

ADVANCED MODULE 17: Nutrition Education and Counseling



DURATION: 360 minutes (6 hours)

Note: Trainers can adjust the methodology and content to make the Module shorter or longer as needed.



LEARNING OBJECTIVES:

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

- Discuss the relationship between nutrition and HIV and how nutrition is part of comprehensive HIV care and treatment
 - Understand why PLHIV sometimes do not eat enough healthy foods
 - Know the basic food groups and what locally available foods belong to each group
 - Provide basic nutrition education and counseling to adults, pregnant and breastfeeding women and caregivers of children living with HIV
 - Provide practical information to address common nutrition and eating problems in coordination with other members of the multidisciplinary team and as part of the comprehensive HIV care and treatment plan
 - Identify ways to help or refer clients and their families when there is not enough food to eat
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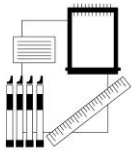
CONTENT:

- Session 17.1: Introduction: The Relationship between Nutrition and HIV
 - Session 17.2: The Basic Food Groups
 - Session 17.3: Providing Basic Nutrition Education and Counseling for Adults and Children
 - Session 17.4: Common Nutrition and Eating Problems among PLHIV
 - Session 17.5: What to Do if There Is Not Enough Food
 - Session 17.6: Classroom Practicum on Nutrition Education and Counseling
 - Session 17.7: Module Summary
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METHODOLOGIES:

- Large group discussion
 - Interactive trainer presentation
 - Small group work
 - Role-play
 - Brainstorming
 - Guest speaker (optional)
 - Case studies
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MATERIALS NEEDED:

- Flip chart
 - Markers
 - Tape or Bostik
 - Locally available foods from all of the basic food groups for *Session 17.2* (optional)
 - Case study cards for *Session 17.6*
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WORK FOR THE TRAINER TO DO IN ADVANCE:

- Read through the entire Module and make sure you are familiar with the training methodologies and content.
 - Decide on an activity for *Session 17.2* to help participants better understand the basic food groups. If possible, and if funds are available, purchase many different, locally available foods so the nutrition discussion is as practical as possible.
 - Adapt the list of foods in *Session 17.2* to what is locally available and affordable in your setting.
 - Invite a guest speaker(s) from the community to *Session 17.5* (optional).
 - Prepare case study cards for *Session 17.6*.
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SESSION 17.1: Introduction: The Relationship between Nutrition and HIV (20 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Interactive Trainer Presentation

Step 1: Review the Module learning objectives.

Step 2: Lead a discussion to introduce the Module and get a sense of what people already know. Use these questions to guide the group discussion and fill in, as needed, from the content below:

- *Why is good nutrition so important?*
- *Is good nutrition important for PLHIV? Why?*
- *How does nutrition fit into overall care and treatment services for PLHIV?*
- *How is good nutrition important for PLHIV who are healthy and not sick? What about for PLHIV who are sick? What about for pregnant women living with HIV?*
- *What are some of the common beliefs about nutrition and HIV and nutrition and ARVs in the community? Do you think these are true or false?*

Step 3: Ask participants to discuss some of the reasons that PLHIV and their families may not be able to eat enough healthy foods. Use the content below to supplement the discussion.

KEY INFORMATION

Good nutrition is an important part of comprehensive HIV care and treatment, including for pre-ART clients, clients on ART and HIV-exposed and HIV-infected infants and children. Good nutrition does not replace the need for medical care. Instead, having a good, balanced diet is part of a person's overall HIV care and treatment plan.

Good nutrition is important for PLHIV because it can:

- Make muscles, skin and bones healthy
- Provide energy
- Protect against infections
- Prevent weight loss
- Help medicines get absorbed into the body
- Help prevent or reduce side effects of some ARVs
- Decrease the amount of time it takes to get better after an illness
- Help women who are pregnant and breastfeeding to stay healthy
- Help children living with HIV grow well

Poor nutrition can lead to:

- Weakened immune system
- Increased number and seriousness of infections and illness
- Slower healing process
- Getting sicker more often and faster
- Poorer response to treatment
- Poor growth in children

Good nutrition is important for all PLHIV, even if they are not ill, because it can help maintain weight and fight off infections and illnesses. Once a person becomes sick with AIDS, eating enough and the right foods is also important to help gain weight and become healthy again. The sooner a client starts to eat enough nutritious foods, the better. Once a person loses weight or becomes very ill, the harder it is to put weight back on.

Many PLHIV may not be able to eat enough nutritious foods. This can be because of:

- Poverty and loss of household income, or the person is too sick to tend the farm or garden
- Eating problems, such as sores in the mouth, diarrhea and vomiting
- Changes in the way food tastes (due to medicines or illnesses)
- Feeling tired, alone or depressed, which could lead to loss of appetite
- Discrimination and uneven food distribution within the household
- HIV and infections can affect the way the body absorbs and uses the foods we eat. This can lead to weight loss and malnourishment.

Peer Educators can help clients understand why good nutrition is important to their own and their family's health and how eating well is part of comprehensive HIV care and treatment. They can also help clients learn what kinds of locally available and affordable foods they can eat as part of a balanced diet.

SESSION 17.2: The Basic Food Groups (60 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Interactive Trainer Presentation, Small Group Work

- Step 1:** **Note:** There are a number of activities that could be conducted to help participants learn about the basic food groups. A no-cost activity is given below. However, if funds are available, trainers can organize an activity where they, or participants, bring in locally available and affordable foods – being sure to bring what is most commonly eaten in the community. Participants can categorize each food item in one of the basic food groups and discuss the nutritive benefits of the foods. This would also be an opportunity for participants to discuss nutritious and practical meal planning, something they may need to do with clients.
- Begin the discussion by asking participants what is meant by the term “*eating a balanced diet*.” Fill in, as needed, using the content below.
- Step 2:** Introduce participants to the basic food groups (“Go,” “Grow” and “Glow” foods and “Fats and Sugars”) using the content below as a guide. Just give a few illustrative examples of foods in each group and be sure to adapt examples to the local context. Also talk about “Junk Foods” – that is, packaged foods and drinks that have no nutritional value (e.g., soda, candy, potato chips).
- Step 3:** Hand out index cards or small pieces of paper to each participant. Ask all participants to think about what they have had to eat and drink in the last 12 hours, and to write each food/ingredient on one of the small pieces of paper.
- Note:** There may be repetition if participants have eaten lunch together or taken tea together at the training. If this is the case, ask participants to describe what they ate for dinner last night or another time when they ate at home instead of with other training participants.
- Step 4:** Have participants break into 4 small groups and ask each person to take their food and drink cards to their small groups. Give each group 5 pieces of flip chart paper, markers and tape or Bostik. Ask each group to label the flip charts with one of the following: “Go,” “Grow,” “Glow,” “Fats and Sugars” and “Junk Food,” and then to post them on the wall near where the group is working.
- Give each small group 15 minutes to work together to place the small pieces of paper on the flip chart papers, depending on if the food item is a “Go,” “Grow,” “Glow,” “Fats and Sugars” or a “Junk Food” item. Once the groups are finished, ask each to briefly present back their food and drink items to the large group. Encourage discussion and correction if any of the items have been placed in an incorrect category.
- Step 5:** Close the session by asking participants to discuss how Peer Educators can help clients and their families understand the basic food groups and how to eat a balanced diet, thinking about what is locally available and affordable. Remind Peer Educators that they should be role models for good nutrition.

KEY INFORMATION

Eating a balanced diet means eating many different types of foods and eating enough foods every day. No one food or group of foods can give us all the nutrients that we need to stay healthy. We need to eat a variety of foods to help us get the energy we need to “go”, to “grow” and to keep our immune system strong, or to “glow.” It is always best to eat foods that are grown at home or produced locally instead of imported or processed foods, which do not have as many nutrients.

The basic food groups:

- **“GO” foods** give us energy and make us GO. These include rice, bread, pasta and other grains. These foods should make up the biggest part of the meal.
- **“GROW” foods** provide protein and help build our bodies and keep muscles strong. These include meat, fish, eggs, beans, nuts and dairy. Note that PLHIV should try to eat legumes every day (such as beans, lentils, peas and nuts). These are usually cheaper than meat and provide a good source of protein.
- **“GLOW” foods** provide vitamins and minerals to help the immune system stay strong and fight off infections. These include all kinds of fruits and vegetables.
- **Fats and sugars** can help give energy, help us gain weight and can make foods taste better, but they should be eaten with other healthy foods and in moderation. “Good fats” include things like avocados, nuts and palm oil.
- **“Junk food”**: Sometimes when we are very busy or do not have time to prepare food, we eat pre-prepared foods and “junk foods” that have no nutritional value and can even be harmful to our health. Peer Educators should help clients understand why they should avoid “junk foods” like soda, candy and potato chips – they cost a lot of money and do not give us any good nutrition. Fresh, natural foods are always the best, and they are usually cheaper than packaged and pre-prepared foods.

It is important for Peer Educators to help clients learn which locally available and affordable foods to eat in order to have a balanced diet and get the energy and nutrients needed to stay healthy and prevent infections.

Some examples of GO, GROW and GLOW foods:

(Adapt to include locally available and affordable foods in your setting.)

GO foods (starches)	GROW foods (proteins and dairy)	GLOW foods (fruits and vegetables)
<ul style="list-style-type: none"> • Rice • Bread • Chapati • Maize meal • Cassava • Pasta/noodles • Plantains • Yams • Millet • Sorghum • Potatoes • Matoke • Crackers 	<ul style="list-style-type: none"> • Beans • Lentils • Peas • Nuts • Sesame • Eggs • Fish • Beef • Lamb • Goat • Chicken • Pork • Milk • Yogurt • Cheese 	<ul style="list-style-type: none"> • Carrots • Cabbage • Tomatoes • Kale • Okra • Spinach, leafy greens • Cassava leaves • Pumpkin leaves • Eggplant • Mushrooms • Cauliflower • Capsicum/peppers • Avocadoes • Pineapple • Mango • Oranges • Lemons/limes • Pawpaw • Bananas • Jack fruit • Plums • Pears • Peaches • Apples • Watermelon • Passion fruit • Guavas

SESSION 17.3: Providing Basic Nutrition Education and Counseling for Adults and Children (75 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Small Group Work, Role-Play, Interactive Trainer Presentation

Step 1: Ask participants to think about nutrition education, counseling and support they have received from health care workers. Use the following questions to guide the discussion:

- *What type of nutrition counseling and support have you received?*
- *What was good about the nutrition counseling and support you received? Was it practical? Why or why not?*
- *What things could have made nutritional counseling and support more helpful for you and your family?*
- *What do you think are the key points about nutrition PLHIV need to know when they first learn they are living with HIV? What about when they first start ART? What about pregnant or breastfeeding women living with HIV?*

Step 2: Divide participants into 6 small groups. Tell the groups that they should review the information for this session in the *Participant Manual* and then prepare a short role-play where one person plays the role of the Peer Educator and another person plays one of the following roles:

- *An adult who has just been diagnosed with HIV, is healthy and not yet eligible for ART*
- *An adult with opportunistic infections (OIs) who has recently started ART*
- *A pregnant woman living with HIV who is taking ARVs*
- *A breastfeeding woman living with HIV who is on ART*
- *A mother living with HIV and her newborn baby*
- *A caregiver of a 2-year-old child living with HIV and on ART*

Give the small groups about 15 minutes to prepare a short role-play in which the Peer Educator gives nutritional education and counseling to the client.

After about 15 minutes, ask the small groups to perform their role-plays in front of the large group and encourage discussion about what went well and what other participants may have done differently. Fill in, as needed, from the suggested nutrition education and counseling key points for adults, pregnant women and children in the content below. Remind participants that nutrition education should be part of comprehensive care and treatment for all PLHIV.

Step 3: Review the key information on safely preparing and storing foods. This should be a part of all nutrition education and counseling with clients.

Step 4: Lead a discussion about how to identify and refer clients, especially children, who may be malnourished using the content below. Stress the need for quick referral

to a health care worker and treatment of any client who shows signs of malnutrition.

Step 5: Close the session by reminding participants that Peer Educators, along with other members of the multidisciplinary team including nutritionists, can provide clients with practical nutrition advice and education that is responsive to their specific needs and realities. Nutrition must be considered part of comprehensive HIV care and treatment.

KEY INFORMATION

Key points for nutrition education and counseling for ADULTS living with HIV

Nutritional needs of adults living with HIV:

- PLHIV who are well (asymptomatic) still need to eat more food than people without HIV to stay healthy. PLHIV should try to take in more food each day and eat snacks during the day to get more energy.
- PLHIV with advanced HIV or AIDS need to eat more food than asymptomatic PLHIV to keep weight on and stay healthy. PLHIV with advanced HIV or AIDS should eat an extra full meal each day. This may be difficult for some clients due to health problems or poverty.
- Remember that all adults living with HIV should start ART as soon as they are eligible.

PLHIV should be encouraged to:

- Eat a balanced diet with foods from all of the groups.
- Eat up to another full meal each day, if possible. Try to eat small snacks during the day to get more energy.
- Choose foods according to what is available and affordable.
- Use local foods and eat fresh foods instead of processed or fried foods.
- Make GO foods (starches) the biggest part of the diet.
- Try and eat GROW foods (proteins) with every meal (including non-animal proteins, like legumes).
- Eat many GLOW foods (fruits and vegetables) every day.
- Use fats and oils in small amounts (unless the person needs to gain weight, in which case fats and oils can be used more).
- Not eat too much sugar and avoid junk foods.
- Try to eat small, frequent meals throughout the day.
- Take a daily multivitamin (if this is available from the health facility).
- Store and prepare food safely (see below).
- Drink at least 8 glasses of clean, boiled water each day.
- Try and get some exercise every day. Even a short walk and some stretching will help build muscles, increase appetite, improve digestion and relieve stress.

Key points for nutrition education and counseling for PREGNANT and BREASTFEEDING women

Nutritional needs of pregnant and breastfeeding women:

- During pregnancy and breastfeeding, women need to eat more healthy foods so that they stay healthy and gain weight, and so that the baby develops. Good nutrition is also important for the woman to produce breastmilk.
- ALL pregnant and breastfeeding women, regardless of HIV-status, should eat more healthy foods during these times.
- Pregnant women should eat foods high in Vitamin A and also need foods high in iron to prevent anemia.
- Pregnant women with advanced HIV or AIDS need to eat even more healthy foods than usual, including more GROW foods (proteins), if possible.
- Remember, all pregnant women living with HIV need to take ARVs or ART.

Pregnant and breastfeeding women should be encouraged to:

- Eat a balanced diet including all of the food groups.
- Eat more food than usual.
- Eat more GROW foods (proteins) high in iron. This is to prevent anemia. Examples are green leafy vegetables, fish, red meat, chicken, liver, eggs, seeds, dried fruit, beans, millet and sorghum.
- Eat more foods high in Vitamin A, such as green, red, yellow and orange vegetables, egg yolks, liver, sweet potatoes and yellow maize.
- Take daily multivitamins, iron and folic acid as directed by a health care worker.
- Get more rest, especially during the last 3 months of pregnancy.
- Avoid harmful foods or traditional practices during pregnancy and breastfeeding (give local examples).
- Try to prevent and treat diarrhea, nausea, vomiting, loss of appetite and mouth and throat problems right away, as these may prevent healthy weight gain.
- Prepare and store foods safely.
- Use iodized salt if possible – this will help prevent iodine deficiency and goiter.
- Treat any worms or parasites right away.
- Try to get some exercise every day. Even a short walk and some stretching will help build muscles, increase appetite, improve digestion and relieve stress.

It is also important to talk to pregnant women about how they will feed their baby once it is born. There is more on this below, as well as in *Module 7*.

Key points for nutrition education and counseling for caregivers of INFANTS AND CHILDREN (HIV-exposed or HIV-infected)

Nutritional needs of HIV-exposed and HIV-infected infants and children:

- Proper nutrition can help young children gain weight, grow and develop. Good nutrition can decrease illnesses like diarrhea and vomiting and keep children healthy longer.
- Children with HIV need to eat more healthy foods than children without HIV to grow, develop and stay healthy.
- If children have advanced HIV or AIDS, they should eat more at each meal if possible and try to eat an extra meal during the day.
- Remember, all HIV-infected infants should start ART (according to national guidelines) and the doctor should check children for ART eligibility regularly.

Infants aged 0-6 months (see *Module 7* for more information on infant feeding):

- Mothers should be supported to make informed infant feeding decisions.
- Mothers should exclusively breastfeed for as long as possible up to 6 months, if that is the infant feeding choice.
- Mothers should initiate breastfeeding as soon as possible (if that is the feeding choice), and be shown good positioning and attachment. Mothers should be encouraged to feed whenever the baby wants and to express milk while away from the baby.
- Mothers should use a cup and spoon to feed the baby, not a bottle.
- Avoid mixed feeding.
- Do not give traditional medicines and remedies, unless you are sure they are safe (check with a doctor or nurse).
- Look for mouth and tongue sores or patches in the baby and get treatment right away.

Infants aged 6-24 months (see *Module 7* for more information on weaning and complementary feeding):

- Wean the baby off of the breast if enough replacement food is available and can be safely prepared, or add complementary foods at 6 months.
- After the baby is 6 months old, caregivers should be encouraged to feed the child foods rich in energy and other nutrients, like porridge enriched with milk, sugar, pounded groundnuts, bean powder or soya bean oil.
- In some places, children who are weaning off of breastmilk may be able to get special food baskets or packages from local organizations. Peer Educators can make referrals if these services are available in their working areas.
- Children should get the proper amount and variety of foods, especially after an illness.
- Children should eat foods from the basic food groups at least three times a day.
- If children have a lot of illnesses and are losing weight, try to help identify which foods they like and give these foods frequently. Offer food in small amounts many times during the day if possible.
- For children with no diarrhea, vomiting or nausea, a small amount of margarine or oil can be added to food to increase energy intake.
- Children can be given mashed fruits and vegetables like ripe bananas, avocados, pumpkin and boiled sweet potato as often as possible to increase food intake.
- Children should be de-wormed every 4-6 months, starting when they are 1 year old.
- All children need vitamin A supplements starting when they are 6 months old.
- All children should take a daily multivitamin if available.
- Encourage children to be active and play. This will help build muscles and also help with digestion.

Diagnosis and treatment of malnutrition:

Adults and children may become malnourished if they do not eat enough foods, do not eat healthy foods from all of the food groups or if they have illnesses that prevent the body from taking in or processing food.

Malnourished children living with HIV have a high chance of becoming very ill and dying. To prevent malnourishment, Peer Educators can counsel mothers and caregivers on the importance of:

- Regular growth monitoring for children – even when they are healthy
- Good nutrition for children
- Good hygiene at home

Adults and children who are malnourished need immediate medical care. Depending on the situation, some people may need to be admitted to the hospital for treatment. Others with mild malnutrition can usually be managed at home. Peer Educators can help recognize signs of malnutrition in clients and their families and make referrals for immediate care by a doctor, nurse or nutritionist. Peer Educators can also provide support to caregivers of malnourished children by offering support and practical nutrition advice.

Signs of malnutrition include:

- Not gaining weight or not gaining enough weight (in children and pregnant women)
- Developmental delays (in children)
- Behavior changes (for example, the person could be irritable or not responsive)
- Tiredness
- Decrease in body fat, especially on the legs, arms, buttocks and face (especially in children, but also in adults)
- A big, swollen belly (especially in children, but also in adults)
- Swelling in other parts of the body
- Dry or peeling skin
- Changes in skin color
- Changes in hair color
- Nails become brittle and change shape
- Vision problems
- Changes in hair (for example, it could be thinner, easily pulled out, dull brown or red color)
- Poor healing of wounds
- Goiter (large, swollen area on the throat, mostly seen in adults)

Peer Educators should always refer adults and children with signs of malnutrition to a health care worker right away!

Safely preparing foods:

The way we store and prepare food is just as important to our health as the kinds of foods we eat. Most foods naturally have germs in them that can make people sick if the food is not prepared correctly. Foods also come in contact with germs when they are transported and handled. Peer Educators can educate clients on ways to store and prepare food at home as part of nutrition counseling.

Tips to safely prepare and store food

- Always wash and dry hands before and after touching food.
- Wash and dry all cooking and eating utensils well.
- Wash and dry all raw vegetables and fruits with clean water before cooking or serving. If possible, peel the skin off before cooking or serving fruits and vegetables.
- Wash and cook all meats and animal products until there is no blood or pink and red areas.
- Do not prepare raw and cooked foods on the same surface because germs will be spread from the raw food to the cooked food.
- Hard boil or cook eggs well – they should not be runny.
- Try not to overcook vegetables because this takes away their nutrients. You can steam, fry or boil them for about 5 minutes. If you boil vegetables, the leftover water can be used for cooking, such as making a soup.
- Always keep food covered and away from flies and insects.
- Serve food right away after it is cooked – do not let it cool too much.
- Do not eat leftover food unless it has been kept cold, such as in a refrigerator. If you do eat leftover food, be sure to reheat it to kill any germs that may have grown.
- Always filter or boil water used for cooking and drinking.

SESSION 17.4: Common Nutrition and Eating Problems (60 minutes)



TRAINER INSTRUCTIONS

Methodologies: Brainstorming, Small Group Work, Large Group Discussion, Interactive Trainer Presentation

- Step 1:** Ask participants to brainstorm some of the common nutrition and eating problems they, or other people living with HIV, experience. Give some examples from the content below to get the conversation started. Next, ask participants what they have done to make these problems better.
- Step 2:** Break participants into 7 small groups. Assign each group one of the following problems: major weight loss, anemia, diarrhea, nausea and vomiting, mouth and throat sores, loss of appetite and taste changes. Give each group flip chart paper and markers. Give the groups about 15 minutes to discuss the following questions:
- The nurse asks you to give basic nutritional counseling to a client with this symptom/problem, in addition to the care she or he receives from the doctor.*
- *What advice would you give a person with this problem – what things should she or he do?*
 - *What things should the person avoid?*
- Step 3:** Ask each small group to spend a couple of minutes presenting their key points back to the large group. Add to the discussion, as needed, using the content below. Make sure that participants discuss nutritional advice as well as the importance of ongoing care and treatment, including ART, to prevent and minimize these problems. Remind participants to always work with other members of the multidisciplinary team and to refer clients with these problems to the doctor or nurse.
- Step 4:** Ask participants what foods and herbs they have used (or others in the community use) to help prevent or treat common eating and nutritional problems. Review the list of foods, herbs and spices that can help relieve some symptoms in the box below, adding safe, local remedies as well. Stress that while some foods can be used to treat illnesses, Peer Educators should always refer clients to a health care worker and advise clients to adhere to the care and treatment plan, including taking ART the right way, every day.

KEY INFORMATION

Common nutritional and eating problems and advice for clients:

Peer Educators should work with doctors, nurses, nutritionists and other members of the multidisciplinary team to support clients with nutritional problems. Many nutrition problems and eating challenges are symptoms of serious illnesses. Peer Educators should always refer clients

with these problems to a doctor or nurse for care. Peer Educators should also support clients to adhere to their care and treatment plan, including ART, which can help reduce these symptoms.

Keep in mind that the nutritional advice here should always be given along with medical care from doctors, nurses and other members of multidisciplinary team.

Major weight loss (sometimes this is also called wasting):

- Eat small meals often. Try to include “GROW” foods with each meal.
- Eat snacks during the day if possible (such as peanuts, boiled eggs and avocados).
- Eat more “GO” foods (like rice, ugali, chapati, bread and porridge).
- Eat more beans, lentils, peas and nuts.
- Try to eat more meat, fish and eggs.
- Use more fats and oils in food, especially “good fats” like avocados and nuts.
- Eat more dairy foods (like milk and yogurt).
- Add dry milk powder to foods, like porridge and cereals.
- Add sugar, honey, syrup or fruit jam to foods.
- Try to eat more of your favorite foods.
- Also, adhere to the care and treatment plan, including ART.

As discussed in *Module 6*, people living with HIV may experience changes in their body shape. This is a long-term side effect that can be caused by ART, especially regimens with d4T. Some PLHIV may develop more fat on their stomach, breasts or other areas and lose fat in their face, arms and legs. These side effects may be confused with weight gain or weight loss. Peer Educators should always refer clients with changes in body shape to the doctor or nurse.

Anemia (due to lack of iron in the diet; can also be caused by malaria and hookworm infections):

- Try to eat more meat, legumes, fish, eggs, green leafy vegetables, dried fruits and whole grains.
- Do not drink coffee, tea, milk or cocoa while eating – these reduce how the body processes iron.
- Eat fruits and vegetables with lots of Vitamin C (such as oranges, lemons and green leafy vegetables) to increase how the body processes iron.
- Go to the health facility to treat malaria, hookworm or other parasites.
- Take a multivitamin with iron and iron tablets.
- Also, adhere to the care and treatment plan, including ART.

Diarrhea:

- Eat soups and drink safe water, rice water, thin porridge and weak tea to avoid dehydration.
- Drink oral rehydration solution (ORS).
- Eat small amounts of food many times a day.
- Eat foods like millet, bananas, peas and lentils to help retain fluids.
- Eat foods like rice, bread, millet, maize, porridge, boiled potatoes, sweet potatoes and crackers that are easy to digest.
- Eat soft foods like bananas, squash, cooked and mashed green bananas, paw-paws, mashed sweet potatoes and mashed carrots.
- Eat eggs, chicken or fish for protein.
- Also, adhere to the care and treatment plan, including ART.

Stay away from:

- Strong citrus fruits, such as oranges and lemons
- Dairy products, such as milk (try fermented products instead, like yogurt)
- Caffeine (coffee and teas)
- Alcohol
- Fried foods
- Very sugary foods
- Extra oil, butter or lard
- Gas-forming foods such as cabbage, onions and carbonated soft drinks

Nausea and vomiting:

- Drink fluids, especially clean water, to prevent dehydration.
- Eat bland soups.
- Eat fruit, such as bananas.
- Eat lightly salty and dry foods, such as crackers or bread, to calm the stomach.
- Drink herbal teas and lemon juice in hot water.
- Eat small amounts of food many times a day.
- Also, adhere to the care and treatment plan, including ART.

Stay away from:

- Spicy or fatty foods
- Coffee and tea (caffeine)
- Alcohol

Mouth and throat sores or infection:

- Eat soft mashed foods, such as scrambled eggs, cooked carrots, sweet potatoes, bananas, soup, paw-paws and porridge.
- Eat cold foods or foods at room temperature.
- Drink liquids, such as beef broth, lentil or pea soup.
- Rinse the mouth with clean, warm salt water before and after eating.
- Use cinnamon tea as a mouthwash.
- Suck on clean ice, if available, to relieve pain.
- For thrush, eat fermented foods, such as plain yogurt. Sucking on a lemon and eating garlic can also help.
- Also, adhere to the care and treatment plan, including ART.

Stay away from:

- Spicy or salty foods that can irritate mouth sores
- Strong citrus fruits and juices that can irritate mouth sores
- Sugary foods and drinks
- Rough foods like toast and raw vegetables
- Alcohol

Loss of appetite:

- Eat small frequent meals throughout the day.
- Eat nutritious snacks between meals.
- Take walks before meals if possible – fresh air helps to stimulate appetite.
- Avoid smoking – it reduces appetite.
- Add seasonings, especially herbs, to food to give more flavor.
- Try rinsing out the mouth after meals.

- Use lemon, raw tomatoes or tonic water to stimulate the taste buds.
- Chew food well and move it around the mouth to stimulate taste buds.
- Avoid strong-smelling foods.
- Eat with others as much as possible.
- Also, adhere to the care and treatment plan, including ART.

Taste changes (can sometimes be caused by ARVs and other medications):

- Change sweetness, saltiness or sourness of food by adding sugar, salt, jam or lemon to increase the taste.
- Try different herbs and spices.
- Eat more fish or chicken, as meat can often have a metallic taste.
- Eat lentils, beans or split peas.
- Brush teeth after eating to remove any aftertaste.
- Also, adhere to the care and treatment plan, including ART.

Foods, herbs and spices that can help relieve common eating problems

Certain foods, herbs and spices can help relieve common eating problems. People can try these remedies or other safe herbal remedies used in their community, and decide for themselves whether or not they are helpful. Remember that food is not a substitute for medicine. Herbs and spices should not be used in place of healthy, balanced eating or in place of medications (including ART). Peer Educators should always refer clients with nutritional and eating problems to the doctor or nurse.

Basil: helps relieve nausea and helps digestion. It can be added to foods or chopped and mixed with water and gargled.

Raw carrots: very high in vitamin A and can help clear the digestive system of worms and parasites. They can be added to other foods or eaten directly.

Cayenne pepper: helps improve appetite, fights infections and can help heal ulcers. It can be sprinkled on foods or added to fruit juice or water.

Cloves: help improve appetite, digestion and relieve diarrhea, nausea and vomiting. They can be used in soups, fruit juice and tea.

Garlic: helps digestion and weakness, relieves diarrhea, throat and ear infections, and relieves oral and vaginal thrush. It can be eaten raw, used in tea or used when cooking other foods.

Ginger: helps with digestion and can relieve diarrhea and nausea. It also can help improve appetite and be used to treat coughs and sore throats. It can be added to food, chewed raw or made into tea.

Lemons and limes: help fight bacteria, help digestion and dry the mouth. They can be added to foods or drinks or sucked on directly.

Mint: helps digestion and can soothe mouth sores. Use in tea or chew the leaves to help with digestion.

Neem: helps bring down fever. It can be boiled to make tea or bark can be chewed directly.

Parsley: helps improve appetite. It can be added to raw or cooked foods.

Pumpkin seeds: help the digestive system clean itself of worms and parasites. Seeds can be dried in the sun and eaten.

Thyme: helps relieve coughing and helps with digestion and the growth of good bacteria in the stomach. It can be made with tea or used as a mouthwash.

SESSION 17.5: What to Do if There Is Not Enough Food (60 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Small Group Work, Guest Speaker (optional), Interactive Trainer Presentation

- Step 1:** **Note:** You may want to invite nutritional support organizations to this session of the training. There may be international associations such as World Food Program, Heifer International, World Vision, Red Cross or CARE providing this kind of support to the whole community or just focused on PLHIV, and/or there may be local, community-based organizations providing these services. Brief any invited guests on the session in advance, including their role in the session.
- Start the session by asking participants to raise their hand if they themselves, or other people they know, have experienced times when they did not have enough food to eat. Ask participants to discuss the reasons why people do not have enough food and what happens when people do not have enough food.
- Step 2:** Ask participants to break into 4 small groups. Give each group flip chart paper and markers. Give the small groups about 15 minutes to discuss the following questions, noting key points on flip chart:
- *What can Peer Educators do to identify clients and families who do not have enough food to eat?*
 - *What can Peer Educators do to help link clients and families with food support and other nutritional services?*
- Step 3:** Ask each group to briefly present back the key points of their discussion and record solutions on flip chart. Add to the discussion, if needed, using the content below.
- Step 4:** If there are guest speakers at the session, ask them to give a brief overview of the services they offer to PLHIV and their families, which specific communities they work in, and whether or not there is a referral system from the facility to the nutrition program or from the nutrition outreach program to the facility. Review any referral forms used by the nutritional support programs.
- Allow participants to ask questions of the nutrition organizations and encourage the group to think more about how they can work together to best provide a continuum of care and support – including nutritional support – to clients and family members.
- Step 5:** Remind Peer Educators that when they return to their facility they will work with the multidisciplinary team to learn more about community nutrition resources and services and what their role will be in linking clients to these resources.

KEY INFORMATION

One of the most common challenges people living with HIV and their families face is lack of food. Many times, extra income that would usually go to buy food instead goes to health care for the person living with HIV. If some of the wage earners in the family are ill, there is less income for food. One of the best things Peer Educators can do to help families who do not have enough food is to make sure they get HIV care and treatment. With ART, people can get healthy and stay healthy enough to work or tend a farm or garden.

Depending on the specific program, Peer Educators can also help link PLHIV and their families with community-based nutrition support. Some health facilities also offer food supplies to PLHIV, pregnant women and families directly.

Some ways Peer Educators can help PLHIV and their families get enough good foods to eat (adapt to the specific Peer Education program):

- Work with the multidisciplinary team to have formal linkages between the clinic and food support organizations, including distributing food to clients at the health facility level.
- Link clients with nutrition support programs in the community.
- Link clients with animal husbandry, agricultural and other income-generating activities in the community.
- Provide practical counseling and education to clients and family members on good nutrition, locally available foods, as well as storing and preparing food.
- Make sure clients take multivitamins.
- Help families learn to make sack gardens or start community or school gardens.
- Help organize market workers, restaurant and store owners to donate food to households affected by HIV.
- Help organize community members to help take care of other people's gardens when they are ill or need to go to the facility for an appointment.
- Help organize food banks through community- and faith-based organizations.

SESSION 17.6: Classroom Practicum on Nutrition Education and Counseling (70 minutes)



TRAINER INSTRUCTIONS

Methodologies: Role-Play, Case Studies, Large Group Discussion

- Step 1:** Break participants into small groups of 3. Hand out a case study card to each group. Ask the groups to assign one person to play the role of a Peer Educator, one the role of the client and another the role of observer (or the client's partner).
- Note:** If time is limited, the trainer can present the case studies and participants can discuss as a large group.
- Step 2:** Ask the small groups to discuss and role-play their case study. After about 10 minutes, switch roles until everyone has had a chance to play the role of the Peer Educator.
- Step 3:** Ask some of the small groups to role-play their case study in front of the large group and discuss what was done well and what could have been done differently when providing nutrition education and counseling to each client. Be sure that the nutrition advice provided in the role-plays is very practical and specific and that the importance of adhering to the HIV care and treatment plan was discussed. Remind participants that they should always consult other members of the multidisciplinary team when providing nutrition education and counseling.

KEY INFORMATION

Case Study 1:

L___ is a 30-year-old woman living with HIV. She started ART about 1 year ago, but has recently stopped. The nurse refers L___ to you for more counseling. You learn that her husband died and that, without his income, she is very poor and does not have enough food to eat. She says she stopped taking ART because she knows it has to be taken with food, but she does not always have food to eat. How would you counsel her? What other information would you want to know? What practical nutritional advice would you provide to L___?

Case Study 2:

D___ is a male client living with HIV. Recently, he has been feeling ill and has lost a lot of weight. The nurse refers him to you for counseling. D___ says that he does not have meat to eat anymore since he lost his job at the factory. You also learn that he is taking CTX, but not ART. What other information would you want to know? How would you counsel D___? What practical nutrition advice would you provide, including on locally available and affordable foods that could help him gain weight?

Case Study 3:

R___ is a 20-year-old woman living with HIV. You meet her in the clinic waiting area. She is unwell and says that she does not like to eat anymore. She tells you she has very painful sores in her mouth and that it hurts to eat. Also, she says food does not taste the same. How would you counsel R___? What practical nutrition advice would you provide?

Case Study 4:

B___ and her boyfriend N___ visit you at the clinic. They are both living with HIV. B___ is pregnant. The nurse said she is not gaining enough weight during the pregnancy and refers her to you for more counseling. How would you counsel B___ and N___? What information would you want to know? What practical nutrition advice would you provide?

Case Study 5:

F___ is the caregiver of a 2-year-old girl named V___. V___ is living with HIV and is on ART. F___ brings V___ to the clinic because she has very bad diarrhea. The doctor notes that V___ is losing weight. How would you counsel F___? What practical nutrition advice would you provide?

Note: Some of the preceding information in this Module was adapted from the following sources:

Colton, T., Dillow, A., Hainsworth, G., Israel, E., & Kane, M. (2006). *Community home-based care for people and communities affected by HIV/AIDS: A comprehensive training course for community health workers*. Watertown, MA: Pathfinder International.

WHO/Food and Agriculture Organization (FAO). (2002). *Living well with HIV/AIDS: A manual on nutritional care and support for people living with HIV/AIDS*. Geneva, Switzerland: WHO/FAO.

SESSION 17.7: Module Summary (15 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Interactive Trainer Presentation

- Step 1:** Ask participants what they think are the key points of this Module. What information will they take away from the Module?
- Step 2:** Summarize the key points of the Module using participant feedback and the content below.
- Step 3:** Ask if there are any questions or clarifications.
- Step 4:** Review the learning objectives with participants and make sure all are confident with their skills and knowledge in these areas.
- Step 5:** If there are areas participants do not fully understand or in which they need more help, go back and review the session before moving to the next Module.

KEY INFORMATION



THE KEY POINTS OF THIS MODULE INCLUDE:

- Good nutrition is part of comprehensive HIV care and treatment, including ART.
- Good nutrition is important for all PLHIV, even if they are not ill (asymptomatic), because it can help maintain weight and fight off infections and illnesses.
- The sooner a client starts to eat enough nutritious foods, the better. Once a person loses weight or becomes very ill, the harder it is to put weight back on.
- Eating a balanced diet means eating many different types of foods and eating enough foods every day. We need to eat a variety of foods to help us get the energy we need (to “go,” to “grow” and to keep our immune system strong, or “glow”).
- It is always best to eat foods that are grown at home or produced locally instead of imported or processed foods, which do not have as many nutrients.
- PLHIV with advanced HIV or AIDS should eat another full meal each day. This may be difficult for some clients due to health problems or poverty.
- ALL pregnant and breastfeeding women, regardless of HIV-status, should eat more healthy foods during these times.
- Pregnant women with advanced HIV or AIDS need to eat even more healthy foods than usual, including more GROW foods (proteins), if possible.
- Proper nutrition can help young children gain weight, grow and develop. Good nutrition can also decrease illnesses like diarrhea and vomiting and keep children healthy and well longer.
- Children with HIV need to eat more healthy foods than children without HIV to grow, develop and stay healthy.

(KEY POINTS, CONTINUED)

- Adults and children may become malnourished if they do not eat enough foods, do not eat healthy foods from all of the food groups, or if they have illnesses that prevent the body from taking in or processing food. Adults and children who are malnourished need immediate medical care.
- It is important to teach clients and their family members how to safely store and prepare foods at home.
- Peer Educators, along with other members of the multidisciplinary team, can help clients come up with practical solutions to common nutritional and eating problems, like weight loss, diarrhea, mouth sores and loss of appetite.
- One of the most common challenges people living with HIV and their families face is lack of food. You can help link PLHIV and their families with community-based and health facility-based nutrition support.