



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



Training Manual for Community
and Home-Based Care Providers
Facilitators Guide

2008



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

TRAINING MANUAL FOR COMMUNITY AND HOME-BASED CARE PROVIDERS

FACILITATORS GUIDE

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
ARV	Antiretroviral drug
CBO	Community-based organization
CHW	Community health worker
FANTA	Food and Nutrition Technical Assistance Project
FBO	Faith-based organization
HIV	Human immunodeficiency virus
MCH	Maternal and child health
MOH	Ministry of Health
MUAC	Mid-upper arm circumference
NGO	Nongovernmental organization
OI	Opportunistic infection
PLWHA	Person or people living with HIV or AIDS
PMTCT	Prevention of mother-to-child transmission of HIV
RCQHC	Regional Centre for Quality of Health Care
STI	Sexually transmitted infection
TB	Tuberculosis
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
WHO	World Health Organization

INTRODUCTION

This Facilitators' Guide will help trainers equip community health workers (CHWs) and home-based care providers with the basic skills needed to provide nutrition care and support to people living with HIV and AIDS (PLWHA).

PURPOSE

The purpose of the course is to provide CHWs and home-based care providers with knowledge and skills to improve the nutrition care and support of PLWHA during community outreach or home visits.

LEARNING OBJECTIVES

The learning objectives of the course are listed below.

1. Apply counselling principles of and negotiate small do-able actions to improve the nutrition of PLWHA.
2. Create varied diets and menus using locally available and affordable foods to counsel PLWHA on eating well.
3. Explain the relationship between nutrition and HIV.
4. Support the Critical Nutrition Practices for PLWHA.
5. Assess the nutritional status of PLWHA during home-based care.
6. Identify methods for improving quality of foods at household level.
7. Discuss common water and food safety and hygiene issues.
8. Manage common HIV-related complications using dietary approaches.
9. Explain actions to manage drug-food interactions.
10. Identify appropriate nutrition support for pregnant HIV-positive women, considering cultural and gender issues.
11. Identify nutrition problems of HIV-positive children and identify community support available to address these problems.
12. Discuss follow-up, referral, and networking.
13. Design work plans for conducting home visits and group visits for PLWHA and caregivers.

TARGET AUDIENCE AND FACILITATORS

The intended users of this manual are trainers who provide in-service training for CHWs and home-based care providers who care for PLWHA.

There should be at least one facilitator for each 10–12 participants. Facilitators should have the following minimum qualifications:

- Expertise and experience in community nutrition, including nutrition for pregnant and lactating women and children
- Counselling knowledge and skills
- Experience in training adults and community-level service providers and volunteers
- Basic knowledge of HIV and AIDS, modes of HIV transmission, disease progression and interventions for HIV prevention and treatment and care for PLWHA
- Familiarity with national guidelines on nutrition and HIV

TRAINING PACKAGE

The training package first provides basic information about nutrition and then focuses on nutrition care for PLWHA. The topics include the relationship between nutrition and HIV, assessing nutritional status, improving food intake, managing food and drug interactions and complications of HIV, caring for HIV-positive women and children infected with or affected by HIV, food and water safety and hygiene, principles of counselling and referrals and networking. The Facilitators Guide is supported by a package of **Participant Handouts** that complement the summary of content for each session.

USE OF THE GUIDE

For each session, the trainer should begin by stating the objectives. The proposed methodologies to deliver the content and impart the skills are found in the shaded boxes. Trainers may modify these methodologies according to their experience or the background of the course participants. The proposed duration of each activity is illustrative and can be adapted to reflect the needs (expectations) of the participants and the results of the pre-assessment. Each session contains instructions for handouts to use during the session.

Note: The use of the term “client” in this manual refers to the PLWHA or the caregiver.

EVALUATION OF THE TRAINING

The following approaches are used to evaluate the training and assess whether participants have grasped the content and skills:

- Pre- and post-test
- Questions and answers during or at the end of a session
- Daily evaluation by the participants
- Practice during sessions

PROPOSED 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 house
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	Topic	Proposed duration
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
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

SESSION 1

INTRODUCTIONS, EXPECTATIONS AND COURSE OBJECTIVES

ESTIMATED DURATION: 1 hour

PURPOSE

In this session participants introduce themselves, express their expectations and relate them to the course objectives and complete a pre-test to help trainers identify topics that need more (or less) emphasis.

LEARNING OBJECTIVES

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

1. Begin to name fellow participants, trainers and resource persons.
2. Discuss expectations.
3. Explain the objectives of the course.

OVERVIEW OF ACTIVITIES

Activity 1.1. Presentation game for introductions and expectations (20 minutes)

Activity 1.2. Pre-test (20 minutes)

Activity 1.3. Presentation of course objectives (15 minutes)

Activity 1.4. Administrative and housekeeping issues (5 minutes)

ADVANCE PREPARATION

- (1 week before the course begins) Arrange field visits to communities or health facilities for participants to practice nutrition counselling and make needed logistical arrangements such as transport.
- Prepare flipchart paper and stand, markers and masking tape.
- Write course objectives on a flipchart.
- Prepare matching pairs of nutrition illustrations by cutting each of the counselling cards in Annex 1 into two equal pieces.
- Prepare flipchart paper and stand, markers and masking tape.
- Bring enough copies of the **Participant Handouts** to class for all participants.

DETAILED ACTIVITIES

Activity 1.1. Presentation game for introductions and expectations (20 minutes)

Presentation game

- Place the flipchart with the course objectives where all participants can see it.
- Give each participant one-half of an illustrated nutrition and HIV counselling card and ask him/her to find the person with matching half.
- Instruct participants to find out the names, expectations of the training, and something of interest (favourite food or colour, hobbies, likes or dislikes) of the people with their matching halves.

Activity 1.2. Pre-test (20 minutes)

*Oral test**

- Ask participants to form a circle and stand with their backs facing the centre of the circle.
 - Explain that you will ask questions and participants should answer by raising one hand with the palm open if they think the answer is YES, one hand with the fist closed if they think the answer is NO, and one hand pointing two fingers if they DO NOT KNOW the answer.
 - One facilitator should read the questions. Another facilitator should note the number of correct answers and record it next to the question number.
 - After all the questions have been read, inform the participants of the number of correct answers for each of the questions. Do not provide the answers to the questions.
 - Tell the participants that these topics will be discussed in greater detail during the training.
- * Use any other method to conduct the pre-test, based on the local context. You can also give each participant a copy of the pre-test without the answer key to complete in writing.

	PRE-TEST AND ANSWER KEY	Yes	No
1.	Telling a client what to do is the surest way to change his/her behaviour.		X
2.	Nutrition is the body's process of eating, digesting, absorbing and using food to perform its functions.	X	
3.	Poor nutrition leads to poor ability to fight HIV and other infections.	X	
4.	Only weighing a client allows us to assess his/her nutritional status.		X
5.	Fermentation improves food quality because it aids in the digestion and absorption of food.	X	
6.	People living with HIV need to consume more energy every day than uninfected people of the same age, sex and physical activity.	X	
7.	People living with HIV can easily get infections.	X	
8.	It is impossible for a person living with HIV to strengthen or build muscles and improve overall health.		X
9.	HIV-related symptoms can be managed only by medicines.		X
10.	Cultural and gender issues can affect the nutrition of an HIV-positive pregnant woman.	X	
11.	Children born to HIV-positive women are at increased risk of low birth weight.	X	
12.	HIV and frequent infections decrease the body's energy and nutrient requirements.	X	

Activity 1.3. Presentation of course objectives (15 minutes)

Brainstorming and discussion

- Explain the purpose and objectives of the course and present an overview of the training.

The **purpose** of the course is to provide CHWs and home-based care providers with knowledge and skills to improve the nutrition care and support of PLWHA during community outreach or home visits.

The **objectives** of the course are listed below.

1. Apply counselling principles and negotiate small do-able actions to improve the nutrition of PLWHA.
 2. Create varied diets and menus using locally available and affordable foods to counsel PLWHA on “eating well”.
 3. Explain the relationship between nutrition and HIV.
 4. Support PLWHA in practising the Critical Nutrition Practices.
 5. Assess the nutritional status of PLWHA during home-based care.
 6. Identify methods for improving quality of foods at household level.
 7. Discuss common water and food safety and hygiene issues.
 8. Manage common HIV-related complications using dietary approaches.
 9. Explain actions to manage drug-food.
 10. Identify appropriate nutrition support for pregnant HIV-positive women, considering cultural and gender issues.
 11. Identify nutrition problems of HIV-positive children and available community support.
 12. Discuss follow-up, referral, and networking.
 13. Design work plans for conducting home visits and group visits for PLWHA and caregivers.
- Compare the course objectives to the participants’ expectations.
 - Keep the objectives and expectations posted in view of the participants during the training.

Activity 1.4. Administrative and housekeeping issues (5 minutes)

Go over with participants the course schedule (refer them to **Handout 1.1. Training Schedule**), the time the sessions will begin and end each day and the materials they should bring to class, including a pen and writing paper.

Distribute copies of the **Participant Handouts** to all participants and explain that they will refer to the handouts during class exercises. Explain that the handouts include copies of counselling cards, job aids and other information to help CHWs and home-based care providers counsel PLWHA on nutrition and HIV. Point out the numbering at the top of each handout and tell the participants that you will refer to these numbers when you ask them to find handouts for class exercises.

SESSION 2

LISTENING AND LEARNING SKILLS

ESTIMATED DURATION: 1½ hours

PURPOSE

In this session participants learn the basic principles of counselling to help them negotiate do-able actions with PLWHA and caregivers to improve PLWHA nutrition practices.

LEARNING OBJECTIVES

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

1. Identify listening and learning skills.
2. Differentiate between counselling, teaching/guidance and giving advice.
3. Discuss the goals of counselling.
3. List steps used in counselling.

OVERVIEW OF ACTIVITIES

Activity 2.1. Presentation of session objectives and duration (5 minutes)

Activity 2.2. Listening and learning skills (30 minutes)

Activity 2.3. Difference between counselling, teaching/guidance and giving advice (20 minutes)

Activity 2.4. Steps used in counselling (30 minutes)

Activity 2.5. Session review (5 minutes)

ADVANCE PREPARATION

- Prepare flipchart paper and stand, markers and masking tape.
- Write session objectives on a flipchart.
- Review **Handout 2.1. Counselling Observation Checklist (ALIDRAA)**.
- Bring a ball to class.

DETAILED ACTIVITIES

Activity 2.1. Presentation of session objectives and duration (5 minutes)

Activity 2.2. Listening and learning skills (30 minutes)

Group work and demonstration

- Two facilitators should demonstrate listening and learning skills (adapted from WHO and UNICEF. 1993. Breastfeeding Counselling: A Training Course. Geneva).
- Ask the participants to form five groups by counting off numbers from 1 to 5.
- Explain that you will role-play counselling interactions between a community health worker (CHW) and a client to demonstrate the following listening and learning skills:
 1. Non-verbal communication
 2. Closed questions
 3. Open questions
 4. Reflecting back what the client says
 5. Not judging
 6. Empathy (showing that you understand how the client feels)
- Ask the participants to identify the skill demonstrated at the end of each role-play.
- Facilitate discussion after each demonstration and repeat as needed.

Demonstration 1: Non-verbal communication

For A through E below, say exactly the same greeting (for example, Good morning, Habiba. How are things going for you today?) in the same way.

A. Posture

Hinders: Stand with your head higher than the other person's.
Helps: Sit so that your head is level with hers.

B. Eye contact

Hinders: Look away at something else or down at your notes.
Helps: Look at the person and pay attention while she speaks.

C. Barriers

Hinders: Sit behind a table or write notes while you talk.
Helps: Remove the table or the notes.

D. Taking time

Hinders: Be in a hurry. Greet the person quickly, show signs of impatience and look at your watch.
Helps: Make the person feel that you have time. Sit down and greet her without hurrying, then just smile quietly, watching her, and wait for her to answer.

E. Touch

Hinders: Touch the person roughly or inappropriately.
Helps: Touch her gently, in an inappropriate way (if you cannot demonstrate an appropriate touch, simply demonstrate not touching).

Demonstration 2: Closed questions that cannot be answered “Yes” or “No”

CHW: Good morning, (name). I am (name), the community health worker. Are you well?

Client: Yes, thank you.

CHW: Are you eating?

Client: Yes.

CHW: Are you having any difficulties?

Client: No.

CHW: Are you taking your medicines?

Client: Yes.

Demonstration 3: Open questions

CHW: Good morning, (name). I am (name), the community health worker. How are you feeling today?

Client: I'm well, but I don't have much appetite.

CHW: Tell me, what have you been eating?

Client: I've had some porridge this morning. I'm not sure what I will have later on.

CHW: What foods do you have at home?

Client: Let me see ... I know there is some rice and beans.

Demonstration 4: Reflecting back and showing interest

CHW: Good morning (name). How are you feeling today?

Client: All right, but I've noticed some sores in my mouth, and I don't feel like eating.

CHW: Oh dear, are the sores in your mouth keeping you from eating?

Client: Yes. The sores just started this week.

CHW: Aah, you've noticed these sores for about a week?

Client: Yes, and my sister is telling me that there's some food I shouldn't eat.

CHW: Mmm, your sister says that you should avoid some food?

Client: Yes. Which foods should I avoid?

Demonstration 5: Not using judging words

CHW: Good morning, may I see your chart?

Client: Here you are.

CHW: You are losing weight. Why, are you not eating?"

Client: I don't know ... I hope so, but maybe not ... (looks worried) I'm trying.

Demonstration 6: Empathy

CHW: Good morning, how have you been feeling lately?

Client: I have been having nausea and am not eating much and also losing weight.

CHW: I understand. Nausea can make you really feel like not eating. Is there anything you have been able to eat or drink?

Client: Yes, some cups of juice.

CHW: That's good. I can help you manage the nausea so you can eat a little bit and gain weight.

Activity 2.3. Difference between counselling, teaching/guidance and giving advice (20 minutes)

Brainstorming

- Ask participants to tell you how they would define “counselling”.
- Fill in gaps in the definition, using the information below.

Counselling is a structured process in which clients learn how to make decisions and formulate new ways of behaving, feeling and thinking. Counsellors help clients set goals and explore changes they need to make to achieve those goals.

- Ask participants to describe the difference between counselling, teaching/ guidance and giving advice.
- Fill in gaps using the information below.
 - 1. Counselling**
 - Providing the client with information.
 - Suggesting small do-able actions
 - Helping the client make a decision to try some small do-able action
 - An interactive process between the counsellor and the client
 - 2. Teaching/guidance**
 - Providing appropriate and accurate information to enable a client to make important choices that affect his/her life
 - Giving information
 - Only PART of counselling
 - 3. Giving advice**
 - A more experienced or learned person telling a less experienced person what to do
 - Needed if the person cannot make decisions because of age or lack of experience
- Ask participants why it is important for community health workers to learn counselling skills.
- Fill in gaps using the information below on the goals of counselling.
 - To effectively communicate behaviours to improve nutrition
 - To help the client try small do-able actions
 - To judge when it is necessary to refer clients to a more experienced counsellor or a health care provider.
- Facilitate discussion.

Activity 2.4. Steps used in counselling (30 minutes)

Demonstration, presentation

- Two facilitators should role-play the following counselling session on daily diet, including listening and learning skills and general counselling guidelines.

CHW: Good morning, (name). How are you feeling?

Client: *Not so well.*

CHW: Can you tell me what food you are eating?

Client: *I mostly eat rice and beans, sometimes some vegetables.*

CHW: Can we discuss how we can improve the foods you are eating to help you stay strong?

Client: *Yes, please tell me how I can improve what I am eating.*

CHW: Well, first you can try to eat a variety of foods from the different food groups. We can discuss this more during your visit on Friday next week.

- Ask participants to identify the listening and learning skills and general counselling guidelines the trainers demonstrated.
- Write the ALIDRAA steps used in counselling on a flipchart: **A**sk, **L**isten, **I**dentify, **D**iscuss, **R**ecommend and negotiate, **A**gree and repeat the agreed action, and make a follow-up **A**ppointment.
- Referring to the demonstration, facilitate a discussion on what happened in each step.
- Refer participants to **Handout 2.1. Counselling Observation Checklist (ALIDRAA)** and review.

Activity 2.5. Session review (5 minutes)

Review energizer

- Form a circle with the participants and other facilitator(s).
- Throw the ball to one participant.
- Ask the participant who catches the ball a question based on listening and learning skills and ALIDRAA (e.g., *What are the three non-verbal listening and learning skills? What are the seven steps of counselling?*)
- When the participant has answered correctly to the satisfaction of the group, ask him/her to throw the ball to another participant, asking a question in turn.

SESSION 3

BASIC NUTRITION

ESTIMATED DURATION: 2½ hours

PURPOSE

In this session participants learn the basics of nutrition needed to provide nutrition care to PLWHA and understand the relationship between nutrition and HIV.

LEARNING OBJECTIVES

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

1. Define nutrition and the causes of malnutrition.
2. Describe the importance of food groups.
3. Explain FADDAH.
4. Identify local foods that belong to each food group.
5. Practice choosing foods to make nutritious meals.

OVERVIEW OF ACTIVITIES

Activity 3.1. Presentation of session objectives and duration (5 minutes)

Activity 3.2. Definitions and factors that affect nutrition (15 minutes)

Activity 3.3. Classifying local foods into food groups (25 minutes)

Activity 3.4. Classifying seasonal foods into food groups (25 minutes)

Activity 3.5. FADDAH (Frequency, Amount, Different food groups, nutrient Density, Active feeding and Hygiene) (35 minutes)

Activity 3.6. Creating meals to help PLWHA eat well (40 minutes)

Activity 3.7. Session review (5 minutes)

ADVANCE PREPARATION

- Prepare flipchart paper and stand, markers and masking tape.
- Write session objectives on a flipchart.
- Review **Handout 3.1. Illustrations of Well-Nourished and Undernourished Adults and Children.**
- Review **Handout 3.2. Food Groups.**
- Review **Handout 3.3. Counselling Card on Eating Well for PLWHA.**
- Review **Handout 3.4. Seasonal Calendar of Local Affordable Foods.**
- Review **Handout 3.5. Job Aid 1: Eating Well.**
- Bring to class a selection of foods bought at the local market, including fruits, vegetables, meat, eggs, cereals and grains, bread, legumes, vegetable oil, water, sodas, beer and sweets.
- Write the following food groups on pieces of card or paper (one food group per sheet): *Energy (Staple) Foods, Body-Building Foods, Protective Foods, Extra Energy Foods, Water, and Other.*

DETAILED ACTIVITIES

Activity 3.1. Presentation of session objectives and duration (5 minutes)

Activity 3.2. Definitions and factors that affect nutrition (15 minutes)

Small group work, questions and answers

- Divide the participants into small groups of no more than five each from the same communities or regions.
- Refer participants to **Handout 3.1. Illustrations of Well-Nourished and Undernourished Adults and Children.**
- Ask the groups to look at the illustrations of the adults and discuss the following questions:
 1. What are the differences in the illustrations?
 2. What caused these differences?
 3. What is nutrition? What is food?
 4. What are the effects of good or bad nutrition on a person?
 5. What should a malnourished person do to reverse malnutrition?

One person in the group should record the answers.

- In plenary, ask each group to answer one question while other groups make additional comments.
- Repeat the steps above for the illustrations of the well-nourished and undernourished children.
- Compare the participant responses to the information below and fill in gaps as needed.

Nutrition is how food is eaten, digested, absorbed, and used by the body to grow, work, play, maintain health and resist infection.

Food is anything that can be eaten or drunk that provides energy and nutrients to the body so it can perform its functions (growth, work, reproduction, healing and prevention of sickness and brain function).

Good nutrition is eating a variety of foods from the different food groups in the correct amounts to give the body the energy and nutrients it needs for good health.

- Make sure participants mention *food intake* and *illness* as key factors that affect nutrition.

Activity 3.3. Classifying local foods into food groups (25 minutes)

Demonstration

- Give each participant one or more foods from the local market.
- Place the cards or pieces of paper with the food groups written on them in a table or mat on the floor.
- Ask each participant to name his/her foods and place them under the food group where he/she thinks they belong.
- Facilitate discussion and rearrangement of foods as needed. Guide the discussion as below, referring participants to **Handout 3.2. Food Groups**.

Food groups are important for eating well. Foods are grouped according to the main nutrients they provide. Almost all foods contain more than one nutrient, but the nutrients differ in amounts and quality. Each nutrient has a role in the body. The different food groups are listed below.

1. **Energy (staple) foods** provide mainly carbohydrates and fibre. They include 1) cereals like millet, rice, wheat, sorghum, and maize and cooked foods made from these cereals, such as *ugali/sima*, bread and porridge and 2) tubers and roots such as yams, arrowroot, cassava, sweet potatoes and Irish potatoes, 3) bananas and 4) plantains.
2. **Body-building foods** provide mainly protein, minerals and vitamins. They include legumes such as beans and peas, nuts, and animal products such as beef, chicken, cheese, eggs, milk and insects.
3. **Protective foods** provide mainly minerals, vitamins and fibre. They include 1) dark, leafy, green and orange vegetables such as sweet potato, cassava and pumpkin leaves, spinach, carrots, pumpkin and pumpkin flowers, amaranth, okra and other local wild vegetables and 2) fruits such as guavas, oranges, baobabs, mangos, passion fruit, papayas, pineapples, jack-fruit and wild fruits.
 - **Extra energy foods** are not a food group, but they provide energy and taste. Such foods include 1) oils and fats such as ghee, butter, sunflower oil and palm oil and 2) sugar in the form of honey and cane sugar.
 - **Water** is not a food group, but it is necessary for life because it helps the body digest, absorb and transport nutrients and regulates body temperature. People should drink at least 8 glasses (1.5 litres) of water a day, even more when it is hot or they are doing heavy physical work and sweating or suffering from diarrhoea, vomiting or fever. People can also get water by drinking soups or fruit juices. Water for drinking, taking medicines or making juices should always be boiled or treated to make it safe.
 - **Other foods** include sodas, beer and sweets, including chocolate.

To get all the nutrients the body needs, a person needs to eat a variety of food. No single food contains all the required nutrients. A good meal should contain foods from different food groups in adequate amounts. Different people need different amounts of food (e.g., pregnant and lactating women and people with HIV need more food) and textures of food (e.g., young children need softer food, and sick people may need mashed or pureed food). Some foods can be enriched with added nutrients such as groundnuts.

- Refer participants to Handout 3.3. Counselling Card on Eating Well for PLWHA and point out that it contains similar information as Handout 3.2. Ask the participants to take turns reading the numbered points aloud.
- Summarize the foods displayed and the food groups they represent.

Activity 3.4. Classifying seasonal foods into food groups (25 minutes)

Small group work

- Ask participants to stay in their small groups. Refer them to **Handout 3.4. Seasonal Calendar of Local Affordable Foods** and ask each group to fill it in for each month of the year. Give the groups 15 minutes to complete the exercise. Explain that they can refer to **Handout 3.2. Food Groups**.
- After 15 minutes, ask one of the groups to present what foods are available during each month.
- Ask the participants why they think it is important for CHWs to know what foods are available when (*so they can counsel people to eat healthy foods that are available at those times*).
- Facilitate discussion.

Activity 3.5. FADDAH (Frequency, Amount, Different Food Groups, nutrient Density, Active Feeding and Hygiene) (35 minutes)

Presentation and small group work

- Ask participants what else besides the different food groups they need to consider when counselling PLWHA to eat well.
- Probe and compare responses to the following mnemonic (memory aid): **FADDAH**:
 - Frequency of meals (at least 3 meals and 2 snacks each day)
 - Amount of food (enough for age and activity level, 2 cups at each meal for an adult)
 - Different foods from each food group (diversity)
 - Making foods more nutrient **d**ense
 - **A**ctive support for accessing, preparing and eating food
 - **H**ygiene to avoid food- and water-borne infection (PLWHA are more vulnerable to infection than other people because their immune systems are weak and cannot fight infection well.)
- Refer participants to **Handout 3.5. Job Aid 1: Eating Well** and ask volunteers from each group to take turns reading the numbered points.
- Facilitate discussion and answer any questions in plenary.

Activity 3.6. Creating meals to help PLWHA eat well (40 minutes)

Demonstration and small group work

- Divide the participants into three groups. Explain that the groups will develop daily menus using the information discussed above. The menus should include breakfast, lunch, dinner and a snack. Assign each group the following people to prepare a menu for:
 1. A healthy pregnant woman
 2. A sick man
 3. A sick child 20 months old
- Encourage the groups to refer to **Handout 3.2. Food Groups, Handout 3.3 Counselling Card on Eating Well for PLWHA, and Handout 3.5. Eating Well.**
- Walk from group to group to provide support where needed.
- Ask the groups to post their menus for all participants to see.
- Facilitate discussion of the three menus.

Activity 3.7. Session review (5 minutes)

Questions and answers

- Conclude the session by asking the following the questions: *What does eating well mean?* and *How can people in your communities eat well every day?*
- Involve the participants in responding to the questions and guide them to the correct answers.

SESSION 4

RELATIONSHIP BETWEEN NUTRITION AND HIV

ESTIMATED DURATION: 1½ hours

PURPOSE

In this session participants learn about the relationship between nutrition and HIV and about ways to apply this knowledge in developing nutrition and HIV messages for PLWHA.

LEARNING OBJECTIVES

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

1. Explain the relationship between nutrition and HIV.
2. Explain the importance of good nutrition for PLWHA.
3. Discuss why PLWHA become malnourished.
4. Discuss nutrition practices for maintaining good nutrition for PLWHA.

OVERVIEW OF ACTIVITIES

Activity 4.1. Presentation of session objectives and duration (5 minutes)

Activity 4.2. Relationship between nutrition and HIV and the importance of good nutrition for PLWHA (35 minutes)

Activity 4.3. Reasons PLWHA become undernourished (45 minutes)

Activity 4.4. Session review (5 minutes)

ADVANCE PREPARATION

- Prepare flipchart paper and stand, markers and masking tape.
- Write session objectives on a flipchart.
- Write the following headings on four flipchart pages: 1. *Poor food availability*, 2. *Low food intake*, and 3. *Poor digestion, absorption and utilization of nutrients*.
- Review **Handout 3.5. Job Aid 1: Eating Well**.
- Review **Handout 4.1. Counselling Card on Good Nutrition**.
- Review **Handout 4.2. Counselling Card on Poor Nutrition**.
- Review **Handout 4.3. Job Aid 2: Importance of Good Nutrition**.

DETAILED ACTIVITIES

Activity 4.1. Presentation of session objectives and duration (5 minutes)

Activity 4.2. The relationship between nutrition and HIV and the importance of good nutrition for PLWHA (35 minutes)

Small group work

- Ask participants to go back to their original small groups.
- Ask the groups to read **Handout 4.1. Counselling Card on Good Nutrition** and prepare a description of the relationship between nutrition and HIV.
- In plenary, ask one group to present its description. Fill in gaps as needed, comparing the presentation to the information below.
 - Good nutrition helps the body grow, develop, and repair itself.
 - Good nutrition helps strengthen the immune system, reducing the chances of getting repeated infections.
- Then ask the groups to read **Handout 4.2. Counselling Card on Poor Nutrition** and discuss how the information compares with that in Handout 4.1.
- In plenary, ask another group to explain what they observed in Handout 4.2. while other groups make additional points.
- In plenary, ask one group to present its description. Fill in gaps as needed, comparing the presentation to the information below.
 - HIV destroys the immune response and the body's ability to resist diseases, which makes PLWHA vulnerable to frequent opportunistic infections (infections that take advantage of weaknesses in the body's defence).
 - HIV and frequent infections increase the body's use of and therefore need for energy and nutrients.
 - HIV and infections also may interfere with food intake and the way the body absorbs and uses nutrients.
 - If the body's increased energy and nutrient needs are not met, a PLWHA may lose weight and become undernourished.
 - Poor nutritional status can weaken the body's immune response further.
 - The weakened immune system results in repeated infections, which can make HIV progress more quickly to AIDS.
 - Repeated infections can lead to poor nutritional status, and so the cycle continues.
- Refer participants to **Handout 4.3. Job Aid 2: The Importance of Good Nutrition**. Ask participants to take turns reading each point aloud.
- Facilitate discussion.

Activity 4.3. Reasons PLWHA become undernourished (45 minutes)

Brainstorming and small group work

- Ask participants to brainstorm reasons why PLWHA become undernourished. Fill in gaps as needed, comparing the responses to the following information:
 - Poor food availability
 - Low food intake
 - Poor digestion, absorption and utilization of nutrients
- Post the three flipchart pages with headings throughout the room.
- Ask the participants to move in their groups to each of the flipcharts and jot down ideas about how HIV affects the nutrition of PLWHA under the headings.
- After 3 minutes ask the groups to rotate to another flipchart and add information to (but not repeat) what has already been written. Keep rotating the groups until each group has recorded its points on each flipchart.
- Call on three groups to present the information on the three flipcharts while the other participants comment.
- Compare the responses to the information below and fill in gaps as needed.

Why do PLWHA become undernourished?

- 1. Poor food availability** (quantity and quality)
 - Decreased household/individual access to food because of reduced production and wages
 - Lack of family or external support to obtain or prepare food
 - Stigma that makes it difficult to obtain food or support
 - Lack of knowledge of the fact that sick people need to eat nutritious food
 - The effect of seasonality on food availability, wages and care
 - Lack of daily balanced meals
 - Lack of daily balanced meals
 - Lack of access to supplements when diet is inadequate
- 2. Low food intake**
 - Food aversions or intolerance
 - Culture or gender issues that deny sick people or women certain foods
 - Too few meals or snacks
 - Lack of support or encouragement to eat enough
 - Lack of appetite
 - Mouth sores that make it difficult to eat foods that are not mashed or pureed
 - Constipation
 - Nausea and vomiting
 - Taste changes cause by medication
 - Depression or stress
- 3. Poor digestion and absorption**
 - Food intolerance
 - Diarrhoea caused by contaminated food or water or drugs
 - The effect of HIV on the integrity of the gut
 - Drug-food interactions
 - Use of alcohol

- Ask the groups to take 10 minutes to brainstorm what can be done in the community to improve each of the factors above (food availability, food intake, and nutrient digestion, absorption and utilization).
- After 10 minutes, ask each group to present its results in plenary.
- Facilitate discussion and fill in gaps as needed.

Activity 4.4. Session review (5 minutes)

Questions and answers

- Finish the session by asking the following question: *Why is good nutritional status important for PLWHA?*
- Involve participants in responding to the question and clarify information as needed.
- Ask participants whether they have any questions.

SESSION 5

CRITICAL NUTRITION PRACTICES

ESTIMATED DURATION: 1½ hours

PURPOSE

In this session participants learn the Critical Nutrition Practices and corresponding messages to improve and maintain good nutrition among PLWHA.

LEARNING OBJECTIVES

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

1. Identify the eight Critical Nutrition Practices (CNP) for PLWHA.
2. Identify key messages to communicate the CNP to PLWHA.

OVERVIEW OF ACTIVITIES

Activity 5.1. Presentation of session objectives and duration (5 minutes)

Activity 5.2. Eight Critical Nutrition Practices for PLWHA (105 minutes)

Activity 5.3. Session review (10 minutes)

ADVANCE PREPARATION

- Prepare flipchart paper and stand, markers and masking tape.
- Write session objectives on a flipchart.
- Write the Critical Nutrition Practices for PLWHA on a flipchart.
- With a red marker, write the CNP on eight cards (one CNP per card). With a blue marker, write the supporting CNP messages on eight other cards (one CNP message per card). If the class has more than 16 participants, prepare a second set of CNP and CNP messages.
- Review **Handout 5.1. Critical Nutrition Practices, Supporting Messages and Explanations.**

DETAILED ACTIVITIES

Activity 5.1. Presentation of session objectives and duration (5 minutes)

Activity 5.2. Eight Critical Nutrition Practices for PLWHA (105 minutes)

Matching pairs

- Shuffle the cards marked with the CNP and supporting messages and distribute one card to each participant.
- Ask the participants to find the participants with the matching cards.
- When all the cards have been matched, ask one person in each pair to read the CNP aloud in plenary and the other to read the supporting messages.
- Refer participants to **Handout 5.1. Critical Nutrition Practices, Supporting Messages and Explanations**. Read aloud one of the key messages and call on participants to identify the CNP and read the explanation of the message. Continue until you have read one key message for each CNP.

Activity 5.3. Session review (10 minutes)

Questions and answers

- Ask participants the following question: *What are the eight Critical Nutrition Practices to prevent malnutrition among PLWHA?*
- Involve the participants in responding to the questions and compare their responses to the list below.
 1. Get periodic nutrition assessments, especially weight.
 2. Increase energy intake by eating a variety of foods, especially energy-rich foods, more often, especially during illness.
 3. Drink plenty of clean and safe (boiled or treated) water.
 4. Practice a healthy lifestyle by avoiding alcohol, tobacco, sodas and coloured or sweetened drinks.
 5. Maintain high levels of hygiene and sanitation.
 6. Get exercise.
 7. Seek early treatment of infections and manage symptoms with dietary practices when possible.
 8. Manage food and drug interactions or side effects.
- Ask participants the following question: *What messages besides dietary advice are important to give PLWHA who are suffering from HIV-related symptoms?*
- Involve the participants in responding to the questions and compare their responses to the list below.
 - Seek medical treatment early.
 - Return to your usual eating patterns when the conditions disappear.
 - Always inform the health worker of any other medications, herbs or supplements you are taking.
 - Always use clean and boiled or treated water
 - Let the health provider know what medication and traditional or herbal remedies you are taking.
 - Ask participants if they have any questions.

Review energizer

- Form a circle with the participants and other facilitator(s).
- Throw the ball to one participant.
- Ask the participant who catches the ball a question based on the eight CNP A (e.g., *How many glasses of water should a PLWHA drink every day? What BMI indicates a risk of undernutrition? How many cups of food should a PLWHA eat at every meal? Why should PLWHA avoid alcohol?*)
- When the participant has answered correctly to the satisfaction of the group, ask him/her to throw the ball to another participant, asking a question in turn.

SESSION 6

ASSESSING NUTRITION DURING HOME VISITS

ESTIMATED DURATION: 2½ hours

PURPOSE

In this session participants learn how to conduct essential nutrition assessments for community-based care of PLWHA.

LEARNING OBJECTIVES

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

1. Explain the importance of nutrition assessment in care and support for PLWHA.
2. Take and interpret measurements to assess nutritional status during community or home-based care.
3. Explain the principles and procedures of dietary assessment.

- Activity 6.1.** Presentation of session objectives and duration (5 minutes)
Activity 6.2. Importance of nutrition assessment for PLWHA (10 minutes)
Activity 6.3. Weighing PLWHA during home visits (30 minutes)
Activity 6.4. Using MUAC to assess the nutritional status of PLWHA (30 minutes)
Activity 6.5. Dietary intake assessment during home visits (35 minutes)
Activity 6.6. Nutrition assessment practice (10 minutes)
Activity 6.7. Session review (10 minutes)

ADVANCE PREPARATION

- Prepare flipchart paper and stand, markers and masking tape.
- Write session objectives on a flipchart.
- Bring a functional weighing scale to class.
- Bring enough colour-coded mid-upper arm circumference (MUAC) tapes or tape measures to class for each participant.
- Be familiar with the use of the weighing scale and MUAC tape.
- Write MUAC cut-off points on a flipchart (> 16.0 cm = *severe undernutrition (adult)*, 16.0–18.4 cm = *moderate undernutrition (adult)*, 18.5–24.9 cm = *adequate nutrition (adult)*, < 11.0 cm = *severe undernutrition (children 12–59 months old)*).
- Bring to class a basket filled with small pieces of paper with different weights (0 kg, 1 kg, 2 kg, 5 kg, 7 kg, 10 kg) written on them.
- Bring to class a basket filled with small pieces of paper with different MUAC readings (10 cm, 14 cm, 16 cm, 17 cm, 18.5 cm, 20 cm, 26.5 cm) written on them.
- Review **Handout 6.1. BMI Reference Table**.
- Review **Handout 6.2. Nutritional Status Classifications and Actions**

DETAILED ACTIVITIES

Activity 6.1. Presentation of session objectives and duration (5 minutes)

Activity 6.2. Importance of nutrition assessment for PLWHA (10 minutes)

Brainstorming and presentation

- Ask participants why nutrition assessment is a key part of care of PLWHA at home and in the community. Compare the responses to the information below and fill in gaps as needed.

Importance of nutrition assessment in the care of PLWHA

- Helps detect potential health and nutrition problems early
 - Provides information on current nutritional status and weight change
 - Helps identify risky behaviours or factors that could contribute to ill health or poor nutritional status
 - Helps identify appropriate nutrition counselling and interventions
- Ask participants to brainstorm what community health workers should assess during home visits to PLWHA. Compare responses to the information below and fill in gaps as needed.

Nutrition assessments for PLWHA

1. Weight and where possible height to calculate body mass index (BMI)
2. Mid-upper arm circumference (MUAC)
3. Dietary intake (amount and kind of food eaten)
4. Illnesses or symptoms (e.g., oral thrush, mouth sores, dental problems, vomiting, diarrhoea, depression, appetite loss, altered taste) that may affect food intake
5. Food preparation and who feeds the patient
6. Food access (availability)
7. Signs of nutritional deficiency (e.g., muscle wasting, pale palms, night blindness)
8. Appearance (physical, palm pallor)
9. Productivity (e.g., how much time the person is bedridden and unable to work)
10. Sanitation and hygiene conditions
11. Level of physical activity

Activity 6.3. Weighing PLWHA during home visits (30 minutes)

Brainstorming, demonstration and small group work

- Ask participants to recall the first CNP (*Perform periodic nutrition assessment, especially weight*). Ask why it is important to weigh PLWHA and how often they should be weighed. Compare responses to the information below and fill in gaps as needed.

Weighing PLWHA

- PLWHA should be weighed once every 3 months (or at least once every month if the person has an opportunistic infection).
 - Clients should wear minimal clothing, remove shoes, empty pockets and stand with both legs on the scale without touching or being supported by anything.
 - The scale should be set to zero before weighing. Weight should be recorded immediately after the measurement.
 - Weight change over a given period is a useful indicator for monitoring changes in body composition. Unintentional weight loss indicates poor food intake or disease that affects food digestion, absorption or utilization. Rapid weight loss (or gain) indicates a need for nutrition care and support.
 - Weight loss of 6–7 kg over 1 month in most PLWHA indicates the onset of AIDS and the need to seek health care immediately.
 - If someone has not been weighed for a long time, they or their friends or relatives may know whether they have lost weight by the way they look or how their clothes fit.
- Ask for a volunteer and demonstrate how to weigh the person correctly.
 - Ask two pairs of participants to weigh each other while the rest of the participants observe and make suggestions (e.g., Is the client wearing shoes? Is the scale set to zero before the weighing? Is the weight recorded?). Allow time for discussion.
 - Ask the participants to break into their small groups. Refer the groups to **Handout 6.1. BMI Reference Table**. Explain that BMI is a number calculated from a person's weight and height that is used to classify nutritional status (severely undernourished, moderately undernourished, adequately nourished, overweight). Review the handout with the participants, pointing out the x axis for weight and the y axis for height. Ask the class to find the BMI of someone who weighs 56 kg and is 192 cm tall (15). Then ask them to look at the BMI cut-offs on the left of the table and tell you the person's nutritional status (severely undernourished).
 - Let each group pick a piece of paper marked with a weight from the basket. Explain that the papers show the weight a PLWHA has lost in the past 2–3 months.
 - Ask the groups to discuss what advice they would give the client based on the weight.
 - After 5 minutes ask the groups to present their results. Compare the responses to the information below and refer participants to **Handout 6.2. Nutritional Status Classifications and Actions**.
 - Recent weight loss of > 3 kg: Refer to a health facility for nutrition assessment to classify nutritional status and identify need for therapeutic or supplementary food, counsel to improve food intake and treat possible infections, assess for ART, and prevent and treat infections.
 - Recent weight loss of < 3 kg: Give nutrition counselling, refer for nutrition assessment to classify nutritional status and identify need for therapeutic or supplementary food, counsel on resistance exercises to build muscles, and prevent and treat infections.

Activity 6.4. Using MUAC to assess the nutritional status of PLWHA (30 minutes)

Brainstorming, demonstration and small group work

- Ask participants to brainstorm why measuring mid-upper arm circumference (MUAC) is useful. Compare the responses to the information below and fill in gaps as needed.

MUAC

- Mid-upper arm circumference is the circumference of the middle of the left upper arm, measured with a special colour-coded tape.
 - MUAC should be measured halfway between the tip of the shoulder and the elbow.
 - MUAC is measured in centimetres.
 - MUAC is useful for measuring the nutritional status of people who can't stand up to be weighed and measured, such as bedridden PLWHA, children > 1 year old, and pregnant and lactating women (whose weight is not an indication of their nutritional status).
- Ask for a volunteer and demonstrate how to measure his/her MUAC correctly and record the measurement.
 - Ask two pairs of participants to measure and record each other's MUAC while the rest of the participants observe and make suggestions (e.g., Is the tape in the correct place on the arm? Is the tape read at eye level?). Allow time for discussion.
 - Explain the MUAC cut-offs written on the flipchart and ask participants to classify the nutritional status of the people they measured. Explain that there are no internationally standardized MUAC cut-offs for adult nutritional status, but that the cutoffs given here can be used.
 - Let each group pick a piece of paper marked with a MUAC measurement from the basket. Explain that the papers show different MUAC measurements of PLWHA.
 - Ask the groups to use the MUAC cut-offs to classify the nutritional status of each PLWHA and share the results in plenary. Compare the results with the cut-off points on the flipchart and the information below and make any corrections needed.

MUAC cut-offs

- 18.5–24.9 = adequate nutrition (adult)
 - 16.0–18.4 = moderate malnutrition (adult)
 - < 16.0 cm = severe malnutrition (adult)
 - < 11.0 cm = severe malnutrition (child 12–59 months old)
- Give the groups 5 minutes to discuss the advice they would give their clients based on their nutritional status. Ask the groups to present their results in plenary and compare their responses to **Handout 6.2. Nutritional Status Classifications and Actions**.

Activity 6.5. Dietary intake assessment during home visits (35 minutes)

Demonstration and brainstorming

- Ask for a volunteer and demonstrate how to take a dietary intake assessment using ALIDRAA (Ask, Listen, Identify, Discuss and negotiate, Agree, and make a follow-up Appointment).
- Explain that taking a diet history allows the community health worker to determine whether the client is eating adequate food and if not, why not.
- Ask participants to brainstorm reasons to take diet histories of PLWHA. Compare the responses to the information below and fill in gaps as needed.

Diet history is taken to get information on the following factors to identify appropriate counselling and interventions:

- Whether the client is eating enough for his/her age and sex (FADDAH)
 - How many meals the client is eating each day (sick people should eat breakfast, lunch, dinner and one or two snacks a day)
 - How much food the client is eating for each meal and throughout the day
 - How varied the client's diet is (meals should contain foods from different food groups in the appropriate amounts and forms)
 - How nutritious the client's diet is (nutrient density)
 - Whether the client is preparing and eating food in a hygienic environment
 - Whether the client has access to food, including staple foods, and where the foods come from
 - Whether the client is using herbal and other supplements
- Ask participants to brainstorm what information should be collected for a diet history. Compare responses to the information below and fill in gaps as needed.

Diet history

- Dietary intake
 - Use of supplements
 - Factors that affect food intake (e.g., isolation, depression, stigma, inability to prepare food)
 - Food intolerances and aversions
 - Eating habits and patterns
 - Hygiene and safe food preparation
 - Dietary problems and other eating problems (e.g., poor appetite, difficulty chewing or swallowing, gastrointestinal problems, pain in the mouth and gums)
- Ask participants to brainstorm reasons why a PLWHA may not eat enough nutritious food. Compare the responses to the information below and fill in gaps as needed.

Possible causes of poor food intake

- Food aversions or dislikes
- Cultural or gender gender issues that may deny sick people or women certain foods
- Form of the food (e.g., too hard or bland)
- No snacks between meals
- Poor support or encouragement to eat enough
- Food taboos that affect the kind of food eaten or how it is eaten
- Unhygienic food preparation and handling
- Food preparation methods that allow nutrients to be lost
- Eating alone
- Problems such as loss of appetite, inability to eat or swallow, constipation, vomiting and nausea, taste changes, depression, stress, pain or fever

- Drug side effects
- Ask two pairs of participants to repeat the steps in a dietary intake assessment, with one participant assessing the intake of the other while the rest of the participants observe and make comments or corrections.

Activity 6.6. Nutrition assessment practice (30 minutes)

Questions and answers

- Read the following case scenario in plenary:
 1. *Kalu is 38 years old. He has been in bed for 2 weeks. His wife complains that he is not eating well. He can't stand without being supported.*
- Ask participants what nutrition assessment they would do for Kalu. Compare the responses with the information below and fill in gaps as needed.
 - Measure his MUAC and compare the result with the cut-offs. If he is severely undernourished, refer him for nutrition rehabilitation.
 - Ask Kalu's wife if the family is having trouble buying enough food. If so, suggest contacting programs that provide food support.
 - Ask whether Kalu has HIV-related symptoms that make it difficult to eat and counsel him and his wife on how to manage those symptoms.
- 2. *Maliku's wife left him a month ago, after he lost his job. He is sickly and staying with his 70-year-old mother. His mother has a garden with plantains and a variety of other vegetables and herbs.*
- Ask participants what nutrition assessment they would do for Maliku. Compare the responses with the information below and fill in gaps as needed.
 - Weigh Maliku if he can stand or measure MUAC if he can't and assess his nutritional status.
 - Ask him what he has eaten in the past 2 days.
 - Assess FADDAH and counsel accordingly.
 - Find out whether his food is cooked thoroughly.
 - Find out whether any health problems are making it difficult for him to eat and counsel accordingly
- 3. *Sady and her two daughters, 4 and 8 years old, are being cared for by Sady's 65-year-old mother. Sady has been in bed for a week. She went to the hospital 3 days ago. Her mother is worried because Sady has lost a lot of weight and is not eating well. Her mother smells of beer.*
- Ask participants what nutrition assessment they would do for Sady. Compare the responses with the information below and fill in gaps as needed.
 - Check any changes in weight.
 - Assess FADDAH and counsel accordingly.
 - Find out whether Sady's mother can buy enough food for the family (or whether she is using resources to buy other things such as beer).
 - Ask delicately whether Sady or her mother are suffering from depression or stress and refer for psychosocial support if appropriate.
- Ask participants whether they have any questions and clarify information as needed.

Activity 6.7. Session review (10 minutes)

Questions and answers

- Ask participants the following question: *Why is nutrition assessment of PLWHA important?* Compare the responses to the information below and fill in gaps as needed.

Importance of nutrition assessment of PLWHA

- Helps detect potential health and nutrition problems early
 - Provides information on the client's current nutritional status
 - Shows changes in weight if taken periodically
 - Helps identify risk behaviours or factors that contribute to poor health or nutrition
 - Helps health care workers provide the correct counselling and interventions
- Ask participants the following question: *What nutrition assessments can community health workers carry out for PLWHA?*
 - Compare the responses to the information below and fill in gaps as needed.

PLWHA nutrition assessments that CHWs can do

- Weight
 - Height
 - BMI
 - MUAC
 - Dietary intake (food and supplements)
 - Illnesses and symptoms that affect food intake
 - Food availability and access
 - Signs of nutritional deficiency (e.g., muscle wasting, pale palms, night blindness)
 - Activity level
 - Productivity
 - Sanitation and hygiene conditions
- Ask participants if they have any questions and clarify information as needed.

SESSION 7

IMPROVING THE QUALITY OF HOUSEHOLD FOODS

ESTIMATED DURATION: 1½ hours

PURPOSE

In this session participants learn how to help PLWHA improve the quality of their diets by choosing local nutrient-dense foods and preparing food appropriately.

LEARNING OBJECTIVES

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

1. Explain the importance of improving the quality of PLWHA diets to meet energy and nutrient needs.
2. Discuss ways to improve the quality of local staple foods.
3. Prepare menus to improve diet quality for ill people.

OVERVIEW OF ACTIVITIES

Activity 7.1. Presentation of session objectives and duration (5 minutes)

Activity 7.2. Improving the quality of food (75 minutes)

Activity 7.3. Addressing HIV-related symptoms by improving food quality

Activity 7.4. Session review (10 minutes)

ADVANCE PREPARATION

- Prepare flipchart paper and stand, markers and masking tape.
- Write session objectives on a flipchart.
- Bring to class two baskets, each filled with a set of cards. Each set should include nine cards marked with the following actions to improve the quality of food (one action per card): *Enrich foods, Germinate or sprout seeds, Ferment food, Fortify food, Preserve nutrients, Improve taste and flavour, Use spices, Improve the ability to eat food, and Reduce cooking time.*
- Review **Handout 3.5. Job Aid 1: Eating Well.**
- Review **Handout 7.1. Job Aid 3: Managing Anorexia (Loss of Appetite).**
- Review **Handout 7.2. Job Aid 4: Managing Altered Taste and Dry Mouth.**

DETAILED ACTIVITIES

Activity 7.1. Presentation of session objectives and duration (5 minutes)

Activity 7.2. Improving the quality of food (80 minutes)

Brainstorming, Pick from the Basket game

- Ask participants to brainstorm why it is important to improve the quality of foods for PLWHA. One facilitator should list responses on a flipchart. Compare the responses to the information below and fill in gaps as needed.

Importance of improving the quality of local foods

- Most staple foods are low in energy and important nutrients.
 - Most staple foods need to be processed to make them digestible and improve the absorption of nutrients.
 - PLWHA have increased nutritional needs and need to get the most nutrients possible from the food they eat.
 - HIV may affect food digestion and absorption, so foods need to be processed to improve the availability and absorption of nutrients.
 - Some symptoms related to HIV (e.g., mouth sores, thrush, altered taste, nausea and vomiting) or ARV side effects require modifying foods to make it easier for PLWHA to chew and swallow them.
 - Some patients may be too sick to eat solid foods.
- Divide participants into two groups to play Pick from the Basket.
 - Give each group a basket with nine cards marked with actions to improve the quality of food.
 - Divide each group into two teams.
 - Ask one participant from Team 1 to pick a card from the basket, read it, consult the other team members, and 1) explain how this action can improve the quality of food and 2) give an example.
 - Facilitate discussion.
 - Ask one participant from Team 2 to do the same.
 - Facilitate discussion.
 - Switch from one team to the other until all the actions to improve the quality of food have been explained and examples given. Compare the responses with the information below and fill in gaps as needed.

Actions to improve food quality

1. Enrich foods by adding other foods that are high in energy and nutrients (proteins and micronutrients).
 - High energy: Oils, butter, margarine, ghee, sugar
 - High protein: Groundnut paste, milk, milk powder, eggs
2. Add germinated and sprouted seeds to local foods to improve nutrient availability and digestibility.
 - Germinated and sprouted foods are easily digested and absorbed and help the body digest and absorb other foods.
 - Cereals such as maize, sorghum and millet can be germinated, dried and milled into flour which can be used to prepare porridge.
 - Legumes such as beans, cowpeas, chickpeas and green peas can be sprouted and prepared as vegetables to eat with other foods.

3. Use fermented foods.
 - Fermentation aids digestion and absorption.
 - If eaten with other foods, fermented foods help the body digest and absorb those foods.
 - Fermented foods include sour milk, yoghurt, sour porridge and sour water.
4. Use fortified foods.
 - Some cereal flour, cooking oils and margarine are fortified with nutrients.
 - Supplementary foods such as corn-soy-blend are fortified with vitamins and minerals.
5. Preserve nutrients during cooking.
 - Steaming vegetables, fish, potatoes, bananas, etc., helps preserve nutrients in the food and is cheaper than boiling or frying.
 - Wash vegetables and cut using a sharp knife. After cutting, cook immediately in very little water (or steam) and add a little oil. Eat immediately after cooking.
6. Improve taste and flavour to manage altered taste or increase appetite.
 - Sprout, ferment or roast food to improve the taste.
 - Add avocado or lemon to improve flavour.
7. Use spices.
 - Add spices to food or drinks to increase appetite.
 - Some spices (e.g., ginger, garlic, cinnamon, cardamom, turmeric and onions) can aid digestion.
 - Use hot pepper sparingly, as it may irritate the stomach.
8. Change the texture of food for sick people.
 - Mashing or pureeing food makes it easier to chew, swallow, and digest,
 - Pounding meat before preparation makes it soft and easy to eat.
9. Reduce cooking time and fuel.
 - Soak beans overnight.
 - Hull cereals such as dry maize.
 - Ferment foods.

- Facilitate discussion and summary.

Activity 7.3. Addressing HIV-related symptoms by improving food quality (15 minutes)

Small group work

- Divide participants into six small groups.
- Ask the groups to take turns reading aloud read **Handout 7.1. Job Aid 3: Managing Anorexia (Loss of Appetite)** and **Handout 7.2. Job Aid 4: Managing Altered Taste and Dry Mouth**.
- Assign each group one of the following “clients” and ask each group to discuss what it would recommend to improve food quality for the client.

Group 1. Client who doesn't like the taste and smell of a cereal food

Group 2. Client who doesn't eat vegetables or fruits

Group 3. Client who has problems swallowing

Group 4. Client who has lost appetite

Group 5. Client who only likes very soft foods

Group 6. Client who can't eat all the food needed for a healthy diet

- Ask participants if they have any questions before they begin.
- Give the groups 10 minutes to formulate their responses.
- After 10 minutes, ask each group to share its results in plenary.
- Facilitate discussion and summarize.

Activity 7.4. Session review (5 minutes)

Questions and answers

- Conclude the session by asking the following question: *What would you recommend to improve food quality for a client with the following problem?*
 - Does not like the flavour (e.g. taste and smell) of a cereal food
 - Does not eat vegetables or fruits
 - Has trouble swallowing
 - Has a poor appetite
- Involve the participants in responding to the questions and make clarifications as needed.

SESSION 8

FOOD AND WATER SAFETY AND HYGIENE

ESTIMATED DURATION: 1 hour

PURPOSE

In this session participants learn the importance of water and food safety for PLWHA and ways to maintain it.

LEARNING OBJECTIVES

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

1. Describe common food and water safety and hygiene issues among PLWHA.
2. Identify solutions to address food and water safety issues in the community.
3. Explain key messages on food and water safety for PLWHA.

OVERVIEW OF ACTIVITIES

Activity 8.1. Presentation of session objectives and duration (5 minutes)

Activity 8.2. Food and water safety and sanitation for PLWHA (30 minutes)

Activity 8.3. Practice giving food and water safety messages (20 minutes)

Activity 8.4. Session review (5 minutes)

ADVANCE PREPARATION

- Prepare flipchart paper and stand, markers and masking tape.
- Write session objectives on a flipchart.
- Prepare seven cards with the following scenarios written on them (one per card):
 - Card 1. You meet Malaika on the road. She tells you she is weak and can't cook tonight. She is going to the market to buy fried fish by the roadside and eat it with chapatti.
 - Card 2. Mandina has been in bed for days. Because the tap in her house is broken, she has had to send someone out to buy water from water sellers.
 - Card 3. At Kima's house they have left all the dishes used to prepare and eat lunch outside the house. Chickens and goats are walking over the dishes looking for food.
 - Card 4. As you walk by Karen's house, you notice her son throwing garbage behind the house.
 - Card 5. Maria, who is bedridden, has been left alone with a snack of porridge and cut paw paw by her bed. These are not covered.
 - Card 6. You find Derek buying packaged food from a local store.
 - Card 7. Munah is cooking meat and eggs for her bedridden mother. She says her mother doesn't like her food overcooked.
- Write the following questions on three pieces of paper (one per card) and place them in a basket to take to class:
 1. What advice would you give a household that draws water from an open well?
 2. Maria lives alone. She buys most of her food cooked and eats it at home. What would you counsel her on?
 3. Three months after harvest, the only sorghum flour in the house is a little mouldy. Your client has made porridge from it. Her HIV-positive mother wants some of the porridge, but your client is afraid to give it to her. What would you advise?

4. Why should people use soap to wash their hands?

- Review **Handout 8.1. Counselling Card on Keeping Surroundings Clean**, **Handout 8.2. Counselling Card on Practising Food Hygiene and Safety** and **Handout 8.3. Job Aid 5: Counselling PLWHA on Food and Water Hygiene and Safety**.

DETAILED ACTIVITIES

Activity 8.1. Presentation of session objectives and duration (5 minutes)

Activity 8.2. Food and water safety and sanitation for PLWHA (30 minutes)

Brainstorming, observation and Fishing Game

- Ask participants to brainstorm the meaning of “water treatment”. Compare the responses to the information below and fill in gaps as needed.

Water treatment

Water from questionable sources may be contaminated by various micro-organisms, including bacteria and parasites. It may also have a bad smell and taste. All water of uncertain purity should be treated before use to kill the micro-organisms, which can cause diseases such as dysentery, cholera, typhoid and hepatitis.

- Ask the participants to brainstorm reasons why PLWHA should pay particular attention to food and water safety and hygiene. Compare the responses to the information below and fill in gaps as needed.

Importance of food and water safety and hygiene for PLWHA

People with HIV are more vulnerable to infections because their immune systems have been weakened.

- Divide participants into two groups. Ask one person in each group to read **Handout 8.1. Counselling Card on Keeping Surroundings Clean** and **Handout 8.2. Counselling Card on Practising Food Hygiene and Safety** out loud. Allow 5 minutes for discussion and observations.
- Call both groups to the centre of the classroom (or an open space outside) to play the Fishing Game.
- Place the seven cards with food and water safety scenarios in a pile halfway between the two groups.
- Ask Group 1 to send a volunteer to pick a card from the pile and loudly read the text. The group should discuss how to support the PLWHA in the scenario to improve his/her food and water safety and hygiene. The volunteer should then give the group’s answer so both groups can hear.
- Ask Group 2 if it agrees with the response. Allow discussion and provide clarification if needed.
- Then ask a volunteer from Group 2 to pick a card, read it aloud, consult the group, and answer the question while Group 1 makes comments.
- Switch from one team to another until all the cards are finished.
- Refer the groups to **Handout 8.3. Job Aid 5: Counselling PLWHA on Food and Water Hygiene and Safety**. Ask them to read the handout and compare their responses to the information in the handout. Facilitate discussion in plenary.

Activity 8.3. Practice giving food and water safety messages (20 minutes)

Questions and answers

- Ask four participants at random to pick a folded paper from the basket, read the question written on it, and respond.
- Without talking, demonstrate how to make drinking water safe. Let the rest of the class guess what you are referring to. If they cannot guess after five tries, tell them and explain each demonstrated action.
- Choose someone in the class to answer the following question: *What do you do when you go to a home where waste disposal is not appropriate?*

Activity 8.4. Session review (5 minutes)

SESSION 9

DIETARY MANAGEMENT OF HIV-RELATED COMPLICATIONS

ESTIMATED DURATION: 2 hours

PURPOSE

In this session participants learn how to manage common HIV-related complications through diet.

LEARNING OBJECTIVES

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

1. Identify HIV-related complications which can be managed by diet.
2. Manage common symptoms among PLWHA using dietary approaches.

OVERVIEW OF ACTIVITIES

- Activity 9.1.** Presentation of session objectives and duration (5 minutes)
Activity 9.2. Managing HIV-related symptoms through diet (45 minutes)
Activity 9.3. Counselling on dietary management of HIV-related symptoms (40 minutes)
Activity 9.4. Preparing oral rehydration solution (ORS) in the home (20 minutes)
Activity 9.5. Session review (10 minutes)

ADVANCE PREPARATION

- Prepare flipchart paper and stand, markers and masking tape.
- Write session objectives on a flipchart.
- Review **Handout 9.1. Job Aid 6. Managing HIV-Related Symptoms.**
- Review **Handout 9.2. Counselling Cards on Managing Diet-Related HIV Symptoms.**
- Review **Handout 2.1. Counselling Observation Checklist (ALIDRAA).**
- Bring sugar, salt, a powdered cereal and several large bottles of clean boiled water to class.

DETAILED ACTIVITIES

Activity 9.1. Presentation of session objectives and duration (5 minutes)

Activity 9.2. Managing HIV-related symptoms through diet (45 minutes)

Brainstorming and small group work

- Ask participants to brainstorm symptoms they see in PLWHA in their communities. One facilitator should list responses on a flipchart. Compare the responses with the list below and fill in gaps as needed.

Common symptoms that affect eating, digestion, and absorption, leading to weight loss

- Diarrhoea
 - Nausea and vomiting
 - Thrush/mouth sores/difficulty or pain when swallowing
 - Anorexia (loss of appetite)
 - Loss of taste or dry mouth
 - Constipation
 - Bloating
 - Lack of energy or fatigue
 - Fever
 - Anaemia (pale palms)
- Ask which of the symptoms can be managed by changing or improving diet. Put a check next to each symptom the participants mention.
 - Divide the participants into groups of five. Ask the groups to discuss how they might counsel someone with each symptom to manage the symptom using diet. Give the groups 10 minutes to prepare their responses.
 - Walk from group to group and clarify information as needed.
 - After 10 minutes ask one group to present its results and allow comments.
 - Refer participants to **Handout 9.1. Job Aid 6: Managing HIV-Related Symptoms** and **Handout 9.2. Counselling Cards on Managing Diet-Related HIV Symptoms**. Ask the groups to look for any information they may not have thought of and share it in plenary. Compare the presentations with the information below and fill in gaps as needed.

1. Counselling messages for managing diarrhoea

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

2. Counselling messages for managing nausea and vomiting

- Eat small amounts of food often (something small every 2 hours).
- Drink fluids after meals rather than with meals.
- Eat dry, salty foods such as bread to help calm the stomach.
- Avoid an empty stomach, which makes nausea worse.
- Avoid lying down immediately after eating; wait at least an hour.

- Avoid strong-smelling, fatty or greasy foods.
 - Ask someone to help you prepare meals.
 - If vomiting, take sips of ORS to help prevent dehydration.
 - Seek medical attention if vomiting lasts for more than 24 hours.
 - Seek treatment for the nausea or vomiting if there is no improvement and you can't continue eating.
3. Counselling messages for managing mouth sores and painful swallowing
- Avoid citrus fruits, tomatoes, spicy foods and very sweet, dry, sticky or hard foods.
 - Eat foods cold or at room temperature.
 - Eat soft or pureed and moist foods such as porridge, mashed potatoes or mashed non-acidic vegetables or fruit.
 - Avoid alcohol and smoking, which can irritate mouth sores.
 - Soften your food by soaking it in liquid (milk, broth, juices, soup).
 - Clean and rinse your mouth after each meal with cotton wool and 1 cup of warm, clean, boiled water mixed with 1 teaspoon of salt.
 - Rinse your mouth with 1 teaspoon of baking soda in 1 cup of boiled warm water at least twice a day, morning and evening
 - Drink fluids with a straw to ease swallowing.
 - Tilt back your head when swallowing.
 - Drink soup from a cup.
4. Counselling messages for managing anorexia (loss of appetite)
- Eat small amounts of food more often (a small meal every 2–4 hours).
 - Eat your favourite foods.
 - Avoid eating the same food again and again.
 - Avoid foods with a strong smell.
 - Drink plenty of fluids, preferably between meals.
 - Avoid alcohol.
5. Counselling messages for managing taste changes
- Use salt, spices, herbs and lemon when preparing food 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.
 - Try different textures of food, including hard and crisp (e.g., fruit) and soft and smooth (e.g., rice pudding).
 - Chew food well and move it around mouth to stimulate taste receptors.
 - Eat with plastic utensils or hands to mask a metallic taste.
 - If your mouth is dry, eat soft, moist foods or add extra gravy or soup to food and drink at least six cups of fluids a day.
6. Counselling messages for managing constipation
- Drink at least eight glasses of fluids a day, especially clean boiled water.
 - Eat more fibre from fruits such as mangos, guavas, jackfruit, and paw paw, nuts, and vegetables such as green leafy vegetables, beans, peas, pumpkin and carrots.
 - Try drinking a cup of warm water in the morning before eating to help the bowels move.
 - Exercise regularly, for example, taking frequent short walks.

7. Counselling messages for managing bloating and heartburn
 - Eat smaller meals more often, five or six times a day.
 - Eat slowly and try not to talk while chewing.
 - Avoid foods that cause stomach discomfort.
 - Avoid gas-forming foods such as cabbage, beans, onions, garlic, green peppers and egg plant.
 - Avoid acidic foods such as coffee and lemon and orange juice if they cause discomfort.
 - Avoid spicy, fatty and greasy foods.
 - Avoid eating 2–3 hours before bedtime.
 - Sit up while eating and for 1 hour after eating.

8. Counselling messages for managing fatigue or lack of energy
 - Get enough rest.
 - Eat smaller, more frequent meals and snacks throughout the day every couple of hours (five or six small meals a day) as tolerated
 - Eat your favourite foods.
 - Try to eat at the same time each day.
 - Exercise as much as possible to increase energy.
 - Try eating high-energy, high-protein soups or porridges. Add calories with sugar or honey in porridge and small pieces of chicken, fish, beef or beans to soup.
 - Ask family or friends to help with meal preparation.
 - Drink at least six cups of water a day.

9. Counselling messages for managing fever
 - Eat smaller meals more often, every couple of hours as tolerated.
 - Try eating high-energy, high-protein soups or porridges. Add calories with sugar or honey in porridge and small pieces of chicken, fish, beef or beans to soup.
 - Add dry powdered milk (if tolerated) to porridge.
 - Drink at least 6 cups of fluids a day.
 - Use ginger, honey and lemon in drinks such as tea.
 - Avoid alcohol.

- Ask participants what else should be considered during counselling besides managing symptoms.

Activity 9.3. Counselling on dietary management of HIV-related symptoms (40 minutes)

Role-plays

- Divide the participants into groups of three. Explain that each group will role-play a counselling session. One participant will role-play the client, another the community health worker, and the third an observer who will assess the quality of the counselling. Refer the observers to **Handout 2.1. Counselling Observation Checklist (ALIDRAA)**.
- Read aloud one of the case studies below to each group.

Group 1. Doris reports that she has had no appetite for the past week. You notice that she has lost about 3 kg since you last met her.

Group 2. During immunization outreach you meet Agnes, whom you remember from the PMTCT clinic a year ago. You notice she has lost a lot of weight and has mouth sores and thrush. She says she has seen the health worker but can't eat.

Group 3. Maria has felt very weak for the past 3 days. She is not taking any ARVs and says she is eating regularly, but when you ask her about her diet, she says she mainly eats ugali and drinks coffee.

- Give the groups 7 minutes for the role-play.
- After 7 minutes, ask each group to present its experience and lessons learned and allow comments.

Activity 9.4. Preparing oral rehydration solution in the home (20 minutes)

Demonstration

- Demonstrate how to make oral rehydration solution (ORS) for a PLWHA who has diarrhoea or vomiting.
 1. **Powdered cereal:** Add ½ teaspoon of salt and 8 teaspoons of powdered cereal to 1 litre of clean water. Explain that rice cereal is best, but finely ground wheat flour, maize flour, sorghum, or mashed potatoes can also be used. If there is a stove in the classroom, boil the mixture for 5 minutes to make a liquid soup or watery porridge. Let it cool and then give participants a taste.
 2. **Salt-sugar solution:** Add 1 pinch of salt and 1 tablespoon of sugar to 1 cup of clean boiled water. Allow participants to taste the mixture.
- Explain that PLWHA with diarrhoea should drink at least ½ cup of ORS after each bout of diarrhoea.
- Ask for volunteers to make both solutions while others write down the recipes on a flipchart.
- Post the recipes on the wall for others to copy.

Activity 9.5. Session review (10 minutes)

Review energizer

- Form a circle with the participants and other facilitator(s).
- Throw the ball to one participant.
- Ask the participant who catches the ball to give a counselling message on managing an HIV-related symptom (e.g., diarrhoea).
- When the participant has answered correctly to the satisfaction of the group, ask him/her to throw the ball to another participant, asking for a counselling message on another HIV-related symptom, and so on.

SESSION 10

MANAGEMENT OF DRUG-FOOD INTERACTIONS AND SIDE EFFECTS

ESTIMATED DURATION: 1½ hours

PURPOSE

In this session participants learn how to support PLWHA in managing interactions between antiretroviral drugs (ARVs) and food.

LEARNING OBJECTIVES

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

1. Explain the interaction between food and drugs taken by PLWHA.
2. Identify common side effects resulting from ARVs taken by PLWHA.
3. Communicate key messages to prevent and manage drug-food interactions and side effects associated with drugs taken by PLWHA.

OVERVIEW OF ACTIVITIES

- Activity 10.1.** Presentation of session objectives and duration (5 minutes)
Activity 10.2. Drug-food interactions (15 minutes)
Activity 10.3. Symptoms associated with drugs taken by PLWHA (10 minutes)
Activity 10.4. Questions to ask PLWHA before counselling on drug-food interactions (5 minutes)
Activity 10.5. Managing dietary side-effects of ARVs (45 minutes)
Activity 10.6. Session review (10 minutes)

ADVANCE PREPARATION

- Prepare flipchart paper and stand, markers and masking tape.
- Write session objectives on a flipchart.
- List common ARV side effects on a flipchart (nausea/vomiting, diarrhoea, loss of appetite, taste changes, anaemia, high cholesterol, high blood sugar and changes in body shape).
- Review **Handout 10.1. Job Aid 7: Managing Food and Drug Interactions and Side Effects.**
- Review **Handout 10.2. Case Scenarios for Managing Drug-Food Interactions and Side Effects**

DETAILED ACTIVITIES

Activity 10.1. Presentation of session objectives and duration (5 minutes)

Activity 10.2. Drug-food interactions (15 minutes)

Brainstorming and presentation

- Ask participants if a doctor has ever given them medicine and told them to take it with food or without food. Explain that PLWHA may take several medications, including ARVs, drugs to treat opportunistic infections (OIs) and herbal or other supplements. Some ARVs have to be taken with food (“because they are too strong to take on an empty stomach”), others on an empty stomach, and others with or without food.
- Ask participants why they think doctors give special instructions about taking drugs with or without food. Compare responses to the information below.

Interactions between food and ARVs or other drugs may affect:

- How well the medication works (e.g., milk reduces the effectiveness of some medicines and some ARVs do not work as well if taken with herbal supplements)
 - How well the patient absorbs and utilizes food
 - Whether the patient has side effects that make it difficult to eat
- Explain that:
 - Drugs that should be taken on an empty stomach should be taken no less than 1 hour before eating and at least 2 hours after eating.
 - Drugs that should be taken with food should be taken during meals or within 1 hour after eating.

Activity 10.3. Symptoms associated with drugs taken by PLWHA (10 minutes)

Questions and answers

- Ask participants to brainstorm symptoms they see in PLWHA who are taking ARVs or drugs to treat OIs. Compare the responses with the information below and fill in gaps as needed.

Common drug side effects

- Nausea and vomiting
 - Diarrhoea
 - Loss of appetite
 - Change in or loss of taste
 - Anaemia
 - High cholesterol
 - Changes in body shape
 - High blood sugar
- Ask participants what people in the community do to relieve these side effects. Facilitate discussion.
 - Explain that in many cases the drug side effects decrease or stop within 6 to 8 weeks.
 - Note that most of these side effects were also discussed under HIV-related complications in Session 9 and that their management is the same. Some of the side effects are similar to symptoms of opportunistic infections that have nothing to do with drugs the client is taking and require medical treatment.

Activity 10.4. Questions to ask PLWHA before counselling on drug-food interactions (5 minutes)

Brainstorming

- Ask participants to brainstorm what a community health worker (CHW) should ask a client before discussing drug-food interactions. One facilitator should write the responses on a flipchart. Compare the responses with the information below and fill in gaps as needed.

Information needed to counsel clients on drug-food interactions

- What drugs are you taking or planning to take, including ARVs?
- Are you taking the drug(s) with or without food?
- Have you had any symptoms or side effects since beginning the drugs? What are they? How long have they lasted?
- Have you talked to a health care provider about the symptoms or side effects?
- Have you stopped taking the drugs or missed any doses?
- Have you been drinking alcohol with the drugs?
- How much water are you drinking with the drugs?
- What herbal or other traditional therapies are you taking, if any?

Activity 10.5. Managing dietary side effects of ARVs (45 minutes)

Role-plays

- Divide the participants into groups of three (triads). Refer the participants to **Handout 10.1. Job Aid 7: Managing Food and Drug Interactions and Side Effects** and ask them to take turns reading the information aloud in their groups.
- Then ask the groups to look at **Handout 10.2. Case Scenarios for Managing Drug-Food Interactions and Side Effects**. Assign each group one of the three case studies.
- Explain that each group will role-play a counselling session. One group member will role-play the client, another the community health worker (CHW), and the third an observer who will assess the counselling using **Handout 2.1. Counselling Observation Checklist (ALIDRAA)**. Ask the participants who will role-play the counsellors to collect all the handouts they might want to share with the clients. Give the groups 10 minutes for the role-play.
- After 10 minutes ask one group to present the questions the counsellor asked the client and the counselling messages given.
- Repeat the process with two more groups so all three case scenarios are covered.
- Compare responses with the information below and fill in gaps as needed.

Case scenario 1: Jimmy. The CHW should have done the following:

- Asked what foods Jimmy is eating.
- Asked whether the drugs he is taking are interacting with his eating and if so, how. Explain the interaction between ARVs and food. Counsel on dietary management of symptoms such as nausea and vomiting and lack of appetite.
- Ask what TB medications Jimmy is taking and whether he is taking the one that requires vitamin B₆ supplementation.
- Ask whether he has been depressed. Explain that depression can affect appetite and counsel appropriately.
- Counsel him on avoiding alcohol and cigarettes.
- Weigh Jimmy if possible and find out whether he has gained, lost, or maintained his weight. If he has lost weight, counsel on the need to increase his energy intake and explain ways to do this (eating a variety of foods, adding snacks to the diet, enriching foods).

Case scenario 2: Helen. The CHW should have done the following:

- Ask whether Helen is still experiencing these side effects.
- Counsel her to increase her energy intake to gain weight by adding sugar or oil to food if she tolerates it and does not have diarrhoea or oral thrush.
- Counsel her to use spices, soak beans and enrich foods to improve energy content and nutrient density.
- Counsel her on how to manage oral thrush, stomach ache, vomiting and diarrhoea using dietary approaches.
- Weigh Helen if possible to find out her current weight (for baseline) and if possible find her BMI.
- Show her a list of locally available foods and give her examples of meals that are high in energy, easy to prepare, and easy to chew and swallow if oral thrush is still a problem.
- Discuss food and water safety.

Case scenario 3: Maria. The CHW should have done the following:

- Ask about possible ARV-food interactions or side effects that affect food intake.
 - Ask whether Maria has clean, safe water to take her ARVs with.
 - Assess FADDAH for the past 2 days.
 - Weigh Maria if possible to get her current weight (for baseline) or measure her MUAC. If possible, calculate her BMI.
 - Counsel her to increase her energy intake by enriching food and adding sugar or oil (if she does not have diarrhoea or oral thrush) to help her gain weight, as her lack of energy may make her fatigued and dizzy.
 - Show her the list of locally available foods and give her examples of iron-rich foods she can cook.
 - Check Maria’s palms for signs of anaemia and refer her to a clinic lab, if possible, for a blood test to assess her iron.
 - Discuss ways she can get enough rest.
 - Also discuss the adequacy of her children’s food intake.
- Summarize key messages to give clients on drug-food interactions.
 - Take drugs, including ARVs, according to the dosages and schedule recommended by the doctor.
 - Do not stop or skip taking drugs if you feel better or experience side effects unless the doctor tells you to. Not all side effects are a result of drugs/ARVs.
 - Consult a health worker immediately when new symptoms appear.
 - Most drug side effects subside after a few weeks. Seek medical care if the side effects are persistent or severe or if you can’t eat.
 - Take all drugs with plenty of clean and safe (boiled) water.
 - Maintain good nutrition as much as possible.
 - Avoid alcohol when taking ARVs because it can make them less effective.
 - Tell the health worker about any traditional therapies and herbs you are taking because these may reduce the effectiveness of drugs/ARVs.
 - We can develop a timetable for taking the drugs, meals and snacks based on the specific type of drugs you are taking.

Activity 10.6. Session review (10 minutes)

Case scenarios and questions and answers

Conclude the session by asking the participants what nutrition advice they would give people in the case scenarios below (answers are provided in italics).

1. Someone on ARVs has had diarrhoea for the past 4 days.
 - *Continue with drugs as instructed by the doctor.*
 - *Seek medical care immediately.*
 - *Counsel on dietary management of symptoms.*

2. An HIV-positive man on ARVs is not taking the ARVs as prescribed.
 - *Ask why he is not taking the ARVs.*
 - *Encourage him to continue the drugs as instructed by the doctor and stress the importance of taking ARVs even when not feeling well.*
 - *Address side effects that affect diet*
 - *Ask whether the man drinks and advise him to avoid or reduce alcohol intake.*
 - *Address any stigma and depression issues and refer appropriately.*

3. A young girl on ARVs is afraid of side effects of the drugs.
 - *Find out why she is afraid, including stigma.*
 - *Tell her that not all people experience side effects and that not all symptoms are side effects of the drugs.*
 - *Explain that most symptoms subside after a few weeks or months.*
 - *Counsel her on the eight Critical Nutrition Practices for PLWHA.*

SESSION 11

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

ESTIMATED DURATION: 1 hour

PURPOSE

In this session participants learn nutrition approaches to caring for HIV-positive pregnant and lactating women in the context of gender and cultural challenges.

LEARNING OBJECTIVES

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

1. Describe nutrition actions for the care and support of HIV-positive pregnant and lactating women.
2. Identify key cultural and gender issues to consider in providing nutrition care and support to HIV-positive pregnant and lactating women.

OVERVIEW OF ACTIVITIES

- Activity 11.1.** Presentation of session objectives and duration (5 minutes)
- Activity 11.2.** Nutrition care and support of HIV-positive pregnant and lactating women (30 minutes)
- Activity 11.3.** Cultural and gender issues that affect the nutrition of HIV-positive pregnant and lactating women (20 minutes)
- Activity 11.4.** Session review (5 minutes)

ADVANCE PREPARATION

- Prepare flipchart paper and stand, markers and masking tape.
- Write session objectives on a flipchart.
- Review **Handout 11.1. Job Aid 8: Counselling HIV-Positive Pregnant and Lactating Women** and **Handout 11.2. Case Scenarios for Nutrition Care and Support of HIV-Positive Pregnant and Lactating Women**.
- Take a medium-sized potato to class.

DETAILED ACTIVITIES

Activity 11.1. Presentation of session objectives and duration (5 minutes)

Activity 11.2. Nutrition care and support of HIV-positive pregnant and lactating women (30 minutes)

Small group work

- Divide the participants into three groups. Refer the groups to Handout 11.1. Job Aid 8: Counselling HIV-Positive Pregnant and Lactating Women. Explain that they will use this job aid to help women survive and prevent future malnutrition.
- Refer the groups to Handout 11.2. Case Scenarios for Nutrition Care and Support of HIV-Positive Pregnant and Lactating Women. Assign one case scenario to each group. Ask the groups to answer the questions for each scenario. Give the groups 15 minutes for the exercise.
- Ask each group to present its answers in plenary.
- Compare the responses to the answers below.

Group 1 scenario: Hawa, a sick HIV-positive pregnant woman, has lost a lot of weight. What nutrition support would you give her? When and how?

- When? At her antenatal visit
- How? In one-on-one counselling
- Check her weight to see whether she's gained adequate gestational weight (normal is 1 kg/month in the 2nd and 3rd trimesters) and if not, refer her for treatment.
- Refer her for treatment of illness (and ARV assessment if not yet done).
- Help her manage symptoms (nausea, vomiting, anorexia) that affect food intake.
- Counsel her to eat at least breakfast, lunch, dinner and two snacks a day and if possible, one extra meal a day.
- Counsel her to adhere to the ARV regimen and any drug-food plan made for her.
- Make sure she gets iron/folate supplementation and deworming to decrease the risk of anaemia.
- Recommend a multivitamin supplement, if available.
- Refer her for treatment of depression and anxiety that may affect appetite.
- Make sure her family is helping to feed her while she is sick.

Group 2 scenario: Hawa is an HIV-positive pregnant woman. She has gained weight and is feeling strong. What nutrition support would you give her? When and how?

- When? In her home.
- How? In one-on-one counselling.
- Advise her to get weighed once a month and attend the antenatal clinic.
- Encourage her to eat enough adequate food, including one extra meal a day.
- Counsel her to take iron/folic acid supplements if she hasn't already.
- Make sure she follows the Essential Nutrition Actions recommended in ANC.
- Counsel and support her to follow the Critical Nutrition Practices for PLWHA.
- Counsel her to continue attending ANC.
- Counsel her to adhere to her ARV regimen and support her in managing any drug-food interactions.
- Counsel her to get enough rest.

Group 3 scenario: Hawa is HIV-positive and pregnant. She has lost a lot of weight and is bedridden. What factors do you think led to her losing weight? What nutrition support would you give her? When and how?

- She may be suffering from opportunistic infections, HIV-related symptoms or drug side effects such as oral thrush, mouth sores, diarrhoea, vomiting or appetite loss that affect food intake.
 - She may not be adhering to her ARV regimen or may have problems with the drugs.
 - The household may be having problems buying enough food, e.g., because of abrupt job loss or family issues.
 - Refer Hawa for medical care.
 - Refer her to or enrol her in a food supplementation programme, if available.
 - Make home visits to her house more often.
 - Recommend multivitamin supplementation.
 - Make sure she is taking antimalarial drugs.
 - When? In her home.
 - How? In one-on-one counselling.
- Facilitate discussion of the different approaches identified based on the women's nutritional status.

Activity 11.3. Cultural and gender issues that affect the nutrition of HIV-positive pregnant and lactating women (20 minutes)

Brainstorming

- Ask participants to brainstorm answers to the following question: *What cultural and gender issues might affect the nutrition of an HIV-positive pregnant or lactating woman?* One facilitator should list responses on a flipchart.
- Compare the responses to the information below and fill in gaps as needed.

Cultural and gender issues that may affect the nutrition of HIV-positive pregnant and lactating women

- Need to continue taking care of other people in the household
 - Heavy workload
 - Lack of power or money of their own to buy the food they need
 - Need for husbands' approval to seek health and nutrition care
 - Discrimination by other family members that may cause depression and stress, thus affecting appetite (need for psychosocial support)
 - Unequal household food distribution, with men and boys fed first and given the best food
 - Food taboos for pregnant or lactating women (or sick people) that may restrict consumption of nutrient- and energy-dense foods
 - View that pregnancy is a condition that doesn't require special food or support
 - Food insecurity (need for link to community or family members or programs that provide food support)
- Facilitate discussion and summarize.

Activity 11.4. Session review (5 minutes)

Hot Potato game

- Conclude the session by asking participants to form a circle. Tell them that you're going to throw one of them a hot potato, and he/she should quickly pass it to the next person to avoid burning his/her hands, and so on. Explain that you'll clap your hands, and when you stop clapping, the person who has the potato should mention one Critical Nutrition Practice (CNP) and one supporting message, then throw the potato to the next person.
- Pretend to throw the potato to one person in the circle and ask him/her to start passing it on. Turn your back to the circle and start clapping.
- Stop, turn around, and ask the person with the "hot potato" to do as instructed.
- Repeat the process until all CNP have been mentioned.

SESSION 12

FEEDING HIV-POSITIVE INFANTS AND CHILDREN

ESTIMATED DURATION: 1½ hours

PURPOSE

In this session participants learn how to provide nutrition care and support for HIV-positive infants and children.

LEARNING OBJECTIVES

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

1. Describe nutrition implications for HIV-positive infants and children.
2. Identify nutrition and feeding support for HIV-positive infants and children.

OVERVIEW OF ACTIVITIES

- Activity 12.1.** Presentation of session objectives and duration (5 minutes)
Activity 12.2. Nutrition problems of HIV-positive infants and children (40 minutes)
Activity 12.3. Home nutrition support for sick HIV-positive infants and children (40 minutes)
Activity 12.4. Session review (5 minutes)

ADVANCE PREPARATION

- Prepare flipchart paper and stand, markers and masking tape.
- Write session objectives on a flipchart.
- Review **Handout 12.1. The Story of Ruti and Her Son Dan**
- Review **Handout 12.2. Nutrition Problems of HIV-Positive Infants and Children.**
- Review **Handout 12.3. Job Aid 9: Assessing Feeding Problems of Infants and Children.**
- Review **Handout 12.4. Job Aid 10: Feeding the HIV-Positive Child**
- Review **Handout 12.5. Job Aid 11: Assessing Child Growth.**

DETAILED ACTIVITIES

Activity 12.1. Presentation of session objectives and duration (5 minutes)

Activity 12.2. Nutrition problems of HIV-positive infants and children (40 minutes)

Small group work

- Divide participants into five groups.
- Refer the groups to **Handout 13.2. The Story of Ruti and Her Son Dan**. Ask one person in each group to read the story aloud.
- After 5 minutes, ask the groups to identify the nutrition problems that faced Dan. One person in each group should write the responses on a flipchart.
- Then ask the groups to identify an action to address each of the problems identified. The responses should be written on the flipchart next to the problems.
- Ask two groups to share their results in plenary. Refer the participants to **Handout 12.2. Nutrition Problems of HIV-Positive Infants and Children** and ask them to compare their results to the information about Dan in the handout, which identifies the following problems:

Nutrition problems Dan faced

- Low birth weight
- Poor growth (growth faltering)
- Feeding difficulties
- Frequent opportunistic infections
- Severe malnutrition
- Sick mother
- Food insecurity

Fill in gaps as needed.

- Refer participants to **Handout 12.3. Job Aid 9: Assessing Feeding Problems of Infants and Children**. Ask one person in each group to read each problem in the left-hand column and another to read the actions in the right-hand column for that problem. Ask the groups to review the different sections with the following questions in mind: 1) What are the critical questions to ask? 2) What actions or interventions are needed?

Activity 12.3. Home nutrition support for sick HIV-positive infants and children (40 minutes)

Small group work and questions and answers

- Ask participants to remain in the same groups. Refer the groups to Handout 12.4. Job Aid 10: Feeding the HIV-Positive Child.
- Review the first two pages of the handout with the participants. Explain that they will use this handout to turn back time and make sure Dan does not die.
- Read the following question out loud: If you had visited Dan the day he was born, what nutrition and feeding advice would you have given Ruti?
- Ask each group to answer the question, referring as needed to **Handout 12.2. Nutrition Problems of HIV-Positive Infants and Children, Handout 12.3. Job Aid 9: Assessing Feeding Problems of HIV-Positive Infants and Children, Handout 12.4. Job Aid 10: Feeding the HIV-Positive Child and Handout 12.5. Job Aid 11: Assessing Child Growth.**
- After 10 minutes, ask one group to present its results while the other groups add comments.
- Repeat the process for the remaining questions below. Some answers are given in italics.
 1. If you had visited Dan's home when he was 7 months old, which local foods would you have recommended for him? How would Ruti have needed to modify the foods? What would you have recommended for feeding frequency, amount of food, nutrient density, active feeding, and hygiene (FADDAH)?
 2. If you had visited Dan when he had diarrhoea at 4 months, what feeding advice would you have given Ruti? Helen?
 3. If you had visited Dan after he went home from the nutrition rehabilitation clinic, what issues would you have wanted to follow up? (growth monitoring, adequate intake for a 36-month-old child, feeding issues)
 4. If you had known Dan was put on ART, what nutrition issues would you have addressed when you visited his home? (side effects)
 5. If you had visited Helen after Ruti died, what nutrition care issues would you have discussed with her and why? (*growth monitoring, adequate intake for a 36-month-old, feeding issues, dietary management of HIV-related symptoms and drug side effects*).
- After 10 minutes of group discussion, ask groups at random to present their results for each question and facilitate discussion.

Activity 12.4. Session review (5 minutes)

Questions and answers

- Conclude the session by asking participants to say what they have learned about providing nutrition care for HIV-positive infants and children.
- A facilitator or participant can list responses on a flipchart.

SESSION 13

FOLLOW-UP, REFERRAL AND NETWORKING

ESTIMATED DURATION: 1½ hours

PURPOSE

In this session participants are acquainted with guidelines for following up clients and referring them to other care and support services that can improve or sustain their nutritional status.

LEARNING OBJECTIVES

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

1. Define and explain follow-up, referral and networking.
2. Describe actions to undertake during follow-up visits.
3. Identify key partners in the community for referral of PLWHA.

OVERVIEW OF ACTIVITIES

- Activity 13.1.** Presentation of session objectives and duration (5 minutes)
Activity 13.2. Definitions of follow-up, referral and networking (20 minutes)
Activity 13.3. Follow-up visit actions (45 minutes)
Activity 13.4. Key partners for referral of PLWHA (15 minutes)
Activity 13.5. Session review (5 minutes)

ADVANCE PREPARATION

- Prepare flipchart paper and stand, markers and masking tape.
- Write session objectives on a flipchart.
- Review **Handout 13.1. Case Scenarios for Follow-up and Referral** and **Handout 13.2. Observation Checklist for Follow-up Counselling and Referral**.
- Prepare the groups for the field visits tomorrow, giving instructions to meet in the classroom for briefing and assignments.
- Remind the sites of the visits and make any last-minute arrangements as needed.

DETAILED ACTIVITIES

Activity 13.1. Presentation of session objectives and duration (5 minutes)

Activity 13.2. Definitions of follow-up, referral and networking (20 minutes)

Brainstorming

- Ask participants to brainstorm the meanings of the terms “follow-up”, “referral” and “networking”. One facilitator should write the responses on a flipchart.
- Compare the responses to the information below and make corrections as necessary.

Follow-up

- Health care providers usually follow up clients to monitor their well being.
- Follow-up care and support should include 1) monitoring health and nutritional status, 2) assessing dietary intake, 3) counselling to address barriers to implementing the CNP, 4) support and encouragement and 5) review of meal plans, exercise and physical activity, and medicines taken, including herbs and supplements.
- Clients should be followed up continually both in the health facility and the home.
- The frequency of follow-up visits depends on the severity of the problem.

Referral

- Referral links clients to other services or service providers with more skills and experience or better equipment.
- Clients can be referred to the following:
 - Clinical care for opportunistic infections, sexually transmitted infections, nutrition support, or palliative care
 - Further counselling
 - PMTCT services
 - VCT
 - ART
 - Psychosocial or spiritual support
 - Food supplements or other economic or material support
 - Human rights and legal support to address stigma and discrimination, succession planning, or PLWHA participation

Networking

- A network is an interconnected or cooperating group of people, systems, or organizations.
- Networking allows care providers to exchange information, experience, referrals and data, share tools and resources such as IEC materials and improve and facilitate care for PLWHA.
- Care providers should to identify other sectors, groups, organizations and people who provide services that can complement their own services.
- Networking allows care providers to help PLWHA access and use legal, counselling, OVC and spiritual services in the area.
- Networking also allows care providers to exchange information and ideas to improve services.

Activity 13.3. Follow-up visit actions (45 minutes)

Demonstration and role-play

- Divide the participants into groups of three.
- Refer the groups to **Handout 13.1. Case Scenarios for Follow-up and Referral** and ask them to role-play follow-up counselling for the client in the first case scenario. Explain that one group member will role-play the community health worker, another will role-play the client, and the third will observe using **Handout 13.2. Observation Checklist for Follow-up Counselling and Referral**. Give the groups 10 minutes for the role-plays.
- After 10 minutes ask one group to present its experience and allow comments.
- Repeat the process for the other two case scenarios, asking the group members to rotate roles so that each participant has a chance to practice counselling.
- When all groups have role-played counselling for all three case scenarios, facilitate discussion in plenary of any difficulties encountered and how to address them.
- If any issues are still unclear, two facilitators should demonstrate a follow-up visit using one of the case scenarios.

Activity 13.4. Key partners for referral of PLWHA (15 minutes)

Brainstorming

- Ask participants to brainstorm people and groups in their communities they can work with to promote good nutrition practices for PLWHA. One facilitator should list the responses on a flipchart. Compare the responses with the list below, filling in any gaps as needed.
 - Household members
 - Community leaders
 - Village dispensary
 - Health centre
 - District authorities
 - Nongovernmental organizations (NGOs)
 - Local community-based organizations (CBOs)
 - Traditional birth attendants (TBAs)
 - Traditional healers
 - Religious leaders
 - Traditional leaders or chiefs
- Then ask the participants to brainstorm how they can network with these partners and share results in plenary.
- Facilitate discussion of any barriers to networking and possible solutions.

Activity 13.5. Session review (5 minutes)

SESSION 14

NUTRITION COUNSELLING PRACTICE AND WORK PLANNING

ESTIMATED DURATION: 4 hours

PURPOSE

In this session participants learn to apply counselling skills to counsel clients on nutrition and HIV and develop short-term activity plans to apply the knowledge and skills learned in this course.

LEARNING OBJECTIVES

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

1. Apply counselling skills learned in the course.
2. Identify solutions to difficulties encountered during home and community visits.
3. Prepare a work plan for counselling and education of PLWHA in the community.

OVERVIEW OF ACTIVITIES

- Activity 14.1.** Presentation of session objectives and duration (5 minutes)
Activity 14.2. Field practice in homes and communities (120 minutes)
Activity 14.3. Feedback on counselling practice sessions (60 minutes)
Activity 14.4. Planning counselling and education for PLWHA in the community (40 minutes)
Activity 14.5. Post-test (15 minutes)

ADVANCE PREPARATION

- Prepare flipchart paper and stand, markers and masking tape.
- Write session objectives on a flipchart.
- Take care of any last-minute logistics for the field visits.
- Review **Handout 14.1. Counselling Observation Checklist (ALIDRAA)**, **Handout 14.2. Counselling/Negotiation Record** and **Handout 14.3. Sample Action Plan**.

DETAILED ACTIVITIES

Activity 14.1. Presentation of session objectives and duration (5 minutes)

Activity 14.2. Field practice in homes and communities (120 minutes)

Field visit and counselling practice

- Before leaving for the field visit sites, ask participants to review **Handout 14.1. Counselling Observation Checklist (ALIDRAA)**. Go over the counselling steps and listening and learning skills with the class.
- Divide participants into pairs. Explain that one person in the pair will be the counsellor in the field visit sites and the other will observe the counselling and complete **Handout 14.1. Counselling Observation Checklist (ALIDRAA)** to provide feedback on return from the field visits. Point out that there are two copies of this handout in each participant's package. The pairs will switch roles after 15 minutes so that the person who acted as the observer will practice counselling while the other person in the pair observes and completes the other copy of the checklist.
- Ask the participants to look at **Handout 4.1. Counselling/Negotiation Record**. Explain that each pair should complete this form based on the practice counselling session to provide feedback on return from the field visit.
- Divide the facilitators among the participant pairs so that one facilitator is present at each field visit site. During the counselling, provide assistance where needed.
- After 1½ hours, return to the training site.

Activity 14.2. Feedback on counselling practice (60 minutes)

Discussion

- When the participants have returned from the field visits, ask each pair to summarize its experience, using its completed **Handout 14.1. Counselling Observation Checklist (ALIDRAA)** and **Handout 4.1. Counselling/Negotiation Record**.
- Invite comments and questions and facilitate discussion of the experience. Ask participants whether they found any difficulties in the counselling and encourage feedback on how to address these difficulties.
- Summarize the positive parts of the field visits and ways to address any difficulties encountered.

Activity 14.3. Planning counselling and education for PLWHA in the community (40 minutes)

Small group work

- Ask the participants to group themselves according to the communities where they live to plan counselling and education sessions during home visits and visits to PLWHA groups.
- Refer the groups to **Handout 6: Sample Action Plan**. Ask each group to complete the action plan for four home visits and at least two group visits (e.g., to PLWHA networks or support groups). Review each column of the plan as outlined below.
 - Who will I visit? Do not write actual names, but instead describe the people, for example, “A young woman pregnant for the first time”, “A man who has just started on ARVs”, “A woman with a new baby”, or “A mother with a young child who is HIV positive”.
 - What is the goal of my visit? What would I like the client(s) to know, do, or commit to doing by the end of the visit?
 - When and where will I make the visits?
 - Where can I refer clients for more detailed or specialized care? What groups and people do I need to network with to support my clients?
 - What will I cover in the follow-up session?
 - Whom will I report to and when/how often?
- Give the groups 30 minutes to complete the plans.
- At the end of 30 minutes, ask at least three groups to share their plans.
- Invite comments and questions and facilitate discussion.

Activity 14.4. Post-test (15 minutes)

*Oral test**

- Ask participants to form a circle with their backs facing the centre.
- Explain that you will ask the same questions that you asked at the beginning of the course. Again, participants should answer by raising one hand with the palm open if they think the answer is YES, one hand with the fist closed if they think the answer is NO, and one hand pointing two fingers if they DO NOT KNOW the answer.
- Read the questions. The other trainer should note the number of correct answers and record it next to the number of the question.
- After all the questions have been read, inform the participants of the number of correct answers for each of the questions.
- Provide the answers to the questions and compare them with the responses.

* Use any other method to conduct the post-test, based on the local context.

	POST-TEST AND ANSWER KEY	Yes	No
1.	Telling a client what to do is the surest way to change his/her behaviour.		X
2.	Nutrition is the body's process of eating, digesting, absorbing and using food to perform its functions.	X	
3.	Poor nutrition leads to poor ability to fight HIV and other infections.	X	
4.	Only weighing a client allows us to assess his/her nutritional status.		X
5.	Fermentation improves food quality because it aids in the digestion and absorption of food.	X	
6.	People living with HIV need to consume more energy every day than uninfected people of the same age, sex and physical activity.	X	
7.	People living with HIV can easily get infections.	X	
8.	It is impossible for a person living with HIV to strengthen or build muscles and improve overall health.		X
9.	HIV-related symptoms can be managed only by medicines.		X
10.	Cultural and gender issues can affect the nutrition of an HIV-positive pregnant woman.	X	
11.	Children born to HIV-positive women are at increased risk of low birth weight.	X	
12.	HIV and frequent infections decrease the body's energy and nutrient requirements.	X	

