physical activity	4 minutes
11	Role-play 6B: Physical activity	10 minutes
12	Summary of the session and transition	2 minutes
	<b>Total</b>	<b>62 minutes</b>

### Preparation for the session

- ☐ Write and display the learning objectives on a sheet of flipchart paper
- ☐ Write the key point on a sheet of flipchart paper and keep it aside until needed.

**☆ KEY POINTS ☆**

**☆ When symptoms start, increase energy intake to reduce or prevent weight loss.**

**☆ Physical activity can help you feel better.**

□ *Collect/prepare the following training materials:*

- An overhead projector and screen; and/or a flipchart stand, flipchart paper, markers and a means to attach flipchart sheets to the wall or other surface. *If an overhead projector is not available, an enlarged copy of Picture 2 can be prepared for display as a poster.*
- **Role-play 6A: 'Weight concerns'**
- **Role-play 6B: 'Physical activity'**
- **Picture 1: 'Sam and Suzi: Physical activity'**
- **Picture 2: 'Sam and Suzi: Weight loss'** (*see Annex 1; select version suitable for the local area*)
- **Handout 6/1: 'Suggestions for adding extra nutrition to everyday food'** (*available at the end of this session*)
- **Handout 6/2: 'Suggestions for improving appetite'** (*available at the end of this session*)

## **1. Learning objectives and introduction to the session (5 minutes)**

### **Review the learning objectives of the session**

□ *Show and outline the learning objectives displayed.*

- By the end of this session, participants will be able to:
  - Explain the importance of maintaining body weight;
  - Describe ways to increase energy intake and reduce weight loss; and
  - Outline the importance of physical activity for people living with HIV.

### **Introduce the session**

- AIDS is characterized by progressive weight loss and wasting.
- Lean body muscles make up most of the body weight and are responsible for various functions in the body. As damage to the defence system and weight loss increases, the body becomes less able to perform these functions.



- When a person does not eat enough food, or the food eaten is poorly absorbed and utilized, the body derives energy from its own stores of fat and muscle. As a result, the person loses weight because body fat and muscles are lost.

## 2. Importance of maintaining good body weight (5minutes)

- **What are the links between HIV/AIDS and body weight?**
  - *Allow participants to respond. Show and discuss the key points displayed, adding the following:*
- Weight loss leads to general weakness, lower immunity and increases the progression of HIV to AIDS.
- Weight loss increases the chances of getting severe infections that may further lead to weight loss, thus resulting in a vicious cycle.
- Maintaining good body weight and preventing weight loss can improve the quality of life and delay the onset of illness. People with symptomatic HIV need to increase weight and build muscle stores in order to prevent further weight loss.
- In this session, we will discuss weight loss, ways to increase energy intake and the benefits of physical activity.

## 3. Assessment of weight loss (2 minutes)

- In some cases, weight loss may be so gradual that it is not easily detected.
- *Refer back to the story of Sam and Suzi and show **Picture 2: 'Sam and Suzi: Weight loss'** to illustrate this point:*
- Sam has lost weight but he is not sure because he does not have a weighing scale.

**PICTURE 2: Sam and Suzi : Weight loss**



- **How can Sam tell when losing weight?**

- ☐ *Allow participants to respond; list indicators for weight loss on a sheet of flipchart paper and discuss these, adding the following points:*
- Sam can detect whether he is losing weight if :
  - his clothes are getting looser, he finds that he increasingly needs to tighten his belt; and/or
  - people around him repeatedly comment that he looks thinner.
- It is necessary to discuss with Sam the importance of regular check-ups for early identification of weight loss and other infections requiring prompt action. His weight should be monitored and recorded regularly, preferably on the same day each month. This may mean regular visit to health care and support centre.
- Discuss the feasibility of regular visits to the care and support centre. There should not be long intervals between visits.

#### **4. Suggestions for preventing weight loss and regaining lost weight (5 minutes)**

- **How can Sam prevent weight loss and regain the weight he has lost?**
- ☐ *Allow participants to respond and write down only the key points raised on a sheet of flipchart paper; discuss these adding the following points:*
- A person experiencing weight loss can try one or more of the following strategies to gain weight:
- Increasing the quantity and variety of energy-rich foods:
  - Eat more staples and starchy foods such as, bananas, bread, maize, millet, potatoes, rice, sorghum, and wheat and continue to eat more until recovering initial weight. One portion of such staples is about one fistful (see **Handout 3/1** discussed in **Session 3**). Gradually increase the portions until reaching about six or more portions a day.
  - Increase intake of beans, lentils, peas, groundnuts, peanut butter and seeds, such as sunflower and sesame.
  - Include all forms of meat, poultry, fish and eggs as often as possible. Minced meat, chicken and fish are easier to digest. Offal such, as kidney and liver are also a good source of nutrients that can contribute to reversing weight loss.
  - Introduce more dairy products such as, full-cream milk, sour milk, buttermilk, yoghurt and cheese into the diet.
  - Gradually increase intake of foods containing fats/oils, oilseeds such as, groundnuts, sesame and avocados.
- Adding extra nutrients to foods or meals:
- **How can we add extra nutrients to food or meals?**

- 
- *Allow participants to respond and write down only the key points raised on a sheet of flipchart paper; discuss these adding the following points:*
  - Adding extra nutrients to foods/drinks is called '**enriching foods**'. Food/drinks can be enriched by:
    - Making a hot drink with milk instead of water;
    - Eating more concentrated foods, e.g. eating the solid pieces of a stew/soup before consuming the liquid part;
    - Increasing the fat content of food, e.g., by adding five to six teaspoons of fats/oils to food per day; if problems resulting from high fat intake are experienced, (especially diarrhoea), reduce the amount of fat in the diet until the symptoms pass; then gradually increase it to a level that can be tolerated;
    - Including dairy products such as, full-cream milk, sour milk, buttermilk, yoghurt and cheese in meals; adding milk, or milk powder to foods such as stews, soups, porridge, cereals, and mashed potatoes. Note that some people may find milk difficult to digest; milk should be avoided, if it causes cramps, bloating, or skin rashes.
    - Adding protein-rich foods such as, beans, lentils, groundnuts, peanut butter or eggs to maize, millet, or cassava porridge; and
    - Adding one to two teaspoons of extra of sugar, honey and other sweet products to food.
  - ☆ While increasing the fat content of foods can help to regain lost weight, care should be taken that sugary and fatty foods are not eaten as substitutes for more nutritious foods.
  - Eating more frequently and increasing the amounts of food:
    - Increasing the number of meals and snacks eaten daily; and/or eating larger amounts of food, especially at times when one is feeling like eating;
    - Including snacks that are readily available and can be eaten without much preparation in-between meals. Snacks may include foods such as, nuts, seeds, fruits, yoghurt, carrots, boiled cassava/sweet potatoes, chips, and peanut butter sandwiches.
  - ☆ Eating at least three meals a day and snacks in-between can prevent weight loss and reduce the likelihood of malnutrition.

## 5. How to add extra nutrition to everyday foods (3 minutes)

- *Ask participants to look at Handout 6/1: 'Suggestions on how to add extra nutrition to everyday foods' (found at the end of this session and on page 69 of the *Participant's Manual*).*

- ☐ *Explain that the handout provides specific examples of how to 'enrich' or add extra nutrition to everyday meals in order to prevent weight loss/regain lost weight. Go over the examples with participants.*

## 6. How to boost one's appetite (3 minutes)

- ☐ *Ask participants to look at Handout 6/2: 'Suggestions to try when a patient does not feel like eating' (found at the end of this session and on page 70 of the *Participant's Manual*).*
- ☐ *Explain that the handout provides a range of suggestions for boosting appetite when a person with HIV does not feel like eating. Go over the suggestions with participants.*

## 7. Recommending food examples from the local area (10 minutes)

### ACTIVITY 6/1: Recommendations to help Sam regain weight

#### Developing examples of improved meals based on local recipes

- ☐ *Explain that this activity will help participants to develop examples of improved meals based on recipes from their local community's diet, which they can recommend to those to whom they provide care/support.*
- ☐ *Ask participants to form four groups and assign each group one of the daily meals as follows:*
  - Group 1: Breakfast
  - Group 2: Snacks
  - Group 3: Lunch
  - Group 4: Dinner
- ☐ *Give each group a sheet of flipchart paper and markers and ask them to choose a person who will present the outcome of their discussions.*
- ☐ *Allow each group 10 minutes to record and analyse the type of food items usually eaten by local people during the meal which they have been assigned. Wherever possible, they should also approximate the amount of each food item typically consumed, e.g. 1 cup, 1 slice, etc.*
- ☐ *Once participants have completed the exercise, ask each group to present their suggestions for discussion.*
- ☐ *Then discuss how to improve the food that is usually eaten in order to make the meal more suitable for a person who is losing weight.*

## 8. Other factors that influence weight loss (3 minutes)

- **Which other factors could influence weight loss?**
- ☐ *Allow participants to respond and write down only the key points raised on a sheet of flipchart paper; discuss these, adding the following points:*

- In addition to increasing food intake, it may be necessary to:
  - Prevent other infections by immunization, de-worming and anti-retroviral treatment; this can be done when the person visits the health care and support centre regularly;
  - Treat other infections, such as tuberculosis, that may contribute to weight loss; and
  - Increase strength and preserve muscles by increasing physical activity.

## 9. Role-play 6A: Weight concerns (10 minutes)

□ Choose two volunteer participants and ask them to prepare for the role-play.

Sam has come to see the health worker because he is worried that he is losing weight. Listen to the conversation between the health worker and Sam and list the counselling skills the health worker is using as well as the reactions of Sam.

### ROLE-PLAY 6A: Weight concerns

		COMMUNICATION SKILL USED
HEALTH WORKER	Good morning, Sam. Please sit down, how can I help you today?	<i>Open question</i>
SAM:	Good morning. I have been losing weight recently and this is not a good sign.	
HEALTH WORKER	You are worried about the weight loss.	<i>Empathize</i>
SAM:	Yes. It is probably just the HIV getting worse. Suzi said to come to talk to you.	
HEALTH WORKER	It is good that you came to talk. Weight is important. It helps you to stay well longer if you can keep your weight up.	<i>Praise</i> <i>Give relevant information</i>
SAM	How do I do that? Sometimes I just do not feel like eating anything.	
HEALTH WORKER	Well, one suggestion is to have some ready-and-easy to eat foods available. Perhaps some nuts, yoghurt, or bread with something on it, which do not require a lot of preparation. Also try to eat something every 2-3 hours: small frequent meals rather than just one large meal. Could you do that?	<i>Suggestion</i> <i>Suggestion</i> <i>Question</i>
SAM	I don't know. I have trouble making myself eat once a day. I could not face eating every few hours.	
HEALTH WORKER	It is hard to think about eating sometimes. When you do feel like eating, you could add extra nutritious foods to your meals. For example, add milk, cheese, butter or oil to	<i>Reflect</i> <i>Practical help</i> <i>Suggestion</i>

	mashed vegetables, or to soups. What do you think about adding such extra foods to your meals?	<b><i>Open-ended question</i></b>
SAM	I can try that. There is usually oil and sometimes there is extra milk in the house.	
HEALTH WORKER	You can try to add extra nutritious foods to your meals, to eat something small every few hours and also drink water and other fluids frequently. There are some other ideas that you might like to try in this leaflet. You can also bring whoever cooks and shops for food in your household in to talk, if that would help. Come back again if you want to talk more.	<b><i>Suggestions</i></b>  <b><i>Options for follow-up</i></b>
SAM	Thank you. I will show the leaflet to my wife and we can talk to you again maybe.	

☐ *Taking one issue at a time ask participants the following:*

- **How helpful was the health worker's discussion with Sam?**
- **Describe what was helpful to him.**
- **How well did the health worker use communication skills in counselling Same?**

- Sam starts to feel a lot better and is also able to eat better. Because he sought care early, he avoided further weight loss and getting more infections.

☐ *Show the first key point displayed, and ask a participant to read it out loud.*

☆ KEY POINT ☆

**When symptoms start, increase energy intake to reduce or prevent weight loss.**

## 10. Physical activity (4 minutes)

☐ *Introduce the topic of physical activity*

- To further build up the body, physical activity should be encouraged during the early stages of HIV and during the symptomatic phase.
- Physical activity is generally good for everyone.
- Physical activity may include daily activities such as, household chores and light work in the garden or in the field. Light activity each day is better than intensive exercise once a week.
- Activity may be limited if food intake is very low and the person is very weak.

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■ **What are the benefits of physical activity?**

- *Allow participants to respond and write down only the key points raised on a sheet of flipchart paper; discuss these, adding the following points:*

**OVERHEAD 6/1: Benefits of physical activity**

Physical activity can:

- Strengthen and build muscles;
- Strengthen bones;
- Strengthen the immune system;
- Help relieve stress;
- Increase appetite;
- Help digestion;
- Help the heart and lungs to work well; and
- Improve one's sense of well-being.

- ☆ Physical activity uses up energy so it is important to increase one's food intake. It is also necessary to drink extra water when exercising.

**11. Role-play 6B: Physical activity (10 minutes)**

- *Choose two volunteer participants and ask them to prepare for the role-play.*
- *Introduce the role-play:*
- The health/nutrition worker talks with Sam to find some physical activity that Sam could do regularly. List the counselling skills the support worker is using as well as the reactions of Sam.

### ROLE-PLAY 6B: Physical activity

		COMMUNICATION SKILL USED
HEALTH WORKER	Good morning, Sam. You are looking well today. How are you feeling?	<i>Open-ended question</i>
SAM	Good morning. I am feeling better since the last time we talked. Now I have more energy so I was thinking about what you said about being more active.	
HEALTH WORKER	Yes, activity can help to maintain your strength. What physical activity do you do at the moment?	<i>Reflect</i> <i>Open-ended question</i>
SAM	Well, when I was ill recently, I stopped doing most activities.	
HEALTH WORKER	Well what about starting gently? Maybe a walk with your young son or playing ball with him for 10 or 15 minutes. How does that sound?	<i>Suggestion</i>
SAM	I could do that easily I'm sure.	
HEALTH WORKER	Maybe you could also try weight lifting! Lift your son up a few times and increase the number of lifts as you can. This can strengthen your muscles. Would you be able to do some lifts?	<i>Suggestion</i>
SAM	Yes, probably. When you think about it, there are exercises I can easily do around the house.	
HEALTH WORKER	Physical activity does not need to be special exercises. We can do a lot by just increasing our normal activity. Try it for a few weeks and come back again if you want to talk more.	<i>Information</i> <i>Follow-up</i>
SAM	Thank you. I will see how I get on with increasing my activity.	

☐ *Taking one issue at a time ask participants the following:*

- How helpful was the health worker's discussion with Sam?
- Describe what was helpful to him.
- How well did the health worker use communication skills in counselling Sam?

☐ *Discuss their responses adding the following:*

- Sam now feels well enough to increase his physical activity which will further help him build up his body, increase his appetite, boost his immune system and improve his general sense of well-being.



- ☐ Show **Picture 1: Sam and Suzi doing some physical activity** (*Re-use Picture 1; emphasizing that Sam and Suzi are going for regular walks - a form of light physical activity*)

**PICTURE 1: Sam and Suzi - physical activity**



- ☐ Show the second key point displayed, and ask a participant to read it out loud.

**☆ KEY POINT ☆**

**Physical activity can help you to feel better.**

- ☐ Introduce a light physical activity or ask participants to stretch to feel the benefits of physical activity.

## **12. Summary of the session and transition (2 minutes)**

- ☐ Show/review both key points displayed.

**☆ KEY POINTS ☆**

**☆ When symptoms start, increase energy intake to reduce or prevent weight loss.**

**☆ Physical activity can help you feel better.**

- Maintaining a good body weight can improve the quality of life for people with HIV. Aim to check weight regularly and to act promptly if weight loss starts.
- Physical activity can help improve appetite and one's general sense of well-being.

- The key points on 'eating wisely' discussed in **Session 3** should continue to apply when symptoms of weight loss start.
- *Ask if there are any questions, or if anything needs clarifying.*
- In the next session we will discuss nutrition for people on antiretroviral therapy (ART).
- The next session will be presented by:
  - *State the name of the presenter.*

#### **HANDOUT 6/1: Suggestions on how to add extra nutrition to everyday food**

- Add milk, cheese, butter or oil to mashed vegetables, potatoes, rice, soups, stews and other foods.
- To make fortified milk, add 4 spoons (15 ml spoon) of milk powder to 500 ml cow's milk. Stir well and keep in a cool place. Use full fat milk powder if available instead of skimmed milk powder. Use this fortified milk in tea, on cereals and in cooking.
- Milk powder can also be added to soups to give more protein.
- Stir a beaten egg into hot porridge or mashed potatoes and cook for a few minutes more to cook the egg. Do not eat raw or undercooked eggs. Always cook eggs.
- Put extra spread on sandwiches, e.g. nut spreads, jam, butter/margarine, tinned fish.
- Nuts are a good source of energy. Keep them near to eat as a snack and put chopped nuts or paste into foods.
- Add cream, evaporated milk or yoghurt to soups, puddings, cereals and milky drinks.
- Use local foods that are rich in fat, such as avocado, fatty fish, coconut oil and fried foods, if tolerated.
- Sprinkle crispy fried onions, fried fatty meat or similar on top of meals.
- Eat chocolates, sweets, dried fruits such as raisins and dates as an extra, not as a replacement for a meal.

**HANDOUT 6/2: Suggestions on what to try if you do not feel like eating**

- Eat small, frequent meals; eat something every 2-3 hours.
- Eat whenever you are hungry or feel like eating. Do not wait until a mealtime.
- Choose foods that you enjoy most. You are more likely to eat these foods.
- On days you feel well, eat well.
- A walk in the fresh air before eating and eating in a well-ventilated room may help.
- Eat with family or other people so it is a social event. If you are in bed, have them eat at your bedside. Children may sometimes eat better with others; other times this may be too much of a distraction. Be prepared to try different ways. Always stay with the child while eating, both to watch for difficulties and to encourage eating.
- Make sure you have enough liquid in the day. Try to take fluids such as milk and other energy-containing drinks. This is particularly important for children.
- Eat slowly and relax for a while after eating. Avoid lying down immediately after a meal.
- Make meals as attractive as possible, e.g. enhance the presentation of food by using garnishes, setting the table nicely.
- Some foods may stimulate the appetite such as ginger tea, or lemon juice in clean boiled water
- When the appetite has returned or the illness has passed, be sure to eat extra (or feed the child more) to make up for the missed meals
- Lack of appetite may be a sign of an infection such as tuberculosis or of depression; talk to your doctor about it.

## Session 7: Nutrition for people on anti-retroviral treatment

### Learning objectives

By the end of this session participants should be able to:

- Explain the food and nutrition implications of antiretroviral treatment (ART);
- Discuss the importance of nutrition for people living with HIV on ART; and
- Identify best nutrition practices and discuss drug-meal plans for people on different drug regimens.

### Session outline

	Content	Time
1	Learning objectives and introduction	5 minutes
2	Interactions between drugs, food and nutrition	15 minutes
3	Nutrition practices for managing the side-effects of antiretroviral (ARV) drugs	15 minutes
4	Making a drug-food plan (Exercise)	20 minutes
5	Medication and physical activity (Role-play 7)	15 minutes
6	Summary of the session and transition	5 minutes
	<b>Total</b>	<b>75 minutes</b>

### Preparation for the session

- ☐ Write and display the learning objectives on a sheet of flipchart paper.
- ☐ Write the key points on a sheet of flipchart paper and keep it aside until needed.

#### ★ KEY POINTS★

★ Understanding medication side-effects helps careful selection of foods for preparing nutritious meals and a good nutrition plan.

★ ART works better in people who have good nutritional practices.

- ☐ Find out the ARV drug combination that is commonly used in your area/region.
- ☐ Find out what local doctors advise about the interactions between ART, food, herbs. etc.

- ☐ Find out from health facilities about the local/regional selection criteria and procedures for accessing ARV drugs.
- ☐ Ask two participants to assist with the role-play found on pages 77-78 of the Participant's Manual.
- ☐ Collect/prepare the following training materials:
  - An overhead projector and screen; and/or a flipchart stand, flipchart paper, markers and a means to attach flipchart sheets to the wall or other surface. *If an overhead projector is not available, overheads may be written out on flipchart sheets or enlarged copies prepared for display as posters, as appropriate.*
  - **Overhead 1/1: 'The 'bad cycle' of poor nutrition and HIV';**
  - **Overhead 7/1: 'Interaction between drugs, food and nutrition' (full version available at the end of this session).**
  - **Overhead 7/2: 'Supporting management of ARV drugs, food and nutrition interactions'**
  - **Handout 7/1: 'Recommended nutrition practices for dealing with the side-effects of ARV medications' (available at the end of this session).**
  - **Handout 7/2: 'Daily drug-food planner' (available at the end of this session).**
  - **Role-play 7: 'Discussing eating wisely with the caregiver of a young child'**

## 1. Learning objectives and introduction to the session (5 minutes)

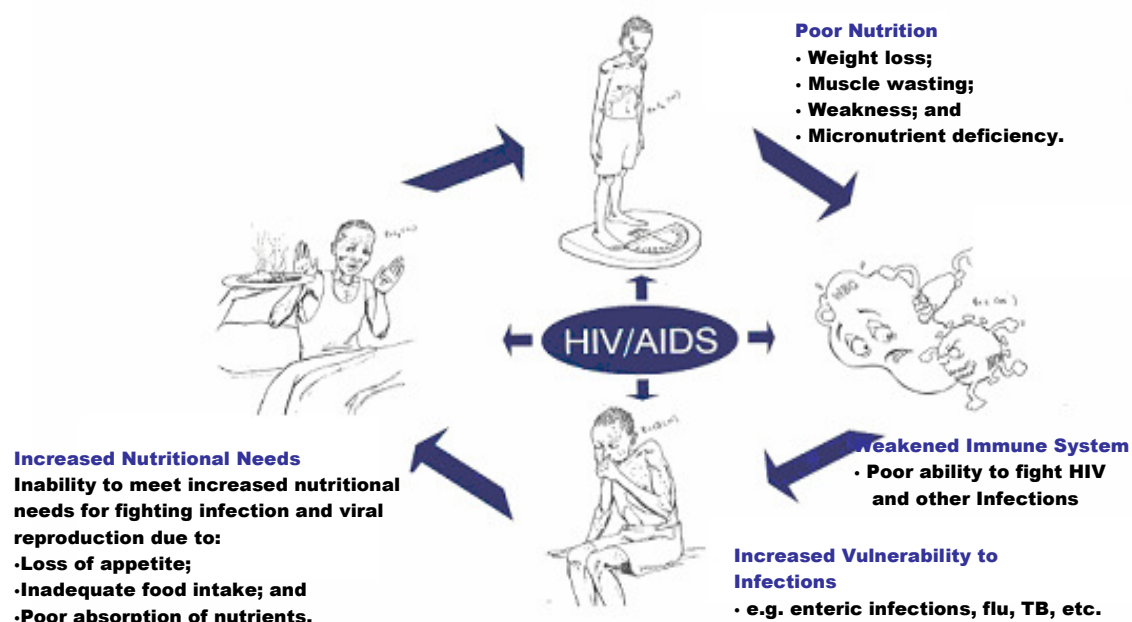
### Review the learning objectives of the session

- ☐ Show and outline the learning objectives displayed.
- By the end of this session, participants will be able to:
  - Explain the food and nutrition implications of antiretroviral treatment (ART);
  - Discuss the importance of nutrition for people living with HIV on ART; and
  - Identify best nutrition practices and discuss drug-meal plans for people on different drug regimens.

### Introduce the session

- ☐ Show **Overhead 1/1: 'The 'bad cycle' of poor nutrition and HIV'** and ask participants to reflect back on what was discussed about the 'bad cycle' in **Session 1**.

## OVERHEAD 1/1: The 'bad cycle' of poor nutrition and HIV



☐ Explain the following points:

- When the cycle of HIV and malnutrition repeats itself many times over several years, the body's natural defence system is severely reduced and the HIV is able to multiply rapidly, thus increasing the viral load and the chances of other infections.
- At this stage, ART is recommended to slow down or stop multiplication of HIV. ART work better when given in combinations of three drugs. ART helps improve the body's defence system, and enhances the patient's survival and quality of life.
- As a counsellor, it is important to be familiar with the local/regional procedures for accessing ART in order to advise people living with HIV to consider ART when their body starts getting weaker.

■ Why do you think good nutrition is important for people on antiretroviral treatment?

- ☐ Give participants a few minutes to respond, and then ask one of them to read the following points.
- ☐ Explain the words highlighted in boldface.

- Poor nutrition reduces the ability to **absorb** medication and the person may find it harder to cope with the side-effects.
- Good nutrition will improve the effect of ART helping the person recover their **defence system** and improving the overall well-being.
- ART can also **interact with food** and nutrients resulting in good or bad effects. Some drugs only work properly when taken at a specific time in relation to a meal.

□ *Explain the following points:*

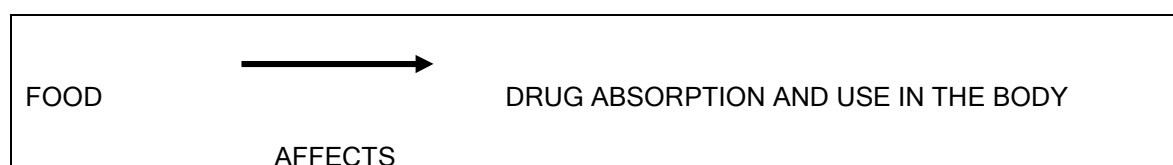
- Starting ART is a life-long commitment to medication. Enduring the initial period of unpleasant side-effects requires regular food supply, good nutrition plan and continuous support to ensure healthy eating.
- In this session, we will discuss basic information on **interactions of ARV drugs** with food and nutrition and what actions we can take to support healthy eating and adherence to medication.

## 2. Interactions between drugs, food and nutrition (15 minutes)

- Have you observed any interactions between drugs, food and nutrition among the people with whom you work or live?
- *Take responses from a few participants and show Overhead 7/1: 'Interaction between drugs, food and nutrition' (a complete version of which is found at the end of this session). Show one figure at a time and explain the messages written below each figure.*

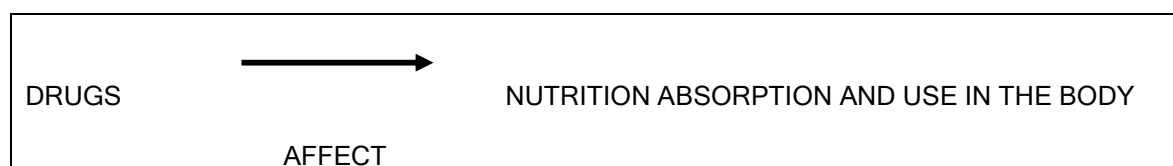
### OVERHEAD 7/1: Interaction between drugs, food and nutrition

a) When taken with ARV drugs, certain foods may increase or reduce use of the drug by the body.



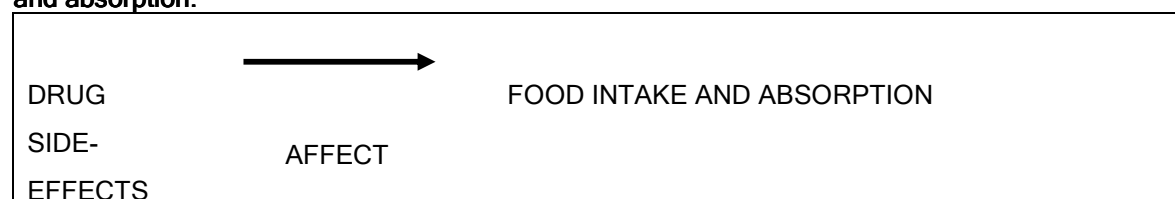
- *Example:* Fatty foods and fatty meals may reduce absorption of ARV drugs such as **efavirenz** (or other brands used locally).

b) Certain ARV drugs affect the way nutrients are used in the body.



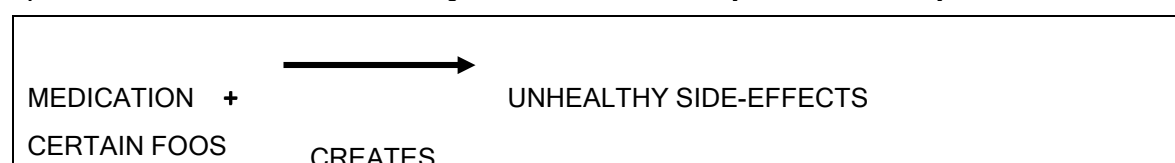
- *Example:* ARV drugs such as, **d4T** (or other brands used locally) may change the way the body uses fat and carbohydrates.

**c) Side-effects such as changes in taste, headache, fever, diarrhoea and vomiting reduce food intake and absorption.**



- *Examples:* Some medications, e.g. **3TC** and **d4T** (or other brands used locally) may lead to change in taste; AZT may also cause nausea and vomiting, resulting in reduced food intake and weight loss.

**d) The interaction of certain ARV drugs with certain foods may create unhealthy side effects.**



- *Examples:* Intake of drinks containing alcohol together with ARV drugs may cause liver and pancreas problems. Alcohol is also often cause of poor adherence to treatment and may reduce the appetite of the person living with HIV.
- Intake of some herbal remedies together with ARV drugs may increase severe-side effects.
- Counsellors need to make people taking ARV drugs aware of the interactions of such foods with the drugs they are taking so that these foods can be avoided or reduced.

☐ *Show the first key point displayed, and ask a participant to read it out loud.*

**☆ KEY POINT ☆**

**☆ Understanding medication side-effects helps careful selection of foods for preparing nutritious meals and a good nutrition plan.**

### **3. Nutrition practices for managing the side-effects of ARV drugs (15 minutes)**

☐ *Introduce this section by explaining the following:*

- While majority of people who take ARV drugs experience some side-effects, the frequency and severity of side-effects varies for different ARV drugs and different individuals. A combination of three different ARV drugs is usually given to patients and the interactions of each drug with food must be considered.
- Good diet and regular food intake helps to improve adherence to treatment which is critical for
  - The well-being of people living with HIV
  - Treatment effectiveness



- 
- Preventing drug-resistance
  - The goals of nutrition counselling for people on ART are to:
    - Reduce minor side-effects that can result in reduced food intake, e.g., changes in taste, headache, fever, nausea and vomiting, upset stomach and diarrhoea.
    - Reduce chronic side-effects such as, increased blood sugar, high fat levels in the blood and liver or kidney damage.
    - Improve the general well-being of people living with HIV who are on ART.
  - Failure to manage the interactions between various foods and ARV drugs, may result in reduced food intake. The patient may also interrupt or stop taking the medication. Interrupting ART or taking it incorrectly may lead to:
    - Poor health, frequent infections and faster progression of the disease; and
    - Drug-resistant HIV leading to failure of treatment.
  - Suggestions for nutrition practices should be based on a clear understanding of the specific requirements of the drugs that a person is taking.
  - **Which nutrition practices do you know that may reduce the side-effects of ARV drugs?**
  - *Allow a few participants to respond, then show and discuss Overhead 7/2: 'Supporting management of ARV and food and nutrition interactions'.*

## OVERHEAD 7/2: Supporting the management of ARV drugs and food/nutrition interactions

- Know and understand what medication the client is taking (*see Handout 7/1*) and make the client and other treatment supporters or family members aware of their potential side-effects.
- Discuss how to adjust the timing of drug and food intake as appropriate.
- Discuss how to manage the possible side-effects and difficulties that may reduce food intake.
- Identify foods to be increased, decreased or avoided, depending on their effects on drug absorption.
- Support the client to identify locally available foods that would help in healthy eating based on:
  - The 'Eating wisely' guidelines;
  - Drug-food interactions; and
  - The nutritional needs of the person.
- Support the client to make a drug-meal plan that will guide him/her in choosing appropriate foods for different meals (**Exercise 7/1**).
- Follow up and assess any difficulties and support in making necessary adjustments.
- Seek help through the referral system to other programs and services that address food and nutrition issues, (e.g., nutritional counselling services, programs focused on promoting household access to food) as needed.

- ☐ *Refer participants to Handout 7/1: "Recommended nutrition practices for dealing with the side-effects of ARV drugs" on pages 80- 81 of the Participant's Manual.*
- ☐ *Inform participants about the combinations of ARV drugs commonly used in the local area and ask them to highlight the information on those particular drugs.*
- ☐ *Explain the following:*
  - These are examples of different drugs, their-side effects and the recommended nutrition practices to reduce these side-effects.
  - This is just a list of suggestions, which should be kept up-to-date.
  - The handout could be used as a guide for helping clients who are experiencing side-effects from their medication. However, you should always urge clients to consult with their doctor immediately.

## 4. Making a drug-food plan (20 minutes)

- ☐ *Ask one of the participants to volunteer and read the story of Sam and Suzi*

### THE STORY OF SAM AND SUZI

- Sam is feeling weak and his health has generally deteriorated. His doctor recommends several test and some drugs.
- Based on the test results, the doctor needs to start Sam on ART. Sam is prepared and enrolled for ART.
- His treatment consists of a combination of three drugs: d4T + 3TC + EFV.

- ☐ *Explain the example below of a drug-food plan that the counsellor could use to start discussions with Sam.*

#### 4.1. Identifying the medication being taken (10 minutes)

	Medication being taken
Morning	d4T + 3TC
Night	d4T + 3TC + EFV

- ☐ *Ask the participants to look at the **Handout 7/1** again to identify these particular ARV drugs.*
- **What instructions would you give Sam regarding the interaction of his ARV drugs with his food/nutrition?**
- ☐ *Give participants a few minutes to discuss the information on the drug combination d4T, 3TC and EFV, as presented in the handout and discuss the following points:*
- Inform the client that:
  - The absorption of some ARV drugs is not affected by the foods consumed, but taking them with food can help reduce their side-effects.
  - Avoiding fatty foods can improve absorption and use of ARV drugs.
  - Avoiding alcoholic drinks will reduce side-effects.
- **What side-effects is Sam likely to experience and how could we manage these side-effects?**
- ☐ *Give participants a few minutes to discuss the side-effects related to the drugs as presented in **Handout 7/1** (available on pages 80-81 of the Participant's Manual). and refer them to the suggestions provided in **Session 5** on 'Improving food intake'.*
- ☐ *Explain the how the various side-effects can be managed using the following:*
- *Mouth ulcers (sore mouth/sore throat): **Handout 5/1***
  - *Excessive gas in the stomach, stomach discomfort diarrhoea: **Handout 5/3***
  - *Nausea, vomiting and loss of appetite: **Handout 5/4***

- *Fever:* drink plenty of fluids and eat energy and nutrient-rich foods, i.e. adding seeds, such as groundnut or sesame pastes or peanut butter or eggs to maize/millet/cassava porridge.
- *High fat levels in blood:* closely monitor intake of fatty foods and meals; eat plenty of fruits and vegetables daily; increase physical activity according to the capacity of the patient.

#### 4.2. Meal planning (10 minutes)

- *Ask participants to get into groups of five and give each group one of the daily meals to discuss as follows:*
  - Group 1: Morning
  - Group 2: Mid-morning
  - Group 3: Mid-day
  - Group 4: Evening
  - Group 5: Night
- *Ask groups to discuss locally available foods that could be taken at each mealtime.*
- *Ask each group to write down their suggestions in the appropriate sections of **Handout 7/2** (found on page 82 of the *Participants' Manual*) and to present them for discussion. (These can be later typed and printed as a reference for care providers in the local area).*
- *Show the second key point displayed and ask a participant to read it out loud.*

**☆ KEY POINT ☆**

**☆ ART works better in people who have good nutritional practices.**

#### 5. Medication and physical activity: Role-play 7 (10 minutes)

- The health/nutrition worker talks with Sam about his medication and physical activity. List the counselling skills the support worker is using as well as the reactions of Sam.

### ROLE-PLAY 7: Discussion with Sam about medication and physical activity

		COMMUNICATION SKILL USED
HEALTH WORKER	Welcome, Sam. Please sit down. How are you today?	
SAM	Well, I am OK. I have come to talk to you more about the medication which I have been taking.	
HEALTH WORKER	Yes, It is good that you came to talk about your medicine. How are you doing with your medication?	<i>Praise Open-ended question</i>
SAM	Well, I feel better since I started taking them. However, sometimes I really have difficulties after taking them in the morning. I vomit and sometimes I just do not feel like eating at all.	
HEALTH WORKER	Yes, the medication sometimes may make you feel like vomiting and cause difficulties in eating. How do you take your medication in the morning?	<i>Empathy Open-ended question</i>
SAM	I take my medication in the morning as soon as I wake up. This way, there are less chances of forgetting to take my medicine.	
HEALTH WORKER	That's a very good idea. What do you take your medication with?	<i>Praising Open-ended question</i>
SAM	I swallow my medicine with lots of water.	
HEALTH WORKER	Do you think that you could try eating or drinking something else with your medication? Maybe taking the medication on an empty stomach might be the reason for you feeling like vomiting	<i>Checking understanding Information</i>
SAM	It is very difficult for me to eat anything early in the morning. I have even stopped going for my morning walks because I always start feeling like vomiting on my way back.	
HEALTH WORKER	A walk in the fresh air is very useful. How about starting with the walk in the morning and trying to take your medication with some food when you get back?	<i>Suggestion</i>
SAM	I could try that. Suzi always makes some thick porridge to which she adds lemon and sugar which I like very much.	
HEALTH WORKER	Yes, porridge is good and will give your body strength, adding lemon will prevent you from feeling like vomiting. I am glad that you like it.	<i>Information Suggestion</i>

		COMMUNICATION SKILL USED
SAM	The feeling of vomiting always comes before meal times and even when I am hungry, I do not feel like eating.	
HEALTH WORKER	Well, try not to keep your stomach empty. You do not have to wait only for meal times before you eat. Maybe you could also try taking something every 2-3 hours, even if it is only a glass of milk a piece of fruit, vegetables, yoghurt or toasted bread and peanut butter.	<i>Suggestion</i>
SAM	Yes, probably I could try that. There is always some milk, bananas and oranges in the house.	
HEALTH WORKER	That would be great. Can you try that for two weeks? And then you can come back and we can talk about how it went.	<i>Checking Follow-up</i>
SAM	Thank you. I will see how I get on with the plan. Good- bye	
HEALTH WORKER	Good-bye	

- ☐ Taking one issue at a time ask participants the following:
- How helpful was the health worker's discussion with Sam?
- Describe what was helpful to him.
- Evaluate how well the health worker used communication skills in counselling Sam.

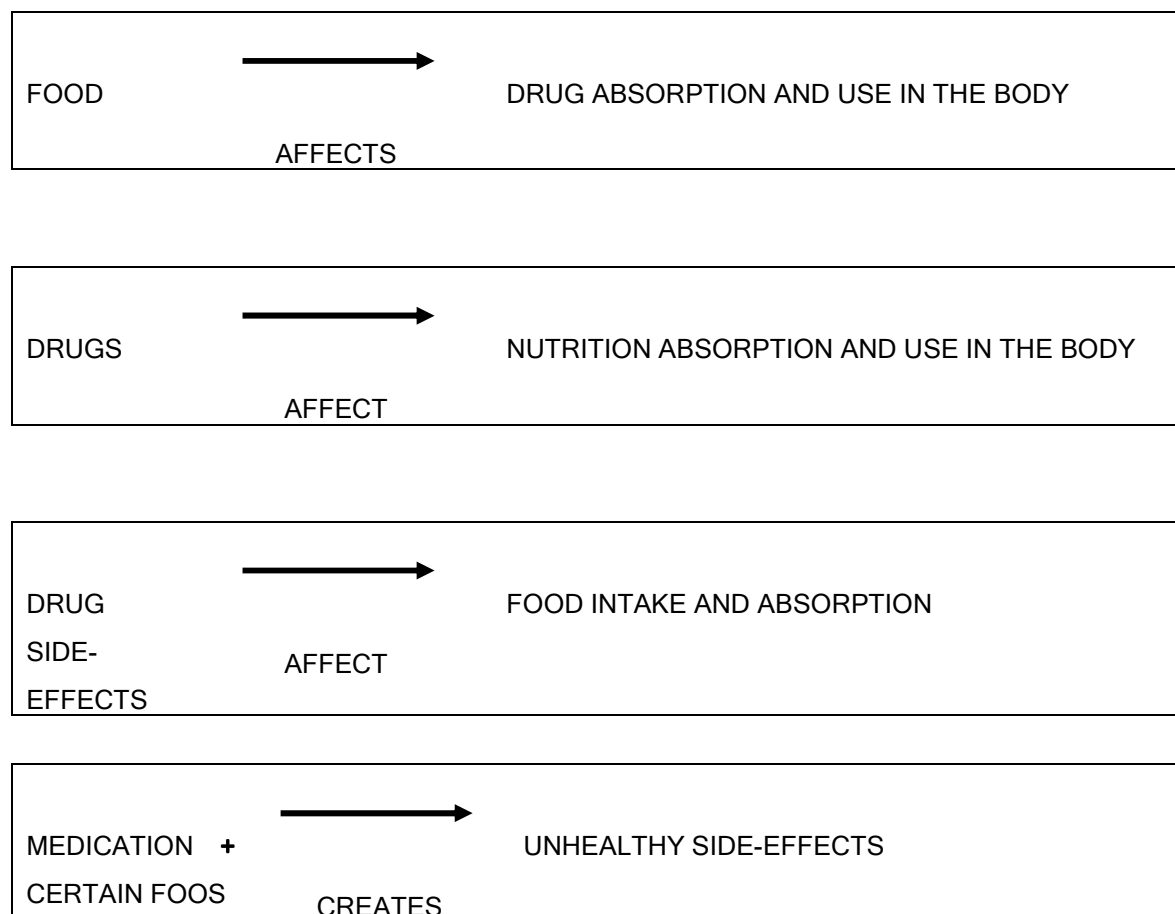
## 6. Summary of the session and transition (5 minutes)

- ☐ Show/review both key points displayed.

<p>☆ KEY POINTS ☆</p> <p>☆ Understanding medication side-effects helps careful selection of foods for preparing nutritious meals and a good nutrition plan.</p> <p>☆ ART works better in people who have good nutritional practices.</p>
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- ☐ Review all the other key points displayed.
- ART works better in people who have good nutritional practices. Before or during initiation of ART people with HIV need to be supported to eat wisely. Good nutrition will strengthen their body's ability to absorb medication and reduce side-effects.

- 
- Appropriate dietary changes can help to manage and reduce the impact of certain ARV drug side-effects on nutrition.
  - It is important to use drug-specific information when managing the interactions between ARV drugs, food and nutrition.
  - Failure to manage drug-food/nutrition interactions may lead to the person interrupting or stopping taking medication. This can result in poor health and drug-resistant HIV which cannot be effectively treated.
  - ART can improve the health of PLHIV; but it can also create additional food and nutritional needs. Always discuss and follow up with clients to assess any difficulties and to provide support in making necessary adjustments.
- ☐ *Ask participants if there are any questions or if anything needs clarifying.*
- In the next session, we will discuss nutrition for pregnant and breastfeeding women with HIV.
  - The next session will be presented by:
    - ☐ *State the name of the presenter.*

**OVERHEAD 7/1: Interaction between drugs, food and nutrition**



### HANDOUT 7/1: Nutrition practices for reducing side-effects of ARV drugs

MEDICATION	POTENTIAL SIDE-EFFECTS	RECOMMENDED NUTRITION PRACTICES
<b>Zidovudine (AZT)</b>	Fatigue, anaemia, gastrointestinal intolerance (nausea, vomiting, abdominal pain, dyspepsia, diarrhoea, flatulence, constipation), taste disturbance, headache, fever, anorexia, somnolence, insomnia;	<ul style="list-style-type: none"> <li>Take with food to reduce side effects.</li> </ul>
<b>Lamivudine (3TC)</b>	.nausea, vomiting, diarrhoea, abdominal pain, headache, fatigue, insomnia, malaise, fever, rash, anaemia.	<ul style="list-style-type: none"> <li>Take without regard to meals.</li> </ul>
<b>Combivi (3TC/AZT)</b>	<i>Similar to AZT and 3TC.</i>	<ul style="list-style-type: none"> <li>Take without regard to meals.</li> </ul>
<b>Didanosine ddl</b>	Nausea,; diarrhoea, nausea, vomiting, dry mouth, headache, hypoglycaemia, liver failure, insomnia, dizziness, may cause problems with the pancreas.	<ul style="list-style-type: none"> <li>Take on an empty stomach 1 hour before or 2 hours after a meal.</li> <li>Do not take with juice, antacids or supplements that contain aluminium or magnesium.</li> </ul>
<b>Abacavir ABC</b>	Hypersensitivity, fever, rash, headache, Loss of appetite, nausea, vomiting, diarrhoea, anorexia, fatigue, malaise, sore throat, cough, shortness of breath. Alcohol increases levels. Rash and gastrointestinal disturbances more common in children.	<ul style="list-style-type: none"> <li>Take without regard to meals.</li> </ul>
<b>(ABC, 3TC, AZT)</b>	<i>See individual profiles.</i>	<ul style="list-style-type: none"> <li>Take with food to reduce side effects.</li> </ul>
<b>Stavudine D4T</b>	Nausea, vomiting, diarrhoea, constipation, anorexia, abdominal discomfort, chest pain, dyspnoea, headache, dizziness, insomnia, mood changes, abnormal dreams, cognitive dysfunction, drowsiness, depression, anxiety, rash. May cause problems with fat storage in the body.	<ul style="list-style-type: none"> <li>Take without regard to meals.</li> <li>Avoid alcohol.</li> </ul>
<b>Nevirapine NVP</b>	Rash, nausea, hepatitis, headache. Less commonly, vomiting, abdominal pain, fatigue, fever. Rarely diarrhoea.	<ul style="list-style-type: none"> <li>Take without regard to meals.</li> </ul>
<b>Efavirenz EFV</b>	Rash, abdominal pain, diarrhoea, nausea, vomiting, anxiety, depression, dizziness, headache, insomnia, somnolence, abnormal dreams, fatigue, impaired concentration.	<ul style="list-style-type: none"> <li>Take on an empty stomach.</li> </ul>
<b>Indinavir IDV</b>	Taste change (metallic taste), gastrointestinal intolerance ( nausea, diarrhoea, abdominal pain, vomiting, dyspepsia, flatulence), headache, blurred vision, dizziness, rash, hyperglycaemia, may cause problems with fat storage in the body.	<ul style="list-style-type: none"> <li>Take on an empty stomach 1hour before or 2 hours after a meal.</li> <li>May take with skim milk or low-fat, light meal.</li> <li>If given with didanosine allow 2 hour between the drugs.</li> </ul>

MEDICATION	POTENTIAL SIDE-EFFECTS	RECOMMENDED NUTRITION PRACTICES
<b>Ritonavir RTV</b>	Taste changes, gastrointestinal intolerance (nausea, vomiting, diarrhoea, abdominal pain, dyspepsia, anorexia), throat irritation, headache, drowsiness, dizziness, sleep disturbances, fatigue, rash, dry mouth and ulceration, anxiety, fever, weight loss, sweating, anaemia, hyperlipidemia, hyperglycaemia, fat maldistribution.	<ul style="list-style-type: none"> <li>Take with food to decrease side effects.</li> </ul>
<b>Indinavir Ritonavir</b>	<i>See individual profiles.</i>	<ul style="list-style-type: none"> <li>Food has little effect. Take with food to reduce side effects.</li> </ul>
<b>Saquinavir SQV</b>	Gastrointestinal intolerance (nausea, vomiting, diarrhoea, abdominal pain, buccal and mucosal ulceration), taste disturbances, headache, chest pain, dizziness, insomnia, mood changes, fatigue, fever, rash. May cause problems with fat storage in the body, hyperglycaemia.	<ul style="list-style-type: none"> <li>Take within 2 hours of a meal when taken with RTV.</li> <li>Administer with or after food.</li> <li>Avoid garlic.</li> </ul>
<b>Nelfinavir NFV</b>	Diarrhoea,; nausea, vomiting, flatulence, abdominal pain, rash, fever, pruritus, hyperglycaemia, hyperlipidemia, fat maldistribution.	<ul style="list-style-type: none"> <li>Take with or after food.</li> <li>Powder may be mixed with water, milk, pudding.</li> <li>It should not be mixed with acidic foods or juices because of its taste.</li> </ul>
<b>lopinavir/ Ritonavir</b>	Gastrointestinal intolerance (nausea, vomiting diarrhoea,), anorexia, anaemia, sleep disturbances, fatigue, headache, dizziness, taste disturbances, rash, hyperlipidemia, hyperglycaemia, fat maldistribution.	<ul style="list-style-type: none"> <li>Take with food.</li> </ul>
<b>Tenofovir TDF</b>	Headache, diarrhoea, nausea, vomiting, abdominal pain, flatulence, anorexia, dizziness, headache, insomnia, depression, sweating, rash, renal insufficiency.	<ul style="list-style-type: none"> <li>Take without regard to meals.</li> <li>Tablets can be dissolved in at least 100 ml water, orange juice or grape juice for patients with difficulty swallowing.</li> </ul>

- This list should be kept up-to-date.
- It is also generally recommended that when taking ARV drugs, one should avoid intake of:
  - Drinks containing alcohol which may cause liver and pancreas problems;
  - Fatty foods and foods high in sugar which may reduce absorption of most ARV drugs
- Drinking plenty of safe water, about 8 glasses a day, is also recommended to reduce side-effects of the medication.

**HANDOUT 7/2: Nutrition practices for reducing the side-effects of ARV drugs (Worksheet)**

<b>MEAL</b>	<b>ART</b>	<b>LIST OF FOODS TO BE TAKEN</b>
<b>Morning</b>		
<b>Mid-morning</b>		
<b>Mid-day</b>		
<b>Mid-afternoon/ Evening</b>		
<b>Night</b>		

## Session 8: Nutrition for pregnant and breastfeeding women with HIV

### Learning objectives

By the end of this session, participants will be able to:

- Discuss the nutritional concerns of pregnant or breastfeeding women living with HIV; and
- Discuss good nutrition practices for pregnant and breastfeeding women living with HIV.

Session outline		
	Content	Time
1	Learning objectives and introduction to the session	5 minutes
2	Nutritional concerns of pregnant and breastfeeding women with HIV	15 minutes
3	An 'Eating wisely during pregnancy' demonstration talk	15 minutes
4	Maternal nutrition during breastfeeding	5 minutes
5	Food beliefs and practices	15 minutes
6	Summary of the session and transition	5 minutes
	<b>Total</b>	<b>60 minutes</b>

### Preparation for the session

- ☐ Write and display the learning objectives on a flipchart sheet.
- ☐ Write the key points on a sheet of flipchart paper and keep it aside until needed.

#### ☆ KEY POINTS ☆

☆ Eating wisely during pregnancy helps the mother and the baby to stay healthy.

☆ Eating wisely during breastfeeding helps the mother and the baby to stay healthy.

- ☐ Find out if different nutrition recommendations are given for pregnant and breastfeeding women who are HIV-positive and those who are not.
- ☐ Find out if there are food products fortified with iron that are available (and affordable) locally.

- ☐ *Check what the routine policy is regarding vitamin and micronutrient supplementation during pregnancy and lactation, including the management of anaemia. Prepare a handout summarising this information if needed.*
- ☐ *Gather examples of any local educational materials for mothers on nutrition during pregnancy.*
- ☐ *Ask two participants to assist with the demonstration talk by asking prepared questions. The questions are at the end of the text of the talk. Give each of the participants assisting you a question written on a piece of paper and explain when they are to ask these questions.*
- ☐ *Collect/prepare the following training materials:*
  - An overhead projector and screen; and/or a flipchart stand, flipchart paper, markers and a means to attach flipchart sheets to the wall or other surface. *If an overhead projector is not available, enlarged copies of the overheads may be prepared for display as posters.*
  - **Overhead 3/3: Variety of foods'**
  - **Handout 8/1: 'Increasing iron absorption'** (*available at the end of this session; or use overhead/picture poster of a local illustration*).
  - **Overhead 8/1: 'Increasing iron absorption**
  - **'Worksheet 8/1: 'Food beliefs and practices'**

## 1. Learning objectives and introduction to the session (5 minutes)

### Review the learning objectives of the session

- ☐ *Show and outline the learning objectives displayed.*
- By the end of this session participants should be able to:
  - Discuss the nutritional concerns of pregnant and breastfeeding women living with HIV; and
  - Discuss good nutrition practices for pregnant and breastfeeding women living with HIV.

### Introduce the session

- Food is important for all of us. Pregnant and breastfeeding women have extra nutritional requirements due to the changes in their bodies and the needs of the growing baby. This is the same for all pregnant women, whether they are HIV-infected or not. Pregnant and breastfeeding women with HIV are at a higher risk of infection, malnutrition and premature birth and will require extra energy and other nutrients.
- In this session, we will discuss how to provide support to pregnant and breastfeeding mothers with HIV to increase their food intake and to meet energy and other nutrient needs.

## 2. Nutritional concerns of pregnant and breastfeeding women with HIV (15 minutes)

- Why do pregnant and breastfeeding HIV-positive women have greater nutritional needs than those who are HIV-negative?
- *Allow participants to discuss responses and write down the key points raised on a sheet of flipchart paper; discuss these and explain the following:*
- Pregnant and breastfeeding women with HIV will need:
  - Extra food for body functions;
  - Extra food for changes in their body and the needs of the growing baby;
  - Extra food to replace nutrients lost due to HIV infection; and
  - Extra food for growth and development if the mother is adolescent (12-16 years).
- Mothers who eat wisely during pregnancy and breastfeeding are likely to:
  - Be more healthy and not be ill so often;
  - Gain enough weight during pregnancy and breastfeeding;
  - Reduce chances of HIV transmission to their babies;
  - Have babies with good weight and good health; and
  - Feed and care for their babies properly.

## 3. An 'eating wisely during pregnancy' demonstration talk (15 minutes)

### 3.1. Introduce the demonstration talk

- Information on appropriate nutrition during pregnancy is presented in this section as a part of a talk on 'Eating wisely during pregnancy'.
- *Use the story of Sam and Suzi to explain the context of the 'Eating wisely during pregnancy' talk.*

#### THE STORY OF SAM AND SUZI

- Suzi and Sam attend the antenatal clinic during the pregnancy.
- During one of their visits there is a talk about eating wisely during pregnancy. Sam comes to hear the talk with Suzi.

- Encourage mothers to include friends or family members in the discussions, so that they too can understand the mother's need for adequate food and rest both before and after the baby is born.
- *Explain that this talk can be delivered to a broader audience as part of a longer, more general talk on how to eat wisely.*
- *Check that participants understand that they should be role-playing as people attending the talk at an antenatal clinic.*
- *If the session is shared between facilitators, introduce the person who will give the talk.*
- *Present the talk.*

### 3.2. 'Eating wisely during pregnancy'

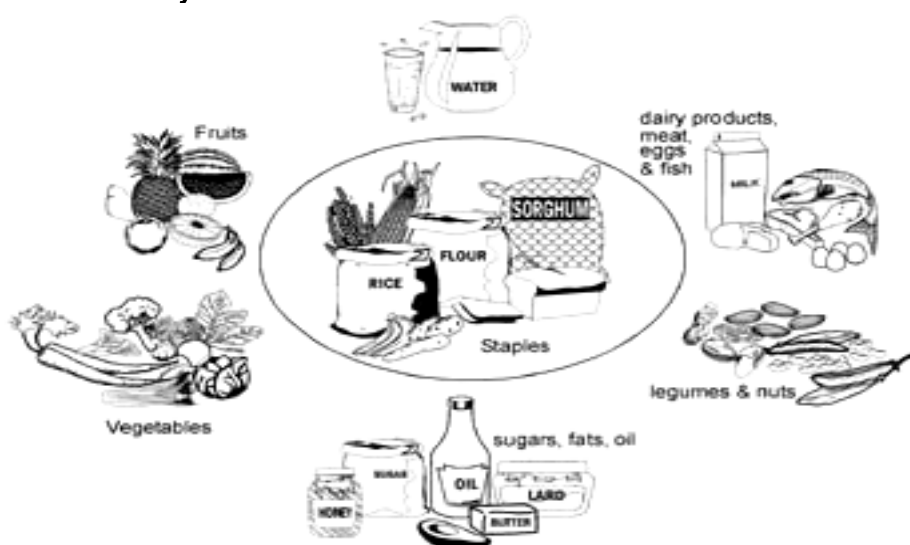
- *Welcome/greet the group.*
- Today, we will talk about eating wisely during pregnancy.
- *State the key point of the talk (the first key point of the session).*

#### ★ KEY POINT ★

**All pregnant women need to eat wisely for their health and the health of the baby.**

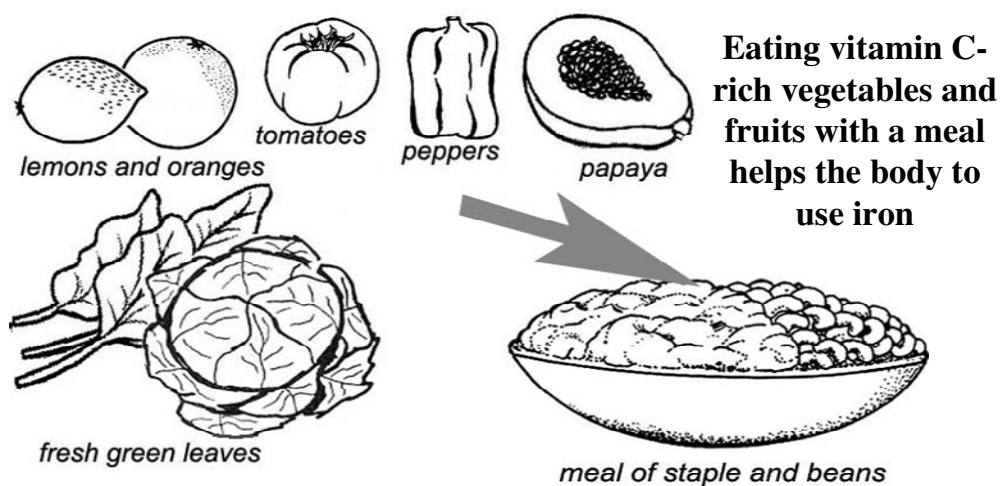
- Food is important for all of us. A pregnant woman has extra nutritional needs due to the changes in her body and the needs of the growing baby. This is the same for all pregnant women, whether they are HIV-infected or not.
- When eating wisely, you aim to eat a variety of foods to ensure that you get all the nutrients you require.
- Animal foods are particularly valuable to eat during pregnancy. They are a good source of iron. The iron from animal foods is well absorbed by the body. Iron reduces anaemia, which is common in women during pregnancy. People who are anaemic get tired easily and are more likely to get infections. It is therefore, important to increase daily intake of animal foods.
- Beans, peas, lentils, and dark-green leafy vegetables contain iron but this iron may not be well absorbed by the body. However, iron absorption can be increased by eating these foods with vegetables and fruits rich in vitamin C such as, tomatoes or lemons.
- *Show Overhead 3/3: 'Variety of foods' from Session 3.*

### OVERHEAD 3/3: Variety of foods



- *Show Overhead 8/1: 'Increasing iron absorption' and distribute Handout 8/1: 'Increasing iron absorption' (found at the end of this session and on page 89 of the *Participant's Manual*) or display it if you are using the handout as a poster.*

### OVERHEAD 8/1: Increasing iron absorption



- Foods may also have iron added to them (find out locally available and affordable foods that are fortified with iron). Increase the use of these foods during pregnancy.



- 
- Your doctor or midwife will talk to you if you need vitamin and mineral supplements. If they are given to you, only take what you are told you need. More is not always better; too much supplements can also cause problems.
  - During pregnancy, you are storing food for your body to use during the pregnancy, at birth and during the first few months of the baby's life. As the baby grows during pregnancy, your weight should increase. If you are not gaining weight, you may need to eat more food and eat more often.
  - Physical activity and fresh air are good for you when you are pregnant. A walk outside in sunlight also helps strengthen your bones and those of your baby.
  - You may experience heartburn and nausea, as well as a change in taste and appetite when you are pregnant. It may help if you have small frequent meals, drink more fluids and avoid foods that make you feel ill.
  - A pregnant woman may also suffer from constipation. It may help to eat more vegetables and fruit as well as whole grain cereals. Drinking plenty of clean water is also important.
  - Let your midwife or doctor know if you are experiencing constipation, heartburn and other problems that may reduce food intake. Do not wait until after the baby is born to see if your eating or weight improves.
  - Safe food and water are very important for all pregnant women. Unsafe food and water can lead to diarrhoea and vomiting, resulting in weight loss and, in very severe cases the loss of the baby.
  - The main points to remember from this talk are:
    - Pregnant women need to eat wisely for their own health and the health of their baby.
    - Eating a variety of foods ensures getting all the nutrients needed; animal foods are particularly valuable.
    - Watch your weight; eat larger quantities of food; extra meals and rest more often, if necessary.
    - Take vitamins, iron and folic acid as supplements if suggested by your doctor or midwife.
    - Visit the clinic regularly for early detection and treatment of infections.
- 
- ☐ *Ask the group if there are any questions, or if anything needs clarifying.*
  - ☐ *Remind participants that they should still be role-playing as people attending an 'Eating wisely during pregnancy' talk at an antenatal clinic.*
  - ☐ *Ask the group to raise questions from the prepared list of questions and discuss the answers.*

### ***Prepared question 1***

**I do not want to have a big baby that is hard to deliver. If I eat less will my baby be small?**

**Answer:**

- Some women eat less food during pregnancy because they believe this will help ensure that they have a small baby that is easily delivered. Others eat less hoping to prevent having a caesarean section. However, food restriction does not make delivery easy.
- Difficult deliveries often occur in cases where the mother's pelvis is small relative to the circumference of the baby's head. Neither the size of a mother's pelvis nor the size of the baby's head is affected by the amount of food the mother eats during pregnancy.
- Also, a small baby at birth is more likely to have health problems; so it is better to eat well during pregnancy to ensure a strong, healthy baby and mother.

### ***Prepared question 2***

**How can I eat enough to put on weight if I feel sick all the time?**

**Answer:**

- Many women feel sick, especially early in pregnancy. It may help to eat small amounts of food every hour or two rather than a big meal and to avoid foods that make you feel ill. Frequent sipping of water or other clear fluids, such as diluted fresh juice, may also help. When you feel well, eat extra to make up for the times you do not feel like eating and the lost nutrients.
- ☐ *Ask the group if they have any other questions.*
- ☐ *Thank the group for their interest and attendance*

### ***End of demonstration talk***

- ☐ *Explain to participants that the demonstration talk has now ended and that they no longer need to be role-playing as people attending a talk at a clinic.*

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- In this demonstration health talk we heard another key point:
- ☐ *Show the second key point displayed and ask a participant to read it out loud.*

#### **☆ KEY POINT ☆**

**Eating wisely during pregnancy helps the mother and baby stay healthy.**

- Watch weight gain during pregnancy. As the baby grows, the woman's weight should increase.<sup>5</sup> If the woman is not gaining weight during the pregnancy, her own body food stores are being used up. If the woman was underweight before the pregnancy, she can be encouraged to gain extra weight.
- Some women may need special attention to their weight gain during pregnancy.
- *Ask the group which women may need special attention to their weight gain during pregnancy.*
- A young woman is still growing herself, so has very high nutrient needs. The mother expecting twins or who started the pregnancy low in weight also has higher food needs.
- A pregnant woman with a heavy workload will use a lot of energy. A lighter workload and time to rest may help to increase weight and improve her health.
- If a pregnant woman is not gaining weight, discuss what she is eating and what food is available to her, to try to improve her eating and weight gain.
- In some areas, vitamin and mineral supplements are available to pregnant women. Multivitamin supplements during pregnancy may improve the weight gain among HIV-infected women.

#### **4. Maternal nutrition during breastfeeding (5 minutes)<sup>6</sup>**

- **What are some of the 'eating wisely' guidelines you can give to mothers who are breastfeeding?**
- *Allow two or three participants to give their suggestions before highlighting the following:*
- It is hard work to recover from the birth of a child, to take care of a baby and perhaps other family members as well. All mothers need good nutrition and care, irrespective of their HIV status.
- Eating a variety of foods will ensure an adequate supply of all the nutrients a mother needs to stay healthy. Extra energy may mean eating an extra meal daily.
- During pregnancy, the body retains fluid and lays down fat stores to provide energy when breastfeeding. Women who breastfeed may lose this fluid and fat over 4-6 months after birth. This is normal and is not the same as wasting due to HIV infection.
- If the woman's weight after delivery is lower than her weight before pregnancy, even when she is eating well, her continued weight loss may be a sign of illnesses associated with HIV. Refer mothers who are losing weight and not feeling well to the clinic.

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<sup>5</sup> Starting with the fourth month, a weight gain of around 1.5-2 kg is normal and about 10-12 kg during the whole pregnancy.

<sup>6</sup> The risk of HIV transmission during breastfeeding is discussed in the next session.

- Here we have another key point:
- ☐ *Show the second key point displayed, and ask a participant to read it out loud.*

**☆ KEY POINT ☆**

**Eating wisely during breastfeeding helps the mother and baby stay healthy.**

## 5. Food beliefs and practices (15 minutes)

- What are the food beliefs and practices in this area/region that may encourage or discourage pregnant or breastfeeding mothers and their babies to eat well and stay healthy?
- ☐ *Allow two or three participants to respond and then explain the following:*
- There are some specific beliefs and practices about foods for pregnant and breastfeeding mothers in different communities.
- Mothers need to be counselled and informed about food beliefs and practices that may be beneficial, neutral or harmful.
- ☐ *Show **Worksheet 8/1: 'Food beliefs and practices'** (found at the end of this session and on page 90 of the *Participant's Manual*).*
- ☐ *This worksheet can also be used as a guideline for discussing food beliefs and practices with mothers.*

## 6. Summary of the session and transition (5 minutes)

- ☐ *Show/review both key points on display; reinforce them and summarise the session using the following points.*

**☆ KEY POINTS ☆**

- ☆ **Eating wisely during pregnancy helps the mother and the baby to stay healthy.**
- ☆ **Eating wisely during breastfeeding helps the mother and the baby to stay healthy.**

- Good nutrition is important for all of us. Poor nutrition in a woman with HIV can affect her health and that of her baby. Poor nutrition may also facilitate transmission of HIV to her baby.
- Encourage pregnant, breastfeeding or new mothers to care for themselves and their baby by:
  - Eating wisely and including a variety of foods in their diets;

- 
- Eating food with enough vitamin and minerals; and
  - Visiting the clinic for early detection and treatment of any infections and to obtain guidance on vitamin and mineral supplements.
  - When discussing about nutrition during pregnancy and breastfeeding with a mother, it is important to know if the woman has disclosed her HIV status to her family and friends. Some suggestions to improve nutrition may be difficult to follow if the woman has not disclosed her status.
  - Mothers need to be counselled and informed about local food beliefs and practices that may be beneficial, neutral or harmful.
  - ☐ *Ask if there are any questions, or if anything needs clarifying.*
  - In the next session, we will discuss feeding options for infants of mothers living with HIV.
  - The next session will be presented by:
    - ☐ *State the name of the presenter.*

### HANDOUT 8/1: Increasing iron absorption

- The amount of iron that a person absorbs from food depends on:
  - The **amount** of iron in the food;
  - The **type** of iron (iron from meat and fish is better absorbed than iron from plants, milk and eggs);
  - The types of **other foods present** in the same meal (some **increase** iron absorption, e.g. meat and citrus, while others **reduce** it, e.g. tea.); and
  - Whether the person has **anaemia** (more iron is absorbed if the person is anaemic).
- The amount of iron absorbed from eggs, milk and plant foods such as, low fibre cereals, pulses, seeds, and vegetables are **increased** by eating these together with the following in the same meal:
  - Foods rich in vitamin C, such as, tomato, broccoli, guava, mango, pineapple, paw-paw, orange and other citrus fruits;
  - Germinated or fermented cereals or pulses, such as, bean sprouts;
  - Small amounts (about 30 grams) of the flesh or organs/offal of animals, birds, fish and other seafood.
- Iron absorption is **increased** by:
  - Cooking in iron pots, particularly if the food is acidic.
- Iron absorption is **decreased** by:
  - Drinking teas (including herb or bush teas) and coffee;
  - Eating cereal foods high in fibre such as bran.

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**WORKSHEET 8/1: Finding out about food beliefs and practices in the local region**

1. Do pregnant women in your area believe there are some foods or eating practices that are harmful during pregnancy?
  
2. Do pregnant women in your area believe there are some foods or eating practices that are special or beneficial during pregnancy?
  
3. Do breastfeeding women in your area believe there are some foods or eating practices that are harmful when breastfeeding?
  
4. Do breastfeeding women in your area believe there are some foods or eating practices that are special or beneficial when breastfeeding?
  
5. Can you identify the beneficial and harmful beliefs and practices? Give reasons.

## Session 9: Feeding options for infants of HIV positive mothers

### Learning objectives

By the end of this session, participants will be able to:

- Discuss the risks and benefits of the different feeding options for infants of HIV positive mothers; and
- Provide guidance to HIV positive mothers to choose the most suitable feeding options for their situation.

### Session outline

	Content	Time
1	Learning objectives and introduction to the session	3 minutes
2	Infant feeding options	8 minutes
3	Risks and benefits of different infant feeding options <ul style="list-style-type: none"> <li>■ Demonstration talk for pregnant women on feeding their babies</li> </ul>	15 minutes
4	Providing ongoing support to mothers	3 minutes
5	Transition from exclusive breastfeeding to complementary feeding	3 minutes
6	Summary of the session and transition	3 minutes
	<b>Total</b>	<b>35 minutes</b>

### Preparation for the session

- ☐ Write and display the learning objectives on a sheet of flipchart paper.
- ☐ Write the key point on a flipchart sheet and keep it aside until needed.

#### ☆ KEY POINT ☆

**All mothers with HIV should receive counselling to guide them in choosing infant feeding options most suitable for their situation.**

- ☐ Familiarise yourself with the national policies and guidelines on infant feeding in the context of HIV, if they exist. Summarize these on a sheet of flipchart paper.
- ☐ Write the words: **Acceptable, Feasible, Affordable, Sustainable and Safe** on different coloured A4 sheets or cards and keep them aside until needed.
- ☐ Find out if there are infant feeding counsellors available in the local area for mothers who are HIV-positive.



- ☐ *Ask two participants to assist with the demonstration talk by asking prepared questions.*
- ☐ *The prepared questions are found at the end of the text for the demonstration talk (see also handouts for photocopy in the Director's Guide). Give each of the participants assisting you a prepared question written on a piece of paper and explain when they are to ask these questions.*
- ☐ *Read more information on the WHO/UNICEF "Infant and Young Child Feeding Counselling: An integrated course" the job aids on HIV and infant feeding, and 'WHO/UNICEF Breastfeeding Counselling: A Training Course'. (Sources of further information are provided in **Annex 4**).*
- ☐ *Collect/prepare the following materials:*
  - An overhead projector and screen; and/or flipchart paper, markers and a means to attach flipchart sheets to the wall or other surface. *If an overhead projector is not available/used, the following may be written out on flipchart sheets or enlarged copies prepared for display as posters, as appropriate.*
  - **Overhead 9/1: 'Policy of supporting breastfeeding'**
  - **Overhead 9/2: 'The United Nations Agencies' Recommendation for HIV-positive women'**
  - **Overhead 9/3: 'Exclusive breastfeeding'**
  - **Overhead 9/4: 'Replacement feeding'**
  - **Overhead 9/5: '20 babies of mothers with HIV' (for demonstration talk)**
  - **Handout 9/1: 'Risks and benefits of different infant feeding options' (available at the end of this session)**
  - **Picture 3: Sam and Suzi (see Annex 1; use the version most suitable for the local area).**

## **1. Learning objectives and introduction to the session (3 minutes)**

### **Review the learning objectives of the session**

- ☐ *Show and outline the learning objectives displayed.*
- By the end of this session participants should be able to:
  - Discuss the risks and benefits of the different feeding options for infants of HIV-positive mothers; and
  - Provide guidance to HIV positive mothers to choose the most suitable feeding options for their situation.

## Introduce the session

- ☐ *Show Overhead 9/1: 'Policy of supporting breastfeeding'*

### OVERHEAD 9/1: Policy of supporting breastfeeding

"As a general principle, in all populations, irrespective of HIV infection rates, breastfeeding should continue to be protected, promoted and supported."

*HIV and Infant Feeding: A Policy Statement, developed collaboratively by UNAIDS/WHO/UNICEF, 1997.*

- ☐ *Ask three participants to take turns reading the following (also found on pages 91-92 of the Participant's Manual):*

#### **Participant 1:**

Breast milk supplies all the nutrients infants' bodies need for growth and development during the first six months of their lives. In addition, breast milk protects them against infections and strengthens their immune system. However, HIV can pass from an infected mother to her baby during breastfeeding and care must be taken to reduce the transmission risk.

#### **Participant 2:**

For this reason, all pregnant women or new mothers with HIV need counselling which includes:

- Information on the risks and benefits of locally appropriate infant feeding options; and
- Guidance in selecting the most suitable infant feeding option for their situation.

Whatever a mother decides, she should be supported in her choice.

#### **Participant 3:**

This session discusses the risks and benefits of different feeding options for infants of mothers who have been tested for HIV and found to be positive. We will also discuss some of the information the counsellor needs to find out from the mother when assessing her situation and helping her to choose the most suitable feeding option for her situation.

- ☐ *For further continued support in carrying out her choice, refer the mother to health workers who have been trained in both breastfeeding and HIV and infant feeding counselling.*

- ☐ *Inform participants that, this session is only a brief overview of HIV and infant feeding counselling.*
- ☐ *Give participants more information on the WHO/UNICEF course Infant and Young Child Feeding Counselling: An integrated course, the job aids specific for HIV and infant feeding counselling and WHO/UNICEF Breastfeeding Counselling: A Training Course.*

## 2. Infant feeding options (8 minutes)

- ☐ *Inform the participants about the United Nations Agencies Recommendation on infant feeding:.*
- If a woman is HIV-negative or does not know her HIV status, exclusive breastfeeding is recommended for the first 6 months of the baby's life.
- ☐ *Show and ask one participant to read **Overhead 9/2: The United Nations Agencies' Recommendation for HIV-positive women***

### **OVERHEAD 9/2: The United Nations Agencies' recommendation for HIV-positive women<sup>7</sup>**

The most appropriate infant feeding option for an HIV-infected mother should depend on her individual circumstances, including her health status and the local situation, but should take greater consideration of the health services available and the counselling and support she is likely to receive.

**Exclusive breastfeeding** is recommended for HIV-infected women for the first 6 months of life unless replacement feeding is **Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS)** for them and their infants before that time.

When **replacement feeding** is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected women is recommended.

- ☐ *Inform the participants that this recommendation and the terms used will be discussed later in the session.*

<sup>7</sup> WHO/UNICEF/UNAIDS/UNFPA. HIV and infant feeding : update based on the technical consultation held on behalf of the Inter-agency Team (IATT) on Prevention of HIV Infections in Pregnant Women, Mothers and their Infants, Geneva, 25-27 October 2006. World Health Organization, Geneva 2007.

## 2.1. Exclusive breastfeeding

### ■ What is exclusive breastfeeding?

- ☐ *Allow a few participants to give their suggestions and show Overhead 9/3: 'Exclusive breastfeeding'.*

#### OVERHEAD 9/3: Exclusive breastfeeding

**Exclusive breastfeeding:** Feeding the baby **only** breast milk without giving any other liquids or solids, not even water, with the exception of medically prescribed drops or syrups consisting of vitamins, mineral supplements or medicines.

## 2.2. Replacement feeding

### ■ What is replacement feeding?

- ☐ *Allow a few participants to give their suggestions and show Overhead 9/4: 'Exclusive replacement feeding'.*

#### OVERHEAD 9/4: Replacement feeding

- **Replacement feeding:** Feeding a baby who is receiving no breast milk, with a diet that provides all the nutrients that the child needs until the age at which the baby can be fed foods eaten by the rest of the family.
- During the first six months of life, replacement feeding should be **only** with a suitable breast-milk substitute. After six months, the suitable breast-milk substitute should be complemented with other foods

## 2.3. Questions to consider with replacement feeding

- ☐ *Display the coloured A4 sheets one at a time as follows: **Acceptable, Feasible, Affordable, Sustainable** and **Safe**.*
- ☐ *Allow a brief discussion about each factor before displaying the next card/sheet.*
- **Acceptable?:** to the mother, her family and community.
- **Feasible?:** the mother and family have time, knowledge, skills and means to prepare the replacement feeds correctly at various times a day, everyday.
- **Affordable?:** taking into account all the costs, including formula, water, fuel, soap, equipments and other needs including, medical expenses in case the child becomes sick from unsafe preparation and feeding practices.

- **Sustainable?:** there is a continuous supply and reliable system of distribution of all ingredients and products needed for as long as the infant needs it, up to one year or longer.
- **Safe?:** replacement foods are correctly and hygienically prepared, stored and fed in enough quantities with clean hands using clean utensils, preferably a cup.

### 3. Risks and benefits of different infant feeding options (15 minutes)

- ☐ *Copy the table below on a flipchart sheet and ask participants to list the benefits and risks of breastfeeding and then replacement feeding that they know.*
- ☐ *Use Handout 9/1: Risks and benefits of different infant feeding options (available at the end of this session and on page 99 of the Participant's Manual) to clarify or add any points that may have been left out.*
- ☐ *Explain to participants that this handout can also be used to explain the risks and benefits of different infant feeding options for mothers during counselling.*

#### 3.1. Demonstration talk for pregnant women on feeding their babies

##### **Introduce the demonstration talk**

- ☐ *Use the story of Sam and Suzi to introduce the talk.*

##### **THE STORY OF SAM AND SUZI**

- Suzi is pregnant. Suzi and Sam were tested and are HIV-positive. They want to know more about breastfeeding and HIV.
- Sam and Suzi are told at the antenatal clinic that there is a talk for pregnant women on infant feeding.
- They decide to attend so they can discuss the choices and make a decision about how to feed their baby.

- ☐ *Check that participants understand that they should be role-playing as people attending the talk at an antenatal clinic.*
- ☐ *Present the talk.*

### **Feeding your baby: a talk for pregnant women**

- ☐ *Welcome/greet the group.*
- Today, we will talk about feeding your baby. The first thing to know is that:
  - If a woman is HIV-negative or does not know her HIV status, exclusive breastfeeding is recommended for the first 6 months of the baby's life.
  - If a woman is HIV-positive, the HIV infection can pass from the infected mother to her baby during pregnancy, birth and breastfeeding. Let us look at how likely is that risk of transmission.
- ☐ **Show Overhead 9/5: '20 babies of mothers with HIV' and explain the following points:**

#### **OVERHEAD 9/5: Twenty babies of mothers with HIV**



- These are 20 babies of women who have all had a test which showed that they are living with HIV. The HIV virus can pass from these women to their babies during pregnancy and birth. About four of these 20 babies are likely to be HIV-infected during pregnancy and birth.<sup>8</sup>
- ☐ *Now, mark **four** babies at random on the picture with a marker.*
- If the mother is treated with antiretrovirals, the risk of passing the HIV infection from the mother to the baby is reduced.<sup>9</sup>

<sup>8</sup> The rate of transmission of HIV during pregnancy and delivery is approximately 20-25% without antiretroviral drug treatment.

<sup>9</sup> Transmission of HIV from mother to infant if the mother is taking long term antiretroviral treatment, has a caesarean section and avoids breastfeeding is less than 2%.

- Some babies born to mothers who are HIV-positive will become HIV-positive if they are breastfed, Up to three babies out of 20 born to women who are HIV-positive may be infected in this way, depending on how and how long they are breastfeeding.<sup>10</sup>
- *Mark **three** additional babies on the picture, with a different colour marker if possible, or a different type of mark.*
- Even among women who know they are HIV-positive, only a small number of their infants are likely to be infected through breastfeeding.
- *Point to the 3 babies marked.*
- Most babies will not be infected through breastfeeding. However, given the risk, a way must be found to minimize transmission through breast milk.
  
- To reduce the transmission, mothers who are HIV-positive may choose to:
- ***Exclusively breastfeed:***
- Give nothing else except breast milk, not even water, and then stop breastfeeding at six months.
- Exclusive breastfeeding includes:
  - Express and heat treat their breast milk to kill the HIV virus before giving it to the baby; or
  - Use breast milk from a woman who is HIV-negative.
  
- Alternatively, HIV-positive mothers may decide to:
- ***Avoid breastfeeding altogether:*** Find a suitable replacement for the breast milk. Replacement feeding is feasible and acceptable, if the family can afford replacement feeding for a period of about a year or more and can prepare the replacement food safely;
- However, if the baby is not breastfeed and replacement feeding is chosen, he/she is more likely to get diarrhoea, chest infections, and other health problems. The family will also need to buy formula to feed the baby, and have clean water and fuel to boil water. Also, a woman who is not breastfeeding may become pregnant again sooner if sexually active. The mother needs to consider these issues when deciding on the best option for herself and the baby.
- ☆ The risk of HIV transmission is highest when the baby is 'mixed fed' during the first six months, i.e., when breastfeeding is combined with replacement food (other milk, solid foods or fluids). This practice should be discouraged.
- Mixed feeding increases the chances of virus passing to the baby.
- During mixed feeding, the breasts can become engorged and there is an increased risk of infection of the breast.<sup>11</sup>

<sup>10</sup> If there is no intervention to prevent mother-to-child-transmission of HIV, 30-45% of HIV-infected mothers will pass on the virus to their child. Up to about 5-20% of these will be through breastfeeding.

<sup>11</sup> The infection of the breast or 'mastitis' may increase the viral load in breast milk, thus increasing the risk of HIV transmission.

- If a woman knows she is HIV-positive during her pregnancy, it is a good time to think and plan on how she will feed her baby. She can talk to her doctor, nurse or HIV counsellor to help her decide the best way to feed her baby in her situation and to support her in carrying out the chosen feeding option.
- The main points to remember are:
  - If a woman is HIV-negative or does not know her HIV status, exclusive breastfeeding is recommended for the first six months, continuing thereafter with the addition of complementary foods.
  - If a woman is HIV-positive, she should be counselled and helped to decide how to feed the baby, before the baby is born.
  - If breastfeeding, she should breastfeed exclusively for the first six months and change to replacement feeding when acceptable, feasible, affordable, sustainable and safe.
  - The risk of HIV transmission is higher in those who use mixed feeding (breastfeeding together with other foods or fluids) and it should be avoided.
  - Ensure good hygiene and encourage mothers to breastfeed on demand, that is, as often as the baby wants to feed or whenever the mother wants to feed. This will stimulate milk production and keep her breasts from getting swollen.
  - Encourage good breastfeeding technique to prevent sore nipples and breast problems. If these occur, they should be treated promptly.
- *Ask the group if they have any questions or if anything needs clarifying.*
- *Ask the participants selected at the beginning of the session, to raise questions from the prepared list of questions and discuss the answers.*

### **Prepared question 1**

**If I breastfeed, I will need to eat more food myself to make good milk. I can't afford this extra food. Would it be better to use formula for the baby instead?**

#### **Answer:**

To use formula for the baby, the family will need extra money to buy the formula. You will also need water and fuel. It will take time to make up the feeds, to give it to the baby and keep the equipment clean. If there is little money, it is better to use the money to buy more nutritious food for the mother. Nutritious foods consumed by the mother are beneficial for both the mother and the baby.

- Breast milk is beneficial for development and protects the baby from infection.
- Nutritious foods will help you to gain back your nutrient stores that were lost during pregnancy and delivery.



- Recovering from the delivery and taking care of the baby is hard work. All mothers, both HIV-infected and uninfected, need to eat wisely and take care of themselves to stay healthy and strong.

### ***Prepared question 2***

**If a mother breastfeeds and has HIV, the baby may get HIV from the milk. If the baby gets other milk, the baby may get sick and die. How can a mother decide what to do?**

#### **Answer:**

It is a difficult decision. The solution is not the same for every family. Each mother who is HIV-positive needs to consider if replacement feeding is acceptable, feasible, affordable, sustainable and can be safely prepared for the whole time her baby will need it. If it is not, she may decide exclusive breastfeeding is a better choice. The woman needs to talk about the decision with those close to her and an infant feeding counsellor so that she has all the information she needs in order to decide and support to stick to her decision.

- ☐ *Ask the group if they have any other questions or if anything needs clarifying.*
- ☐ *Thank the group for their interest and attendance.*

### ***End of demonstration talk***

- ☐ *Explain to participants that the demonstration talk has now ended and that they no longer need to be role-playing as people attending a health centre talk.*
- ☐ *Return to the rest of the session.*

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## **4. Providing ongoing support to mothers (3 minutes)**

- ☐ *Discuss the following points with participants:*
  - When a mother decides to breastfeed, it is important that she receives the support she needs to breastfeed exclusively and to discuss with her how she can carry out her decision by:
  - Getting more information on safer breastfeeding practices; and
  - Eating wisely to build and store nutrients needed for her body and for milk production.
- ☐ *Show Picture 3: Sam and Suzi, the baby and grandmother.*

<b>PICTURE 3: Sam and Suzi, the baby and grandmother</b>
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- ☐ Ask one of the participants to volunteer and read the story of Sam and Suzi.

### THE STORY OF SAM AND SUZI

- Suzi and Sam decide that exclusive breastfeeding is the best choice for them. The counsellor praises them for thinking about this during pregnancy and for coming to discuss their choice.
- The counsellor gives them some more information on safer breastfeeding practices.
- Suzi and Sam's baby boy is born. Suzi is breastfeeding exclusively. Everything is going well. Suzi is eating wisely, taking some rest and feeding her baby frequently using good breastfeeding practices.
- However, they do have one problem. Sam's mother, Granny, thinks the baby needs water and tea as well as breast milk. She cannot understand why Suzi and Sam are so insistent that the baby only has breast milk.
- Suzi explains to Granny that exclusive breastfeeding is best for babies. The baby gets all he needs from breast milk. He does not need water or tea.
- Granny keeps asking about giving water and other things to the baby. Sam and Suzi are afraid Granny will start giving the baby water and other foods herself.
- Sam and Suzi decide to tell Granny that they are HIV-positive. They do this and explain why it is very important to breastfeed exclusively to reduce the risk of the baby getting the HIV.

- ☐ Explain the following:

- When you discuss infant feeding with a mother who is HIV-positive, also discuss how she will carry out her decision. If she has not disclosed her status, she will have a hard time getting the support she needs to feed her baby. HIV or PMTCT counsellors can help women make a decision about disclosing their HIV status.

## 5. Transition from exclusive breastfeeding to complementary feeding (3 minutes)

☐ *Explain the following:*

- Mothers need to be supported to develop a specific plan that will enable them to minimize risk and discomfort during the transition period.

☐ *Continue with Sam and Suzi's Story. Ask one of the participants to volunteer and read their story.*

### THE STORY OF SAM AND SUZI

- Suzi breastfeeds exclusively. When little Sam is about five months, she decides she would stop breastfeeding completely and starts giving other foods and fluids to the baby when he is six months old.
- However, if Suzi stops breastfeeding suddenly, she may get engorged breasts and feel ill; her baby will also need another source of food and comfort.
- So she will need to go and discuss her decision to stop breastfeeding with a breastfeeding counsellor to minimize risk and discomfort during this transition.

☐ *Emphasize the following point:*

- ☆ If the mother thinks that she is ready to stop breastfeeding or the child is old enough for doing so, refer mother and her baby to an infant feeding counsellor.

## 6. Summary of the session and transition (3 minutes)

☐ *Show/review the key point displayed.*

### ☆ KEY POINT ☆

- ☆ **All mothers with HIV should receive counselling to guide them in choosing infant feeding options most suitable for their situation.**

- 
- If a woman is HIV-negative or does not know her HIV status, exclusive breastfeeding is recommended for the first 6 months.
  - Women who are tested and shown to be HIV-positive need information and individual counselling to decide which feeding option is the best for them, given their situation.
  - Replacement feeding needs to be acceptable, feasible, affordable, sustainable and safe for it to be selected as a choice.
  - Mothers need ongoing support and information so they can carry out their infant feeding decisions.
  - It is important to encourage mothers to talk to their health care providers to obtain the advice and support they need.
- ☐ *Ask if there are any questions or if anything needs clarifying.*
- In the next session, we will discuss feeding a child with HIV.
  - The next session will be presented by:
    - ☐ *State the name of the presenter.*

## HANDOUT 9/1: Risks and benefits of different infant feeding options

	EXCLUSIVE BREASTFEEDING	REPLACEMENT FEEDING
<b>Benefits</b>	<ul style="list-style-type: none"> <li>• Breast milk contains all the food the baby needs for the first six months.</li> <li>• Breast milk is easy to digest. Does not need water.</li> <li>• Breast milk protects the baby from diarrhoea, pneumonia and other infections.</li> <li>• Breast milk is free, always available and does not need any special preparation.</li> <li>• Breastfeeding creates a bond between a mother and her baby.</li> <li>• Exclusive breastfeeding helps mothers recover from childbirth and protects them from getting pregnant again too soon.</li> <li>• Exclusive breastfeeding for first few months lowers the risk of transmitting HIV to the infant.</li> </ul>	<ul style="list-style-type: none"> <li>• No risk of transmission of HIV from the mother to the infant. Most of the nutrients her baby needs have already been added to the formula. Other members of her household can be involved in the infant's feeding.</li> </ul>
<b>Risks</b>	<ul style="list-style-type: none"> <li>• As long as the baby is breastfed, the risk of passing HIV to the baby exists.</li> <li>• Other people may also pressurize the mother to give water, other liquids or foods to the baby while she is breastfeeding. This practice known as '<i>mixed feeding</i>', increases the risk of diarrhoea and other infections.</li> </ul>	<ul style="list-style-type: none"> <li>• Entails a higher risk of non-HIV infections such as, diarrhoea and chest infections since the infant will not have the protective antibodies obtained from breast milk.</li> <li>• The expense of obtaining the appropriate foods for the baby, as well as clean water and fuel.</li> <li>• Questions that may be raised by others about the mother's HIV status because she is not breastfeeding.</li> </ul>

## Session 10: Feeding a child with HIV

### Learning objectives

By the end of this session, participants will be able to:

- Understand the importance of optimal infant feeding for growth and development;
- Discuss the nutritional concerns of children with HIV; and
- Make suggestions for feeding a child with HIV and during illness and recovery.

Session outline		
	Content	Time
1	Learning objectives and introduction to the session	2 minutes
2	Nutritional concerns for children with HIV	5 minutes
3	Feeding a child with HIV (including meal planning)	30 minutes
4	Feeding a child during illness and recovery	5 minutes
5	Summary of the session and transition	3 minutes
	<b>Total</b>	<b>50 minutes</b>

### Preparation for the session

- ☐ Write and display the learning objectives on a flipchart sheet.
- ☐ Write the key points on a flipchart sheet and keep it aside until needed.

#### ☆ KEY POINTS ☆

☆ When feeding a child, respond to his/her cues and signals and feed with care and patience.

☆ Feed a child extra food during illness and recovery.

- ☐ Find out about the standard policy regarding vitamin and micronutrient supplementation for children in the local area/region.
- ☐ Familiarize yourself with the national policies and guidelines on infant feeding in the context of HIV and AIDS, if they exist.

- ☐ *Find out if there are child feeding counsellors for mothers and families with HIV-positive children available in the local area.*
- ☐ *Collect/prepare the following materials:*
  - An overhead projector and screen; and/or flipchart paper, markers and a means to attach flipchart sheets to the wall or other surface. *If an overhead projector is not used, overheads may be written out on flipchart sheets or enlarged copies prepared for display as posters, as appropriate.*
  - **Overhead 10/1: 'Responsive feeding'**
  - **Overhead 10/2: 'Feeding the child who is ill'**
  - **Overhead 10/3: 'Feeding a child during recovery'**
  - **Handout 10/1: 'Sample daily meal plan for children'** (*available at the end of this session*).
  - **Worksheet 10/1: 'Daily meal planner for children'** (*available at the end of this session*).

## **1. Learning objectives and introduction to the session (2 minutes)**

### **Review the learning objectives of the session**

- ☐ *Show the flipchart and outline the learning objectives.*
- By the end of the session, participants will be able to;
  - Understand the importance of optimal infant feeding for growth and development;
  - Discuss the nutritional concerns of children with HIV; and
  - Make suggestions for feeding a child with HIV and during illness and recovery.

### **Introduce the session**

- **What makes it particularly important for an HIV-infected child to get adequate nutrition?**
- ☐ *Allow participants to give their suggestions and then, explain the following:*
  - All children need adequate nutrition for growth and development. However, HIV-infected children may need special attention to ensure that they receive adequate amounts of food and nutrients.
  - Mothers with children infected with HIV therefore, need to be given information and support to ensure that their children get extra energy, as well as protein and all the micronutrients needed for their growth and development.

- Because of the challenges in assessing the HIV status of young children, all HIV- positive mothers need to ensure that their children have enough food intake and nutritional care.
- In this session, we will discuss nutrition concerns for children with HIV.
- The session also includes suggestions for feeding a child who is ill or recovering from an illness.

## 2. Nutritional concerns for children with HIV (2 minutes)

- ☐ *Explain the following:*
- HIV-infected children are at greater risk of poor growth, common childhood illnesses such as, diarrhoea, chest infections, malaria and malnutrition.
- **What are the factors that can make it difficult for a caregiver to give children with HIV the nutrition they need?**
- ☐ *Allow participants to give their suggestions and then summarize the discussion using the following points;*
- Factors that may lead to poor growth, frequent illnesses and malnutrition in HIV-positive children include the following:
  - Like adults, HIV-infected children may have difficulties eating due to poor appetite, difficulties in swallowing, nausea and vomiting.
  - Lack of attention to the child at eating times.
  - The type of food given to the child may not be well tolerated by the child.
  - Parents who are ill are less able to implement appropriate feeding practices.
- Because of these factors that may reduce food intake in children with HIV, mothers will need guidance and support for appropriate feeding practices and to ensure the improved food intake of their children during illness and recovery.



### 3. Feeding a child with HIV (30 minutes)

- ☐ *Refer to the Story of Sam and Suzi to illustrate the discussion.*

#### THE STORY OF SAM AND SUZI

- Sam and Suzi's son, little Sam is 18 months old and growing well. His HIV status is known: he has been found to be HIV-negative.
- A neighbour of the family has a daughter Leila, who is two years old. Leila has not met her developmental targets and she is often ill.
- Leila's family is worried that Leila may have HIV although she has not had a test.
- Leila's mother is ill and Leila's father died a year ago.
- Because little Sam is healthy, Leila's mother asks Suzi for help in feeding Leila.

- ☐ *Explain the following:*

- It is not just **what** type of food that is given that matters, but also **how** the food is given, as well as the overall care of the child.

#### 3.1. Responsive feeding practices

- Suzi may suggest to Leila's mother the different ways of responsive feeding, that she has learned from her health care provider.

#### ■ What is responsive feeding?

- ☐ *Allow participants to respond and then show Overhead 10/1: 'Responsive feeding'.*

#### OVERHEAD 10/1: Responsive feeding

Responsive feeding includes the following:

- Feeding infants and assisting older children to eat.
- Noticing children's hunger and satiety cues or signs.
- Feeding slowly and patiently with encouragement.
- Trying different foods, textures and methods of encouragement.
- Minimising distractions.
- Ensuring that feeding times are also for learning as well as for showing love and care.

- *Ask a volunteer participant to read the following possible suggestions Suzi can give to Leila's mother:*
  - It is important to feed infants directly and to assist older children to feed themselves.
  - Children need to be helped to learn the skills associated with eating.
  - Be sensitive to hunger and to satiety cues or signs. They indicate that the child has eaten all that he/she wants. For example, the child may stop opening her mouth for food, turn away from food or spit it out.
  - Feed slowly and patiently. Encourage the child to eat but do not force her.
  - If a child refuses many foods, it is good to try different food combinations, tastes, textures and methods of encouragement.
  - Minimize distractions during meals if the child loses interest easily.
  - Feeding times are periods of learning and love: talk to children during feeding, maintaining eye-to-eye contact.
- *Show the first key point displayed and ask a participant to read it out loud.*

**☆ KEY POINT ☆**

**☆ When feeding a child, respond to his/her cues and signals and feed with care and patience.**

### **3.2. Foods to suggest for young children**

- *Explain the following:*
  - Like adults, all children need a variety of foods, including a staple food, animal food, vegetables and fruits and some high-energy or enriched foods, such as those discussed in the previous sessions.
  - Relative to their size, children need more food than adults do. However, young children have small stomachs, so they need more frequent meals.
- **What are some of the foods you would suggest for feeding children like Leila?**
- *Allow two or three participants to give responses then explain the following:*
  - Foods to suggest may include:
    - Staple foods such as, cereals (rice, wheat, maize, millet), roots (cassava, yams and potatoes), and starchy fruits (plantain and breadfruit) give your baby energy. However, such foods do not contain all the nutrients the child needs and so other foods should be eaten in addition to them.
    - To ensure that children get all the nutrients they need, at each meal select different foods from the different food groups (*see Overhead 3/3*).
    - As the child gets older, increase the variety of foods that he/she eats.

- 
- Mothers should ensure that older children (one year or older) who are no longer being breastfed, drink enough regular animal milk to meet their growth and developmental needs.
  - Give small, frequent meals. By 24 months, the baby will need three to four main meals (one meal = 1 cup) and two nutritious snacks in between, in addition to milk. For snacking, encourage finger foods which the child can easily pick up, e.g. sliced fruits or bread with butter.
  - Give enriched foods that are full of energy and nutrients. Food can be enriched by adding one to two teaspoons of oil, butter, margarine, milk or groundnuts/sesame paste.
  - Give finely flaked fish, eggs, beans, and ground-up nuts, finely cut up meat or other soft and easily digestible foods from the family's meals.
  - Feed mashed fruits and vegetables such as, ripe banana, pawpaw, avocado, and pumpkin as frequently as possible.
  - Consider the use of fermented, germinated or fortified products.
  - If the child is not receiving breast milk or animal foods, they may need a multi-micronutrient supplement with vitamins and minerals.
  - Children older than six months need water even when they are drinking milk. Find out if your baby is still thirsty, by offering safe drinking water after eating.
  - Do not give the child glucose drinks, sodas and soft (fizzy) drinks. Avoid giving spicy foods to the child as it may reduce the child's appetite for other foods that contain a variety of nutrients.
- **What will be different if the doctor finds Leila is HIV-positive?**
- ☐ *Allow participants to give some suggestions and then explain the following:*
  - Children with HIV need extra calories; caregivers of these children need to work on an appropriate meal plan with the health workers and caregivers.
- ☐ *Distribute to participants Handout 10/1: 'Sample daily meal plan for children'.*
- The approximate quantities of foods provided in this handout are only intended as a general guide and need not be adhered to strictly.
  - A flexible approach based on experience, local preferences and the availability of food is important in ensuring that a wide range of foods are included in planning a variety of daily meal options.
  - The meal planning guidance is based on the eight 'eating wisely' guidelines we discussed in **Session 3**. The amount of food given should be based on responsive feeding practices.
-

### 3.3. Meal planning (20 minutes)

- ☐ *Ask participants to get into groups of five. Ask each group to write down examples of food choices that could be suggested for Leila's daily meals (3 meals and 2 snacks for the day).*
- ☐ *Ask each group to present their suggestions and write them down on **Worksheet 10/1**: A daily meal planner (found at the end of this session and on page 106 of the Participant's Manual).*
- ☐ *In the last column, groups should write down any special considerations such as, why the particular food and preparation method was chosen. These can be later typed up and printed as a reference for care providers in the local area/region).*

## 4. Feeding a child during illness and recovery (5 minutes)

- ☐ *Show **Overhead 10/2**: 'Feeding a child who is ill'. Use the points below to give further explanations:*

### OVERHEAD 10/2: Feeding a child who is ill

- Make the child comfortable.
  - Be patient and feed slowly.
  - Feed small amounts frequently.
  - Give foods that the child likes.
  - Give a variety of foods and extra fluids.
  - Pay attention to the child and make feeding time pleasurable.
- 
- Very ill children with HIV are at risk of dying and take a longer time to recover with just normal food intake. They need higher intakes of energy and nutrients to recover rapidly.
  - However, because of illness they face difficulties in eating and may need more attention in feeding and managing these difficulties as well as in treating severe illness.
- 
- ☐ *Show **Overhead 10/3**: 'Feeding a child during recovery' and use the points below to explain it further.*

### OVERHEAD 10/3: Feeding a child during recovery

- Feed an **extra** meal.
- Give an **extra** amount.
- Use **extra** rich foods.
- Feed with **extra** patience.
- Give **extra** breastfeeds or fluids.

- Feed the child more frequently than usual and give an **extra** meal.
- Give **extra** amount of food at each meal if the child's appetite is good.
- Give foods **extra** rich in energy and/or nutrients such as, enriched porridge.
- Be **extra** patient in encouraging the child to eat and make him/her comfortable.
- If breastfeeding, give **extra** breastfeeds.
- If the child is no longer being breastfed, give **extra** fluids such as, water.
- ☐ *Discuss with participants the possibilities for families to practice these guidelines.*
- ☐ *Show the second key point displayed and ask a participant to read it out loud.*

#### ☆ KEY POINT ☆

**Feed a child extra food during illness and recovery.**

## 5. Summary of the session and transition (3 minutes)

- ☐ *Show/review both key points displayed.*

#### ☆ KEY POINTS ☆

**☆ When feeding a child, respond to his/her cues and signals and feed with care and patience.**

**☆ Feed a child extra food during illness and recovery.**

- ☐ *Summarize the session using the following points:*
- If a child is ill frequently, he/she may become malnourished and therefore, be at higher risk of more illness. Like adults, children need to be fed wisely, with a variety of nutritious foods.
- Children recover more quickly from illness and lose less weight if they are helped to eat when they are ill and recovering.
- Care and attention to eating and extra food should be given to children during illness and recovery.

- 
- Mothers should be encouraged to talk to their health workers for other support on feeding children with HIV.
  - *Distribute Handout 10/1 to the participants and explain the following:*
  - This sample meal plan is intended only as a general guide. A flexible approach based on experience, local preferences and the availability of food is important in ensuring that a wide range of foods are included in planning a variety of daily meal options. This sample plan is based on the eight 'eating wisely' guidelines discussed in **Session 3**. The amount of food given should be based on responsive feeding practices
  - *Ask participants if they have any questions or if anything needs clarifying.*
  - In the next session, we will discuss improving access to food.
  - The next session will be presented by:
    - *State the name of the presenter.*

### HANDOUT 10/1: Sample daily meal plan for children<sup>12</sup>

MEALTIME	EXAMPLES OF FOOD CHOICES	SPECIAL CONSIDERATIONS
<b>Breakfast</b>	<ul style="list-style-type: none"> <li>2 tablespoons fresh orange juice diluted with water</li> <li>1 cup porridge served with whole milk added</li> <li>1 small slice of bread spread with margarine</li> <li>1 small glass of milk</li> </ul>	<p>Fresh fruit juices also contain high amounts of sugar and should be diluted if necessary.</p> <p>Use safe drinking water.</p>
<b>Mid-morning snack</b>	<p>Selection of 1 or 2 finger foods, such as:</p> <ul style="list-style-type: none"> <li>3 bread sticks</li> <li>chunks of apple</li> <li>6 grapes</li> <li>1 small banana</li> <li>3 chunks of melon</li> <li>1 glass of water</li> </ul>	<p>Washed and chopped vegetables and fruits are nutritious snacks and help the child gain appetite.</p> <p>High-fat potato products (e.g., chips/crisps) should be given sparingly to children as snacks, because they often contain poor quality fat, are high in salt and also suppress the appetite.</p> <p>Use safe drinking water.</p>
<b>Lunch</b>	<ul style="list-style-type: none"> <li>1 slice of chicken and tomato bread sandwich</li> <li>3 tablespoons boiled peas and 1 small chopped boiled carrot</li> <li>1 small fruit yoghurt</li> <li>1 glass of water</li> </ul>	<p>If animal foods are not available or are not tolerated by the child, they can be replaced by beans and lentils.</p> <p>Milk and plain (safe) water are considered appropriate drinks throughout the day.</p> <p>Fresh fruit juice can also be given at meal times.</p>

<sup>12</sup> Note for the facilitator: The menu provided as example was calculated for a requirement of 1200 calories + 10% (for HIV infection) = 1320 calories, distributed in carbohydrates (59%), proteins (17%) and fat (28%).

MEALTIME	EXAMPLES OF FOOD CHOICES	SPECIAL CONSIDERATIONS
<b>Mid-afternoon snack</b>	<ul style="list-style-type: none"> <li>▪ 1 small glass of milk</li> <li>▪ Selection of 1 or 2 finger foods, such as: <ul style="list-style-type: none"> <li>▪ carrot sticks (1 small carrot)</li> <li>▪ cucumber slices (1/2 a cucumber)</li> <li>▪ 2 cherry tomatoes</li> </ul> </li> <li>▪ 1 glass of water</li> </ul>	<p>Washed and chopped vegetables and fruits are nutritious snacks and help the child gain appetite.</p> <p>High-fat potato products (e.g., chips/crisps) should be given sparingly to children as snacks, because they often contain poor quality fat, are high in salt and also suppress the appetite.</p>
<b>Supper</b>	<ul style="list-style-type: none"> <li>▪ Minced beef in gravy served with 2 tablespoons of mashed potatoes</li> <li>▪ mashed spinach/pumpkin</li> <li>▪ pineapple slice</li> <li>▪ 1 glass of water</li> </ul>	<p>If animal foods are not available or are not tolerated by the child, they can be replaced by beans and lentils.</p> <p>Fresh cooked potatoes served in different ways provide a variety of textures and can be a nutritious addition to the child's meal.</p> <p>This can be replaced by other soft cooked starches available such as, sweet potatoes, rice, cassava, yams.</p>



**WORKSHEET 10/1: A daily meal planner for children**

<b>MEALTIME</b>	<b>EXAMPLES OF FOOD CHOICES</b>	<b>SPECIAL CONSIDERATIONS</b>
<b>Breakfast</b>		
<b>Mid-morning snack</b>		
<b>Lunch</b>		
<b>Mid-afternoon snack</b>		
<b>Supper</b>		

## Session 11: Improving access to food

### Learning objectives

By the end of this session, participants will be able to:

- Describe how HIV can affect household access to food; and
- Discuss how access to food can be improved for households affected by HIV.

### Session outline

	Content	Time
1	Learning objectives and introduction to the session	5 minutes
2	Effects of HIV and AIDS on access to food	5 minutes
3	Improving access to food	10 minutes
4	Support for improving access to food	30 minutes
5	Summary of the session and transition	5 minutes
	<b>Total</b>	<b>55 minutes</b>

### Preparation for the session

- ☐ Write and display the learning objectives on a flipchart sheet.
- ☐ Write the key point on a flipchart sheet and keep it aside until needed.

### ☆ KEY POINT ☆

**Use the foods you have available and look for help on how to eat wisely.**

- ☐ Find the answers to the following questions about households in your community and make enough handouts of these questions and their answers for all of the participants,
- What foods are commonly eaten and how are these obtained?
  - Are they grown/ produced by the household; obtained from hunting, fishing or gathering; bought in a shop; or bartered/swapped with other families?

- Are some foods only available at certain times of the year? How does this affect the variety of foods eaten?
- Do families with high income and low income eat the same foods? If not, how are they different and why are they different? What do these differences mean for health and well-being?
- What programmes exist in the area that are related to food access? Who benefits from these programmes? How do they benefit? Which local self-help and other organizations assist poor households with access to food?

☐ *Collect/prepare the following materials:*

- An overhead projector and screen; and/or flipchart paper, markers and a means to attach flipchart sheets to the wall or other surface. *If an overhead projector is not available/used, overheads may be written out on flipchart sheets or enlarged copies prepared for display as posters, as appropriate.*
- **Overhead 11/1: 'What to do to improve access to food for people living with HIV and their households'**
- **Overhead 11/2: 'Support for improving access to food'**
- **Handout 11/1: 'Identifying community support for nutrition'** (*available at the end of this session*).
- **Worksheet 11/1: 'Identifying community support for nutrition'** (*available at the end of this session*).

## **1. Learning objectives and introduction to the session (5 minutes)**

### **Review the learning objectives of the session**

☐ *Show the flipchart and outline the learning objectives.*

■ By the end of this session, participants will be able to:

- Describe how HIV can affect household access to food; and
- Discuss how access to food can be improved for households affected by HIV.

### **Introduce the session**

■ Household food security is assured when, at all times, household members have access to sufficient, safe and nutritious food that meets their needs for an active and healthy life.

■ **What do you understand to by 'household food security'?**

☐ *Allow participants to respond, and summarize their responses with following points:*

- Household food security is about:
  - How members of a household **produce** or **acquire** food throughout the year and use household resources, including time and money, to gain access to food;
  - How households **process**<sup>13</sup>, **preserve**<sup>14</sup> or **store** their food to overcome seasonal shortages or improve the quality and safety of their food supply; and
  - How food is **used** and **shared** among the various household members to meet their specific needs.
- HIV can affect access to food by reducing a household's capacity to produce or acquire food. This is because in order to pay for medical care, households are often forced to sell their assets and food reserves, resulting in the loss of land and other productive resources and income needed to acquire food.
- Stigma can also contribute to uneven allocation of food in the household by favouring healthier members of the household and further reducing the access to food of people living with HIV.
- In the previous sessions, we have talked about the appropriate use of food such as 'eating wisely' and improving food intake. However, it will be difficult for people living with HIV to follow these guidelines if their access to food is limited. They need additional support to help improve their access to food.
- In this session, we will discuss more about how HIV affects access to food for people living with HIV and their households. We will also discuss various ways of improving access to food. These measures will assist health workers and other caregivers to offer appropriate suggestions on how people living with HIV and their households can improve their access to food in different situations.

## 2. Effects of HIV on access to food (5 minutes)

- How can HIV influence one's access to food?
  - ☐ *Ask the participants to think about the influence of HIV and AIDS on both the quality and quantity of food accessed.*
  - ☐ *Allow participants to respond and write down the key points raised on a flipchart sheet; discuss these using the following points for additional information:*

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<sup>13</sup> Food processing is the method used to change raw food into edible food. Raw food may need to pass through different steps of processing before consumption. Processing may also be required to make food last longer without spoilage.

<sup>14</sup> Food preservation is the method of handling food in such a way as to stop or slow down spoilage and to prevent food-borne illness while maintaining nutritional quality, texture and flavour. Methods for preserving food include: *drying, smoking, salting, fermentation, heating, bottling, canning, refrigeration and addition of chemical preservatives.*

## **2.1. Effect of HIV on how households produce or acquire food**

- Illness and death in a household can reduce access to food through reduced capacity to:
  - Use land for food production, either because of reduced physical ability to do work on the land (planting, weeding, harvesting) or due to loss of land;
  - Earn money;
  - Go to the market to buy food;
  - Prepare food; and/or
  - Provide care for children, elderly and ill members of the household.
- The amount of time spent caring for an ill person or the psychological pressures in the household may also result in children getting less care. In such a situation, children may be at greater risk of malnutrition, even if they do not have HIV themselves.
- Older children may drop out of school to earn income and help care for ill members of the household. Lack of education and care will also affect children's future since they lack basic education and life skills.
- Widowed women and orphaned children may not be able to stay in the same location or keep on using the land and other resources as they once did. Because of traditional inheritance laws in many communities, widows often lose their entitlements to land when their husbands die.
- Money spent on health care can reduce the amount of money available for food. Savings and food stores, including seed for the next planting season, may be used up and not replaced.

## **2.2. Effect of HIV on how households process, preserve and store food**

- Once food has been planted and harvested, households need to decide how to utilize the food for immediate consumption and to store food for future consumption.
- Many of the methods of food processing and preservation used at home such as, grinding and pounding are time-consuming and labour-intensive. These tasks may not be easily performed by very ill persons or children who have lost their parents/caregivers.

## **2.3. Effect of HIV on how households use and share the food within the family**

- When members of a household eat together, the manner of serving the meal and the distribution of different food items may affect the food intake of different family members. Some practices may result in women and children receiving less food, despite their high nutritional needs.
- Adults who are ill, or children, may not be valued if they are not productive. Therefore, they may not be given the amount and quality of food they need.

- In order to provide people living with HIV with appropriate suggestions for meeting their specific nutritional needs by improving food access and intake, it is important to know how food is prepared and shared among various household members.

### 3. Improving access to food (10 minutes)

- *Explain the following:*

- Early diagnosis of HIV will enable improvements to food access that can prolong life and keep the person healthy and productive for a longer period of time.
- Health workers and other support workers need to discuss with people living with HIV and their family members about access to food and eating concerns soon after diagnosis with HIV.
- Health/support workers need to work with the individual or household to assess their food access situation and recommend improvements that are feasible or refer them to other support programmes as appropriate.
- *Show Overhead 11/1: 'Improving access to food for people living with HIV and their households'*

#### OVERHEAD 11/1: What to do to improve access to food for PLHIV and their households



- *Ask participants to turn to page 110 of the Participant's Manual and ask three participants to read the following:*

#### **Participant 1: Raising awareness**

Raising awareness about the effects of HIV on access to food will ensure that people living with HIV are not excluded from the community and people know how to support them.

### ***Participant 2: Continuous discussions***

Continuous discussions offer an opportunity to share experiences and talk about factors affecting access to food and suggestions to reduce or overcome the problems. All family members, including children need to be involved in discussions about access to food.

### ***Participant 3: Referral for more support***

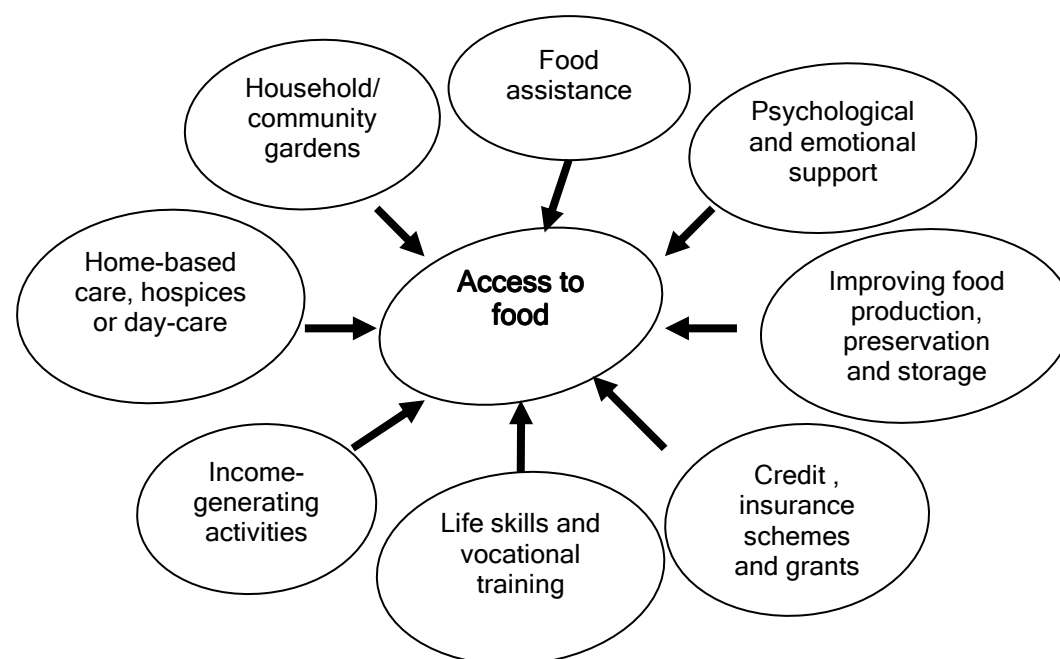
Not only nutritionist and dieticians play a role in supporting people living with HIV and their households to improve access to food and nutrition. Health workers, agricultural extension workers, community development agents, teachers, religious leaders, self-help groups and other organisations can also contribute and help the household have improved access to food. There may be also government agencies and local organisations providing care and support to people living with HIV and their families to improve their access to food.

For referral, a good starting point would be to make a list of local organisations, institutions, groups and important persons in the community and the support they provide that could contribute to improving access to food.

## **4. Support for improving access to food (30 minutes)**

### **4.1. Types of support/services for improving food access**

- ☐ *Construct Overhead 11/2 with participants as follows:*
  - ☐ *Draw a circle in the middle of a flipchart sheet and write 'access to food' inside it..*
  - ☐ *Draw another circle next to it, and as an example write 'psychological and emotional support'; connect this circle to the middle circle with an arrow to show that it is among the types of support that can help improve food access.*
  - ☐ *Ask participants to add and fill in other circles in a similar way.*
  - ☐ *Refer to Overhead 11/2 and add other key factors that were not raised by participants to complete the chart.*
  - ☐ *Show Overhead 11/2: Support to improve access to food and use the points below to discuss to explain it.*

**OVERHEAD 11/2: Support to improve access to food**


■ Support and services for improving food access may include:

- Psychological and emotional support for PLHIV in making decisions regarding the disclosure of their HIV status and generally helping them cope with living with the disease.
- Household or community gardens to ensure access to plenty of affordable fresh foods.
- Food assistance, as a temporary measure to support adults, pregnant and lactating women and children who may be malnourished.
- Home-based care, hospices or day-care for ill members of the household or children, if the parents are ill.
- Income generating activities, credit, insurance schemes and grants to increase the ability to purchase food, improve inputs or diversify income sources.
- Support with policies and regulations to ensure that the most vulnerable, including widows, orphans and the elderly have access to land, productive resources and/or other resources/income for meeting their nutritional needs, e.g. instituting fair and equitable inheritance rights, and asset protection measures for widows/orphans.
- Other financial support which could include, meeting the direct costs of school fees and health care costs.
- Simple and easy food preservation and storage methods to maintain the quality of food in store and extend food stocks, in order to minimize the need for additional food purchases.



- Life skills and vocational training for children and youth to expand their employment opportunities.

#### 4.1. Types of support/services for improving food access

- *Ask participants to turn to page 113 of the Participant's Manual and read **Handout 11/1: 'Identifying community support for nutrition.** This handout can also be used to identify available support and important persons to be contacted for nutrition care and support.*
- *Ask participants to now turn to page 114 of the Participant's Manual and discuss **Worksheet 11/1: 'Identifying community support for nutrition with participants'**; allow them to fill in the answers appropriate to their local area, as you proceed.*

### 5. Summary of the session and transition (5 minutes)

- *Show the key point displayed and ask a participant to read it out loud.*

#### ☆ KEY POINT ☆

**Use the foods you have available and look for help on how to eat wisely.**

- It is important to think about HIV as affecting the *entire* household and not just those who are living with the disease. Support given to affected households should therefore, address the basic needs of all the members.
- Families, including children, need to be involved in discussions about access to food. Try to start these discussions before the situation becomes critical.
- Health or support workers may be the first to be asked for assistance. It is therefore, very important that they know which organisations in the area provide support and how such support can be obtained.
- Collaboration and linkages between different service providers and sectors such as, health, local welfare services, agriculture, education, as well as water and sanitation services, is essential in order to facilitate the provision of support and assistance for improving families' access to food.
- *Ask participants if they have any questions or if anything needs to be made clearer.*
- In the next session, we will discuss the use of nutritional supplements and herbal remedies
- The next session will be presented by:
  - *State the name of the presenter.*

## HANDOUT 11/1: Identifying community nutritional support

TYPES OF FOOD-SECURITY/NUTRITION AND LIVELIHOOD SUPPORT	WHO COULD HELP?
Information on eating wisely, including food diversity, improving food intake and keeping food safe.	Nutritionists/dietitians; health workers
Information on food production in a small place that does not require a lot of labour. For example, home/communal gardening and rearing small animals, are good ways of making affordable fresh foods available to a household.	Agricultural extension workers
Information on how to preserve and store food, including information on how to choose processed foods, in case households do not have food to preserve.	Agricultural extension workers
Information on appropriate ways of preparing and sharing meals within the family to ensure fair share of food, especially, for people living with HIV, children, pregnant and lactating women.	Nutritionists, dietitians; health workers
Income-generating activities that can improve a household's ability to buy food and care for a family member who is ill.	Micro-finance organisations
Social support mechanism, including, social grants, self-help, and welfare schemes.	Community development workers; community leaders; self-help/support groups; faith-based groups; social development and welfare agencies
Caring for and educating, vulnerable children in the household, providing them with shelter, food, school fees, life skill and vocational training.	Community development workers, self-help/support groups, faith-based groups, social grant/welfare agencies
Raising awareness about the special needs and concerns of HIV- affected households in order to reduce stigma and discrimination so that people with HIV are not excluded from the community and community members know how to help.	Social and community development workers
Preventing new HIV infections and helping people living with HIV and those who are affected by the disease to live longer, better quality and productive lives.	Health workers
Providing psychological and emotional support, for example, by recognizing people living with HIV and their families as part of the community; supporting those who disclose their status and generally helping them cope with the disease.	Support/care groups; faith-based groups
Helping with the care of an ill person, or with the children in the family if the parents are ill.	Health workers; support/care groups
Providing food to the very ill and orphaned children.	Community development workers; community leaders, support/care groups, social grant/ welfare agencies

**WORKSHEET 11/1: Identifying community support for nutrition with participants**

1. What kinds of support may be needed by individuals or families affected by HIV and AIDS?
2. Which services, organisations, groups, and important persons work with the community to help households grow food and/or earn money?
3. What services, organizations, groups, and important persons help people who are too ill to work?
4. Are there particular groups or people that are excluded from joining or receiving services from some of these sources? (for example, if services are only for men, women, or for families with short-term needs.) Which ones and why?
5. What might prevent a person or family from obtaining assistance from such people, organisations or services?
6. In what ways could these local services and organisations work together to help families acquire adequate food for to meet the nutritional needs of their household members.
7. Is there a need for services or assistance from organisations outside the local community? If so, what types of external services could make a long-term difference to the community?

## Session 12: Use of nutritional supplements and herbal remedies

### Learning objectives

By the end of this session, participants will be able to:

- Discuss the use of nutritional supplements and herbal remedies; and
- Evaluate alternative practices and products commonly recommended for/ used by people living with HIV.

### Session outline

	Content	Time
1	Learning objectives and introduction to the session	5 minutes
2	Categories of products and herbal remedies	10 minutes
3	Evaluating products' claim for HIV	15 minutes
4	'Warning flags'	5 minutes
5	Summary of the session and transition	5 minutes
	<b>Total</b>	<b>40 minutes</b>

### Preparation for the session

- ☐ Write and display the learning objectives on a flipchart sheet.
- ☐ Write the key points on a flipchart sheet and keep it aside until needed.

#### ☆ KEY POINTS ☆

☆ Nothing can replace eating wisely.

☆ Do not believe everything you hear.

Discuss the benefits and risks of all alternative practices and products.

- ☐ Find out which supplements and traditional remedies are commonly used in the local area, if any, and what they cost.
- ☐ If possible, collect some containers, leaflets or labels with information on these products for demonstration.

*Draw a table with four columns on a flipchart sheet with the following headings: 'Helpful', 'Neutral', 'Harmful', 'Do not know'. Discuss with the course director and co-facilitators and choose some examples of local products that you agree fit into each category, and write them down in the appropriate column. You will use this table during the **Exercise 12/1**.*

- ☐ *The purpose of the group activity this session is to help participants learn to evaluate treatments rather than come to a group conclusion about what is to be recommended.*
- ☐ *Collect/prepare the following materials:*
  - An overhead projector and screen; and/or flipchart paper, markers and a means to attach flipchart sheets to the wall or other surface. *If an overhead projector is not available/used, overheads may be written out and displayed on flipchart sheets.*
  - **Overhead 12/1: 'Evaluating products' claims for HIV and AIDS'**
  - **Overhead 12/2: 'Warning flags'**
  - **Handout 12/1: 'Questions that may help in evaluating herbal remedies and other products' (available at the end of this session).**

## **1. Learning objectives and introduction to the session (5 minutes)**

### **Review the learning objectives of the session**

- ☐ *Show the flipchart and outline the learning objectives.*
- By the end of this session, participants will be able to:
  - Discuss the use of nutritional supplements and herbal remedies; and
  - Evaluate alternative practices and products commonly recommended for/used by people living with HIV.

### **Introduce the session**

- Many people with HIV use different products, remedies and treatments for HIV. At present there is no evidence of herbal remedies that can cure or treat HIV. However, service providers need to understand and be sensitive to beliefs and the kinds of alternative products used by people living with HIV.
- Some of these nutritional supplements and herbal remedies may be beneficial and some may be harmful to people with HIV. It is important to find out more about the products, note those that are harmful and discuss with people living with HIV, traditional healers or those who promote those products why the use of such products should be discouraged.

- There are many information materials listing supplements and herbal remedies reported to be beneficial. Even though for some people such products could be the only option they have, before using herbal remedies, individuals need to evaluate products and identify those that can be harmful and those that can be of benefit. People living with HIV should be supported in deciding whether a product or treatment might be useful for them as well as cost-effective.
- The purpose of this session is to discuss the different ways of evaluating these products with the aim of identifying those that could be harmful and should be discouraged, while promoting those that are effective and low-cost alternative treatments.
- This will enable service providers to counsel people living with HIV about nutritional supplements and herbal remedies that may be harmful.

## 2. Categories of products and herbal remedies (10 minutes)

- **What are some of the products or practices that you have heard as being used or recommended to people with HIV?**
  - ☐ *Allow two or three participants to give examples and list their responses on a flipchart sheet.*
  - ☐ *Explain that these products could be categorized into 'nutritional supplements' (food-based nutritional supplements/ nutrient supplements) and 'herbal remedies' (traditional remedies, herbs and spices).*
  - ☐ *Ask two participants to take turns reading the following:*

### 2.1. Nutritional supplements (Participant 1)

Nutritional supplements may be needed to help meet the nutrient needs of people living with HIV who have lost their appetite/whose food intake has decreased or who are not tolerating their usual diet. Nutritional supplements can help prevent malnutrition including, micronutrient deficiencies. However, such supplements are only additions to the diet and should not be used as a substitute for food. There are two types of nutritional supplements, namely:

#### ***Food-based nutritional supplements:***

Food-based nutritional supplements are in the form of food items. Such supplements could be given to people living with HIV whose food intake is inadequate.<sup>15</sup>

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<sup>15</sup> Give examples of nutritional supplements that are used locally. Often, these are powders added to milk or other drinks and used any time people are not eating well.

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*Example:* Replacing solid food with fluids for persons who are unable to eat but able to drink and/or for those with limited food access. (Contact your local Ministry of Health or nutritionist for more information).

Such food-based nutritional supplements could also be made at home and are usually convenient to prepare. However, especially if they are intended as the total food intake of a patient for more than a few days, their use should be discussed with a dietician, nurse or doctor.

### ***Nutrient supplements:***

Nutrient supplements are vitamin and mineral products in the form of tablets, pills or liquids. Such products can contain a single vitamin or mineral or a combination of two or more nutrients, commonly known as **multi-vitamins** or **multi-minerals**.

Nutrient supplements are often not easily available; they are expensive and leave less money for food. A mixed diet should provide enough of these vitamins and minerals. It would therefore, be better to provide a good mixed diet including, animal products, fruits and vegetables whenever possible, rather than buying supplements.

In cases where the food intake of people living with HIV is very low, multi-vitamin and multi-mineral supplements can help to meet their increased nutritional requirements. The following guidelines should be adhered to:

- Seek advice from a dietician, nurse or doctor before recommending supplements to people with HIV, in order to get the best value for money.
- Always take vitamin pills on a full stomach. Be consistent and take them regularly.
- It is often more practical and cheaper to take a combined product (multivitamin and mineral supplements) rather than several pills containing different vitamins and minerals, as people usually have more than one deficiency.
- However, iron supplements may be a problem for people with HIV, as they can increase the activity of some bacteria. Supplements that do not contain iron may therefore be better.
- Take supplementation according to the advice on the label. More is not better. Taking a high dose is a waste, can cause nausea, vomiting, decreased appetite, liver and kidney problems; it may also interfere with the immune defence system.

## 2.2. Herbal treatments and remedies (Participant 2)

### ***Traditional and herbal remedies promoted as treatment***

Herbal remedies present alternatives to formal biomedical practices, and are among the treatments often offered by traditional healers. People living with HIV should be advised to always discuss other treatments such as the use of herbal remedies with health workers, doctors or nutritionists.

People living with HIV should be made aware of herbal remedies that could be harmful to their health. Health workers should explain to people living with HIV, traditional healers and others offering such treatments, why the use of such remedies should be discouraged.

### ***Herbs and spices***

Herbs and spices used in food during preparation should be differentiated from traditional herbal remedies. Some of the benefits of herbs and spices which include, **improved digestion, stimulation of appetite and food preservation** are general and not specific to HIV.

As the effects of such herbs and spices may not be the same for all people, they should be used in moderate amounts. Excessive use may cause problems and have a toxic effect. Moreover, it should be emphasised the function of such herbs and spices will not be increased by taking them in excess.

More evidence is needed because very little is known about the interactions between herbs and the medication people living with HIV might be taking. Supplements, herbs and spices are not an alternative to eating wisely. They should be used as additions to food eaten.

☐ *Show the first key point displayed,, and ask a participant to read it out loud.*

#### **☆ KEY POINT ☆**

**Nothing can replace eating wisely.**



### 3. Evaluating products' claims for HIV (15 minutes)

- On what basis would you evaluate whether a product does what the person selling/promoting it says it can do?
  - ☐ Allow a few participants to respond, and write their responses down on a flipchart sheet.
  - ☐ Add points that may have been missed from the following:
- No secret cures or therapies for HIV exist. To help people living with HIV make decisions, consider and determine whether the herbal remedy is:
  - Helpful or beneficial: if there is independent scientific evidence to support it;<sup>16</sup>
  - Neutral: if there is a strong belief that it is neither helpful nor harmful; or
  - Harmful or dangerous.
- You may ask for opinions from different people who have nothing to gain.

#### **Exercise 12/1: Evaluating practices and herbal remedies**

- ☐ Guiding questions that may help in evaluating the safety of herbal remedies and products are provided in **Handout 12/1** at the end of this session and on page 120 of the *Participant's Manual*.
- ☐ Divide the participants into small groups and give the samples of some of the supplements or remedies that you had brought for the session
- ☐ Ask the groups to use the checklist in overhead 12/1 to evaluate the product
- ☐ Let each group present their findings for discussion.
- Communicating with the people with HIV about nutritional supplements and herbal remedies is essential. The uses of questions like: "What else are you using to take care of your health?" is recommended to help find out the nutritional supplements and herbal remedies that the person may be taking.

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<sup>16</sup> 'Independent scientific evidence' on the effectiveness of a product is yielded by independent studies done by someone other than the company producing/promoting the product.

#### 4. 'Warning flags' (5 minutes)

- ☐ Show **Overhead 12/2: 'Warning flags'** and ask one participant to read out the points.

##### OVERHEAD 12/2: Warning flags

- "This is *the* cure'; "it gives miracle results".
- "Do not use any other treatments".
- "This doctor (product/ treatment) is the *only* one which can help you".
- "It costs a lot of money".
- "Personal accounts are the main/most reliable source of information on results".
- "The ingredients are a secret".

- ☐ Ask participants to identify those statements that they have heard being commonly used.
- ☐ Show the second key point displayed, and ask a participant to read it out loud.

##### ☆ KEY POINT ☆

**Do not believe everything you hear.  
Discuss the benefits and risks of all alternative practices and products.**

- At present, there is no evidence that herbal remedies can cure or treat HIV.
- Communicating with people living with HIV about nutritional supplements and herbal remedies is essential to ensure that they are aware of herbal remedies that could be harmful to their health.
- You can use your communication skills to ask open ended-questions, reflect and clarify, accept what the person is saying, give some information and/or offer suggestions.
- People living with HIV should be supported in evaluating whether a product or treatment may be **helpful/beneficial**, whether there is a strong belief that it is **neutral**, or **harmful/dangerous** for them.
- Seek advice from a dietician, nurse or doctor before recommending supplements, so as to ensure the best value for money.
- Traditional healers and religious leaders are esteemed and trusted in most communities; work with them to find the best way to share information on herbal remedies and products that could be harmful for people with HIV.

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## 5. Summary of the session and transition (5 minutes)

- ☐ *Show/review both key points displayed.*

**☆ KEY POINTS ☆**

**☆ Nothing can replace eating wisely.**

**☆ Do not believe everything you hear.**

**Discuss the benefits and risks of all alternative practices and products.**

- ☐ *Ask participants if they have any questions and if anything needs to be made clearer.*
- In the next session, we will review the course and talk about ways in which we can use the knowledge and skills acquired from this course in our work.
- The next session will be presented by:
- ☐ *State the name of the presenter.*

## HANDOUT 12/1: Questions that may help in evaluating herbal remedies and other products

If the answer to any of these questions is **'yes'** or **'do not know'**, then the product may be harmful to the health of individuals.

QUESTIONS	YES	NO	DO NOT KNOW
Does the product or herb contain substances in amounts that could be harmful? ( <i>ask nutritionist to help you read the labels</i> )			
Does the product or herb have harmful interactions with other foods and any other medication that you are taking?			
Does the product or therapy replace or delay seeking health care and treatment that is generally regarded as effective?			
Does the product or therapy promote or emphasize a particular product or nutrient?			
Does the product provide enough energy and protein along with a variety of other nutrients? ( <i>ask nutritionist to help you read the labels</i> )			
Do you have to pay a lot of money for the product or therapy?			
Does buying this product reduce money available for buying food?			
Does use of the remedy reduce your food intake?			

## Session 13: Course review and action planning

### Learning objectives

By the end of this session, participants will be able to:

- List key points about nutrition, care and support to share with people living with HIV;
- Discuss the importance of caring for the caregiver;
- Outline ways in which the course information can be put into practice; and
- Discuss any questions regarding nutrition, care and support for people living with HIV.

### Session outline

	Content	Time
1	Learning objectives and introduction to the session	5 minutes
2	Review of communication skills	10 minutes
3	Review of key points	10 minutes
4	Action planning	30 minutes
5	Caring for caregivers	10 minutes
6	Summary of the session and transition	5 minutes
	<b>Total</b>	<b>70 minutes</b>

### Preparation for the session

- ☐ Write and display the learning objectives on a sheet of flipchart paper.
- ☐ Write the key point for this session on a flipchart sheet and keep it aside until needed.

#### ☆ KEY POINT ☆

**Caregivers need care too.**

*This session should be facilitated by all the facilitators that have participated in the course.*

- ☐ The activities for this session are divided into two main parts:
  - Review activities that will be done in plenary; and
  - Action planning activities that will be done in groups.

- ☐ *Decide with participants at the start how best to divide the groups (by participants' region/local area, or the health facility/type of facility or service where they work).*
- ☐ *Collect/prepare the following training materials:*
  - An overhead projector and screen; and/or flipchart paper, markers and a means to attach flipchart sheets to the wall or other surface. *If an overhead projector is not available/used, overheads may be written out on flipchart sheets or enlarged copies prepared for display as posters, as appropriate.*
  - Have all the key points discussed throughout the course available for display (but keep them covered until the start of the session).
  - **Overhead 2/2: 'Six listening and learning skills'**
  - **Overhead 2/3: 'Six skills for building confidence and giving support'**
  - **Overhead 13/1: 'Places to promote nutrition for people living with HIV'**
  - **Post-test:** *prepare enough copies for all participants (see Annex 7).*
  - **Course evaluation sheet:** *prepare extra copies for participants who may have misplaced their copy since the opening session.*

## 1. Learning objectives and introduction to the session (5 minutes)

### Review the learning objectives of the session

- ☐ *Show the flipchart and outline the learning objectives.*
- By the end of this session, participants will be able to:
  - List key points about nutrition, care and support to share with people living with HIV;
  - Discuss the importance of caring for the caregiver;
  - Outline ways in which the course information can be put into practice; and
  - Discuss any questions regarding nutrition, care and support for people living with HIV.

### Introduce the session

- We have followed Sam and Suzi through a few years of their lives. Since they found out that they were HIV-positive, they have faced many challenges. Eating wisely has helped them to keep well for longer.
- Suzi has had a lot of contact over the last few years with support services for people living with HIV. One of these service providers asks Suzi if she would like to work with them as a support worker.
- In this session, we will look at how Suzi learns to be a support worker. In doing so we will also revise the key points you have learnt throughout the course.

### **Suzi becomes a support worker**

- Suzi likes the idea of becoming a support worker and starts the training. Part of the training is learning about communication skills.
- Suzi knows from her own experience that it helps to know that someone cares enough about you to listen attentively and talk to you about food and eating.
- Using such listening and talking skills is one of the key points we have discussed.

## **2. Review of communication skills (10 minutes)**

- *Display/uncover the key point (discussed in Session 2)*

### ☆ KEY POINT ☆

**When you ensure physical comfort, listen and talk about food and eating, you show that you care about the person.**

- **What are the main communication skills for Suzi to remember when working with a client?**
- *Allow participants to give responses then show Overhead 2/2: 'Six listening and learning skills' and ask one participant to read out the skills.*

### **OVERHEAD 2/2: Six listening and learning skills**

1. Using helpful non-verbal communication;
2. Using responses/gestures which show interest;
3. Empathising;
4. Asking open-ended questions;
5. Reflecting back what the client says; and
6. Avoiding words which sound judgmental.

- *Show Overhead 2/3: Six skills for building confidence and giving support and ask another participant to read it.*

### **OVERHEAD 2/3: Six skills for building confidence and giving support**

1. Accepting what a client thinks and feels;
2. Recognising and praising what a client is doing right;
3. Giving practical help;
4. Giving a little, relevant information which can be of immediate use to the client;
5. Using simple language; and
6. Making a few suggestions, rather than giving commands.

- Suzi can now use the learning and listening; and building confidence and support skills.
- *Ask if anyone has any question on these skills and how to use them.*

### **3. Review of key points (10 minutes)**

#### **Suzi works as a support worker**

- Suzi attended this course on nutritional care and support for people living with HIV. When Suzi works with families affected by HIV, she tells them how important nutrition can be to their quality of life.
- **What are the key points about food and eating that Suzi can share?**
  - *Allow participants to give responses. Aim to get all the key points mentioned.*
  - *You can make this a game. For example, you can ask all participants to stand up and to only sit down once they have contributed a key point that has not been mentioned.*
  - *Display/uncover each key point as it is mentioned.*
- Suzi sees clients of various kinds and in various settings: individual adults, children, families, groups in the community, at the hospital and at home.
- In different settings and situations, Suzi may give more emphasis to some messages, depending on the needs of those with whom she works.



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### ☆ KEY POINTS ☆

- ☆ A well-nourished person has a stronger body to fight infection and cope with HIV.
- ☆ When you ensure physical comfort, listen and talk about food and eating, you show that you care about the person.
- ☆ When you assure confidentiality and give clients support by praising their positive practices related to food and eating, you help build their self-confidence.
- ☆ Aim to eat a wide variety of foods, at each meal, everyday.
- ☆ Follow the five key steps to safer foods and stopping germs from making you and those around you ill.
- ☆ Eat well and wisely during illness and when recovering from an illness.
- ☆ When symptoms start, increase energy intake to reduce or prevent weight loss.
- ☆ Physical activity can help you feel better.
- ☆ Understanding medication side-effects helps careful selection of foods for preparing nutritious meals and a good nutrition plan.
- ☆ ART works well in people who have good nutritional practices.
- ☆ Eating wisely during pregnancy helps the mother and the baby to stay healthy.
- ☆ Eating wisely during breastfeeding helps the mother and the baby to stay healthy.
- ☆ All mothers with HIV should receive counselling to guide them in choosing infant feeding options suitable for their situation.
- ☆ When feeding a child, respond to his/her cues and signals and feed with care and patience.
- ☆ Feed a child extra food during illness and recovery.
- ☆ Use the foods you have available and look for help on how to eat wisely.
- ☆ Nothing can replace eating wisely.
- ☆ Do not believe everything you hear. Discuss the benefits and risks of all alternative practices and products.
- ☆ Caregivers need care too.

#### 4. Action planning (30 minutes)

##### **ACTIVITY 13/1: How are we going to use this information?**

- ☐ *Ask participants to get into the groups for this activity as agreed during the preparation for this session.*
- ☐ *Explain the following:*
  - The focus of this activity is on working together to discuss and commit to a plan of action that we can all put into practice in order to address the nutrition care and support needs of people living with HIV discussed throughout the course.
- ☐ *Ask the various groups to:*
  - Identify and write down the current nutrition care and support situation in their area of work;
  - Ask them to specify what they would want to improve in the current situation based on the knowledge and skills they have acquired through this course;
  - Ask them also how they are going to use the information from this course to improve nutrition care and support for PLHIV and their households and the community.
- ☐ *Ask each group to write their ideas on a flipchart sheet. Allow participants 20 minutes to complete this activity. Then ask each group to take turns presenting their ideas for discussion.*
- ☐ *Encourage participants to write down some of the key activities that they have discussed in the space provided in their Participant's Manuals (page 125) for future reference.*

#### 5. Care for caregivers (10 minutes)

- The organisation that Suzi works with is aware that people who are providing care and support need to be cared for themselves. Caregivers include, nurses, doctors, peer support workers, dieticians, counsellors, as well as families and neighbours.
- ☐ *Show the key point for this session and ask a participant to read it out loud.*

##### **☆ KEY POINT ☆**

**Caregivers need care too.**

- ☐ *Ask participants to discuss ways that care and support could be given to caregivers by the organisation, institution or other body with which the caregivers work.*

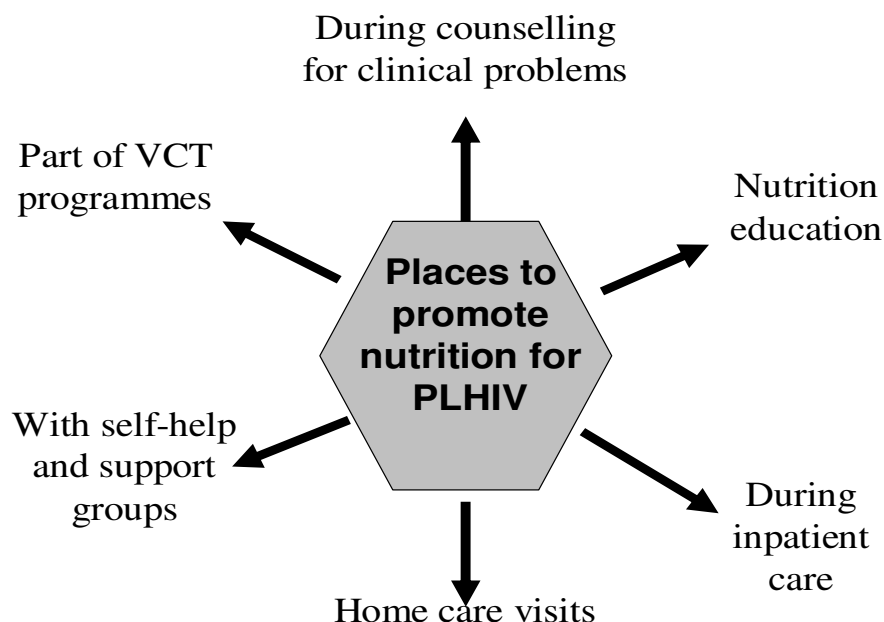
■ **When the caregiver is a family member or neighbour, how can the rest of the community provide care for the caregiver?**

- *Ask participants to focus on the caregiver rather than those for whom they provide care.*
- *Write down their responses on a flipchart sheet.*
- *Following are some examples to suggest, if participants find it difficult to think of ways of caring for the caregiver:*
- It can be difficult for support workers to talk to others about eating wisely if they are short of food themselves. Some organisations provide food parcels for their workers.
- Support from other caregivers in the same situation and being able to discuss their feelings can also help.
- Shared care, respite services and ensuring that caregivers have some time for themselves can give caregivers a chance to rest.
- *Conclude the discussion with the following point.*
- Knowledge and skills can help a caregiver to feel more confident. The information provided in this course can enhance the care and support caregivers offer to people living with HIV and their families. Many people are able to do something about the foods they eat. Caregivers can thus also be motivated by the positive results that can be attained by putting the knowledge and skills acquired through this course into practice.

## 6. Summary of the session and transition (5 minutes)

- Nutritional care and support can make a difference to the lives of people living with HIV and their families. The food they eat may be one area that people are likely to have some control over.
- Nutrition care and support are not just short-term actions; they are **ongoing** activities, requiring continuous reflection, dialogue and reinforcement, depending on the needs of those with whom you are working.
- People living with HIV need the support of their families, communities and those who care for them to carry out some of the recommended practices.
- *Show Overhead 13/1: Places to promote nutrition for people living with HIV, and read/ explain it.*

### OVERHEAD 13/1: Places to promote nutrition for PLHIV



- You can use the information from this course in many areas. You can use the knowledge and skills you have acquired with those you assist, to share with colleagues, your own families and communities.
  - I (We) hope that this course has given you some useful knowledge and skills for providing support and care to people living with HIV.
- 
- ☐ *Ask participants if they have any comments or questions.*
  - ☐ *Inform participants that they are now going to complete the course **Post-test** and that they have 20 minutes to do so. Distribute copies of the Post-test.*
  - ☐ *Once they have completed the Post-test, inform participants that they are now ready to proceed to the closing session of the course.*
  - ☐ *Remind participants to also hand in their completed **Course evaluation sheets** which were distributed during the opening session.*
  - ☐ *Introduce the person(s) who will close the course.*

## Closing session

- ☐ *The duration of this closing session will vary depending on whether an external guest speech/ closing ceremony for presenting certificates of attendance is planned. If no such ceremony is planned the closing session will take about 15 minutes.*

### Preparation for the session

- ☐ *Collect/prepare the following materials:*
  - If certificates of attendance are to be given, ensure that they are prepared in advance.
  - Make a list of all the people who need to be thanked for their contributions to the course.
  - **Overhead opening/1: 'Course aims' (see *Opening Session*).**
- ☐ *Remind participants before the start of this session to complete the Course evaluation sheets.*

### Introduce the session

- ☐ *Explain how this closing session is organised; introduce the guest speaker if one has been invited.*
- ☐ *Show **Overhead Opening /1** and remind participants of the course aims.*

#### OVERHEAD OPENING/1: Course aims

- The aim of this course is to assist **community level health service providers** and **other extension workers** to:
  - Improve their knowledge and skills on nutrition care and support for people living with HIV;
  - Understand the importance of using good communication skills when providing nutrition care and support for people living with HIV; and
  - Be able to effectively transfer the key nutrition messages to people with HIV, their family members and their community.

### Closing remarks

- ☐ *Use the following as part of your closing remarks:*
- Nutrition is an essential part of the care for people living with HIV. As soon as a person knows he/she is HIV-positive, he/she needs to pay attention to their diet and ensure that they are eating

wisely.

- ☐ *Briefly review some of the action plans discussed for following up on the course and continuing activities.*
- Thank you for participating and sharing your experiences, your thoughts and your ideas during this course.
- ☐ *Thank other people who have contributed such as, the organizers.*
- ☐ *Present certificates if needed.*

## Annex 1: The story of Sam and Suzi

Sam and Suzi, a young couple, recently diagnosed to be both HIV-positive who are expecting their first baby.

**PICTURE 1/1: Sam and Suzi expecting their first baby**



**PICTURE 1/2: Sam and Suzi expecting their first baby**



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We first meet Sam and Suzi in ***Session 2: Introduction to communication skills***, when they have come for basic nutrition counselling following the diagnosis. The story of Sam and Suzi is used to introduce us to three different styles of interacting as they meet with three different counsellors to discuss about nutrition. This helps to illustrate the effect of counselling styles on the patterns of interaction between client and the counsellor. We then meet Sam and Suzi again in ***Session 3: Eating wisely***, when they attend the '*Eating wisely*' talk.

Later in the course, the story of Sam and Suzi is used to introduce nutrition care and support for patients at different stages of the disease, in different physiological states (pregnancy, breastfeeding), and at different ages (infants, children). In ***Session 5: Improving food intake***, Sam starts to experience some opportunistic infections. He first had tuberculosis that was treated, followed by bouts of diarrhoea and sore mouth which affect his food intake. Sam seeks for more nutrition counselling and support. He looks for suggestions that might help him with his new problems. The story introduces us to circumstances when you will need to give suggestions for improving food intake during a counselling session. In the story, Sam tries some of the suggestions he is given. He starts eating better and his strength also improves. He is now able to take regular walks with his family.

In ***Session 6: Preventing weight loss and promoting physical activities***, the story of Sam and Suzi is used to introduce the management of weight concerns, specifically, weight loss as a consequence of frequent opportunistic infections. Because of these bouts of the opportunistic infections, Sam's weight is lower than it was a few months ago, as illustrated in **Picture 2**. A role-play of Sam and counsellor is used to illustrate counselling skills that can be used at this stage, as well as the possible reactions of a client. Sam and the support worker talk more about Sam's weight loss and how he can monitor his weight at home where there is no weighing scale (e.g., by checking whether his clothes are getting loose and paying closer attention to the comments of people around him about his weight). The counsellor reminds Sam that it is essential to visits the clinic regularly and to consult with the support worker when he notices signs of weight loss. The health/nutrition worker informs Sam about different ways of preventing weight loss, regaining lost weight and the importance of physical activity. They also talk about simple physical activities that Sam could do regularly.



**PICTURE 2/1: Sam and Suzi : weight loss**



**PICTURE 2:/2 Sam and Suzi : weight loss**



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In ***session 7: Nutrition care and support for people on ART***, the story of Sam and Suzi is used to illustrate nutrition counselling at the advanced stages of HIV infection (AIDS) and particularly, when AIDS patients start antiretroviral treatment. We meet Sam at the stage where he has become very weak and his health has generally deteriorated. His doctor recommends several tests and some drugs. Based on the test results, the doctor needs to start Sam on ART. Sam is prepared and enrolled for ART (a combination of three drugs: d4T + 3TC + EFV). A role-play between the health/ nutrition worker and Sam is used to illustrate nutrition counselling skills needed to interact with a person initiating ART treatment. The role-play emphasises the interaction between food and medication.

In ***Session 8: Nutrition care and support during pregnancy and breastfeeding***, we meet Sam and Suzi during the ***'Eating wisely during pregnancy'*** demonstration talk. We meet them again in ***Session 9: Infant feeding options for HIV positive mothers*** when they attend another talk for pregnant women on infant feeding aimed at helping them make a decision about how to feed their baby. After the talk, they decide that exclusive breastfeeding is the best choice for them. The counsellor praises them for thinking about infant feeding options during pregnancy and for coming to discuss it (demonstrating the communication skill of praising good practice). The counsellor then refers them to a lactation counsellor, for more information on safer breastfeeding practices.

In ***Session 9*** we also use the story of Sam and Suzi to introduce some of the common barriers that HIV-positive women are faced with when they choose exclusive breastfeeding for their infants. The importance of disclosing one's HIV status at this stage and during the transition period when mothers need to stop breastfeeding is emphasised as follows.

Suzi continues to breastfeed exclusively. Everything goes well; she is eating wisely, taking some rest and feeding her baby frequently using good breastfeeding practices. However, the couple do have one problem. Sam's mother, Granny, thinks the baby needs water and tea as well as breast milk, as illustrated in **Picture 3** of Sam and Suzi.

**PICTURE 3/1: Sam and Suzi, the baby and grandmother****PICTURE 3/2: Sam and Suzi, the baby and grandmother**

The grandmother cannot understand why Suzi and Sam are so insistent that the baby only has breast milk. Suzi explains to Granny that exclusive breastfeeding is best for babies. The baby gets all he needs from breast milk. He does not need water or tea. Granny keeps asking about giving water and other things to the baby. Sam and Suzi are afraid Granny will start giving the baby water and other

foods herself. Sam and Suzi decide to tell Granny that they are HIV-positive and explain why it is very important to breastfeed exclusively to reduce the risk of the baby getting the HIV. Granny is upset that they did not tell her sooner that they had HIV, but she is very supportive.

Suzi breastfeeds exclusively little Sam and wants to stop breastfeeding completely and start giving other foods and fluids to the baby when he is six months. However, if Suzi stops breastfeeding suddenly; she may get engorged breasts, feel ill and her baby will need another source of food and comfort. Suzi will need to discuss her decision to stop breastfeeding with a breastfeeding counsellor to minimise any health risks and discomfort during this transition.

In ***Session 11: Feeding a child with HIV***, we use the story of Sam and Suzi to illustrate nutritional management during illness and recovery, especially for children who have frequent infections that may be due to HIV. Since Sam and Suzi took good care of themselves and the baby, Little Sam is growing well and is found to be HIV-negative when he is tested at 18 months. We therefore introduce a new family, Sam and Suzi's neighbours. The family have a daughter Leila, who is two years old. Leila has not met her developmental targets and she is often ill. Leila's family is worried that Leila may have HIV although she has not been tested. Leila's mother is ill and Leila's father died a year ago. Because Little Sam is healthy, Leila's mother asks Suzi for help in feeding Leila. Suzi, recalls some of the lessons she learnt from the counsellors such as, 'responsive feeding' and shares this information and some meal planning practices she uses for Little Sam with Leila's mother.

Finally, in ***Session 13: Review of the course***, we use the story of Sam and Suzi to introduce the concept of nutrition care and support for caregivers. Since Suzi now has good knowledge and experience about nutrition and HIV, a community-based organisation employs her as a support worker. The organisation that Suzi works with is aware that people who are providing care and support need to be cared for themselves. Caregivers may be nurses, peer support workers, doctors, dieticians, counsellors, families or neighbours. Course participants can use this story to try and identify the various types of support/services that can be given to support workers/caregivers.

## Annex 2: Nutritional care and support focus at different stages of HIV and AIDS

STAGES	SIGNS	NUTRITION CARE AND SUPPORT
<b>Asymptomatic</b>	No physical sign or symptoms	<ul style="list-style-type: none"> <li>▪ Education about the importance of nutrition for people living with HIV.</li> <li>▪ Eating a variety of foods.</li> <li>▪ Storing and preparing foods safely.</li> </ul>
<b>Symptomatic (acute)</b>	Acute infections; fever; night sweats; fatigue; headache; loss of appetite; loss of < 10% of body weight	<ul style="list-style-type: none"> <li>▪ Continuing with earlier activities.</li> <li>▪ Addressing food and eating-related symptoms.</li> <li>▪ Preventing weight loss.</li> <li>▪ Ensuring sufficient access to food.</li> </ul>
<b>Symptomatic (chronic)/AIDS</b>	Chronic infections; prolonged fever; diarrhoea; TB; pneumonia; loss of > 10% of body weight	<ul style="list-style-type: none"> <li>▪ Continuing with earlier activities.</li> <li>▪ Providing adequate energy to reduce effects of malnutrition</li> <li>▪ Management of drug-nutrient interactions.</li> </ul>
<b>Palliative care</b>	Severe wasting syndrome	<ul style="list-style-type: none"> <li>▪ Alleviating symptoms and providing support to the client and caregiver.</li> </ul>

## Annex 3: Nutritional requirements of people living with HIV<sup>17</sup>

The nutritional requirements of people living with HIV are influenced by several factors, including age, physiological changes (pregnant, breastfeeding), physical activity, clinical stages of health, metabolism and viral load count.

	DAILY ENERGY REQUIREMENTS	TRANSLATION INTO FOOD INTAKE
<b>Adults: HIV-negative/healthy</b>	1999 to 2580 kilocalories.	<ul style="list-style-type: none"> <li>Education about the importance of nutrition for PLHIV.</li> <li>Eating a variety of foods.</li> <li>Storing and preparing foods safely.</li> </ul>
<b>Adults: HIV-positive (early/asymptomatic stage)</b>	10% more energy (an additional 210 kilocalories).	<ul style="list-style-type: none"> <li>1 additional fistful of maize meal or 1 cup of porridge taken during the course of the daily.</li> </ul>
<b>Adults: HIV-positive (late/symptomatic stage)</b>	20-30% more energy (an additional 420 to 630 kilocalories).	<ul style="list-style-type: none"> <li>2 to 3 additional fistfuls of maize meal or 2 to 3 cups of porridge taken during the course of the day.</li> </ul>
<b>Children: HIV-positive</b>	<ul style="list-style-type: none"> <li>More energy, if asymptomatic.</li> <li>20-30% more energy if symptomatic, with poor weight gain.</li> <li>50-100% for those severely malnourished.</li> </ul>	<ul style="list-style-type: none"> <li>Alleviating symptoms and providing support to the client and caregiver.</li> </ul>

### Energy

The requirements for adults also apply to pregnant women and women who are breastfeeding.

### Protein

According to WHO, there is insufficient evidence to support an increase in protein requirement for people living with HIV over and above the normal requirement for health (12% to 15% of total energy, i.e. 50 to 80 grams of protein daily or 1 gram per kilogram of ideal body weight).

### Fat

No evidence that total fat needs are increased above normal requirements for health. However, special advice regarding fat intake might be required for individuals undergoing antiretroviral therapy or experiencing persistent diarrhoea.

<sup>17</sup> Nutrient Requirements for People Living with HIV/AIDS. Report of a technical consultation, World Health Organization, Geneva, 13-15 May, 2003.

## **Vitamins and minerals**

- Adequate intake of vitamins and minerals is best achieved through a well-balanced diet. HIV-infected adults and children should have healthy diets that ensure micronutrient intakes at recommended levels.
- However, dietary intake of vitamins and minerals may not be sufficient to correct nutritional deficiencies in HIV-infected individuals. In settings where recommended intakes cannot be achieved, multiple micronutrient supplements may be needed for high-risk groups such as, pregnant and lactating women.
- Nevertheless, there is evidence that some supplements e.g., vitamins, zinc, and iron, can produce adverse outcomes in HIV-infected people.
- For HIV-infected children (5-59 months old) living in resource-limited settings, periodic (every 4-6 months) vitamin A supplementation is recommended (10 000 IU for infants who are 6-12 months old) and 200 000 IU for children older than 12 months).
- There is no data on the efficacy of other micronutrient supplements for HIV-infected children.
- To prevent anaemia in pregnant women, daily iron-folic acid supplementation (400 g of folic acid and 60 mg of iron) during the first 6 months of pregnancy is recommended; taking this supplementation twice daily is recommended for treating severe anaemia. This applies to both pregnant women living with HIV as well as those who are not infected.
- Daily vitamin A intake by HIV-infected women during pregnancy and lactation should not exceed the recommended levels. A single high-dose of vitamin A (200 000 IU) should be given to women as soon as possible after delivery, but no later than six weeks after delivery.

## Annex 4: Sources of further information

### Courses that could complement this course

- WHO/UNICEF Infant and Young Child Feeding Counselling: An integrated course.
- WHO/UNICEF/USAID HIV and infant feeding counselling tools.
- WHO/UNICEF Breastfeeding Counselling: A training course.
- WHO Complementary Feeding Counselling: A training course

### Other information sources

- <http://www.who.int/nutrition/en/> or
- [http://www.who.int/child\\_adolescent\\_health/en/](http://www.who.int/child_adolescent_health/en/)
- *Breastfeeding and replacement feeding practices in the context of mother-to-child transmission of HIV An assessment tool for research.* Geneva, World Health Organization, 2001.  
[http://www.who.int/child\\_adolescent\\_health/documents/cah\\_01\\_21/en/index.html](http://www.who.int/child_adolescent_health/documents/cah_01_21/en/index.html)
- *Complementary feeding of young children in developing countries: a review of current scientific knowledge.* Geneva, World Health Organization, 1998.  
[http://www.who.int/nutrition/publications/infantfeeding/WHO\\_NUT\\_98.1/en/](http://www.who.int/nutrition/publications/infantfeeding/WHO_NUT_98.1/en/)
- *Complementary feeding: family foods for breastfed children.* Geneva, World Health Organization, 1998.  
[http://www.who.int/nutrition/publications/infantfeeding/WHO\\_NHD\\_00.1/en/index.html](http://www.who.int/nutrition/publications/infantfeeding/WHO_NHD_00.1/en/index.html)
- *Guiding Principles for Complementary Feeding of the Breastfed Child.* PAHO/WHO, Division of Health Promotion and Protection/Food and Nutrition Program, Washington, DC, USA, 2003.  
<http://www.who.int/nutrition/publications/infantfeeding/a85622/en/index.html>
- *FAO/WHO. Living well with HIV/AIDS – A manual on nutritional care and support for people living with HIV/AIDS.* Rome, Food and Agriculture Organization. 2002.  
<http://www.fao.org/DOCREP/005/Y4168E/Y4168E00.htm>
- *Health Care and HIV: Nutritional Guide for Providers and Clients.* HIV/AIDS Bureau, US Department of Health and Human Services, 2002.  
<http://www.aidsetc.org/aidsetc?page=etres-display&resource=etres-193>
- *HIV/AIDS: A Guide For Nutritional Care and Support.* 2nd Edition. Food and Nutrition Technical Assistance Project. Academy for Educational Development, Washington DC, 2004.  
<http://www.fantaproject.org/publications/HIVguide.shtml>
- *HIV and infant feeding. A guide for health care managers and supervisors.* Geneva, World Health Organization, 2003.  
<http://www.who.int/nutrition/publications/hivaids/9241591234/en/index.html>
- *HIV and Infant Feeding: Framework for Priority Action,* Geneva, World Health Organization, 2003.  
<http://www.who.int/nutrition/publications/hivaids/9241590777/en/index.html>



- *HIV and infant feeding. Guidelines for decision-makers.* Geneva, World Health Organization, 2003.  
<http://www.who.int/nutrition/publications/hivaids/9241591226/en/index.html>
  - *HIV transmission through breastfeeding. A review of available evidence - update 2007,* Geneva, World Health Organization, 2008.  
<http://www.who.int/nutrition/publications/hivaids/9789241596596/en/index.html>
  - *Mastitis. Causes and Management.* Geneva, World Health Organization, 2000.  
[http://www.who.int/child\\_adolescent\\_health/documents/fch\\_cah\\_00\\_13/en/](http://www.who.int/child_adolescent_health/documents/fch_cah_00_13/en/)
  - *New data on the prevention of mother-to-child transmission of HIV and their policy implications.* Conclusion and recommendations of WHO Technical Consultation on behalf of the UNFPA/UNICEF/UNAIDS Interagency Task Team on Mother-to-Child Transmission of HIV, Geneva, World Health Organization, October 2000.  
[http://www.who.int/reproductivehealth/publications/rtis/RHR\\_01\\_28/en/](http://www.who.int/reproductivehealth/publications/rtis/RHR_01_28/en/)
  - *Nutrient requirements for people living with HIV/AIDS. Report of a technical consultation, 13–15 May 2003.* Geneva, World Health Organization, 2003.  
<http://www.who.int/nutrition/publications/hivaids/9241591196/en/index.html>
  - *Rapid advice: revised WHO principles and recommendations on infant feeding in the context of HIV - November 2009.* Geneva, World Health Organization, 2009.  
**[http://www.who.int/child\\_adolescent\\_health/documents/9789241598873/en/index.html](http://www.who.int/child_adolescent_health/documents/9789241598873/en/index.html)**
- Sowing Seeds of Hunger* (video, 26 min.). FAO, 2003. *Course organizers can request the video from FAO Headquarters (mail request to [enrique.yeves@fao.org](mailto:enrique.yeves@fao.org)) or through the FAO Representative.*
- The Africa Network for the Care of children Affected by AIDS (ANECCA). *Handbook on paediatric AIDS in Africa.* Regional Centre of Quality Health Care, Kampala, Uganda, revised, July 2006.  
<http://www.fhi.org/en/HIVAIDS/pub/guide/mans1.htm>
  - UNAIDS. *AIDS: Palliative Care.* UNAIDS Technical Update (Best Practice Collection). Geneva, UNAIDS, October 2000.  
<http://www.unaids.org/en/PolicyAndPractice/CareAndSupport/PalliativeCare/>
  - UNAIDS. *Ancient Remedies, New Disease – Involving traditional healers in increasing access to AIDS care and prevention in East Africa.* UNAIDS Case Study (Best Practice Collection). Geneva, UNAIDS, June 2002.  
[http://search.unaids.org/Preview.aspx?d=en&u=Publications/IRC-pub02/jc761-ancientremedies\\_en.pdf&p=%2fcgibin%2fMsmGo.exe%3fgrab\\_id%3d0%26page\\_id%3d4707%26query%3dancient%2520remedies%26hiword%3dancient%2520remedies%2520%26PV%3d1](http://search.unaids.org/Preview.aspx?d=en&u=Publications/IRC-pub02/jc761-ancientremedies_en.pdf&p=%2fcgibin%2fMsmGo.exe%3fgrab_id%3d0%26page_id%3d4707%26query%3dancient%2520remedies%26hiword%3dancient%2520remedies%2520%26PV%3d1)

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## Annex 5: Course pre- and post-test

1. What is the difference between HIV and AIDS? *(write the answer below)*
  
  
  
  
  
  
  
  
  
  
2. Name **THREE** ways in which HIV and AIDS can affect nutrition of PLWHIV. (write the answer below)
  - 1)
  - 2)
  - 3)
  
  
  
  
  
  
  
  
  
  
3. Name any **THREE** functions of food/nutrients. (write the answer below)
  - 1)
  - 2)
  - 3)
  
  
  
  
  
  
  
  
  
  
4. Name **THREE** common things that may cause eating difficulties for PLWHIV. *(write the answers below)*
  - 1)
  - 2)
  - 3)
  
  
  
  
  
  
  
  
  
  
5. Name **THREE** suggestions on what to do when there is no enough food for PLWHIV. *(write the answers below)*
  - 1)
  - 2)
  - 3)

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For multiple choice questions below, circle the correct answer. Some questions have more than one correct answer

6. What are **TWO** ways that you can communicate to clients during counselling?
- a) Immediately tell the client off if she/he is doing something wrong
  - b) Creating comfortable environment, which put them at ease and encourage them to talk?
  - c) Make one or two suggestions not commands
7. What are **TWO** major signs of AIDS in adults and children?
- a) Weight loss or wasting
  - b) Severe diarrhoea lasting more than one month
  - c) Trouble seeing
8. What are the **TWO** suggestions you can give to a person complaining of loss of appetite?
- a) Eat small frequent meals throughout the day; eat something 2-3 hours
  - b) Increase intake of fatty foods
  - c) Prepare their own food, since they are the ones who know how they like their food
  - d) Try to eat dry foods such as dry bread or plain toast
9. Which is the correct way to make Oral Rehydration Solution (ORS)
- a) 8 tablespoons of sugar, ½ teaspoon of salt and boiled water
  - b) 12 tablespoons of sugar, 18 teaspoons of salt and water
  - c) 8 tablespoons of sugar, 12 teaspoons of cereals and boiled water
10. What are the **TWO** ways of minimizing transmission of HIV from mother to child?
- a) Giving ARVs to the mother during labour and the baby shortly after birth
  - b) Mixed feeding (giving the baby breast milk and other foods or liquids)
  - c) Exclusive breast feeding or exclusive formula feeding
11. What are some of the ways of preparing safer food?
- a) Cook food thoroughly. For meat and poultry, make sure juices are clear, not pink.
  - b) Wash your hands before touching food and between touching raw and cooked food during food preparation
  - c) Wash all raw fruits and vegetables thoroughly with safe water before use or, peel them before eating.
  - d) All of the above

Read the following statements; check whether the statements are true or false (*mark the appropriate box with a ✓*)

	Statements	True	False
12	Good nutrition will cure HIV		
13	A well-nourished person is stronger and able to fight infections		
14	PLWHIV should avoid eating animal and milk products		
15	Fermented milk is beneficial for people with diarrhoea		
16	Good nutrition will improve the effect of ART helping the person recover their body's immunity and improving the overall well-being		
17	All breastfeeding babies born to HIV positive mothers get HIV		
18	HIV and AIDS affect the way the body used food/nutrients		
19	Food that gives as energy (such as rice, maize) should make the largest part of our meals		
20	Physical activity such as household chores and light work in the garden/field are of benefits to PLWHIV		
21	Drinking tea or coffee with meals increases absorption of iron that we get from the food we eat		
22	When suggesting foods to a person, consider his/her person likes and habits		
23	Give extra food to children during illness and when recovering from illness		
24	Excessive intake of some micronutrients can be toxic		
25	There are some herbal remedies that can cure and treat HIV and AIDS		

## Annex 6: Course evaluation sheets

### *Part 1: Evaluation of the participants' learning*

You have just completed the *Nutritional care and support for people living with HIV course*. Please answer the following questions thoughtfully and completely. Your answers will help us improve this course. Thank you.

1. After completing the course I rate myself as (please tick ✓ in the chosen column)

	<b><i>Able to</i></b>	<b><i>Partially able to</i></b>	<b><i>Not able to</i></b>	<b><i>I was able to do this before the course</i></b>
List two ways in which nutrition affects HIV				
Gather information on current feeding and nutrition practices and concerns of an individual				
Offer suggestions on ways of improving current feeding and nutrition practices of an individual				
Participate in local discussions on practical nutrition and feeding policies and practices for people living with HIV				

2. Overall, I would rate this course as (circle one): **Excellent**      **Good**      **Poor**

3. I learnt from this course (circle one):  
**Very much**                                      **Moderate amount**                                      **Very little**

4. What have you learnt from this course that would be most useful in your work with people living with HIV and their caregivers?

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## **Part 2: Evaluation of how the course was conducted**

### **Aim**

**The aim of the course is to assist community level health workers and other extension workers to:**

- Improve their knowledge and skills on nutrition care and support for people with HIV and their families
- Understand the importance of using good communication skills when providing nutrition counselling, care and support for people living with HIV and their families
- Be able to effectively transfer the nutrition care and support messages to people living with HIV and their families

Comments:

Please use the following grading scale and comment constructively as appropriate

**1 very low ----- 5 very high**

**Programme:**

To what extent was the following useful?

1. Opening remarks and general presentation of the work	
2. Presentation of the expected outcomes	
3. Way forward - list of actions	
4. Closing remarks	
Comments	

## Process

Please grade the following

### Session 1

#### Nutrition and HIV

1. Content	
2. Time management	
3. Facilitation	
4. Style- methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the context in your county's work	
Comments:	

### Session 2

#### Introduction to communication skills

1. Content	
2. Time management	
3. Facilitation	
4. Style- methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the context in Swaziland work	
Comments:	

### Session 3

#### Eating wisely

1. Content	
2. Time management	
3. Facilitation	
4. Style- methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the context in Swaziland work	
Comments:	

**Session 4****Food safety for people with HIV and AIDS**

1. Content	
2. Time management	
3. Facilitation	
4. Style- methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the context in Swaziland work	
Comments:	

**Session 5****Improving food intake**

1. Content	
2. Time management	
3. Facilitation	
4. Style- methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the context in Swaziland work	
Comments:	

**Session 6****Preventing weight loss and promoting physical activity**

1. Content	
2. Time management	
3. Facilitation	
4. Style- methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the context in Swaziland work	
Comments:	



**Session 7****Nutrition for people on Antiretroviral Therapy**

1. Content	
2. Time management	
3. Facilitation	
4. Style- methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the context in Swaziland work	
Comments:	

**Session 8****Nutrition for pregnant and breastfeeding women with HIV**

1. Content	
2. Time management	
3. Facilitation	
4. Style- methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the context in Swaziland work	
Comments:	

**Session 9****Feeding options for infant of HIV positive mothers**

1. Content	
2. Time management	
3. Facilitation	
4. Style- methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the context in Swaziland work	
Comments:	

**Session 10 Feeding a child with HIV**

1. Content	
2. Time management	
3. Facilitation	
4. Style- methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the context in Swaziland work	
Comments:	

**Session 11 Improving access to food**

1. Content	
2. Time management	
3. Facilitation	
4. Style- methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the context in Swaziland work	
Comments:	

**Session 12 The use of nutritional supplements and herbal remedies**

1. Content	
2. Time management	
3. Facilitation	
4. Style- methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the context in Swaziland work	
Comments:	

Your comments are very important to us. Please write on the back of this sheet any additional comments or observations that you have about the course, including suggestions for improvements.

Thank you.



Good nutrition is a fundamental part of caring for people living with HIV/AIDS. Good nutrition translated into a balanced diet is a positive way to respond to this illness, and it helps people live better, longer and more comfortable lives.

This short course, which takes into account recent findings, aims to provide caregivers with practical knowledge about nutrition care and support for people living with HIV/AIDS. The course also seeks to sharpen caregivers communication skills to enable them to provide appropriate guidance in choosing the right foods, and in preparing them appetizingly and safely for people who are ill or with poor appetite.

The course consists of a package of fifteen sessions that take about 12 to 15 hours to complete using a variety of classic teaching methods, including lectures, demonstrations, role-play and exercises. In addition to sessions on basic nutrition and communication skills, topics include feeding of the child living with HIV, the role of medicines and myths in nutritional care, and discussion on how to increase access to food.

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