



NUTRITION CARE FOR PEOPLE LIVING WITH HIV AND AIDS (PLWHA)



Training Manual for Community
and Home-Based Care Providers
Participant Handouts

2008



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NUTRITION CARE FOR PEOPLE LIVING WITH HIV AND AIDS (PLWHA)

TRAINING MANUAL FOR COMMUNITY AND HOME-BASED CARE PROVIDERS

PARTICIPANT HANDOUTS

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HANDOUT 1.1. Training Schedule

Session	Topic	Proposed duration
DAY 1		
SESSION 1	INTRODUCTIONS, EXPECTATIONS AND COURSE OBJECTIVES	1 hour
SESSION 2	LISTENING AND LEARNING SKILLS <ul style="list-style-type: none"> • Listening and learning skills • Counselling, teaching/guidance and giving advice • Steps used in counselling 	1½ hours
SESSION 3	BASIC NUTRITION <ul style="list-style-type: none"> • Definitions and factors that affect nutrition • Food groups and their importance • Frequency, Amount, Different food groups, Density, Active feeding and Hygiene (FADDAH) • PRACTICE creating meals to help PLWHA eat well 	2½ hours
SESSION 4	RELATIONSHIP BETWEEN NUTRITION AND HIV <ul style="list-style-type: none"> • Relationship between nutrition and HIV and the importance of good nutrition for PLWHA • Reasons PLWHA become undernourished 	1½ hours
DAY 2		
SESSION 5	CRITICAL NUTRITION PRACTICES TO IMPROVE AND MAINTAIN GOOD NURITION <ul style="list-style-type: none"> • Critical Nutrition Practices for PLWHA 	1½ hours
SESSION 6	ASSESSING NUTRITION DURING HOME VISITS <ul style="list-style-type: none"> • Importance of nutrition assessment for PLWHA • Weighing PLWHA during home visits • Using MUAC to assess the nutritional status of PLWHA • Dietary intake and other assessments during home visits 	2½ hours

Session	Topic	Proposed duration
SESSION 7	IMPROVING THE QUALITY OF HOUSEHOLD FOODS <ul style="list-style-type: none"> Improving the quality of food Addressing HIV-related symptoms by improving food quality 	1½ hours
SESSION 8	FOOD AND WATER SAFETY AND HYGIENE <ul style="list-style-type: none"> Food and water safety and sanitation for PLWHA PRACTICE giving food and water safety messages 	1 hour
SESSION 9	DIETARY MANAGEMENT OF HIV-RELATED COMPLICATIONS <ul style="list-style-type: none"> Managing HIV-related symptoms through diet PRACTICE counselling on dietary management of HIV-related symptoms Preparing ORS in the home 	2 hours

DAY 3		
SESSION 10	MANAGEMENT OF DRUG-FOOD INTERACTIONS AND SIDE EFFECTS <ul style="list-style-type: none"> Drug-food interactions Symptoms associated with drugs taken by PLWHA PRACTICE supporting clients to manage drug-food interactions 	1½ hours
SESSION 11	NUTRITION CARE AND SUPPORT OF HIV-POSITIVE PREGNANT AND LACTATING WOMEN <ul style="list-style-type: none"> Nutrition care and support of HIV-positive pregnant and lactating women Cultural and gender issues that affect the nutrition of HIV-positive pregnant and lactating women 	1 hour
SESSION 12	FEEDING HIV-POSITIVE INFANTS AND CHILDREN <ul style="list-style-type: none"> Nutrition problems of HIV-positive infants and children Home nutrition support for HIV-positive infants and children 	1½ hours

SESSION 13	FOLLOW-UP, REFERRAL AND NETWORKING <ul style="list-style-type: none"> • Definitions of follow-up, referral, and networking • Follow-up visit actions • Key partners for referral 	1½ hours
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DAY 4		
SESSION 14	NUTRITION COUNSELLING PRACTICE AND WORK PLANNING <ul style="list-style-type: none"> • Field practice in homes and communities • Feedback on practice sessions • Planning counselling and education sessions for PLWHA in the community 	4 hours

HANDOUT 2.1.COUNSELLING OBSERVATION CHECKLIST (ALIDRAA)

- Greets the client (and caregivers) and establishes confidence
- Asks** the client (and caregivers) about current eating practices
- Listens** to what the client (and caregivers) says
- Identifies** key difficulties, if any, and selects with the client (and caregivers) the most important one to address
- Discusses** options
- Recommends** and negotiates do-able actions, helping the client (and caregivers) select the best option to try depending on their context and resources
- Helps the client (and caregivers) **Agree** to try one of the options and asks the client (and caregivers) to repeat the agreed do-able action
- Makes an **Appointment** for the follow-up visit

Name one or more things the counsellor did well:

What one thing would you recommend the counsellor to do to improve next time?

HANDOUT 3.1. ILLUSTRATIONS OF UNDERNOURISHED AND WELL-NOURISHED ADULTS AND CHILDREN



HANDOUT 3.2. FOOD GROUPS

Energy foods: Staples		Body-building foods
<p>Cereals</p> <ul style="list-style-type: none"> • Millet • Rice • Wheat • Sorghum • Maize <p>Tubers and roots</p> <ul style="list-style-type: none"> • Yams • Arrowroot • Cassava • Sweet potatoes • Irish potatoes <p>Bananas and plantains</p>	<p>Cooked cereals</p> <ul style="list-style-type: none"> • <i>Ugali/sima</i> • Bread • Porridge 	<p>Plant foods</p> <p>Legumes</p> <ul style="list-style-type: none"> • Beans—all types • Peas • Groundnuts <p>Nuts</p> <p>Animal foods</p> <ul style="list-style-type: none"> • Meat (beef, pork, mutton, goat) • Chicken/birds • Fish • Cheese • Eggs • Milk and milk products • Edible insects
Protective foods: Foods with vitamins and minerals		Extra energy foods
<p>Vegetables</p> <ul style="list-style-type: none"> • Green leaves: • Sweet potato leaves • Cassava leaves • Spinach • Pumpkin leaves • Carrots • Pumpkin and pumpkin flowers • Amaranth • Okra • Wild vegetables 	<p>Fruits</p> <ul style="list-style-type: none"> • Guava • Oranges • Baobab • Mango • Passion fruit • Papaya • Pineapple • Jackfruit • Wild fruits 	<p>Animal fats</p> <ul style="list-style-type: none"> • Ghee • Butter <p>Vegetable oils</p> <ul style="list-style-type: none"> • Sunflower oil • Palm oil • Corn oil • Margarine <p>Cane sugar Honey</p>

HANDOUT 3.3. COUNSELLING CARD ON EATING WELL FOR PLWHA

THEME 2 EATING WELL FOR PLWHA

2.1 EAT MEALS THAT HAVE A VARIETY OF FOOD TYPES

It is important for PLWHA to eat a variety of food types to meet nutritional needs.



- I. Explain that it is important for PLWHA to eat well to meet the body's needs for proper functioning, growth and repair and to maintain health.
 - Different types of foods play different roles in the body. Therefore the body needs different types of foods to be able to meet its nutritional needs.
 - PLWHA have increased nutritional needs resulting from HIV infection. In some cases medication may also change nutritional needs.
 - Failing to meet the body's nutritional needs will lead to poor nutritional status, which further weakens the ability to fight disease and leads to weight loss.
 - Eating well helps PLWHA meet their bodies' nutritional needs. It also can help medication work well.
- II. Ask about the client's understanding of the need for food from each of the food groups.
 - Energy-giving foods (top and right of chart) (e.g., cereals, tubers and oils) give the body power, strength and energy to function.
 - Body-building foods (bottom of chart) (e.g., animal products, nuts and beans) help build the body's muscles and cells, defence system and enzymes.
 - Protective foods (left of chart) (e.g., vegetables and fruits) strengthen the body's ability to fight disease and help cleanse the-body of toxins and by-products of body functions.
- III. Explain that eating well means eating adequate amounts of the different varieties of foods needed by the body.
 - A good meal should include foods from the three food groups and a drink.
 - It is important to drink plenty of fluids, especially cool boiled water (at least eight glasses a day), preferably between meals and after meals.
 - PLWHA should have a good meal at least three times a day plus snacks.
- IV. Discuss with the client food combinations that are available in his/her community. Make sure the combinations include the three food types plus clean water.

HANDOUT 3.4. SEASONAL CALENDAR OF LOCAL AFFORDABLE FOODS

Complete the list below with foods that are available locally in the market and shops around the community you serve. Use this list to counsel clients on good nutrition. Help them identify foods they can eat even when they are not feeling well and show them how they can vary their diet to include as many foods from all the food groups as possible.

Energy foods		Protective foods		Body-building foods	
Staple foods (cereals, tubers and roots)		Fruit		Animal sources	
<u>January</u>	<u>February</u>	<u>January</u>	<u>February</u>	<u>January</u>	<u>February</u>
<u>March</u>	<u>April</u>	<u>March</u>	<u>April</u>	<u>March</u>	<u>April</u>
<u>May</u>	<u>June</u>	<u>May</u>	<u>June</u>	<u>May</u>	<u>June</u>
<u>July</u>	<u>August</u>	<u>July</u>	<u>August</u>	<u>July</u>	<u>August</u>
<u>September</u>	<u>October</u>	<u>September</u>	<u>October</u>	<u>September</u>	<u>October</u>
<u>November</u>	<u>December</u>	<u>November</u>	<u>December</u>	<u>November</u>	<u>December</u>

Fats and oils	Vegetables		Plant sources	
	<u>January</u>	<u>February</u>	<u>January</u>	<u>February</u>
	<u>March</u>	<u>April</u>	<u>March</u>	<u>April</u>
	<u>May</u>	<u>June</u>	<u>May</u>	<u>June</u>
	<u>July</u>	<u>August</u>	<u>July</u>	<u>August</u>
	<u>September</u>	<u>October</u>	<u>September</u>	<u>October</u>
	<u>November</u>	<u>December</u>	<u>November</u>	<u>December</u>

HANDOUT 3.5. JOB AID 1: EATING WELL

All people with HIV should eat meals containing a variety of foods that supply the different nutrients needed for the body's functions, such as staying strong and fighting infection.

- 1. Discuss with the client the different food groups (use the list of locally available and affordable foods in your community).**
 - Energy foods: Staple foods (cereals, tubers and roots)
 - Body-building foods: From animal and plant sources
 - Protective foods: Fruits and vegetables
 - Fats and oils
- 2. Explain that each meal should include a variety of foods from all the food groups below.**
 - A staple food
 - Legumes, animal and milk products
 - Vegetables and fruits (different kinds, different parts, including leaves and roots and different colours—red, orange, yellow, dark green)
 - Fats and oils as well as sugar and sugary foods (but in moderation)
- 3. Discuss local foods from each food group that the client can afford to eat and come up with a few meal ideas which include foods from all the food groups.**
- 4. Counsel the client to:**
 - Drink plenty of clean, safe and boiled water, about 2 litres or 8 glasses a day. Drink even more if sweating from exertion or losing fluids through diarrhoea or vomiting.
 - Use home-made juices and soups to increase fluid intake, if possible.
 - Avoid drinking alcohol, which takes water from the body.
- 5. Encourage the client to:**
 - Eat adequate amounts of food, at least three meals a day if possible.
 - Eat less food but more meals (five or six small meals a day) if sick.
 - Include an energy-dense snack between meals to help meet the increased energy needs of people with HIV.
 - Have two or more snacks in addition to regular meals if you have an opportunistic infection, TB, pneumonia, diarrhoea, mouth or throat sores, or unintended weight loss.
- 6. Discuss with the client how to improve nutrient intake.**
 - Use foods that have vitamins and minerals added. Read labels to know what nutrients have been added (if possible, identify fortified foods available in the community and tell the client about them).
 - Steam or cook vegetables in a little water to preserve the vitamins and minerals or add small amounts of boiling water to vegetables to reduce cooking time and preserve the vitamins and minerals.
 - Ferment or germinate cereal foods to release some of the minerals so that they are available to the body. Fermentation can also improve flavour and taste, preserve foods and reduce cooking time.
 - Soak and remove the top cover/skin from most seeds to improve the digestibility of the food and reduce cooking time.
- 7. Encourage the client to tell a health provider about any supplements he/she is taking.**

SNACK IDEAS

- Porridge with added sugar, milk or oil as tolerated and desired
- Eggs—boiled, scrambled or fried as tolerated
- Yoghurt with fruit
- Tea with sugar and bread with butter, cheese or groundnut paste
- Groundnuts and a glass of fresh juice made with clean and safe boiled water

HOW TO FERMENT CEREALS AT HOME

Millet, rice, maize, amaranth, beans, lentils

Soak the desired amount of grain in an equal amount of water to which you've added 1 tablespoon raw vinegar, fresh lemon juice, or plain yogurt (use 2–3 tablespoons if cooking a large amount of grain). Cover and let sit at room temperature for at least 7 hours, preferably longer. When ready to cook, add remaining required amount of water and cook (for beans, discard the soaking water first).

Raw nuts and seeds

Place the raw nuts or seeds in a bowl, add 1 tablespoon iodized salt and cover with water. Leave at room temperature for 6-8 hours. Drain the water. Air dry the nuts or seeds on a clean cloth.

HOW TO GERMINATE FOODS AT HOME

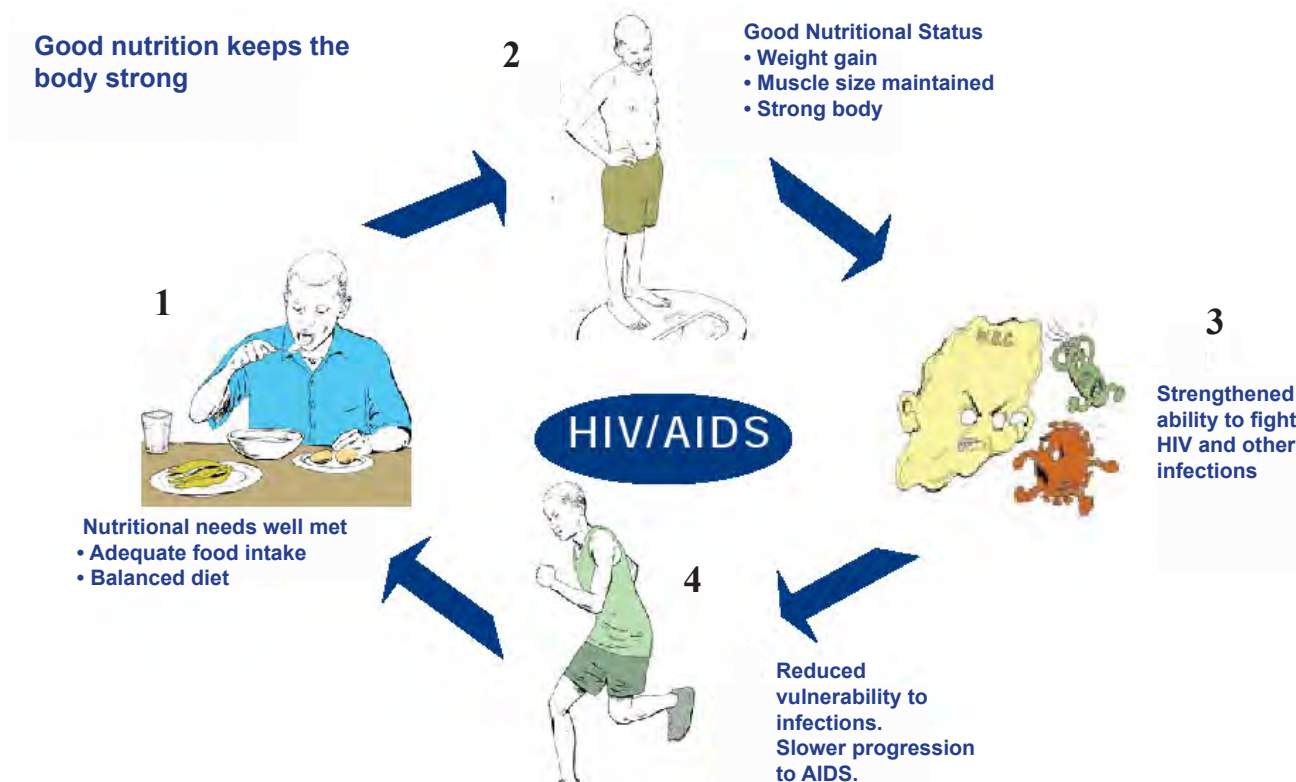
Pumpkin, sunflower, sesame and melon seeds; legumes

To sprout seeds or legumes, moisten them and leave them at room temperature in a glass jar or bowl with a piece of cloth secured over its rim. Allow water to drain from it, because sprouts that sit in water will rot quickly. The seeds or legumes will swell and begin germinating within a day or two. Rinse the sprouts three or four times a day to prevent them from souring. Depending on which seed is used, after 3–5 days they will be 2–3 inches long and will be suitable to eat. If left longer, they will begin to develop leaves and are then known as baby greens. A popular baby green is sunflower after 7–10 days.

HANDOUT 4.1. COUNSELLING CARD ON GOOD NUTRITION

THEME 1 GOOD NUTRITION IS IMPORTANT FOR THE WELL-BEING OF PLWHA

1.1 GOOD NUTRITION KEEPS THE BODY STRONG



Ask the client to describe what he/she sees in the picture.

Building on the client's response, explain how good nutrition affects HIV.

1. The picture to the left

- The PLWHA is eating well and absorbing foods needed by the body.
- HIV increases the body's needs for food.

2. The picture above

- Because the PLWHA is able to meet his extra food needs, he will not lose weight. He will be able to stay strong and well nourished.
- The PLWHA has a well-nourished body that enables him to build strength to fight HIV and other diseases.

3. The picture on the far right

- The body's defence system is strengthened against disease and infection because the body has enough nutrients stored.
- The body can therefore respond effectively to infection. This delays progression of HIV to AIDS.

4. The picture below

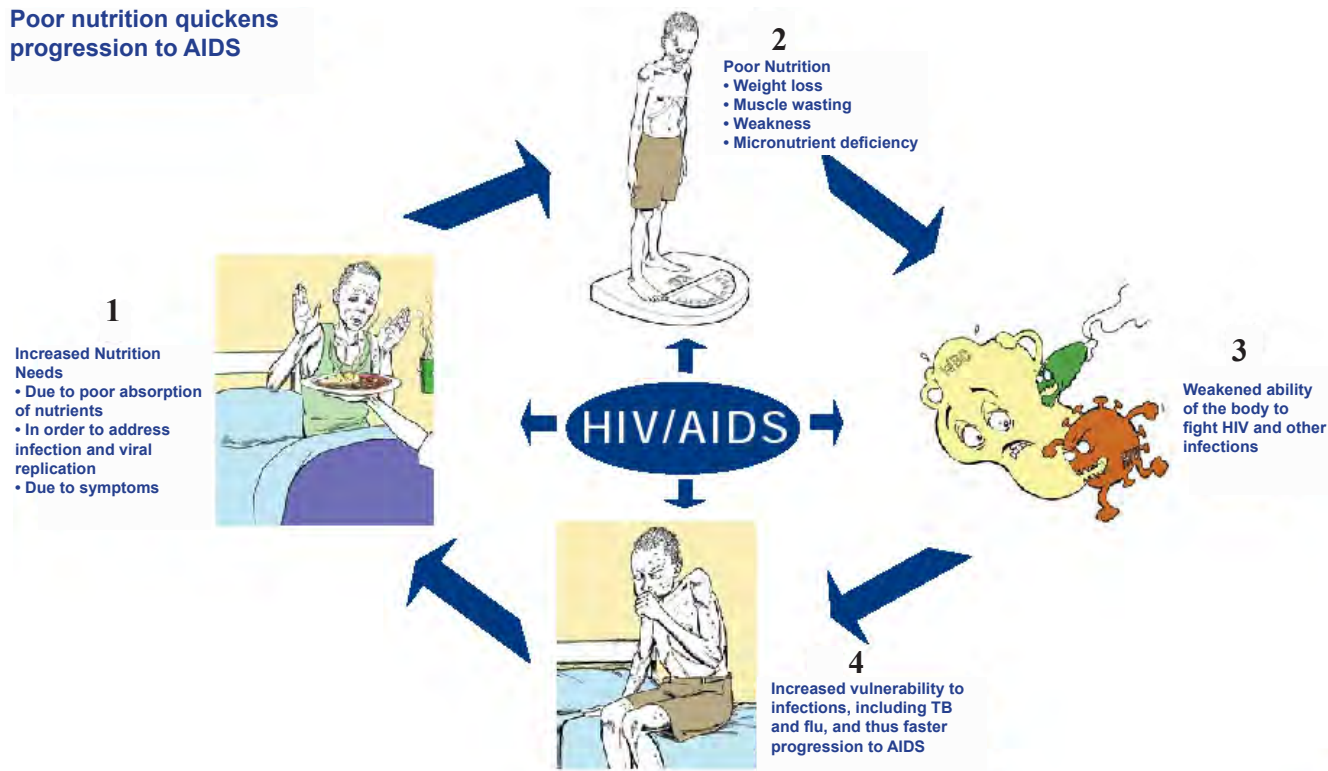
- The body does not easily get infections. This makes the PLWHA stay strong and less dependent on others.
- Because the PLWHA does not get frequent infections, progression of HIV to AIDS is delayed. The PLWHA will have a good appetite, and the cycle continues.

HANDOUT 4.2. COUNSELLING CARD ON POOR NUTRITION

THEME 1 POOR NUTRITION QUICKENS PROGRESSION OF HIV TO AIDS

1.2 GOOD NUTRITION IS IMPORTANT FOR THE WELL-BEING OF PLWHA

Poor nutrition quickens progression to AIDS



Ask the client what he/she sees in the picture.

Explain to the client how poor nutritional status affects progression of HIV to AIDS.

1. The picture to the left

- HIV and frequent infections increase the nutritional needs of the PLWHA.
- But the PLWHA cannot take in enough food to get the needed nutrients. This is usually due to loss of appetite, poor absorption of nutrients, and changes in the way food is utilised in the body resulting from HIV and frequent infections.

2. The picture above

- Poor intake of food leads to loss of weight, body weakness, nutrient deficiencies and poor nutritional status.
- Poor nutritional status weakens the body's ability to fight diseases even further and increases vulnerability to infections and to the impact of HIV.

3. The picture on the far right

- HIV destroys the body's natural ability to fight disease and infection.
- As a result, the body's ability to fight infections is greatly reduced.

4. The picture below

- With its ability to fight infections weakened, the body becomes vulnerable to infections that normally may not have affected the person.
- Frequent infections make the body weaker and lead to faster progression from HIV to AIDS.

HANDOUT 4.3. JOB AID 2: THE IMPORTANCE OF GOOD NUTRITION

On the first visit, inform clients of the importance of good nutrition. This can motivate them to pay attention to their nutrition and follow your nutrition recommendations.

1. Explain to the client that HIV can cause or worsen malnutrition.

- HIV increases energy needs, so a person with HIV has to eat more food to get this energy.
- HIV increases the risk of opportunistic infections, which reduce the body's ability to absorb nutrients and can cause or worsen nutrient deficiencies.
- Symptoms of opportunistic infections such as fever, loss of appetite, nausea, vomiting, diarrhoea and mouth sores (thrush) can reduce food intake or access to food
- Some side effects of medicines such as ARVs may cause loss of appetite or affect the body's absorption of nutrients.

2. Explain to the client that poor nutrition can worsen the effects of HIV by:

- Weakening the immune system
- Increasing susceptibility to infections
- Slowing recovery from infections

3. Counsel the client on the importance of good nutrition.

- Good nutrition helps the body grow, develop and repair itself.
- Good nutrition helps you feel stronger and look better.
- Good nutrition helps strengthen the immune system regardless of HIV status.
- Good nutrition may help slow the progression of HIV to AIDS.
- Good nutrition allows you to remain productive, makes you physically stronger and enables you to do more physical activity such as household chores.
- Good nutrition can help prevent weight loss.
- Good nutrition helps the body utilize some medicines.

HANDOUT 5.1. CRITICAL NUTRITION PRACTICES, SUPPORTING MESSAGES AND EXPLANATIONS

Critical Nutrition Practice	Key message	Explanation of the message
1. Have periodic nutrition assessments done (especially weight).	<ul style="list-style-type: none"> If you have HIV-related symptoms, get weighed every month. If you do not have HIV-related symptoms, get weighed every 3 months. 	<ul style="list-style-type: none"> Unintentional weight loss or gain may imply poor health and may lead to hospitalization.
	<ul style="list-style-type: none"> Keep a record of your weight in a book or on a weight chart. 	<ul style="list-style-type: none"> This allows you to track your weight change and take action early if there are problems.
	<ul style="list-style-type: none"> Seek clinical care if you lose more than 6 kg of weight in 2 or 3 months. 	<ul style="list-style-type: none"> Such quick weight loss indicates poor health or eating habits.
	<ul style="list-style-type: none"> When possible, ask the health provider to calculate your body mass index (BMI). 	<ul style="list-style-type: none"> BMI under 18.5 indicates nutrition risk.

Critical Nutrition Practice	Key message	Explanation of the message
<p>2. Increase energy intake by eating a variety of foods, especially energy-rich foods. Increase the frequency of meals, especially if you are sick.</p>	<ul style="list-style-type: none"> • Eat locally available and affordable foods from each food group to develop a varied diet and increase energy intake. 	<ul style="list-style-type: none"> • PLWHA need to consume more energy every day than people of the same age, sex and physical activity who are not infected with HIV to make sure the body gets all the nutrients its needs.
	<ul style="list-style-type: none"> • Eat five times a day (three meals and two snacks in a day). 	<ul style="list-style-type: none"> • Because HIV affects digestion and absorption, you need to eat small meals often, especially when you are sick, to get the amount of energy your body needs.
	<ul style="list-style-type: none"> • Eat foods from the different food groups at each meal. 	<ul style="list-style-type: none"> • Staple foods give energy, body-building foods build muscle and give strength, and fruits and vegetables strengthen immunity.
	<ul style="list-style-type: none"> • Enrich meals with energy-dense foods such as groundnut paste, oil or fat, sugar or honey or milk powder. 	<ul style="list-style-type: none"> • Most staple foods are low in energy and nutrient density and therefore need to be enriched or fortified.
	<ul style="list-style-type: none"> • Eat supplementary foods that contain high levels of energy, protein and micro-nutrients, such as corn-soy blend, where they are available and affordable. 	
	<ul style="list-style-type: none"> • If you have no appetite or are not eating enough, ask caregivers to help obtain and prepare food and help you eat. 	
<p>3. Drink plenty of clean and safe (boiled or treated) water.</p>	<ul style="list-style-type: none"> • Drink about 8 glasses of clean, safe water a day. 	<ul style="list-style-type: none"> • Drinking unclean, unboiled water increases the risk of opportunistic infections in PLWHA, whose immune systems are weak, and can lead to severe diarrhoea and hence weight loss.
	<ul style="list-style-type: none"> • Boil or treat drinking water. 	
	<ul style="list-style-type: none"> • Have enough clean, safe drinking water in the home at all times for drinking and taking medicine. 	

Critical Nutrition Practice	Key message	Explanation of the message
4. Live positively and practice a healthy lifestyle by avoiding risky behaviours.	<ul style="list-style-type: none"> Practice safer sex (ask the community health worker or health care provider for condoms if needed). 	<ul style="list-style-type: none"> Unsafe sex practices can lead to re-infection with HIV and hasten progression of HIV to AIDS. It is important to avoid infecting others.
	<ul style="list-style-type: none"> Avoid alcohol, especially if taking medicines. 	<ul style="list-style-type: none"> Alcohol interferes with digestion, absorption, storage and utilization of food and nutrients.
	<ul style="list-style-type: none"> Avoid smoking cigarettes and taking non-prescription drugs. 	<ul style="list-style-type: none"> Smoking interferes with appetite and increases the risk of cancer and respiratory infections, particularly tuberculosis.
	<ul style="list-style-type: none"> Avoid eating junk foods such as chips and sodas and sugary foods such as cake and candy. 	<ul style="list-style-type: none"> Most sweetened, coloured drinks sold in shops contain water, sugar, food colour and artificial flavour—they are not fruit juice.
	<ul style="list-style-type: none"> Seek help to manage depression and stress. 	<ul style="list-style-type: none"> Stress and depression may interfere with appetite and hence food intake.
	<ul style="list-style-type: none"> Get enough rest. 	
5. Maintain high levels of hygiene and sanitation.	<ul style="list-style-type: none"> Wash your hands with water and soap after using the toilet or helping children to use the toilet and before handling and preparing food to avoid infection. 	<ul style="list-style-type: none"> PLWHA can easily get infections. It's very important to prevent illness when your immune system is weak.
	<ul style="list-style-type: none"> Be careful when buying ready-to-eat foods which may be handled and prepared in unhygienic environments and contaminated. 	<ul style="list-style-type: none"> Diarrhoea affects digestion and absorption of food and sheds essential nutrients.
6. Get physical activity (exercise).	<ul style="list-style-type: none"> Exercise regularly to strengthen and build your muscles, improve your appetite, manage stress, and improve your overall health. 	<ul style="list-style-type: none"> Regular physical exercise makes people more alert, relieves stress, stimulates appetite and strengthens and builds lean muscles.
	<ul style="list-style-type: none"> Exercise can include doing household chores, gardening, walking or running. 	

Critical Nutrition Practice	Key message	Explanation of the message
7. Seek early treatment of infections and use dietary practices to manage symptoms when possible.	<ul style="list-style-type: none"> Seek immediate clinical help to manage illness. 	
	<ul style="list-style-type: none"> Inform your clinician of any traditional remedies or other nutritional supplements you are taking. 	<ul style="list-style-type: none"> Some supplements make false claims through aggressive advertising. Always seek advice from a health professional about taking supplements.
	<ul style="list-style-type: none"> Manage HIV-related symptoms such as nausea and vomiting or appetite loss through dietary practices. 	<ul style="list-style-type: none"> Nutrition supplements should not replace food and do not treat HIV and AIDS.
8. Manage food and drug interactions or drug side effects.	<ul style="list-style-type: none"> Ask your community health worker to help you make a drug-food schedule that tells you when to take your medicines in relation to meal times. Ask someone to help you stick to the schedule. 	<ul style="list-style-type: none"> Some drugs need to be taken with food, some on an empty stomach and some with or without food. Some drugs interact with other foods, which may make them work better or not as well
	<ul style="list-style-type: none"> Ask about side-effects that are likely to result from the drugs you are taking and learn dietary approaches to manage them. 	
	<ul style="list-style-type: none"> Always take your medicines according to the schedule and dosages the doctor gives you. 	

HANDOUT 6.2. NUTRITIONAL STATUS CLASSIFICATIONS AND ACTIONS

Body mass index (BMI)

Measurement (adults)	Condition	Actions
18.5–24.9 cm	Normal nutritional status	<ul style="list-style-type: none"> • Provide education and counselling on the Critical Nutrition Practices. • Counsel on eating well. • Counsel on the importance of good nutrition.
16.0–18.4 cm	Moderate malnutrition	<ul style="list-style-type: none"> • Refer for supplementary feeding if available. • Refer for admission to therapeutic feeding if the client is unable to stand and seems dehydrated.
< 16 cm	Severe malnutrition	<ul style="list-style-type: none"> • Refer for admission to therapeutic feeding.

Mid-upper arm circumference (MUAC)

Measurement (adults)	Condition	Actions
23 cm	Normal nutritional status	<ul style="list-style-type: none"> • Provide education and counselling on the Critical Nutrition Practices. • Counsel on eating well. • Counsel on the importance of good nutrition.
18.5–21.0 cm	Mild malnutrition	<ul style="list-style-type: none"> • Provide counselling and education on eating well and maintaining good nutrition. • Refer for treatment of opportunistic infections. • Counsel on preventing infections by maintaining food and water safety and hygiene).
16.0–18.5 cm	Moderate malnutrition	<ul style="list-style-type: none"> • Refer for supplementary feeding if available. • Refer for admission to therapeutic feeding if the client is unable to stand and seems dehydrated.
< 16 cm	Severe malnutrition	<ul style="list-style-type: none"> • Refer for admission to therapeutic feeding.

Weight loss

Weight change	Actions
More than 3 kg in 1–2 months	<ul style="list-style-type: none">• Refer for nutrition assessment to classify nutritional status and identify the need for therapeutic or supplementary food.• Counsel to improve food intake and treat possible infections.• Assess for ART.• Prevent and treat infections.
2–3 kg in 2 months	<ul style="list-style-type: none">• Provide nutrition counselling• Refer for nutrition assessment to classify nutritional status and identify the need for therapeutic or supplementary food.• Counsel on preventing infections through food and water hygiene and safety and treat infections if needed.
No loss or less than 1 kg	<ul style="list-style-type: none">• Provide nutrition counselling.• Demonstrate resistance exercises to build muscles.• Counsel on preventing infections through (food and water hygiene and safety and treat infections if needed.

HANDOUT 7.1. JOB AID 3: MANAGING ANOREXIA (LOSS OF APPETITE)

Ask the client if he/she can still eat food.

If NO

- Try to determine the cause of the anorexia (depression, stress, medications, weakness and fatigue, HIV-related dementia, pain or the body's natural response to infection).
- Determine how long the client has felt this way, especially if he/she is depressed or stressed.
- Refer the client for medical management if appetite loss is severe or results from infection or depression which has persisted for a long time
- Explain to the client the importance of trying to maintain good nutrition even when not feeling well.
- Ask about the client's current eating habits. Use a list of local, affordable foods and show some foods the client can prepare and eat.
- Counsel the client to take a daily multivitamin if available.

If YES

- Praise the client for trying to maintain food intake.
- Encourage the client to continue eating food even when not feeling well.
- Reaffirm the importance of maintaining good nutrition.
- Counsel the client on how to manage loss of appetite.

Counsel the client on how to manage anorexia (loss of appetite).

- Eat small amounts of food more often. Try eating small meals every 2–4 hours.
- Eat your favourite foods whenever you want.
- Try to avoid eating the same food again and again.
- Avoid foods with a strong smell.
- Drink plenty of fluids, preferably between meals.
- Avoid alcohol.
- Do light exercise such as taking a walk before meals to help stimulate appetite.
- Avoid stress at mealtimes and immediately before meals.
- If possible, ask your family or friends to prepare meals for you.
- Avoid eating alone. Try to eat with family or friends.
- Go back to your regular diet, including foods from all food groups, once the anorexia stops.
- Eat a little extra food if you experience weight loss to help you gain the weight back.

MEAL IDEAS FOR PEOPLE WITH ANOREXIA (LOSS OF APPETITE)

The goal is to eat small but nutritious meals five or six times a day.

- Mashed potatoes or beans mixed with fruit juice
- Rice, maize or millet porridge with milk and sugar or honey
- Broth made from plain boiled meat or chicken bones or fish
- Bean or pea and mushroom soup
- Pumpkin and onion soup
- Avocado
- Scrambled or boiled egg
- Roasted groundnuts mixed with simsim (sesame seeds) as a sauce for rice, sweet potatoes, *matooke*, or *posho*
- Soft fruit such as bananas or mangoes with yoghurt

Nutrient-dense snack ideas

- Egg and milk pudding or custard
- Roasted groundnuts with simsim plus fruit juice or a cup of milk
- Porridge made with milk with honey or sugar
- Fresh fruit

Recipe for enriched porridge

Ingredients

- 1 level cup flour (e.g., millet, sorghum)
- 6–8 cups clean water
- 1 cup milk or lemon or orange juice
- 2 teaspoons sugar

Preparation

1. Boil the water.
2. Make a smooth paste by mixing flour with cold water.
3. Add the mixture to the boiling water, stirring to break up starch grains and prevent lumps.
4. Bring to a boil while stirring and cook for 5–10 minutes.
5. If very thick, dilute by adding water, stirring well.
6. Add the milk and fruit juice and stir.
7. Remove and serve in mugs, bowls or calabashes.

HANDOUT 7.2. JOB AID 4: MANAGING ALTERED TASTE AND DRY MOUTH

1. Ask the client how long he/she has had altered taste.

- Altered taste can make things taste too sweet or salty, sour, bitter, metallic, garlicky, etc.

2. Ask the client if he/she is taking any medications

- Several medications used to treat HIV affect the sense of taste or cause dry mouth.
- Encourage the client to continue taking his/her medication as prescribed but to seek medical attention if the altered taste gets worse and he/she cannot eat.

3. Find out if the client has any infection.

- Thrush in the mouth or throat can make food taste chalky or metallic.

4. Ask the client if he/she has been able to eat.

- Find out what the client has been able to eat.
- Counsel accordingly and stress the importance of maintaining good nutrition even when not feeling well.

5. Counsel on ways to manage the altered taste.

- Use flavour enhancers such as salt, spices, herbs and lemon when preparing food to mask unpleasant taste sensations.
- Eat bland foods.
- Mask a metallic taste by drinking tart juices such as lemon or orange juice or adding vinegar or lemon to food.
- Try different textures of food—hard and crisp (e.g., fruit) to soft and smooth (e.g., rice pudding).
- Chew food well and move it around the mouth to stimulate taste receptors.
- Try to rinse your mouth out daily to prevent thrush by mixing 1 teaspoon of baking soda in a glass of warm boiled water.
- Try to rinse out your mouth before and after meals to help improve the taste of food.
- Eat with plastic utensils or hands to mask metallic taste.

6. Counsel on ways to manage dry mouth.

- Advise the client to eat soft, moist foods.
- Advise the client to add extra gravy or soup to food.
- Counsel the client to drink plenty of fluids, at least 5 cups a day.

7. Advise the client to continue to eat his/her regular diet

MEAL IDEAS TO HELP MANAGE ALTERED TASTE OR DRY MOUTH

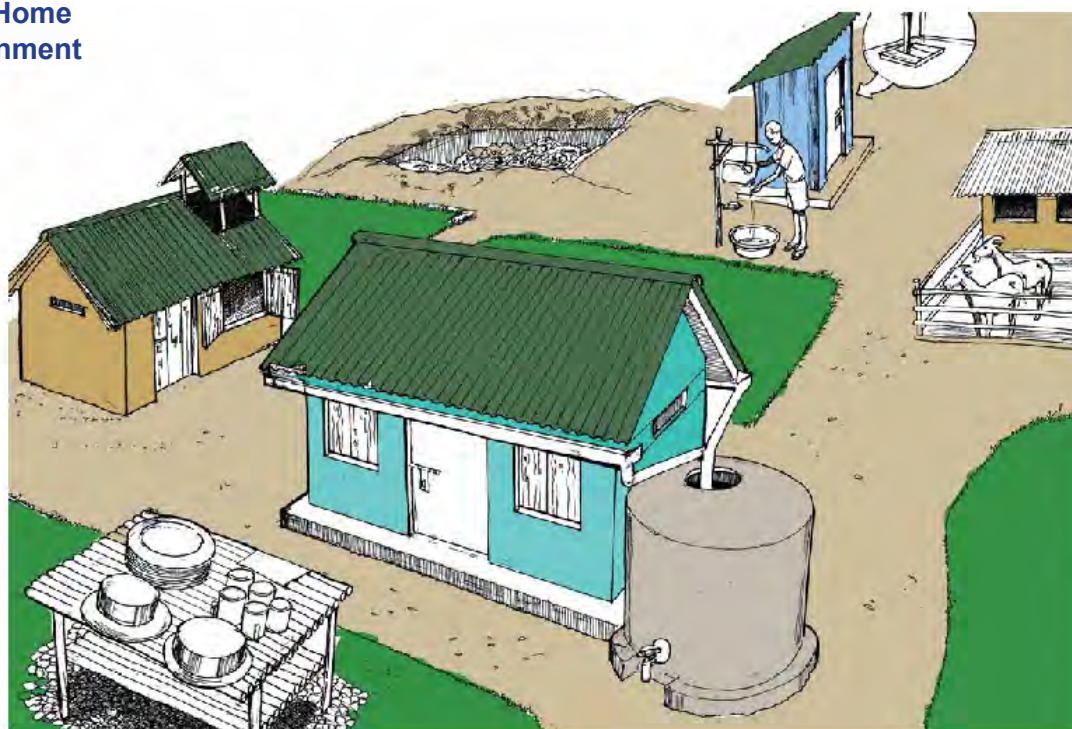
- Plain boiled soup made from meat, fish or chicken bones
- Porridge
- Pumpkin or onion soup
- Yoghurt
- Fruit salad
- Orange or lemon juice and clean boiled water between meals

HANDOUT 8.1. COUNSELLING CARD ON KEEPING SURROUNDINGS CLEAN

THEME 3 PREVENTING INFECTIONS

3.1 KEEP SURROUNDINGS CLEAN

Clean Home Environment



1. Explain that it is important for PLWHA to prevent infections to stay healthy.
 - Infections may cause loss of appetite, vomiting or diarrhoea, which reduce food intake and absorption.
 - Infections also increase the body's nutrient requirements.
 - PLWHA therefore should try to prevent getting infections and get treatment immediately for any infections.
2. Explain that PLWHA can reduce their risk of getting infections by avoiding exposure to disease-causing germs.
3. Ask the client to look at the picture and identify some practices that could prevent illness.
 - Keep the home environment clean.
 - Have a toilet and keep it clean and covered.
 - Keep water outside the toilet so you can wash your hands with water and soap after using the toilet.
 - Keep animals away from the cooking area.

HANDOUT 8.2. COUNSELLING CARD ON PRACTISING FOOD HYGIENE AND SAFETY

THEME 3 PREVENTING INFECTIONS

3.1 PRACTICE FOOD HYGIENE AND SAFETY

Food hygiene and safety is one of the main ways of preventing infection



1. Explain that maintaining food hygiene and safety is one of the most important ways to prevent infection in PLWHA.
 - Food can be a source of infection if it is not properly handled, prepared and stored.
 - Most infections from poor food hygiene and safety cause diarrhoea and vomiting, which reduce food intake and absorption.
2. Discuss the following important food safety and hygiene practices shown in the picture:
 - Wash hands thoroughly before handling, preparing and eating food.
 - Keep food and drinking water covered and store it away from insects, rats and other animals.
 - Wash fruits and vegetables with clean water before eating, cooking and serving them.
 - Use clean, safe water to prepare food.
 - Wash the area where you prepare food.
 - Keep utensils you use to cook and eat clean.
 - Keep cooked food away from contact with raw food.
3. Stress that PLWHA should avoid the following:
 - Mouldy, spoilt or rotten food
 - Raw eggs or food that contains raw eggs
 - Raw fish
 - Meat that is not well cooked
 - Juices made with water that has not been boiled

PERSONAL HYGIENE AND HOUSEHOLD WASTE

Counsel the client on personal hygiene.

- Always wash hands thoroughly with running water and soap or ashes before preparing, handling and eating food and after using the toilet or changing diapers or nappies.
- Cover any wounds and cuts on hands before handling and preparing food.
- Keep clothes clean.
- Bathe regularly.

Counsel client on managing household waste.

- Keep toilets covered and the toilet area clean.
- Place garbage in a covered container until you can dispose of it.
- Dispose of garbage away from the house and far from the water source.
- Bury garbage in a hole in the ground or compost heap.

CLEAN UTENSILS AND FOOD PREPARATION AREA

Counsel the client to:

- Wash all utensils used to prepare and serve food with water and soap and rinse with clean running water.
- Keep the food preparation area clean.
- Keep animals away from the food preparation and eating areas.

PREVENTION OF FOOD POISONING

Counsel the client to:

- Buy only uncracked eggs, even if cracked eggs are cheaper.
- Buy and eat only fruits and vegetables that are not rotten or bruised.
- Check expiry dates on all pre-packaged foods and buy only foods that have not expired.
- Buy pre-packaged foods only if the seal is not broken.
- Buy tinned foods only if they are not dented.
- Store all perishable foods and leftovers in a refrigerator if available.
- Store raw meat and fish separate from other foods to avoid contamination.
- Avoid re-freezing food once it has thawed.
- Avoid leaving cooked food out of the refrigerator for more than 2 hours.
- Cook food until well done, especially fish, meats and chicken. Meats should not show sign of blood after cooking.
- Store leftovers properly, preferably in a refrigerator if available.
- If possible, prepare enough food for one meal at a time so there are no leftovers, especially if proper storage is not possible.
- Wash fruits and vegetables properly using plenty of running water before eating raw.
- Use different chopping boards for raw meats and fish and vegetables or clean the cutting surface after chopping meat and before chopping vegetables.
- Avoid raw eggs or food that contains raw eggs.
- Avoid cereals or other foods with fungus growing on them.

DRINKING WATER

Counsel the client to:

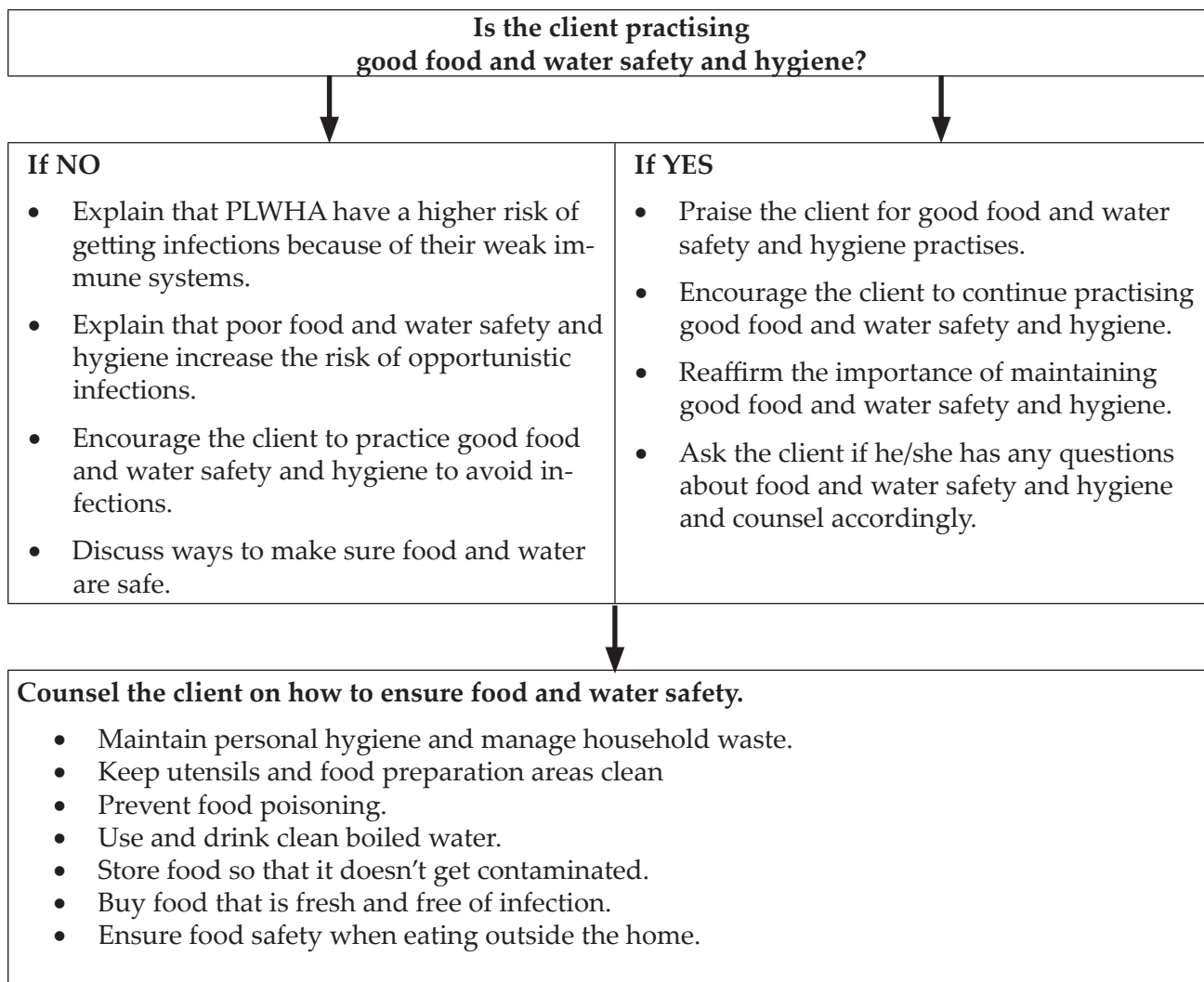
- Boil clean water for drinking or add chlorine drops to water according to instructions.
- Store boiled water in a clean covered container in a cool place protected from rodents, insects and other animals.
- Use a clean container with a handle to pour water or get water out of a water pot.
- Use clean boiled water to make juices or ice cubes.

EATING OUTSIDE THE HOME

Counsel the client to:

- Always wash hands before eating away from home.
- Avoid eating street foods because they may not be safely or hygienically prepared.
- Avoid eating undercooked meat, fish, chicken or eggs.
- Avoid eating raw foods, especially raw fruit and vegetable salads.
- Peel the skin off fruits before eating.
- Drink only water that you know has been boiled or drink bottled drinking water if available and affordable.
- Make sure food is hot when served.

HANDOUT 8.3. JOB AID 5: COUNSELLING PLWHA ON FOOD AND WATER HYGIENE AND SAFETY



PERSONAL HYGIENE AND MANAGING HOUSEHOLD WASTE

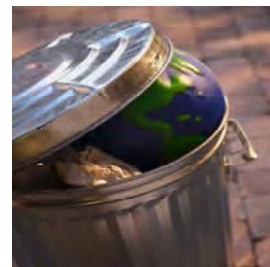
Counsel the on client on personal hygiene.

- Advise the client to always wash hands thoroughly with running water and soap or ashes before preparing, handling and eating food and after using the toilet or changing diapers or nappies.
- Advise the client to cover any wounds and cuts on hands before food handling and preparation.
- Advise the client to bathe regularly and keep his/her clothes clean.



Counsel the client on managing household waste.

- Advise the client to keep toilets covered and the toilet area clean.
- Advise the client to put garbage in a covered container until he/she can dispose of it.
- Advise the client to throw garbage away from the house and far from the water source.
- Advise the client to bury garbage in a hole in the ground or compost heap.



KEEPING UTENSILS AND THE FOOD PREPARATION AREA CLEAN

Counsel the client to:

- Wash all utensils used to prepare and serve food with water and soap and rinse with clean running water.
- Keep the food preparation area clean.
- Keep animals away from the food preparation and eating areas.



PREVENTING FOOD POISONING

Counsel the client to:

- Cook all food thoroughly until well done, especially fish, meats and chicken. Meats should not show sign of blood after cooking, and eggs should be cooked until hard.
- Store leftovers properly, preferably in a refrigerator if available.
- If possible, prepare food enough for one meal at a time to avoid leftovers, especially if proper storage is not possible.
- Wash fruits and vegetables that will be eaten raw, using plenty of running water.
- Use different chopping boards for raw meats and fish and vegetables or clean the cutting surface after chopping meat and before chopping vegetables.
- Avoid eating raw eggs or foods that contain raw eggs.
- Avoid eating cereals or other foods that have fungus on them.
- Avoid eating half-rotten fruits and vegetables



USING AND DRINKING WATER

Encourage the client to:

- Boil clean water for drinking, use commercial bottled drinking water or add chlorine drops to water according to instructions.
- Store boiled water in a clean covered container in a cool place protected from rodents, insects and other animals.
- Use a clean container with a handle to pour water or get water out of a water pot.
- Use only clean and boiled water to make juices or ice cubes.



STORING FOOD

Counsel the client to:

- Store all perishable foods in a refrigerator if available.
- Store raw meat and fish separate from other foods to avoid contamination.
- Avoid refreezing food once it has been thawed.
- Avoid leaving cooked food out of the refrigerator for more than 2 hours.



BUYING FOOD

Counsel the client to:

- Avoid buying eggs with cracks even if they are cheaper.
- Avoid buying fruits and vegetables with bruises or that are rotten.
- Check expiry dates on all pre-packaged foods.
- Avoid buying pre-packaged foods if the seal is broken.
- Avoid buying dented canned/tinned foods.



EATING OUTSIDE THE HOME

Counsel the client to:

- Always wash hands before eating
- Avoid eating raw foods, especially fruit and vegetable salads if not sure of cleanliness.
- Peel the skin off fruits before eating.
- Avoid drinking water if you are not sure whether it is safe and boiled. Instead, drink commercial bottled water if available and affordable.
- Avoid eating street foods because they may not be prepared safely and hygienically.
- Ensure that food is hot when served.
- Avoid eating under-cooked meat, fish or chicken or eggs.

HANDOUT 9.1. JOB AID 6: MANAGING HIV-RELATED SYMPTOMS

DIARRHOEA

1. Ask the client how long he/she has had diarrhoea.

- If the diarrhoea is severe and has lasted for more than 3 days or is bloody, refer the client for immediate medical treatment.

2. Find out whether the client is dehydrated.

- Signs of dehydration include lethargy, skin that is not elastic, little or no urine, dry mouth and fast breathing.
- Refer the client for immediate medical treatment if dehydrated.

3. Ask the client if he/she has been drinking plenty of fluids.

- If not, encourage him/her to drink 8–10 cups of fluids a day, using clean, boiled water, to prevent dehydration.

4. Ask the client what he/she has been eating.

- Encourage the client to continue eating even if he/she has diarrhoea.
- Show the client a list of local, affordable foods to prepare and eat when he/she has diarrhoea.
- Counsel the client to take a daily multivitamin supplement if available.

5. Ask the client if he/she is taking any medications.

- If the diarrhoea is related to ARVs or other medications, encourage the client to continue taking the medication but to seek medical treatment if the diarrhoea gets worse or lasts for more than 3 days.

6. Remind the client about the importance of food safety and hygiene.

- Stress hand washing with soap and water after using the toilet and before food handling and preparation to prevent infection, especially diarrhoea.

7. Counsel on how to manage diarrhoea.

- Eat small amounts of food more often.
- Eat bananas, mashed fruit, soft boiled white rice and porridge to help slow down diarrhoea.
- Eat soft and moist foods.
- Drink a lot of fluids (soups/broths, diluted fruit juices, clean boiled water and weak tea).
- Avoid high-fat or fried foods and eat chicken with no skin.
- Remove the skin from fruit and vegetables before eating.
- Avoid coffee and alcohol.
- Eat food at room temperature, because very hot or very cold foods stimulate the bowels and make diarrhoea worse.
- Avoid foods that cause gas or stomach cramps, such as beans, cabbage and onions.
- Limit or eliminate milk and milk products during episodes of diarrhoea.

- Drink at least ½ cup of oral rehydration solution (ORS) to prevent dehydration (to make ORS at home, mix 1 cup of clean boiled water with 1 pinch of salt and 1 tablespoon of sugar).
- If the diarrhoea is severe, do not eat solid food for 24 hours but drink more fluids (soups, diluted juices, milk if tolerated).

8. Advise the client to go back to the regular diet once the diarrhoea has stopped.

- Stress the importance of good nutrition to recover from illness.
- Encourage the client to eat extra food if he/she lost weight with the diarrhoea.

9. Suggest meals to eat when having diarrhoea.

- Any mashed staple food (e.g., *ugali/posho*, *matooke*, sweet potatoes or potatoes) with meat, chicken or fish soup.
- Plain boiled rice with meat, chicken or fish soup
- Ripe yellow bananas
- Rice or millet porridge
- Scrambled eggs
- Rice pudding

NAUSEA OR VOMITING

Ask the client if he/she can still eat.

If NO

- Ask about the client's eating habits to try to determine what caused the nausea and vomiting.
- Refer the client for medical management if the nausea and vomiting are so severe that he/she can't keep any food down.
- Encourage the client to maintain food intake even when not feeling well.
- Show a list of local, affordable foods to prepare and eat when feeling nauseated.
- Counsel the client on how to relieve nausea and vomiting.

If YES

- Praise the client for trying to maintain food intake.
- Encourage the client to continue eating food even when not feeling well.
- Reaffirm the importance of maintaining good nutrition.
- Counsel the client on how to manage nausea and vomiting.

Counsel the client on how to manage nausea and vomiting.

- Eat small amounts of food often. Try eating small meals every 2 hours.
- Drink fluids after meals, not with meals.
- Eat dry, salty foods such as bread to calm the stomach.
- Avoid having an empty stomach, which makes nausea worse.
- Avoid foods with a strong smell and fatty or greasy foods.
- Wait at least 1 hour after eating to lie down.
- Ask someone to help you prepare meals.
- If vomiting, take sips of ORS to prevent dehydration.
- Seek medical attention if vomiting lasts for more than 24 hours.
- Seek medical treatment if the nausea and vomiting do not improve and you can't continue eating (tell the client where to get medical help).
- Start eating regular food from all food groups once the nausea has stopped.
- Eat a little extra food if you lost weight.

MEAL IDEAS FOR PEOPLE WITH NAUSEA

- Bean or pea and mushroom soup
- Pumpkin and onion soup
- Broth made from plain boiled meat or chicken bones or fish
- Plain yoghurt
- Fresh soft fruit and cooked vegetables
- Soft fruit such as bananas or mangoes with yoghurt
- Porridge, especially sour porridge (*obushera*)

Recipe for bean, pea and mushroom soup

Ingredients

1 handful dry beans

1 handful dry peas

$\frac{1}{3}$ *tumpeco* cup milk (unless client has diarrhoea or is lactose intolerant)

$\frac{1}{2}$ cup dried mushrooms

1 onion

Salt to taste

Spices to taste

Preparation

1. Clean the beans and peas thoroughly and soak in plenty of clean water overnight.
2. Wash the dry mushrooms thoroughly and soak for about 1 hour, then chop into small pieces.
3. Discard the water the beans and peas were soaked in.
4. Add clean water to the beans and peas and add salt and spices to taste.
5. Cook until well done.
6. Mash the beans and peas.
7. Chop the onion into small pieces.
8. Boil or simmer the onion and mushrooms in very little water until cooked. Add onion and mushrooms to the mashed beans and peas.
9. Add milk (or clean water if client can't tolerate milk) to make a soup and continue to cook for a few minutes.
10. Serve alone or with bread.

THRUSH, MOUTH SORES AND DIFFICULTY SWALLOWING

Ask the client if he/she can still eat.

If NO

- Explain the importance of trying to maintain good nutrition even when not feeling well.
- Ask about the client's eating habits.
- Refer the client for medical management if chewing and swallowing are so painful and difficult that he/she can't eat or drink anything.
- Show a list of local, affordable foods to prepare and eat with thrush, mouth sores or painful swallowing.
- Provide information on how to vary the diet to include fruits, vegetables and animal products.

If YES

- Praise the client for trying to maintain food intake.
- Reaffirm the importance of maintaining good nutrition.
- Counsel the client on how to manage thrush, mouth sores and difficulty swallowing.

MEAL IDEAS FOR PEOPLE WITH THRUSH, MOUTH SORES OR DIFFICULTY SWALLOWING

- Porridge with milk
- Yoghurt with mashed non-acidic fruit
- Mashed fruit (e.g., bananas, paw paw)
- Scrambled eggs
- Bean or pea and mushroom soup
- Milk egg pudding with mashed fruit

Recipe for maize or millet porridge

Ingredients

- 1 handful maize or millet flour
- 1/3 cup milk (unless client has diarrhoea or is lactose intolerant)
- 2 teaspoons sugar or honey

Preparation

1. Bring 1 *tumpeco* size cup of clean water to boil.
2. Mix the maize or millet flour in a little clean, cold water and add to the boiling water.
3. Cook for 30 minutes, stirring occasionally.
4. Add milk if tolerated.
5. Add sugar or honey.
6. Serve while still warm (can also soak bread in the porridge until soft and eat the bread and porridge together).

ANOREXIA (LOSS OF APPETITE)

Ask the client if he/she can still eat.

If NO

- Try to determine the cause of the anorexia (depression, stress, medications, weakness and fatigue, HIV-related dementia, pain or the body's natural response to infection).
- Determine how long the client has felt this way, especially if he/she is depressed or stressed.
- Refer the client for medical management if appetite loss is severe or results from infection or depression which has persisted for a long time
- Explain to the client the importance of trying to maintain good nutrition even when not feeling well.
- Ask about the client's current eating habits. Use a list of local, affordable foods and show some foods the client can prepare and eat.
- Counsel the client to take a daily multivitamin if available.

If YES

- Praise the client for trying to maintain food intake.
- Encourage the client to continue eating food even when not feeling well.
- Reaffirm the importance of maintaining good nutrition.
- Counsel the client on how to manage loss of appetite.

Counsel the client on how to manage anorexia (loss of appetite).

- Eat small amounts of food more often. Try eating small meals every 2–4 hours.
- Eat your favourite foods whenever you want.
- Try to avoid eating the same food again and again.
- Avoid foods with a strong smell.
- Drink plenty of fluids, preferably between meals.
- Avoid alcohol.
- Do light exercise such as taking a walk before meals to help stimulate appetite.
- Avoid stress at mealtimes and immediately before meals.
- If possible ask your family or friends to prepare meals for you.
- Avoid eating alone. Try to eat with family or friends.
- Go back to your regular diet, including foods from all food groups, once the anorexia stops.
- Eat a little extra food if you experience weight loss to help you gain the weight back.

MEAL IDEAS FOR PEOPLE WITH ANOREXIA (LOSS OF APPETITE)

The goal is to eat small but nutritious meals five or six times a day.

- Mashed potatoes or beans mixed with fruit juice
- Rice, maize or millet porridge with milk and sugar or honey
- Broth made from plain boiled meat or chicken bones or fish
- Bean or pea and mushroom soup
- Pumpkin and onion soup
- Avocado
- Scrambled or boiled egg
- Roasted groundnuts mixed with simsim (sesame seeds) as a sauce for rice, sweet potatoes, *matooke*, or *posho*
- Soft fruit such as bananas or mangoes with yoghurt

Nutrient-dense snack ideas

- Egg and milk pudding or custard
- Roasted groundnuts with simsim plus fruit juice or a cup of milk
- Porridge made with milk with honey or sugar
- Fresh fruit

Recipe for rice pudding

Ingredients

- 1 handful rice
- 2 cups clean water
- 1 egg
- $\frac{1}{3}$ cup milk
- 2 teaspoons sugar

Preparation

1. Add the water to the rice and cook, stirring all the time to make it creamy.
2. Beat the egg into the milk.
3. Add the milk and egg mixture to the cooked rice and bring to a boil.
4. Add sugar to sweeten.
5. Serve warm.

ALTERED TASTE OR DRY MOUTH

1. Ask the client how long he/she has had altered taste or dry mouth.

- Altered taste can mean food tastes too salty, sweet, sour, bitter, garlicky or metallic

2. Ask the client if he/she is taking any medications.

- Some medications affect the sense of taste.
- Encourage the client to continue taking the medication but to seek medical attention if the altered taste gets worse or he/she can't eat any food.

3. Find out what the client has been able to eat.

- Counsel accordingly to identify foods that can form a healthy diet.
- Counsel the client to try different textures of food (e.g., crisp fruit and soft and smooth rice pudding).
- Counsel the client to chew food well and move it around the mouth to stimulate taste receptors.
- Counsel the client to rinse the mouth daily with a mixture of 1 teaspoon of baking soda in a glass of warm boiled water to prevent thrush.
- Counsel the client to eat with plastic utensils or clean hands to mask a metallic taste.

4. Counsel on how to manage the altered taste.

- Add salt, spices, herbs and lemon to food when cooking to mask unpleasant taste sensations.
- Eat bland foods.
- Drink tart juices such as lemon or orange juice or add vinegar or lemon to food to mask a metallic taste.

MEAL IDEAS FOR PEOPLE WITH ALTERED TASTE OR DRY MOUTH

- Plain boiled soup made from meat or chicken bones or fish
- Porridge
- Pumpkin and onion soup
- Yoghurt
- Rice pudding
- Fruit salad
- Fruit juices (e.g., orange and lemon) and clean boiled water between meals

CONSTIPATION

1. Ask the client how long he/she has been constipated.

- Refer for medical attention if the constipation has lasted for 4 days or more.

2. Ask the client if he/she is taking any medications.

- Some medications, e.g., iron tablets, can cause constipation.
- If the client is taking iron tablets, counsel him/her to drink plenty of fluids.
- If the client is taking other medications, counsel him/her to continue to take the medication but to seek medical attention if the constipation gets worse.

3. Ask the client if he/she has been drinking plenty of fluids.

- Reduced fluid intake can cause constipation.
- Encourage the client to drink 6–8 cups of fluid a day, especially clean boiled water.

4. Ask the client if his/her diet includes fruits and vegetables.

- If not, encourage the client to include these foods in the diet to reduce constipation.
- Show the client a list of local, affordable fruits and vegetables that are rich in fibre.

5. Counsel the client on how to manage constipation.

- Increase fluid intake to at least eight glasses a day, especially clean boiled water.
- Eat more fruits and vegetables high in fibre, including mangoes, guavas, jackfruit, paw paw, green leafy vegetables, beans, peas, pumpkin, carrots and nuts.
- Drink a cup of warm water in the morning before eating anything to help the bowels move.
- Exercise regularly, for example, by taking frequent short walks.
- Avoid cleansing practices such as the use of laxatives or enemas.

MEAL IDEAS FOR PEOPLE WITH CONSTIPATION

- Mixed vegetable stew
- Bean, pea and mushroom soup
- Pumpkin and onion soup
- Whole cereal porridge
- Fresh fruit or vegetable salad
- Fruit juice and clean boiled water between meals

BLOATING OR HEARTBURN

1. Ask the client how long he/she has had bloating or heartburn.

- Ask whether the client is aware of what brings on the bloating or heartburn.
- Explain that eating too much food, eating too fast, not chewing food well, mental strain or emotional stress can cause bloating or heartburn.

2. Ask the client if he/she is taking any medications.

- Some medications can cause bloating or heartburn.
- Counsel the client to continue to take the medication but to seek medical attention if the bloating or heartburn gets worse or he/she can't eat.

3. Counsel the client on how to manage bloating or heartburn.

- Stress the importance of maintaining good nutrition even if not well.
- Encourage eating smaller, more frequent meals five or six times a day.
- Encourage eating slowly and not talking while chewing.
- Encourage avoiding foods that cause stomach discomfort.
- Encourage sitting up while eating and for 1 hour after eating.
- Encourage avoiding spicy, fatty and greasy foods.
- Encourage avoiding coffee and acidic foods (e.g., lemon and orange juice) if they cause discomfort.
- Encourage avoiding gas-forming foods such as cabbage, beans, onions, garlic, green peppers and eggplant.
- Counsel not to eat 2 or 3 hours before bedtime.

MEAL IDEAS FOR PEOPLE WITH BLOATING OR HEARTBURN

- Rice, millet or maize porridge
- Pumpkin soup
- Yoghurt
- Rice pudding
- Any staple with groundnuts, meat, fish or chicken stew
- Avocado
- Scrambled eggs
- Milk and egg pudding with mashed fruit

FATIGUE OR LACK OF ENERGY

1. Ask the client how long he/she has felt fatigued.

- If fatigue is severe or has lasted a long time, advise the client to see medical attention, especially if he/she doesn't have the energy to work, as he/she may have anaemia.
- Find out whether the client's lack of energy is a result of depression, and if so, refer for psychosocial counselling.

2. Ask the client if he/she is still able to prepare food and eat.

- Find out what the client has been able to eat.
- Counsel the client accordingly to eat a healthy diet, showing a list of local, affordable foods to prepare and eat when feeling fatigued.
- Advise the client to take a daily multivitamin if available.

3. Ask the client if someone can help with meal preparation so he/she can get enough rest.

4. Counsel the client on ways to manage fatigue/lack of energy.

- Get enough rest.
- Eat smaller, more frequent meals and snacks five or six times a day, as tolerated.
- Eat favourite foods.
- Try to eat at the same time each day.
- Exercise as much as possible to increase energy.
- Eat high-energy, high-protein soups with small pieces of chicken, fish or meat or porridge with sugar or honey.
- Drink plenty of fluids, at least 6 cups a day.

MEAL IDEAS FOR PEOPLE WITH FATIGUE OR LACK OF ENERGY

- Quick, easy-to-prepare meals
- Rice, millet or maize porridge with added honey or sugar and dry powdered milk as tolerated
- Pumpkin and onion soup
- Bean, pea and mushroom soup
- Yoghurt
- Rice pudding with extra dry powdered milk as tolerated
- Any staple with groundnuts, meat, fish or chicken stew
- Avocado
- Scrambled or boiled eggs
- Milk and egg pudding with mashed fruit
- Fruit salad with yoghurt
- Fruit juices and water between meals

FEVER

1. Ask the client how long he/she has had a fever.

- Advise the client to seek medical attention if the fever has lasted for several days or is not relieved with aspirin or Panadol or if he/she has lost consciousness or has severe body pain, convulsions or seizures, severe diarrhoea, an infection or yellow eyes.

2. Find out whether the client is dehydrated.

- Signs and symptoms of dehydration include lethargy, lack of skin elasticity, little or no urine output, dry mouth and rapid breathing.
- Refer the client for immediate medical treatment if dehydrated.
- Advise the client to drink plenty of fluids, at least 8 cups a day, to prevent dehydration.

3. Ask the client if he/she has been drinking plenty of fluids.

- Advise the client to use clean boiled water for drinking, making juices and preparing food.

4. Find out whether the client is still able to eat.

- If so, find out what the client has been eating.
- Counsel on the importance of maintaining good nutrition even when not feeling well.
- Show the client a list of local, affordable foods that he/she can prepare and eat when not feeling well.
- Advise the client to take a daily multivitamin if available.

5. Counsel the client on ways to manage fever.

- Eat smaller, more frequent meals and snacks five or six times a day, as tolerated.
- Add dry powdered milk to porridge.
- Avoid alcohol.
- Use clean boiled water for drinking, making juices and preparing food.
- Use ginger, honey and lemon in drinks such as tea.
- Eat high-energy, high-protein soups with small pieces of chicken, fish or meat or porridge with sugar or honey.
- Resume the regular diet once the fever is relieved and eat extra food, especially if weight was lost during the fever.

MEAL IDEAS FOR PEOPLE WITH FEVER

- Rice, millet or maize porridge with added honey or sugar and dry powdered milk as tolerated
- Pumpkin and onion soup
- Bean, pea and mushroom soup
- Yoghurt
- Rice pudding with extra dry powdered milk as tolerated
- Any staple with groundnuts, meat, fish or chicken stew
- Avocado
- Scrambled or boiled eggs
- Milk and egg pudding with mashed fruit
- Fruit salad with yoghurt
- Fruit juices and water between meals
- A liquid diet may be better until the fever is relieved

HANDOUT 9.2. COUNSELLING CARDS ON MANAGING HIV-RELATED SYMPTOMS

THEME 5 MANAGE DIET RELATED HIV/AIDS SYMPTOMS

5.1 LOSS OF APPETITE

Have a warm drink soon after waking in the morning or shortly before going to bed to help stimulate appetite.



- I. Explain that loss of appetite is a common symptom in PLWHA and can reduce food intake.
- II. Discuss with the client ways to help increase appetite:
 - Do physical exercises that are possible in his/her health condition to help stimulate appetite.
 - Eat small amounts of food five or six times a day.
 - Use favourite foods and spices to boost appetite.
 - Take a warm drink soon after waking up in the morning and/or shortly before going to bed.
- III. Explain to the client that it is important to inform his/her care provider about loss of appetite.
 - Loss of appetite may be a symptom of an infection or a side effect of drugs.
 - Medical attention may be required.
- IV. If loss of appetite is very bad, advise the client to take a daily multivitamin in consultation with a health provider to help maintain good nutritional status.
- V. Advise the client to ensure adequate food intake by eating nutrient-dense foods such as the following:
 - A mixture of groundnuts and simsim paste eaten on bread or as a sauce to accompany food
 - Porridge made out of millet, maize, soya, sorghum or rice prepared with milk, sugar, honey and/or egg
 - Main meal of katogo or mugoyo

THEME 5 MANAGE DIET RELATED HIV/AIDS SYMPTOMS

5.3 MOUTH SORES AND ORAL THRUSH

Oral thrush: A woman cleaning her mouth with cotton using salty water



- I. Explain that mouth sores or thrush is a common opportunistic infection in PLWHA that can affect eating.
- II. Discuss with the client the importance of cleaning the mouth to manage painful sores in the mouth.
 - Cleaning the mouth helps prevent infection, stop infection from spreading and promote healing.
 - To clean, use cotton wool with mildly salty warm water. If possible, rinse the mouth with 1 teaspoon baking soda mixed in a glass of warm boiled water.
 - Clean at least twice a day: morning and evening, and preferably after every meal.
- III. Describe the dietary measures that can be used to relieve sores in the mouth.
 - Eat fermented products such as yoghurt.
 - Eat soft foods such as mashed food, soups and juices.
 - Drink liquids using a straw to ease painful swallowing.
 - Eat ripe paw paw to help heal the wounds.
 - Drink or rinse mouth with sour water (to make sour water, soak 1 cup of grains or cereals in 3 cups of cool boiled water for 2–3 days and cover while fermenting).
 - Avoid acidic foods such as lemon and oranges.

THEME 5 MANAGE DIET RELATED HIV/AIDS SYMPTOMS

5.1 ANAEMIA

A woman picking dark green leafy vegetables in a makeshift garden



- I. Tell the client that anaemia is common in PLWHA and may contribute to general body weakness. It weakens the body's ability to fight infections.
- II. Explain that eating foods that are rich in iron can help prevent and treat anaemia.
- III. Identify and discuss with the client foods rich in iron that are accessible to the client.
 - Animal foods such as meat, fish and eggs
 - Dark green leafy vegetables (e.g., spinach, sukuma wiki, dodo, nnakati)
 - Avocado leaves, purple hibiscus leaves, cassava leaves, and potato leaves
 - Fruits rich in vitamin C such as oranges and mangoes because vitamin C helps the body absorb iron
- IV. Emphasise that the client needs to:
 - Have haemoglobin checked at least every 3 months.
 - Get de-wormed at least every 6 months.
 - Avoid drinking coffee or tea, especially with meals, because it reduces the absorption of iron by the body.
 - Treat malaria as soon as noticed.
 - Use iron supplements BUT only after consulting with a health provider.
- V. Refer the client to a nutritionist or health worker if the cause of anaemia is not likely to be diet related (e.g., the ARV Zidovudine can cause anaemia).

HANDOUT 10.1. JOB AID 7: MANAGING DRUG-FOOD INTERACTIONS AND SIDE EFFECTS

MANAGING DRUG-FOOD INTERACTIONS AND SIDE EFFECTS

Help the client identify and plan appropriate nutrition actions based on the drugs, including antiretroviral drugs (ARVs), he/she is taking and the side effects he/she is experiencing.

MAKE A DRUG-FOOD TIMETABLE

- Different drugs interact differently with food.
- Recommendations should be drug specific.

If possible, help the client develop a timetable for taking drugs and eating meals, and snacks based on the specific drugs the client is taking.

- Ask the client about his/her existing eating and dietary practices and use this information to make an appropriate drug-food timetable.
- Note how often, when and for how long the client should take each drug.
- Recommend an adequate diet according to the food requirements of the ARVs and other drugs the client is taking.
- Help the client understand which ARVs and other drugs should be taken with food, which should be taken without food and which can be taken with or without food.
- Use the timetable in follow-up visits to assess how well the client is doing.

MANAGING COMMON DRUG SIDE EFFECTS THROUGH DIET

Nausea and vomiting

- Drink oral rehydration solution (ORS) after every episode of vomiting.
- Eat small, frequent meals.
- Do not eat spicy, fatty or sugary foods.

Diarrhoea

- Drink plenty of clean boiled water and ORS.
- Continue eating during and after illness.
- Eat bananas or potatoes.

Loss of appetite

- Eat small, frequent meals.
- Eat favourite foods and energy-rich foods.
- Take multivitamins if possible.

Altered taste

- Chew food well and move it around in the mouth.
- Put spices, lemon or light salt on food.

High cholesterol

- Eat fewer fats and oils, especially animal fats, deep-fried foods and high-fat foods.
- Do not eat sugary foods or drink sugary drinks.
- Eat fruits, vegetables and whole grains every day.
- Exercise regularly, according to your strength and capacity.

See **HANDOUT 9.1. Job Aid 6: Managing HIV-Related Symptoms** for details.

HANDOUT 10.2. CASE SCENARIOS FOR MANAGING DRUG-FOOD INTERACTIONS AND SIDE EFFECTS

Case scenario 1

Jimmy is 38 years old and a casual labourer on farms in his village. He eats poorly because of the TB medication he is taking and depression over his HIV-positive diagnosis. You learn that he drinks alcohol and smokes and has little money left over for food. He is experiencing general weakness, nausea, vomiting and poor appetite. When he started taking ARVs 2 years ago, he weighed only 45 kg. Jimmy tells you that since he started taking ARVs, he gets very hungry and sometimes feels dizzy after taking them on an empty stomach.

Case scenario 2

Helen is 41 years old and divorced. She learned of her HIV-positive status 6 years ago. She went through a difficult time, during which she used all her savings to treat various opportunistic infections, including oral thrush and sexually transmitted infections. Because of the oral thrush and stomach aches, Helen had great difficulty eating the local food, *githeri* (a mixture of maize, vegetables and beans), which was the only food her poor mother could afford. Her weight dropped from 65 kg to 38 kg. For the past 2 months she has been getting ARV treatment from a local church organization. Helen tells you that for the first 3 weeks of taking the ARVs, she had various side effects, including vomiting and diarrhoea. She has gained 2 kg and now weighs 40 kg, but she still feels weak. She says she hopes to start her own small business as soon as she feels stronger.

Case scenario 3

Maria is a school teacher. She has not worked for 6 weeks. She has two children, and her husband died 4 years ago. She started ARVs 2 weeks ago. She complains of dizziness and tiredness.

HANDOUT 11.1. JOB AID 8: COUNSELLING HIV-POSITIVE PREGNANT AND LACTATING WOMEN

NUTRITION CARE AND SUPPORT FOR HIV-POSITIVE PREGNANT AND LACTATING WOMEN

1. If possible, check the woman's weight and record/chart her weight on the mother's card, if available.
 - Pregnant women should gain at least 1 kg per month in the second and third trimesters of pregnancy.
2. Assess the woman's diet.
 - Find out how many meals she is able to eat a day. She needs extra food for adequate weight gain during pregnancy.
 - Counsel her to eat a variety of foods from each of the food groups. Use a list of locally available and affordable foods to show how much extra food she needs to eat and how to vary her diet.
 - Encourage her to use iodized salt in food preparation.
 - Encourage her to take a daily multivitamin if her weight gain is poor and her diet is inadequate.
 - Praise and reaffirm her good eating habits and behaviours.
3. Ask the woman whether she is experiencing any symptoms that affect eating.
 - HIV-related symptoms include nausea, vomiting, diarrhoea, constipation, mouth sores and heartburn.
 - Counsel her on managing the HIV-related symptoms and any other feeding and appetite problems during pregnancy.
 - Advise her to seek medical attention if symptoms get worse.
4. Find out whether the woman is aware of and practising good hygiene and food safety.
 - If the practices are good, praise and reinforce what she is doing right. If not, counsel her on good hygiene and food safety.
5. Advise the woman to seek prompt medical attention for any infections.
6. Ask whether she is taking any medications, including multivitamin supplements and ARVs.
 - Find out whether she is experiencing symptoms from the medications that make it difficult for her to eat.
 - Advise her to seek immediate medical attention if symptoms get worse.
 - If she is not taking ARVs, provide information on where to get them.
7. Check whether the woman is taking, has taken or has been given iron/folic acid tablets, antimalarials or antihelmintics for hookworm management.
 - Refer her to an antenatal care clinic or other health centre for iron/folic tablets (especially where anaemia is prevalent), antimalarials (especially in a malaria endemic area) or antihelmintics (especially in a hookworm endemic area).
 - Counsel her on adherence to any medications she is taking and on their safety and side effects.
8. Find out what the woman has heard about HIV transmission to her baby.
 - Provide correct advice and appropriate counselling.
 - Inform her about ARV prophylaxis during pregnancy and delivery to prevent transmission of HIV to her baby.
 - Make sure she knows how to negotiate safe sex to avoid HIV re-infection, which increases the risk of mother-to-child transmission.

- Provide information on the benefits and risks of both breastfeeding and replacement feeding (see the box below).
 - Encourage her to consider a feeding method for her child based on the information you have provided. Refer her to the ANC clinic for appropriate counselling for her choice of feeding.
9. Find out where the mother intends to deliver her baby.
 - Encourage her to deliver at an ANC clinic or hospital.
 - Talk to her about any fears she may have about hospital or ANC delivery.
 10. Refer the woman to a PMTCT clinic/centre if available.
 11. Advise her to try to get extra rest.
 12. Follow her up regularly throughout the pregnancy.

Infant feeding options: Advantages and disadvantages

Advantages	Disadvantages
Exclusive breastfeeding	
<ul style="list-style-type: none"> • Breastmilk is the perfect food for infants and protects them from many diseases, including diarrhoea and pneumonia, as well as the risk of dying from these diseases. • Breastmilk provides all the nutrition and water an infant needs. • Breastmilk is free, is always available and needs no special preparation. • Exclusive breastfeeding for the first few months may lower the risk of transmitting HIV to the infant, compared to mixed feeding. • Breastfeeding is common and expected in many cultures. • Exclusive breastfeeding helps the mother recover from childbirth and, if done regularly and continuously, protects her from getting pregnant again for a few months. 	<ul style="list-style-type: none"> • If a mother is HIV positive, breastfeeding exposes her infant to HIV. • People may pressure mothers to give water, other liquids or foods to their infants while they are breastfeeding. Called “mixed feeding”, this may increase the risk of diarrhoea and other infections, including HIV. • Mothers need support to breastfeed exclusively until it is possible for them to use another feeding option. • Exclusive breastfeeding may be difficult for mothers who work outside the home and cannot take their infants with them. • Exclusive breastfeeding may be difficult if a mother gets very sick.
Exclusive replacement feeding	
<ul style="list-style-type: none"> • Feeding only formula carries no risk of transmitting HIV to the baby. • Most nutrients infants need are added to formula. • Other family members can help feed the infant, including if the mother is ill. 	<ul style="list-style-type: none"> • The mother must stop breastfeeding completely, or the risk of transmitting HIV remains. • Unlike breastmilk, formula contains no antibodies to protect infants from infection. • Infants who are replacement fed are more likely to get diarrhoea, chest infections and undernutrition, especially if the formula is not prepared properly. • Mothers need fuel, clean water to prepare the formula, soap to wash the infant’s cup, and enough money to buy 40 500 gram tins of formula for 6 months. • Formula takes time to prepare and must be made fresh for each feed. • People may suspect that mothers who replacement feed are HIV positive.

Source: UNICEF and WHO. 2005. HIV and Infant Feeding Counselling Tools: Counselling Cards. Geneva.

HANDOUT 11.2. CASE SCENARIOS FOR NUTRITION CARE AND SUPPORT OF HIV-POSITIVE PREGNANT AND LACTATING WOMEN

Group 1 scenario

Hawa, a sick HIV-positive pregnant woman, has lost a lot of weight. What nutrition counselling and support would you give her? When and how?

Group 2 scenario

Hawa, an HIV-positive pregnant woman, has gained weight and is strong. What nutrition counselling and support would you give her at this time? When and how?

Group 3 scenario

Hawa, an HIV-positive pregnant woman, has lost a lot of weight and is bedridden. What factors do you think led to her weight loss? What nutrition counselling and support would you give her?

HANDOUT 12.1. THE STORY OF RUTI AND HER SON DAN

Ruti was 20 years old and lived with her sister, Helen. Ruti worked as a casual labourer in a factory 20 minutes from their home. Because her wages were low, she and her sister had little money to buy food.

Ruti was diagnosed with HIV when she attended antenatal care (ANC) with her first pregnancy. During ANC Ruti was counselled on feeding options for her baby. She chose to breastfeed exclusively for the first 6 months and then to introduce complementary feeding with continued breastfeeding until her baby reached 2 years old.

Ruti's baby Dan was born weighing 2.7 kg. Ruti took him to the child care clinic every month, and he received all his immunizations. Despite her decision to breastfeed Dan exclusively for 6 months, when he was 4 months old she abruptly weaned him off breastmilk and began feeding him cow milk. Dan soon got severe diarrhoea and then got pneumonia when he was 5 months old. When he was taken to the health facility to treat the pneumonia, the nurses tested him for HIV, and he tested positive.

When he was 9 months old, Dan was admitted to the nutrition rehabilitation clinic with severe malnutrition. After 60 days he was discharged. His weight had increased to 4.8 kg. Before discharge, the nurses taught Ruti about the Essential Nutrition Actions. A month later Dan was registered in a paediatric ART programme. The nutrition rehabilitation clinic did not follow up on Dan's progress. Four months later, Ruti became ill and was cared for at home. Dan suffered from diarrhoea again, and his Aunt Helen took him to the health facility, where he was treated and she received education on hygiene and diet planning for the child. A few days later Ruti died. Helen took over Dan's care.

Now Dan should be about 3 years old. The nutrition rehabilitation clinic has asked you to make a follow-up visit to find out how he is doing. When you visit the house, Helen tells you that Dan died 8 months ago.

HANDOUT 12.2. NUTRITION PROBLEMS OF HIV-POSITIVE INFANTS AND CHILDREN

Low birth weight	<ul style="list-style-type: none"> • Start care as soon as the mother is identified as HIV positive in the antenatal clinic. • Most children born to HIV-positive women have low birth weight.
Poor growth or growth faltering	<ul style="list-style-type: none"> • Weigh the child regularly to assess growth. • Counsel caregivers to give HIV-positive children at least one additional meal or snack every day (HIV-positive children need more energy than uninfected children of the same age and sex). <p>Dan was weighed only during immunizations and when he was sick and undernourished, but not regularly afterward.</p>
Feeding difficulties	<ul style="list-style-type: none"> • Assess child feeding on every contact. • Refer the caregiver to medical treatment for any health issue (e.g. difficulty chewing, swallowing or suckling, dental problems, loss of appetite or vomiting) that may affect the child's eating. • Counsel the caregiver to modify food as needed for sick children, who are picky about what they eat. • Counsel the caregiver to use more patience and encouragement to feed a sick child. <p>Dan's feeding was not assessed on every contact.</p>
Frequent opportunistic infections	<ul style="list-style-type: none"> • Sick children easily get infections such as diarrhoea from poor sanitation and hygiene. • Sick children who take medications may suffer side effects such as loss of appetite and altered taste. • Refer children with oral thrush or mouth sores, pneumonia or tuberculosis (TB) to a health worker. • Counsel caregivers to use responsive feeding to make sure sick children continue eating and feed them more often. • Counsel caregivers to make sure sick children continue to take their medicines, with clean, safe water. <p>Dan suffered from frequent opportunistic infections. He got severe diarrhoea when he was weaned to cow milk prepared with poor sanitation.</p>
Moderate or severe under-nutrition	<ul style="list-style-type: none"> • Severely undernourished HIV-positive children need clinical rehabilitation with special food. • Severely undernourished HIV-positive children take longer to rehabilitate than uninfected severely undernourished children. • HIV-positive children need energy-dense foods fortified with micronutrients after they are rehabilitated. • HIV-positive children with severe or moderate undernutrition should be followed up at least every 2 weeks for the first 2 months and then every month for at least 1 year. <p>Dan was not followed up long enough.</p>

<p>Sick mother and child without good care or food security</p>	<ul style="list-style-type: none"> • A sick mother may wean her infant early if she has mastitis or other illnesses or is pregnant with another child. • A sick mother may not be able to take her HIV-positive child to the clinic or growth monitoring. • A sick mother with little energy may not have the patience to feed her child properly. • A sick child is more demanding.
<p>Poor feeding because the child's HIV-positive status is not known</p>	<ul style="list-style-type: none"> • If people do not know the child is HIV positive, continuity of care is not guaranteed. <p>When Dan's mother died, his aunt may not have known that Dan was HIV positive and so did not give him the care needed.</p>

HANDOUT 12.3. JOB AID 9: ASSESSING FEEDING PROBLEMS OF INFANTS AND CHILDREN

Keep the factors below in mind when counselling to the parents or caregiver of an HIV-positive child to address feeding problems to prevent malnutrition and weight loss.

FACTORS TO CONSIDER WHEN ASSESSING THE DIET OF AN INFANT OR CHILD

- Appetite and taste changes
- The environment in which the child is fed
- The caregiver's feeding practices
- The caregiver's access to food and preparation methods
- The caregiver's health and social history
- Multivitamin or mineral supplements the child is taking
- Medications the child is taking that may affect food intake
- The frequency, type, amount and variety of food and fluids the child is taking
- Symptoms such as diarrhoea, vomiting, oral thrush and abdominal pain
- Issues of food safety and hygiene
- Chewing and swallowing difficulties
- Available support and community resources
- Traditional therapies
- Developmental milestones according to the age of the child

Source: American Dietetic Association and Dieticians of Canada. 2000. Manual of Clinical Dietetics. Chicago.

HANDOUT 12.4. JOB AID 10: FEEDING THE HIV-POSITIVE CHILD

Counsel parents or caregivers on how to feed HIV-positive children who have feeding difficulties.

WHY?

HIV-infected children are at high risk for undernutrition and growth failure.

GOALS

- To maintain healthy weight and normal growth and development
- To prevent nutrient deficiencies
- To enhance quality of life

Immediately address the following problems, which affect the child's nutrition:

- **Inadequate intake** because of poor appetite, feeling full quickly, abdominal pain, nausea or common side effects of medicines
- **Feeding difficulties** including poor sucking and swallowing in infants and food aversions, thrush and food refusal in children
- **Opportunistic infections or fever** that make children lose weight
- **Gastrointestinal problems**, especially vomiting, diarrhoea and malabsorption
- **Altered taste** resulting from HIV infection, malnutrition or medications
- **Socioeconomic factors** including poverty, food insecurity and a poor feeding relationship between the caregiver and child because of the difficulties of feeding a child with HIV

ADDRESSING FEEDING PROBLEMS WITH NUTRITION IMPLICATIONS FOR THE HIV-POSITIVE INFANT OR CHILD

Ask the caregiver if the child has any of the following problems:

- Inadequate food intake
- Feeding difficulties
- Opportunistic infections or fever
- Gastrointestinal problems
- Altered taste
- Socioeconomic problems

If NO

- Assess the child's growth (weight and height) to ensure his/her weight is within the normal range.
- If growth is beginning to falter, counsel the caregiver on the feeding difficulty, symptom or drug side effect.
- Praise the caregiver and encourage her to continue feeding the infant or child as well as she is doing.
- Stress the importance of good nutrition for the child,
- Encourage the caregiver to seek prompt treatment of any infections in the child.
- If the child is older than 6 months, ensure he/she is getting a variety of solid foods, including fruits and vegetables.

If YES

- Counsel the client on how to manage inadequate intake.
- Counsel the client on how to manage feeding difficulties.
- Counsel the client on how to manage opportunistic infections or fever.
- Counsel the client on how to manage gastrointestinal problems.
- Counsel the client on how to manage altered taste.
- Counsel the client on how to address socioeconomic factors.

Factors to consider when counselling caregivers to address feeding problems in the HIV-positive child

- Appetite and taste changes
- The environment in which the child is fed
- The caregiver's feeding practices
- The caregiver's access to food and food preparation
- Any multivitamin or mineral supplements the child is taking
- Any medications the child is taking
- The frequency, type, amount and variety of food the child is eating
- Symptoms such as diarrhoea, vomiting, oral thrush or abdominal pain
- Any chewing or swallowing difficulties
- Food safety and hygiene in the home
- Traditional therapies
- Available community support

MANAGING INADEQUATE FOOD INTAKE IN CHILDREN

- 1. Try to determine the cause of the inadequate intake.**
 - Could it be poor appetite, early satiety, abdominal pain, nausea, thrush or side effect of medication?
 - Is the caregiver giving replacement feeding? If yes, make sure the caregiver follows instructions to mix the formula and does not over-dilute the formula.
- 2. Assess the child's growth if possible.**
 - Weigh the child and plot the weight on a growth chart.
 - If the chart shows early growth faltering, the child may need medical attention and/or increased energy intake to promote weight gain.
- 3. Ask about the child's current eating habits.**
 - Show the caregiver a list of local, affordable foods to find out what the child is eating.
 - Counsel the caregiver on foods to prepare for the child to increase energy intake, especially if the child is losing weight or recovering from an opportunistic infection.
 - Use the daily food guide for HIV-positive children to show the caregiver how often to feed the child and how much.
 - Make sure the caregiver uses iodized salt to prepare food.
- 4. Encourage the caregiver to feed the child small but nutritious meals more often.**
 - Advise the caregiver to give the child something to eat every 2–4 hours.
 - Advise the caregiver to feed the child more energy-dense foods and snacks.
 - Advise the caregiver to feed the child a variety of food from all the food groups.
 - Advise the caregiver to give the child fluids such as clean boiled water between meals.
 - Advise the caregiver to give the child favourite foods whenever the child wants.
 - If the child has oral thrush or mouth sores, advise the caregiver to feed food at room temperature, avoid citrus fruits and sugar and dry, sticky or hard foods, clean the child's mouth after each meal with cotton wool and very lightly salted clean boiled warm water and give the older child a straw for drinking.
- 5. Counsel the caregiver to take the child to a health worker if the child has not eaten enough for a long time to help prevent growth failure and malnutrition.**
- 6. Encourage the caregiver to continue giving the child his/her medication as prescribed but to seek medical attention if the side effects of the medication cause inadequate food intake.**
- 7. Encourage the caregiver to feed the child patiently and persistently, with supervision and love.**
- 8. Refer the caregiver to routine child services such as immunizations, vitamin A supplementation, iron supplementation and de-worming, according to national guidelines.**

MANAGING POOR SUCKLING OR SWALLOWING, FOOD AVERSIONS AND FOOD REFUSAL

- 1. Assess the child's growth if possible.**
 - Weigh the child and plot the weight on a growth chart.
 - If the chart shows early growth faltering, the child may need medical attention and/or increased energy intake to promote weight gain.
- 2. Ask about the child's current eating habits.**
- 3. Counsel the caregiver on how to manage infants with poor suckling or swallowing.**
 - If necessary, help the mother position the infant correctly and help the infant latched onto the breast correctly.
 - Suggest feeding the child with a cup and spoon if he/she cannot suckle.
- 4. Counsel the caregiver on how to manage children with trouble swallowing or food aversions.**
 - If the child is older than 6 months, advise the caregiver to feed foods that require less chewing and to modify the texture by mashing or pureeing.
 - Encourage the caregiver to give the child small, frequent meals of their favourite foods.
 - Encourage the caregiver to give the child a variety of foods.
 - Advise the caregiver to increase the energy of the foods the child is eating by adding margarine, butter, vegetable oil, milk powder, groundnut paste or cooked egg to prevent weight loss.
 - Counsel the caregiver not to give the child too much fruit juice or soda, which fill the child up, replace energy- and nutrient-dense foods and have no nutritional value.
- 9. Counsel the caregiver to take the child to a health worker if the condition becomes severe and the child has not eaten enough for a long time to help prevent growth failure and malnutrition.**
- 10. Encourage the caregiver to continue giving the child his/her medication as prescribed but to seek medical attention if the side effects of the medication cause food aversion or refusal.**
- 11. Encourage the caregiver to feed the child patiently and persistently, with supervision and love.**
- 12. Refer the caregiver to routine child services such as immunizations, vitamin A supplementation, iron supplementation and de-worming, according to national guidelines.**

MANAGING OPPORTUNISTIC INFECTIONS OR FEVER

1. Assess the child's growth if possible.

- Weigh the child and plot the weight on a growth chart.
- If the chart shows early growth faltering, the child may need medical attention and/or increased energy intake to promote weight gain.

2. Ask the caregiver how long the infant or child has had the infection.

- Advise the caregiver to seek medical attention if the fever has lasted several days and is not relieved with medication or if the child has lost consciousness or has yellow eyes, convulsions or seizures or severe diarrhoea.

3. Find out whether the child with a fever is dehydrated.

- Signs and symptoms of dehydration include lethargy, little or no urine, dry mouth, lack of skin elasticity and rapid breathing.
- If the child shows any of these signs, refer him/her for medical treatment.

3. Counsel the caregiver on how to manage children with opportunistic infections or fever.

- Ensure that the caregiver gives the child plenty of fluids to avoid dehydration.
- Advise the caregiver to continue feeding the child breastmilk or any other kind of milk he/she usually drinks.
- Counsel the caregiver to continue trying to feed the child small but frequent meals.
- Advise the caregiver to try to feed the child foods high in energy and protein, for example, by adding sugar and milk powder to porridge.
- Advise the caregiver to give the child extra food after the fever subsides, especially if he/she has lost weight with the fever.

4. Refer the caregiver to routine child services such as immunizations, vitamin A supplementation, iron supplementation and de-worming, according to national guidelines.

MANAGING GASTROINTESTINAL PROBLEMS: VOMITING, DIARRHOEA AND MALABSORPTION

- 1. Assess the child's growth if possible.**
 - Weigh the child and plot the weight on a growth chart.
 - If the chart shows early growth faltering, the child may need medical attention and/or increased energy intake to promote weight gain.
- 2. Ask the caregiver how long the infant or child has had the diarrhoea or vomiting.**
 - Refer the child for immediate medical treatment if the diarrhoea is severe, has lasted for more than 2 days or is bloody.
- 3. Find out whether the child with a fever is dehydrated.**
 - Signs and symptoms of dehydration include lethargy, little or no urine, dry mouth, lack of skin elasticity and rapid breathing.
 - If the child shows any of these signs, refer for medical treatment.
 - Stress to the caregiver that diarrhoea and vomiting in very young children can be life threatening because of the risk of dehydration.
 - Counsel the caregiver to continue feeding a child with diarrhoea breastmilk or any other milk he/she normally drinks.
 - Counsel the caregiver to give the child oral rehydration solution (ORS) after each bout of diarrhoea and provide information on where to get the ORS or how to prepare it at home (mix 1 pinch of salt and 1 tablespoon of sugar in 1 cup of clean boiled water).
 - Counsel the caregiver to keep giving the child other fluids as well.
- 4. Ask the caregiver if the child is taking any medications.**
 - If the diarrhoea or vomiting is related to antiretroviral drugs (ARVs) or other medications, encourage the caregiver to continue to give the child his/her medications but to seek medical attention immediately if the condition gets worse or lasts for more than 24 hours or the child is unable to keep anything down and has a fever.
 - If the diarrhoea or vomiting are related to any alternative or traditional therapy the child is being given, discuss the possible harm these may cause the child and advise the caregiver to stop using these therapies.
- 5. Counsel the caregiver on how to manage children with diarrhoea.**
 - If the child is over 6 months old and eating solid foods, advise the caregiver to feed food such as bananas, soft boiled white rice, potatoes and lentils to slow down the diarrhoea.
 - Advise the caregiver not to feed the child large quantities of juice and to eliminate or limit milk or milk products to see whether the symptoms improve.
 - Counsel the caregiver to feed the child small amounts of food more often.
 - Counsel the caregiver to feed the child soft, moist foods.
 - Advise the caregiver to resume the child's regular diet when the diarrhoea has stopped. Remind the caregiver of the importance of food safety and hygiene to avoid infection.
 - Stress hand washing with soap and water after using the toilet and before handling and preparing food.
 - Stress making sure the food served to the child is cooked well.
 - Advise the caregiver to give the child clean boiled water to drink and use clean boiled water to make juices and prepare food.

6. Counsel the caregiver on how to manage children with vomiting.

- Advise the caregiver to give the child plenty of fluids to replace lost fluids and prevent dehydration.
- Counsel the caregiver to give the child ORS after each bout of diarrhoea and provide information on where to get the ORS or how to prepare it at home (mix 1 pinch of salt and 1 tablespoon of sugar in 1 cup of clean boiled water).
- Advise the caregiver not to feed the child strong-smelling, greasy or fried foods.
- Advise the caregiver to feed the child foods at room temperature that are soft, moist and easy to chew and swallow, such as bananas, soft boiled white rice and potatoes.
- Advise the caregiver to feed the child small but more frequent meals.
- Counsel the caregiver to make sure the child gets plenty of fluids and to seek medical attention immediately if the child cannot drink in order to avoid dehydration.

7. Counsel the caregiver on how to manage children with malabsorption.

- Signs of malabsorption include diarrhoea, weight loss, anaemia (pallor, fatigue), shortness of breath, poor weight gain and failure to thrive.
- Advise the caregiver to stop using oils, butter, ghee or margarine to cook foods for the child not to feed the child deep-fried, greasy or fatty foods.
- Counsel the caregiver to seek medical attention if the child is losing weight and the condition persists.

8. Refer the caregiver to routine child services such as immunizations, vitamin A supplementation, iron supplementation and de-worming, according to national guidelines.

MANAGING ALTERED TASTE RESULTING FROM HIV INFECTION, UNDERNUTRITION OR MEDICATIONS

- 1. Assess the child's growth if possible.**
 - Weigh the child and plot the weight on a growth chart.
 - If the chart shows early growth faltering, the child may need medical attention and/or increased energy intake to promote weight gain.
- 2. Discuss with the caregiver whether the child is experiencing altered taste.**
 - Signs of altered taste are refusal to eat some foods or spitting up food.
 - Altered taste may be difficult to evaluate in young children who can't talk yet.
- 3. Ask the caregiver if the child is taking any medications.**
 - Several antiretroviral drugs (ARVs) can affect the sense of taste.
 - Ask the caregiver whether the condition started when the child started taking the medications.
- 4. Ask about the child's current eating habits.**
 - Show the caregiver a list of local, affordable foods to determine what the child is eating.
 - Counsel the caregiver on what foods to prepare for the child to increase energy intake, especially if the child is losing weight.
 - Use the **Daily Food Guide for HIV-Positive Infants and Children** to help the caregiver determine how often and how much the child should eat.
 - Make sure the caregiver is preparing foods with iodized salt.
- 5. Counsel the caregiver on how to manage children with altered taste.**
 - Advise the caregiver to give the child his/her favourite foods in small quantities.
 - Advise the caregiver to use salt and sugar to increase taste acuity and mask unpleasant taste sensations.
 - Advise the caregiver to give the child different textures of food, including minced, pureed, soft and moist.
- 6. Advise the caregiver to feed the child patiently and persistently, with supervision and love.**
- 7. Refer the caregiver to routine child services such as immunizations, vitamin A supplementation, iron supplementation and de-worming, according to national guidelines.**

MANAGING SOCIOECONOMIC FACTORS: POVERTY, FOOD INSECURITY AND A POOR FEEDING RELATIONSHIP BETWEEN CAREGIVER AND CHILD

1. Try to observe the caregiver feeding the child.

- Make sure the child is fed patiently and persistently, with supervision and love.
- Make sure the child is being given foods appropriate for his/her age and developmental level.
- If the meals are not balanced, show the caregiver a list of local, affordable foods and agree on foods that the caregiver can feed the child to provide a varied diet. Ensure that each meal includes a staple food for energy together with a combination of foods from the other foods groups.
- Discuss any other concerns with the caregiver.

2. Note the environment in which the child is fed.

- Advise the caregiver to remove any distractions that make the child lose interest while eating and limit food intake.
- Make sure the caregiver feeds the child patiently, talks to him/her lovingly, looks into his/her eyes, actively encourages him/her to eat and helps the older child feed himself/herself.
- Make sure the child is fed from his/her own bowl.
- Address any food safety and hygiene issues that you notice with the caregiver.

3. Discuss the importance of small, frequent meals for children, especially sick children.

- Explain that HIV-infected children get ill more often than children without HIV and that sick children may not have an appetite.
- Counsel the caregiver to give small amounts of food often throughout the day to make sure the child gets enough nutrients.

4. Assess whether the caregiver has access to food and can prepare food.

- Assess the caregiver's own health.
- Find out whether the caregiver has a steady income.
- Determine how many meals a day the caregiver can afford to feed the child.
- Based on the results, refer the caregiver to community support such as food banks, food aid, food rations, micronutrient supplementation, therapeutic and supplementary feeding, community gardens, community kitchens or support groups.

DAILY FOOD GUIDE FOR HEALTHY NON-HIV-POSITIVE INFANTS AND CHILDREN

Age	Texture	Frequency	Amount at each meal
0–6 months	Exclusive breastfeeding or exclusive replacement feeding	At least eight times a day	As often as the child wants, day and night
6 months	Solid foods (porridge or well-mashed or pureed foods)	Twice a day	2–3 tablespoons
	Continued breastfeeding or any kind of milk	At least eight times a day	As often as the child wants, day and night
7–8 months	Mashed foods	If breastfed, three meals a day plus one snack	$\frac{2}{3}$ cup* at each meal
	Continued breastfeeding or any kind of milk	If not breastfed, four or five meals a day	If not breastfed, 1–2 cups of milk a day
9–11 months	Mashed or finely chopped foods and foods that the infant can pick up Any kind of milk	Three meals a day plus one snack between meals	$\frac{3}{4}$ cup at each meal
12–24 months	Same food as the family, chopped or mashed if necessary	Three meals a day plus two snacks between meals	1 full cup

* 1 cup = 250 ml

Source: Adapted from UNICEF and WHO, 2005. HIV and Infant feeding Counselling Tool: Counselling Cards. Geneva.

DAILY FOOD GUIDE FOR HEALTHY HIV-POSITIVE INFANTS AND CHILDREN

This guide does not differ much from the guide for the healthy non-HIV-infected child, except that the HIV-positive child should increase energy intake to prevent weight loss and promote growth.

Age	Asymptomatic (10% more energy needed to maintain growth)	Symptomatic with no weight loss (20–30% more energy needed)	Symptomatic with weight loss (50–100% more energy needed)
0–6 months	Exclusive breastfeeding or exclusive replacement feeding at least eight times a day	Exclusive breastfeeding or exclusive replacement feeding at least eight times a day	Exclusive breastfeeding or exclusive replacement feeding at least eight times a day
6 months	Introduction of solid foods: 2–3 tablespoons of energy-dense well-mashed or pureed foods twice a day Continued breast-feeding or any kind of milk eight times a day	Introduction of solid foods: 2–3 tablespoons of energy-dense well-mashed or pureed foods twice a day Breastmilk or any kind of milk at least eight times a day	Introduction of solid foods: 3–4 tablespoons of energy-dense well-mashed or pureed foods twice a day Breastmilk or any kind of milk at least eight times a day
7–8 months	Three-to-five meals of $\frac{2}{3}$ cup* of mashed foods plus one energy-dense snack a day Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption High-energy and nutrient-dense foods and all food groups Continued breastfeeding or 1–2 cups of any kind of milk a day Adequate intake of clean boiled water	Five or six meals of $\frac{2}{3}$ cup of mashed foods plus one energy-dense snack a day Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption High-energy and nutrient-dense foods and all food groups Continued breastfeeding or 1–2 cups of any kind of milk a day Adequate intake of clean boiled water	Five or six smaller, more frequent meals of $\frac{2}{3}$ – $\frac{3}{4}$ cup of mashed food with one or two snacks a day Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption Foods that require less chewing or are easy to eat Continued breastfeeding or 1–2 cups of any kind of milk a day Adequate intake of clean boiled water
9–11 months	Mashed or finely chopped foods and foods that the infant can pick up	High-energy and nutrient-dense foods and all food groups	Foods that require less chewing or are easy to eat

Age	Asymptomatic (10% more energy needed to maintain growth)	Symptomatic with no weight loss (20–30% more energy needed)	Symptomatic with weight loss (50–100% more energy needed)
	<p>Four meals of ¾ cup of mashed foods a day plus 1–2 energy-dense snacks between meals</p> <p>Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption</p>	<p>Four or five meals of ¾ cup of mashed foods a day plus one or two energy-dense snacks between meals</p> <p>Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption</p>	<p>Five or six meals of ¾ cup of mashed foods a day plus two or three energy-dense snacks between meals</p> <p>Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption</p>
	<p>Continued breast-feeding or 1–2 cups of any kind of milk a day</p> <p>Adequate intake of clean boiled water</p>	<p>Continued breast-feeding or 1–2 cups of any kind of milk a day</p> <p>Adequate intake of clean boiled water</p>	<p>Continued breast-feeding or 1–2 cups of any kind of milk a day</p> <p>Adequate intake of clean boiled water</p>
12–24 months	<p>Mashed or chopped foods and foods that the infant can pick up</p> <p>Four meals of 1 cup of mashed foods a day plus three energy-dense snacks between meals</p> <p>Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption</p> <p>Continued breast-feeding or 1–2 cups of any kind of milk a day</p> <p>Adequate intake of clean boiled water</p>	<p>High-energy and nutrient-dense foods and all food groups</p> <p>Five or six meals of 1 cup of mashed foods a day plus two energy-dense snacks between meals</p> <p>Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption</p> <p>Continued breast-feeding or 1–2 cups of any kind of milk a day</p> <p>Adequate intake of clean boiled water</p>	<p>Foods that require less chewing or are easy to eat</p> <p>Six-to-eight small energy-dense meals of 1 cup of foods a day plus two energy-dense snacks</p> <p>Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption</p> <p>Continued breast-feeding or 1–2 cups of any kind of milk a day</p> <p>Adequate intake of clean boiled water</p>

* 1 cup = 250 ml

Source: Adapted from UNICEF and WHO. 2005. HIV and Infant feeding Counselling Tool: Counselling Cards. Geneva.

When using the daily food guide, remember that:

- HIV-infected children still need breastmilk every day for energy and good health between the ages of 6 months and 2 years.
- Children who are NOT breastfed need 1–2 cups of milk a day or one or two extra meals a day if milk is not available.
- Children should drink juices in moderation and avoid drinks with no nutritional value such as tea, coffee, sodas and other sugary or coloured drinks.
- Fresh animal milk and water should be boiled before they are given to children.
- Children should be offered clean boiled water to drink every day to satisfy thirst
- Children should eat from a cup instead of a feeding bottle because cups are easier to clean to avoid infection.
- Children should continue to go to the health clinic for regular check-ups, immunizations, vitamin A supplementation, deworming, iron supplementation according to national guidelines and growth monitoring.
- Sick children should be given small frequent meals, preferably of their favourite foods, and more fluids, including breastmilk.
- After illness children should be given more food more often than usual.

Tips to Help Caregivers Introduce Solid Foods to Children 6 Months Old

1. Ask the caregiver types of food the child is eating.

- Ensure each meal includes a variety of foods from all the food groups (show the caregiver a list of locally available foods).
- Ensure the foods are appropriate for the child's age.
- If the meals are **not balanced**, discuss with the caregiver locally available foods from each food group to provide the child with a varied diet.
- Ensure each meal includes a staple food for energy together with a combination of foods from the other food groups.

2. Ask the caregiver if the child has refused some types of food.

- If so, encourage the caregiver to give different foods in different combinations.

3. Counsel the caregiver to feed the child correctly.

- Advise the caregiver to feed the child from his/her own plate or bowl.
- Advise the caregiver to talk to the child lovingly, look into his/her eyes and actively encourage him/her to eat.
- Advise the caregiver to allow the child to feed himself/herself once he/she is older.
- Advise the caregiver to remove distractions that will make the child lose interest while eating.
- Advise the caregiver to practice good hygiene.
- Advise the caregiver not to give the child foods that he/she may choke on.

4. Ask the caregiver what other liquids the child is given besides breastmilk or other kinds of milk.

- Advise women who have made the informed choice to breastfeed to breastfeed infants 0–6 months old **exclusively**, giving no milk, water or other liquids and foods.
- Counsel that after 6 months infants need more water, even when drinking the recommended amounts of milk. Encourage the caregiver to offer the child some clean boiled water to drink after eating.
- Advise the caregiver to give the child no more than 1 cup a day of fruit juice so that he/she won't be too full to eat other foods or get diarrhoea.
- Encourage the caregiver not to give the child unhealthy drinks such as coloured sugary drinks, tea, coffee and sodas.

LOCALLY AVAILABLE AND AFFORDABLE FOODS FOR INFANTS AND CHILDREN

Check off foods on the list that are available and affordable in the community you serve. Use this list to counsel caregivers on good nutrition and help them identify a variety of foods from all the food groups to feed their children.

Energy foods	Yes	No	Protective foods	Yes	No	Body-building foods	Yes	No
Staple foods (cereals, tubers, roots)			Fruit			Animal sources		
Rice			Mangoes			Liver		
Wheat			Oranges			Beef		
Maize			Pineapple			Chicken		
Millet			Paw paw			Fish		
Sorghum			Bananas			Eggs		
Cassava			Passion-fruit			Insects		
Yams			Other (list)			Cheese		
Sweet potatoes						Yoghurt		
Potatoes						Milk		
Plantains						Other (list)		
Green bananas								
Other (list)								
Fats and oils			Vegetables			Plant sources		
Margarine			Dark green leafy vegetables			Lentils		
Ghee			Cassava leaves			Kidney beans		
Butter			Sweet potato leaves			Lima beans		
Vegetable oil			Pumpkin leaves			Cowpeas		
Palm oil			Pumpkin			Groundnut paste		
Other (list)			Other (list)			Other nut pastes		
						Soaked or germinated seeds (e.g., pumpkin, sunflower, melon or sesame)		
						Sprouted legumes		
						Other (list)		

Nutrient- and Energy-Dense Meals for Children 6–24 Months Old

1. Maize porridge with groundnuts and egg meal

Ingredients

4 ½ tablespoons thick maize meal
1 tablespoon groundnut paste
1 egg

Preparation

Make porridge with the maize flour. Pound the groundnuts and add to the porridge. Just before serving, add the raw egg and cook for a few minutes.

Variations: Add powdered milk to the porridge or replace the groundnut paste with powdered fish.

Source: Adapted from WHO. 2000. Complementary Feeding: Family Foods for Breastfed Children. Geneva: Department of Nutrition for Health and Development.

2. Rice pudding

Ingredients

1 handful rice
2 cups clean boiled water
½ cup milk
2 teaspoons sugar

Preparation

Add the water to the rice and cook, stirring all the time to make it creamy. Beat the egg into the milk. Add the milk and egg mixture to the cooked rice and bring to a boil. Add sugar to sweeten. Serve warm.

3. Boiled egg and avocado

Ingredients

1 egg
½ avocado

Preparation

Boil the egg for a few minutes. Remove it from the heat when fully cooked (eggs must be well cooked to avoid infection). Cool the egg by soaking it in cold water. Peel the avocado, cut it in half, and mash it. Remove the shell from the egg and add the boiled egg to the avocado. Mash and serve.

4. Scrambled eggs

Ingredients

2 eggs
6 tablespoons milk
½ tablespoon fat
Salt to taste

Preparation

Beat the eggs in a dish and add the milk. Season with a little salt. Put the fat in a pan and heat. Add the egg and milk mixture to the hot fat. Stir gently until cooked. Serve with rice or another staple.

5. Banana-yoghurt mash

Ingredients

3 small bananas or other fruit such as mango
½ cup yoghurt
1–2 tablespoons sugar

Preparation

Cut the banana into a small dish and mash. Put the yoghurt in a cup or glass and add sugar as desired. Pour the yoghurt over the bananas and mix well. Serve when still fresh. This makes a good snack and is suitable if the child lacks appetite or has mouth sores.

HANDOUT 12.5. JOB AID 11: ASSESSING CHILD GROWTH

Is the child's growth optimal?

- Weigh the child and measure his/her height.
- Plot the weight and height on the growth chart.
- Assess whether the child is growing optimally by comparing the weight and height to the reference curves on the card.



If Yes

- Praise the caregiver and encourage him/her to continue to provide a balanced diet to the child to maintain weight and lean body mass.
- Stress good hygiene and food and water safety.
- Encourage the caregiver to seek immediate medical care in case of illness.
- Ensure the child has had all the appropriate immunizations.
- Encourage the caregiver to use iodized salt in food preparation.

If No

- 1. Review the diet to ensure it is adequate. If not:**
 - Counsel the caregiver on appropriate feeding for the child's age.
 - Discuss ways to increase energy and nutrient intake.
 - Address HIV-related symptoms that affect food intake.
 - Stress good hygiene and food and water safety.
- 2. If growth faltering is not nutrition related:**
 - Refer to the appropriate service for further management.
 - Encourage the caregiver to seek treatment for the child for opportunistic infections.
 - Ensure the child has had all the appropriate immunizations for his/her age.
- 3. Encourage the caregiver to have the child's weight checked regularly.**

HANDOUT 13.1. CASE SCENARIOS FOR FOLLOW-UP AND REFERRAL

Case 1. Jimmy

Jimmy has poor eating habits and is depressed and feels generally weak. He is nauseated and vomiting and has a poor appetite. He drinks alcohol and smokes cigarettes. He is taking ARVs and TB medication. On the first visit of the community health worker (CHW), Jimmy agreed to improve his food intake by eating three times a day.

Case 2. Helen

Helen has oral thrush and low weight and is taking ARVs. On the first visit of the CHW, Helen agreed to go for periodic weighing.

Case 3. Maria

Maria is taking ARVs and feels dizzy and tired. On the first visit of the CHW, Maria agreed to take her medicines according to the dosages and schedule recommended by the doctor.

HANDOUT 13.2. OBSERVATION CHECKLIST FOR FOLLOW-UP COUNSELLING AND REFERRAL

Did the community health worker ...	Yes	No
Greet the client?		
Check the client's feeding and nutrition progress?		
Ask whether the client tried the agreed practice?		
Congratulate the client for trying the new practice?		
Ask what happened when the client tried the new practice?		
Ask whether the client made any changes in the new practice and why?		
Ask what difficulties the client had and how he/she solved them or help the client find ways to solve them?		
Listen to the client's questions and concerns?		
Assess whether new complications have come up and address them?		
Ask the client whether he/she likes the practice and thinks he/she will continue?		
Praise the client and motivate him/her to continue?		
Remind the client to get weighed regularly?		
Talk to the client about a new practice?		
Encourage the client to try a new practice?		
Help the client plan specific actions to improve his/her eating and nutrition?		
Give the client more handouts and materials if needed and available?		
Update his/her notes and information on the client?		
Agree on a date for the next visit?		

HANDOUT 14.1. COUNSELLING OBSERVATION CHECKLIST (ALIDRAA)

- Greets the client (and caregivers) and establishes confidence
- Asks** the client (and caregivers) about current eating practices
- Listens** to what the client (and caregivers) says
- Identifies** key difficulties, if any, and selects with the client (and caregivers) the most important one to address
- Discusses** options
- Recommends** and negotiates do-able actions, helping the client (and caregivers) select the best option to try depending on their context and resources
- Helps the client (and caregivers) **Agree** to try one of the options and asks the client (and caregivers) to repeat the agreed do-able action
- Makes an **Appointment** for the follow-up visit

Name one or more things the counsellor did well:

What one thing would you recommend the counsellor to do to improve next time?

HANDOUT 14.2. COUNSELLING/ NEGOTIATION RECORD

Name of client (group)	
(If group, number of members)	
Issue(s) identified	
Nutrition problem(s) (deal with only one or two at a time)	
Option(s) suggested	
What client/group agreed to do	
Follow-up plan	

HANDOUT 14.3. SAMPLE ACTION PLAN

Home visits	Goal(s)	When (time)	Where (place)	Follow-up (who and when)
Group visits	Goal(s)	When (time)	Where (place)	Follow-up (who and when)



