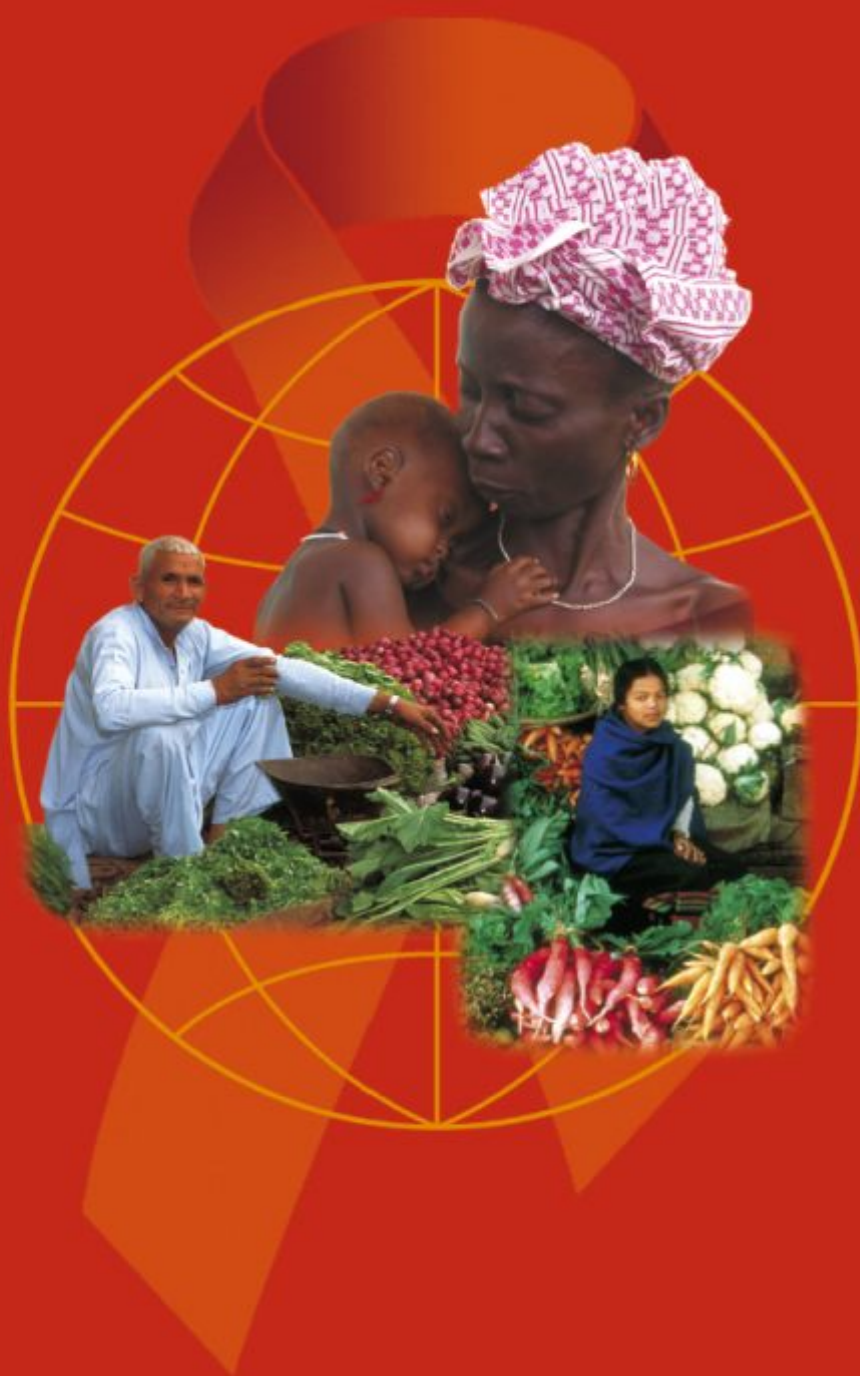


# Nutritional care and support for people living with HIV / AIDS

## A training course



**World Health  
Organization**



**Food and Agriculture Organization  
of the United Nations**



*Director's guide*

**Nutritional care and support  
for people living with HIV/AIDS  
A training course**



**World Health  
Organization**



**Food and Agriculture  
Organization of  
the United Nations**

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





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## Section 1: Introduction

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

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

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

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

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

family members, nurses, doctors, dietitians, extension workers, volunteers, community support workers and others. In this course, we refer to these people as service providers and caregivers.

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

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

### **Course aims**

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

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

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

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

### **Target group**

The course and the accompanying training guide are intended for use by community level health service providers and other extension workers whose activities may include providing general nutrition information, care and support to individuals or groups of people living with HIV and their household members and communities.

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Examples of the primary target groups are:

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

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

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

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

### **Course structure**

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

## Course sessions

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

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

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

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

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

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## Course design: the story of Sam and Suzi

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

## Course materials

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

### Director's guide

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

### Facilitator's guide

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

- instructions on how to conduct each session and the information required for each;
- practical exercises to be completed by participants;
- lecture/discussion guides, along with focusing questions and possible answers; and
- role-plays and demonstrations.

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

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## Participant's manual

The participant's manual contains:

- a summarised version of information covered in each of the sessions;
- key overhead transparencies;
- texts for the role-plays with which participants will assist; and
- exercises that the participants' will do during the course (without answers).

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

## Overhead transparencies

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

## Training aids

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

## Key points

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

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## Course follow-up activities

It is important to plan some follow-up activities to find out whether participants apply the skills that they have learnt in the course and if they need any further assistance. The appropriate follow-up method varies depending on the person carrying it out, the type of participants and the particular local context of the course. With the assistance of the course director, facilitators need to develop a follow-up plan that would be most appropriate for each particular group of participants.

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

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

## Using and adapting this guide for the training course

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

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

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## Section 2: Roles and responsibilities of course directors

The course director has overall responsibility for the planning and preparation of the course and ensuring that the course runs smoothly. This includes:

- ensuring that pre-planning is carried out;
- preparing the facilitators before the course;
- introducing the course to the facilitators and participants;
- coordinating, supervision and assisting facilitators during the course;
- ensuring the course runs according to the planned timetable;
- conducting the closing session;
- conducting the course evaluation;
- discussing follow-up activities.

These activities are discussed further in **Sections 2.1-2.3** below.

The course director generally should have experience of participating as a facilitator in the Nutritional Care and Support for People Living with HIV training course and have good planning skills. The course director will need to allocate some time to pre-course planning.

The course director may work with a local organiser in the months preceding the course to arrange the venue, materials and equipment, invitations to facilitators and participants. If the course is not based in the area, the course director should arrive at the course site 1-2 days before the course (to ensure arrangements are in place) and should be present throughout the entire course.

The course director is responsible for ensuring that the local organiser understands what needs to be done and for confirming that it is done. Checklists and other relevant pages of this guide may be copied for the local organiser. The checklists are discussed in **Section 3** of this guide.

The course director does not normally have sole responsibility for sessions. However, in sessions that involve group work, the course director can assist the facilitator assigned to the session.



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## 2.1 Pre-planning

### 2.1.1 Arranging for the required funds

Make sure that enough funds are available to cover the following:

- participants' travel and *per diem*, if required;
- facilitators' travel and *per diem* and special compensation, if required;
- payment for clerical and logistical support staff;
- travel to and from the accommodation to the classroom, if necessary;
- stationery, equipment, and items for demonstrations;
- refreshments;
- accommodation and meals (if not covered by *per diem*).

If facilitators or participants need to arrive the day before the course starts or remain until the day after the course finishes, ensure there are sufficient funds to cover accommodation and meals for these nights.

### 2.1.2 Selecting facilitators and participants

The Ministry of Health or other agency may be planning for a series of courses rather than a single course. Given the effort required to set up a course, the need to prepare facilitators and the need for a series of courses to train a sufficient number of health workers, arrangements will often need to take into account longer-term training plans. There may be a need to build a training team that can conduct courses on an ongoing basis. If so, long-term considerations may affect the choice of facilitators and participants for each course.

#### ***Selecting facilitators***

The success of a course depends on the presence of motivated, enthusiastic facilitators. When you select facilitators, try to be sure that they will be interested and available to conduct other training courses in future, and that they will be given support to do so. It is important that the experience gained by teaching a course is not wasted.

#### ***Profile of a facilitator***

Ideally, facilitators should be people who are already involved in the support of people living with HIV. The knowledge of individual facilitators may vary. However, in the team of facilitators, aim to have people with some knowledge and experience of communication/counselling skills, nutrition, community development/support and the clinical care of people living with HIV.

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*Facilitators should:*

- Be convinced that nutritional care and support for people living with HIV are important.
- Be interested in becoming a facilitator for this course and be willing and available to conduct other courses in future.
- Have attended the course as a participant if possible.
- Have some experience of training/facilitation including communication skills and participatory training methods.
- Be willing and able to attend the entire course, as well as the pre-course preparation phase.

***Inviting facilitators***

Invite facilitators early and confirm their availability. Ideally, you should have a minimum of two facilitators for every 15 participants in the course. If you conduct the course intensively over two days, you will need more facilitators to ensure that they remain alert, energetic and in order to keep participants stimulated by ensuring variety in the delivery of the course. If you conduct the course as separate half-days, two facilitators would be sufficient for each half-day. If a parallel course is conducted over the same period, more facilitators will be needed for different groups of participants.

Include in the invitation the same information as is in the course announcement for participants (*see sample provided in Section 3.1*). Provide additional information about the preparation day for facilitators. Give the exact dates, and make it clear that you expect them to attend the entire course, including the preparation days. Explain that the preparation days are necessary for facilitators to become familiar with the contents and methods of the course. Ensure that facilitators can allocate time to read the materials prior to the preparation days.

***Assign course sessions to facilitators***

Decide which facilitators will be responsible for conducting each session and let the facilitators know which sessions each will be presenting when you send them the materials before the course. Try to give them all an equal share, allowing for their different strengths. Decide which facilitators should work together, balancing their strengths such as:

- personality (for example, pair a shy facilitator with an outgoing one);
- language fluency (at least one facilitator should speak the local language);
- motivation to be a facilitator;
- previous experience of training;
- knowledge of nutrition, HIV and counselling/communication skills.

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This preparatory period is extremely important. The course materials are not self-instructional and participants need the guidance of well-trained and supportive facilitators. In addition, it is hoped that facilitators will learn from each other and that some of them will become course directors. Building the capacity of new facilitators is as important as training participants. Details of the preparation day for facilitators are provided in **Section 4**.

Give any additional administrative details such as arrangements about finance and accommodation. If facilitators live close to where the course will be held, it might be useful to involve them early in the preparations for the course.

### ***Selecting participants***

Try to ensure that appropriate and motivated participants come to the course. This will make the training successful, and may stimulate the interest of others in nutritional care and support for people living with HIV, so that they will also want to acquire the skills and do the work. Participants should be free of other work during the course so that they may fully participate.

It is recommended that you do not invite more than 15 participants to a course in order to allow optimal discussion and group work. You may plan to train a number of people from a certain area, or to train all appropriate health workers in a given area or institution with a series of several courses. You may ask health facilities in an area each to select 1-3 participants to attend the course. In case you have enough funds for more than 15 participants, the course can be organised in groups of 15 participants each.

### ***Profile of a participant***

The course participants could be community level health service providers and other extension workers whose activities may include providing general nutrition information, care and support to individuals or groups of people living with HIV and their household members and community.

#### ***Examples of participants:***

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

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Course participants should:

- Be comfortable working with people living with HIV.
- Have moderate literacy skills and aware of importance of communication skills.
- Have general information on HIV and AIDS such as modes of transmission and local availability of counselling and testing.

Participants are expected to have little or no specific training in nutrition. For participants with lower literacy or little experience of classroom work, those needing additional knowledge on HIV in general or more skills in counselling, the course may need to be extended over a longer period to allow more time for discussion of additional information. Sources of such additional information to complement this guide and course are included in **Annex 4** of the Facilitator's Guide.

### **Inviting participants**

Invite the participants early and confirm their availability (*a sample announcement/invitation letter is provided in Section 3.1*). This can be done through a local organiser, i.e. the Ministry of Health or nutrition bodies in the country if available. Ideally, you would have a maximum of 15 participants in the course. If more participants are invited, it would be ideal to have separate groups of small numbers to allow for interaction and individualised attention. Give the exact dates and number of days of the course and make it clear that you expect them to attend the entire course.

### **2.1.3 Clerical and logistical support**

Make sure that clerical and logistical support staff will be available at the site to make photocopies and to prepare, for example, the evaluation questionnaires and certificates, as well as to make transport arrangements. Support staff should be able and willing to help with all other logistical and clerical activities.

### **Arranging where to hold a course**

In order to hold a successful course, you need to arrange:

- Classroom space both for the facilitators' preparation day as well as for the entire duration of the course.
- Lodgings and meals for the facilitators and participants.

Ideally, a course should be residential, with the classroom and accommodation at the same site. If the course is not residential, ensure that your planning allows adequate time for travel between the accommodation and the classroom.

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### ***Classroom facilities***

You need one large classroom to accommodate the whole class, facilitators and visitors, (approximately 17-20 people). Ideally, the room should be large enough for the group to sit in a semicircle of not more than two rows deep rather than multiple classroom rows of tables and chairs. The classroom should have space for groups of 4-5 to sit together when needed. For the preparation of facilitators, one classroom is needed in which 6-8 people can work together comfortably.

You need additional table space to lay out the materials to be used during the course. The classrooms should be in a place where participants are not disturbed by too much background noise. Make sure that it is possible to post up sheets from the flipcharts on the wall or other surface.

### ***Accommodation and meals***

For a residential course, it is necessary to arrange for suitable accommodation near the classroom. Unsatisfactory accommodation can hinder participants' learning. Suitable transport should be available, if needed, from the accommodation to the classroom. If participants are travelling long distances, ensure that the budget will cover the accommodation for the night before the course starts as well as the last night of the course so that all participants are able to stay for the full course.

Arrangements also need to be made for meals. This should include mid-day meals and refreshments, such as coffee and tea, near the classrooms.

#### **2.1.4 Arranging for opening and closing ceremonies**

There may be a need to have an opening and closing ceremony for the participants. There may be an invited speaker to open the course and to close the course and present certificates to the participants and facilitators. It is important to involve representatives from the government, key institutions and communities, so they are aware of the training. This provides an opportunity to acknowledge or obtain their support for nutritional care and support activities for people living with HIV.

Decide whom to invite in good time. Send an invitation with a short description of the course and the participants. Make it clear whether or not you want those whom you invite to make a speech. If you do wish them to speak, stress the exact time that will be available. Send them relevant information that would be appropriate for them to mention, for example, about local prevalence of HIV, the reasons for the course, and other initiatives to promote care and support for people living with HIV. Offer to provide additional information if required.

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If possible, before the course, try to contact personally the persons who accept the invitation and try to ensure that they fully understand the context in which they will make their speech.

Prepare the course timetable to include the time needed for opening and closing ceremonies. This time has not been included in the course session times. It is important that your course schedule is not disrupted by lengthy speeches that you did not include in the timetable.

## 2.2 Preparation of facilitators before the course

The preparation of facilitators takes place several months before the training of participants and is the responsibility of the course director.

The preparation of facilitators will depend on the experience the facilitators already have. The preparation involves:

- Distributing the course materials to the facilitators at least two weeks before the course.
- Allocating sessions to facilitators at that time, dividing sessions or pairing facilitators as needed.
- Allocating two days for the facilitators to meet together. If facilitators live nearby, this may be some time before the course. If facilitators need to travel, it may only be possible for them to meet for two days before the course.

### 2.2.1 Introducing the course to the facilitators

This will be done on the day all facilitators meet together to prepare for the course. Ensure that invitation letters are sent in time for the selected facilitators asking them attend the preparation meeting. Below is a sample introductory letter for the preparation days.

#### **FACILITATORS' PREPARATION DAY: SAMPLE INTRODUCTORY LETTER**

“On [dates], we will be conducting the course “Nutritional Care and Support for People Living with HIV” which will be attended by [number] participants. [Number of facilitators] of you have been selected to be facilitators to help participants to learn the information and skills covered in the course materials. As facilitator, you are kindly requested to attend a course preparation on [dates]. It is vital that you participate in this preparation days in order to work together with the other selected facilitators to prepare for the course”.

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## 2.2.2 Preparation days

### ***Introduce yourself and the facilitators***

Write the name by which you wish facilitators to call you in large letters on a blackboard or flipchart. Ask the facilitators to introduce themselves, and to write the names by which they wish to be called on the list also. They may wish also to give other identifying information.

### ***Explain the objectives of the preparation***

The objectives are to:

- Introduce and ensure participants understand the background and basics of the course.
- Introduce and summarise the main training skills required for this course.
- Ensure that facilitators learn how to use the course materials, especially the Facilitators' Guide.
- Ensure that facilitators become familiar with the information provided in the course materials, and are able to discuss any points that are not clear.
- Discuss the management of the course.

### ***Introduce the background and basics of the course***

- If possible make a short presentation to introduce the background of the course, the purpose and the objective of the course using the information given at the beginning of this guide.
- Inform the facilitators that the same information can be found on pages 1 to 7 (Introduction section) of the Facilitator's Guide and that they should read it carefully to understand the background and basics of the course.
- Once you have given the presentation, give time for any questions or points of clarification needed.

### ***Introduce the basic requirements of a facilitator***

#### ***The facilitator should:***

- Have a warm personality with an ability to show approval and acceptance of participants.
- Be able to develop a good rapport with the group.
- Be enthusiastic about the subject and have capacity to deliver it in an interesting way.
- Be able to create an interactive environment, i.e. asking questions, moving around the room, always addressing the whole group, and not focusing on a small group or individual.
- Always speak clearly and in understandable language, directed to the participants.
- Be able to exercise control without stifling participation.

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*The facilitator needs to:*

- Ensure that appropriate visual materials, such as flipcharts or over-head presentations are available and ready.
- Keep visual aids simple and legible.
- Use the room and visual aids as required without creating interference in the process.
- Continually check that participants understand and keep thinking about the material presented. Such an interactive technique helps to keep participants interested and involved, and is usually a more effective way of learning. Ask open questions, so that participants have to give an answer that is more than “yes” or “no”.

***Introduce the basic principles of adult learning***

This section explains the basic principles underlying adult learning as key factors that will guide facilitation methodology that is to be used in the course. Facilitators should read it carefully before starting to conduct sessions.

*Facilitators should always keep in mind the principles of adult learning*

Adult learners have valuable experience, which needs to be utilised as learning material. Encourage discussion and sharing of ideas and experience.

- Learning is effective when it builds on what learners already know or have experienced.
- Build on participants’ previous experience by encouraging them to share them in the sessions since this approach will help them learn faster.
- Create conditions so that the participants will learn in an atmosphere of acceptance, respect and encouragement, one in which they will feel free to ask questions and contribute to discussions.
- Communicate clear messages to learners - this decreases confusion and facilitates learning.
- Present information in a structured way, logically ordered.
- Learning is made easy by using a variety of training methods and techniques.
- Build trust with learners by demonstrating that you are equally committed to the training and are willing to share your own experience.
- Provide opportunities for learners to practise what they are learning and to address feelings and ideas as they arise.
- Encourage teamwork and a sense of belonging through active participation.

***Introduce and summarise the main training skills required for this course***

- Ask the facilitators to then turn to page 8 of the Facilitator’s Guide and explain that they should read this section carefully before start conducting sessions.



- 
- Discuss with the facilitators the summarised training skills below.

**(i) *Preparing to give a presentation***

- Read through all the sessions rather than just focusing on those you will present. When you have an idea of how the different sessions fit together, it is easier to remind participants of a point from a previous session or to hold a question if the topic will be covered later.
- Read the session objectives and the text for the session from your guide so that you are clear on the aims to achieve and about what to do. Read through the notes carefully, and study the overheads that go with it.
- Read the preparation section, so that you know what to prepare in advance for the session, namely, training aids and other kinds of help that you may need.
- Keep your Facilitator's Guide with you and use it all the time.
- Outline the programme at the beginning of the workshop and define the objectives clearly so that everyone understands the objectives and the content that is to be covered.
- It is important that you are thoroughly familiar with the material, and with the order of ideas in the presentation.
- If items need to be written on flipchart paper beforehand, prepare them before the session. During the session, another facilitator can write items on the flipchart, allowing you to keep eye-contact with the participants.

**(ii) *Giving a presentation***

- Talk in a natural and lively way
- Present the information in a conversational manner instead of reading it. Speak clearly and try to vary the pitch and pace of your voice. Move around the room. Use natural hand gestures.
- Explain the overheads/flipchart carefully. Remember that overheads and flipcharts do not do the teaching for you. They are aids to help you facilitate and to help participants to learn.
- Do not turn your back on the audience for more than a short time. Keep looking at them, and maintain eye-contact, so that they feel that you are talking to them personally.
- Be careful not to block participants' view of the screen. Look out for participants bending to see the screen or demonstration because you are in the way. Stop and adjust your position before you continue.
- At the end of each session, leave time for participants to ask questions. Do your best to answer them. You do not need to know the answer to every question. Other participants may be able to offer information or refer them to a local source of further information.

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*Discuss about involving the participants*

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

**(iii) *Preparing a demonstration/role-play***

The sessions include a number of short demonstrations of communication techniques and other skills. Read through the demonstration notes carefully, so that you understand the points being made.

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Make sure that you prepare in advance of demonstrations/role-plays and have all the equipment/materials that you need.

**(iv) Prepare your assistant(s)**

- You may need some people to help with the demonstration, for example, have one person pretend to be a client and another, a caregiver.
- Ask for help early in the day or the day before a demonstration so that helpers have time to prepare themselves and to discuss with you what you want them to do.
- It is a good idea to ask participants to help you. This can be a good learning experience for them because it increases their involvement and teaches them communication skills.
- If you feel that participants are not ready to do communication skills demonstrations themselves, ask other facilitator to assist. This helps participants understand role playing.

**(v) Practising role-plays/demonstrations**

- Inform the facilitators that during preparation they can practise giving the demonstration with their assistant(s) or with another facilitator, so that they know how long it takes, what can go wrong, and if there is anything else that they need, such as an extra table or chairs.
- Give participants a chance to arrive at the answers to the questions included in each session themselves. Questions are asked in such a way that participants should be able to find the appropriate answer by looking at the relevant figures displayed or by drawing from their own experience, or from material that has been covered previously in the course. Sometimes, participants may need additional help in finding the answer; in such cases, you may opt to give them a hint. In other instances, you may find that asking the question again in a different way can help. However, do not help or give them the answer too quickly. It is important to wait, and give them a genuine chance to think of the answer themselves.
- Ask participants to keep their manuals closed while answering discussion questions so that they think about possible answers rather than read the information from their manual.

**Other tips for the facilitator**

- Prepare well before each session of the course.
- Read the information in the Facilitator's Guide to refresh your memory on the subject. Research new information and update yourself.
- Ensure that each participant has a copy of the Participants' Manual available at all times.

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**☆REMEMBER!☆**

**HIV is a very emotive topic. Be aware that participants may have strong feelings about this topic.**

**It is also likely that some participants are themselves living with HIV or have close family or friends who are living with the disease. Help participants to understand and accept each others experiences and perspectives and to show mutual respect without passing judgement. Avoid and rectify any comments that can sound critical of those infected or affected.**

- Structure your sessions so that both you and the participants understand the objectives of the session and the content to be covered.
- Adult learners have valuable experience which needs to be utilised as a learning resource. Encourage discussion and sharing of ideas and experiences.
- Ensure that you have a non-judgemental attitude to participants (even if you do not share their views).
- Constantly read the mood and atmosphere of the group. Is everyone participating? Do people look interested or bored? Are participants wide-awake or sleepy? Respond accordingly.

***Explain to the facilitators about adaptation of the training guide***

The course materials have been designed in a generic format. You may need to add local information in some sections and to adapt sections if conditions are different in your area. Read the sessions well in advance and collect any extra information you need. Adapting the information contained in the Facilitator's Guide to local circumstances should be considered an essential part of preparing for the training course.

***Discuss with the facilitators about forming groups during sessions***

- In some of the sessions, there are discussions and worksheets to do in small groups of 4-5 participants. Working in groups makes it possible for teaching to be more interactive and participatory, and it gives everybody more time to ask questions. Quieter participants have more chance to contribute.
- Before the course starts, or as soon as possible after the introductory session, the course director and the facilitators should decide how the groups will be composed. Sometimes it is a good idea to make one participant who knows the others in the class responsible for arranging the groups.

- 
- For some sessions, it may be appropriate to mix participants so they meet people from different areas of work and from different geographic locations. For other sessions, participants may prefer to be in groups with people who do similar work or who come from a similar geographic location.

### ***Discuss with facilitators about conducting discussions***

Some discussions include questions which are printed in bold italics in the text of the Facilitator's Guide. Explain to the facilitators that they should pause after asking the question to allow time for participants to respond. Facilitators should allow and encourage all members of the group to participate. From time to time, they can summarise what has been said and restate the question in another way. They should give participants time to ask their own questions, and answer questions willingly.

### ***Discuss with facilitators about helping and motivating participants***

In addition, facilitators should ensure that participants have items as and when needed, and be available to participants to answer questions between sessions.

### ***Encourage interaction in order to motivate participants***

- Aim to talk at least once with every participant on the first day. Make an effort to learn participants' names and use their names whenever it is appropriate. Use names when you ask participants to speak, or to answer questions, or when you refer to their comments, or thank them.
- Be readily available at all times. Remain in the room, and look approachable. For example, do not read other material or talk constantly with other facilitators. Talk to participants rather than facilitators during breaks, and be available after a session has finished.

### ***Reinforcing participants' efforts***

Take care not to seem intimidating. The following techniques may help.

- Be careful not to use facial expressions or comments that could make participants feel ridiculed.
- Sit or bend down to be on the same level as a participant to whom you are talking.
- Do not be in hurry, whether you are asking or answering questions.
- Show interest in what participants say. For example, say: "That is an interesting question/suggestion".
- Praise, or thank participants when they make an effort; for example, when they:
  - try hard;
  - ask for an explanation of a confusing point;

- participate in group discussions; or
  - help other participants (without distracting them by talking about something irrelevant).
- You may notice that many of the communication skills taught during the course are also important for communicating with participants. In particular, you will find it helpful to use appropriate non-verbal communication, to ask open questions, to praise participants and help them to feel confident in their work.

### ***Being aware of language and literacy difficulties***

- Try to identify participants who have difficulty reading, understanding or speaking the language in which the course is conducted. Speak slowly and clearly so that you can be more easily understood. Encourage such participants in their efforts to communicate.
- If necessary, speak with a participant in his/her own language (or ask someone else to do so for you) to clarify a difficult point.
- Discuss with the course director any language or literacy problems that seriously hinder the ability of a participant to understand the material. It may be possible to arrange help for the participant, or for her/him to do some of the work in a different way. When forming groups, take care that participants with language or literacy needs have support in the group, such as someone who speaks their language.

### ***Practise using the following facilitation skills when you are conducting sessions***

- Refer facilitators to page 13 of the Facilitator's Guide for the following Checklist of Facilitation Skills.

<b>Movements</b>	Take centre stage; avoid standing in a corner or behind a desk.
	Face the audience; do not face the board or screen when speaking.
	Avoid blocking the audience's view.
	Make eye-contact with people in all sections of the audience.
	Use natural gestures and facial expressions.
	Move around the room; approach people to get their attention and encourage their participation.
<b>Speech</b>	Speak clearly, slowly and loudly enough for everyone to hear; be natural and lively; vary the tone of your voice as appropriate.
	Write difficult new words on the flipchart; pronounce and explain them.

<b>Interaction</b>	Interact with and engage all participants; address them by name as appropriate.
	Ask the questions suggested in the text; ask different participants; encourage quiet participants to speak.
	Allow time for participants to answer; do not give the answers too quickly; drop hints if needed.
	Respond encouragingly and positively to all answers; correct errors with tact and sensitivity.
	Avoid discussions which are off the point or distracting; postpone them if necessary. Try to give satisfactory answers to questions from participants.
<b>Visual aids</b>	Have the required aids and equipment ready; check and arrange them before the session.
	Make sure that everyone can see clearly; arrange the room so they can.
	Point to what you are talking about on the projector or on the screen as appropriate.
	If using a flipchart or a board, write in large, clear letters.
	Cover, turn off, or remove visual aids that are not in use any more.
<b>Use of materials</b>	Follow the session plan accurately and completely; use your guide.
	Prepare thoroughly; read and obtain any materials that you need beforehand.
	Prepare your helpers (e.g. for role-plays) before the session; practise if possible.
	Do not learn the session by heart; follow the guide but talk in your own way.
<b>Time management</b>	Emphasise important points; try to avoid repetition unless really useful.
	Do give a few local examples; avoid introducing too much extra material.
	If it is necessary to read from the guide, look at the audience regularly.
	Keep to time: pace yourself; gauge the group regularly to ensure that you are not moving too fast or too slow; do not take too long with the early parts of the session.

### ***Review the Facilitator's Guide and other materials***

Ask facilitators to look at the Facilitator's Guide and the Participants' Manual and to compare the two.

Make the following points:

- The Participants' Manual contains the essential information that a participant needs to be able to remember or refer to. It contains the exercises and worksheets but without answers. The scripts for the demonstrations with which participants assist and most of the overhead figures are also included.

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- The Facilitator's Guide contains the same information, plus some further information to help to answer questions, and also detailed guidance on how to conduct each session, and possible answers to the exercises.
  - Review the structure of a session in the Facilitator's Guide. Look at the beginning of a session, and point out the session's objectives and outline before the session. Tell facilitators that they should look at these sections before they conduct a session, so that they can make all necessary arrangements. Look at the end of a session, and explain that for most sessions there are summaries.
  - Ask facilitators to look at the box 'Signs used in the Facilitator's Guide' on page 8 of the Facilitator's Guide. Explain that these symbols and formatting are used throughout the guide and will soon become familiar. Find in the guide an example of each symbol/formatting to illustrate your explanation. Ask facilitators to look at that example, to see how the sign is used.

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

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

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

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

#### ***Discuss with the facilitators about using the Facilitator's Guide***

- Explain that the Facilitator's Guide is their most essential tool for teaching the course. Suggest that they write their names clearly on their copy and keep it with them at all times. They can also write notes in the guide that may be useful for future.
- Show facilitators all the other materials, including the overhead figures. Explain briefly what each is for and take time to help facilitators who have difficulties.
- Sometimes facilitators may find it particularly difficult to teach a session. This might be, for example, because of lack of confidence, or because they were unable to prepare well enough beforehand. If this happens, discuss their performance with them privately and not with the whole group. It might also be useful to help them to prepare for their next session, so that they can develop more confidence.
- The following are extracts from the Facilitator's Guide regarding how the guide should be used.



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Before you lead any session:

- Read the session objectives from your guide to know what the session aims to achieve.
- Read the preparation section, so that you know what to prepare in advance for the session, namely, training aids and other kinds of help that you may need.
- In coordination with the course director, consider splitting the session between two or more facilitators, particularly if it is a long session and/or involves different activities such as, role-plays and other group exercises.

When you lead a session:

- Keep your 'Facilitator's Guide' with you at all times and refer to it throughout session.

You do not need to try to memorise what you have to do. It is extremely difficult to do so. Use the guide as session notes, and follow them carefully. Remember that even the authors of the materials find it necessary to follow the guide when they teach the course. If they do not, they find it difficult to keep to the planned sequence of teaching, and miss important sections.

Preparing to give a presentation

- Before you give each presentation, read the notes through carefully, and study the overheads that go with it.
- It is important that you are thoroughly familiar with the material, and with the order of ideas in the presentation. This is necessary even if you are an experienced facilitator and/or knowledgeable about the topic.
- Go through the text, and add in your own notes as necessary, e.g., to remind you of points to emphasise or those of special local importance. Try to think of your own stories and ways to present the information naturally in your own way.
- Prepare your overheads and/or flipcharts beforehand. Have the overheads required for each session arranged in the correct order.
- If material needs to be written out on flipchart sheets beforehand, make sure you do this well ahead of time. During the session, another facilitator can write items on the flipchart, thus allowing you to keep eye-contact with the participants.

Review the timetable

- Ask facilitators to read through the timetable for the course. Go through all the sessions, and check who is responsible for conducting each one. Remind facilitators that they will all need to

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assist actively in sessions that include group activities. Make sure that the facilitators all agree with what you have asked them to do.

- Sessions can be divided between two or more facilitators to make them more interesting for participants and to reduce the workload on facilitators. Facilitators are encouraged to assist each other, for example, with writing on the flipchart, affixing flipchart sheets to the wall for display and assisting group work.

Review sessions and include local information

- Facilitators may be familiar with the course but may have experience with it in another geographic area. It is important to review and adapt information to the local area, e.g. data on local prevalence of HIV.
- A list of the local background information to be obtained is provided in **Section 3.5**.

Clarify the following:

- Who is responsible for providing materials, stationery, and equipment. Appoint someone whom facilitators can contact if they need something.
- Who is responsible for the course evaluation, and how it will be conducted.
- Time may be needed in the evenings after the session to prepare and practise the next day's sessions.
- *Thank the facilitators for their work and efforts during the preparation.*
- *Encourage them to continue working hard during the course itself, and assure them that you are prepared to help them in any way that they need.*

## 2.3 Supervising facilitators during the course

During the course, you should be present at all times to help where needed.

- Make sure that facilitators know which tasks are assigned to them.
- Make sure that they have the necessary materials and offer to help them as needed.
- Remember that your main role is to be supportive, and to help facilitators develop confidence and skills.
- Reinforce, praise good performance, and try to suggest improvements in a way that is helpful, considerate and supportive.

## Section 3: Checklists for planning

### 3.1 Course announcement

Adapt the announcement below to suit the course format and venue.

<p><b>NUTRITIONAL CARE AND SUPPORT FOR PEOPLE LIVING WITH HIV</b> <b>A TRAINING COURSE</b></p> <p><b>Date:</b> _____</p> <p><b>Venue:</b> _____</p> <p><b>Course organisers:</b> _____</p> <p><b>Aims of the course:</b> The first aim of this course is for participants to increase their knowledge about practical nutritional care and support for people living with HIV. The second aim is to understand the importance of using communication skills. The information, ideas and skills from this course can be used in many ways:</p> <ul style="list-style-type: none"> <li>• caring one-to-one for a person living with HIV;</li> <li>• discussing practical suggestions and skills with a group of caregivers;</li> <li>• sharing the information and skills with work colleagues to increase their knowledge; and/or</li> <li>• helping yourself or a family member.</li> </ul> <p><b>Who should attend?</b> : The course is for people working in primary health care services in the community or attached to hospital services, or family and informal caregivers, where one of their activities is the provision of general nutrition information and support to people living with HIV. This care and support may be provided by nurses, doctors, dieticians, other health workers, lay counsellors, support workers, families and others. The course may also be used in the pre-service training of health workers.</p> <p><b>Course outline:</b> The course is full time for two days. The sessions use a variety of teaching methods, including lectures, demonstrations, discussion and exercises.</p> <p><b>Accommodation:</b> Accommodation and meals will be available from [evening before course to morning after, depending on travel arrangements]. Participants should arrive by 8.00 a.m. on [DATE OF FIRST DAY OF COURSE] and are free to leave after 5.00 p.m. on [DATE OF LAST DAY OF COURSE]. Travel costs will be refunded.</p> <p><b>Course registration:</b> Send the names and contact details of candidates who wish to apply to: [NAME AND ADDRESS] before [DATE].</p> <p>When participants have been selected, further information will be sent to them.</p>
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### 3.1 Overall planning checklists

In the following pages, you will find the checklists referred to in the preceding pages. You can tick off each item as it is completed. The course director should normally take responsibility for the items marked with an **asterisk (\*)** and a local organiser may arrange for most of the other actions.

### 3.2. Initial planning checklist

#### 3.2.1 Determine the course schedule

- Decide for example, if you are to organise a two-day course or a one-day meeting each week for 2 weeks.
- Allocate no more than 7 teaching hours per day with meal times in addition.

#### 3.2.2 Choose and book course venue

Make sure that the following are available:

- A large room that can seat all participants and facilitators for sessions, guests invited to opening and closing ceremonies. There should also be enough space for small groups to sit together at times.
- For the facilitators' preparation day you will need one classroom that can accommodate eight people.
- Adequate lighting and ventilation, and wall space to post up large sheets of paper in each of the rooms.
- At least one table for each group of four participants and additional table space for materials.
- Freedom from disturbances such as loud noises or music.
- Arrangements for providing refreshments.
- Space for at least one clerical or logistic support person during participants' course.
- A place where supplies and equipment can be safely stored and locked up if necessary.
- When you have chosen a suitable site, book it in writing and subsequently confirm the booking some time before the course, and again shortly before the course.

#### 3.2.3 Choose lodgings for the participants

- Ideally, the course should be residential. If lodging is at a different site from the course, make sure that the following are available.
- Reliable transportation to and from the course site.
- Meal service convenient for the course timetable.
- When you have identified suitable lodgings, book them in writing and subsequently confirm the booking some time before the course, and again shortly before the course.

### 3.2.4 Decide exact dates of the course and the preparation day for facilitators

- Allow time for the preparation of facilitators, in addition to time on their own to read and prepare materials in the two weeks preceding the course.
- Allow 2 days for the course for participants.
- Course Director available 1-2 days before the preparation of facilitators' sessions, as well as during all the preparation of facilitators' sessions and the course itself.

### 3.2.5 Arrange for responsible authority to identify participants

- Arrange for, for example, for the Ministry of Health or National Nutrition Programme to send a letter to the district/regional office or to health facilities asking them to identify participants. The letter should:
  - Explain that the Nutritional Care and Support for People Living with HIV course will be held, and explain the aims of the course.
  - Give the site and dates of the course.
  - State the total number of places for participants on the course (15-20), and suggest the number of places to offer to participants from each facility (this depends on how many facilities are involved).
  - State clearly that nominated participants should be involved in providing practical nutritional care and support for people living with HIV.
  - Explain the duration of the course and that individuals should arrive in time to attend the entire course and stay until the end of the course.
  - Give the date by which nominated course participants will be selected and indicate to whom to send the names of nominated participants.
  - Mention that a letter of invitation will be sent to participants once they are selected.

### 3.2.6 Select and invite facilitators

- Ideally, you would have a minimum of two facilitators for each half day you conduct the course.
- Facilitators should be experienced (*see Section 2.1.2*).
- Facilitators should be able and willing to attend the entire course, and to allocate preparation time before the course.

### 3.2.7 Identify suitable participants and send them letters of invitation

The invitation letter to participants must cover the following:

- The objectives of the training and a description of the course.

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- The desired times of arrival and departure times for participants, emphasising the need to arrive on time and to attend the entire course.
  - Administrative arrangements, such as accommodation, meals and payment of other costs.

### **3.2.8 Arrange to obtain the following materials:**

- Enough copies of the course materials (*see Section 3.3*).
- Necessary supplies and equipment (*see Section 3.4*).
- The necessary background information for the area (*see Section 3.5*).

### **3.2.9 Arrange to send materials, equipment and supplies to the course site**

#### **3.2.10 Adapt the evaluation questionnaire, and make sufficient copies**

- Refer to *Section 4.2*, make enough copies for each facilitator and all participants.

#### **3.2.11 Arrange to send travel authorisations**

- Arrange for travel authorisations to be sent to the course director, facilitators and participants.

#### **3.2.12 Invite outside speakers for opening and closing ceremonies**

- Refer to *Section 2.1.4 Arranging for opening and closing ceremonies*.

#### **3.2.13 Divide sessions between facilitators**

- Assign pairs of facilitators to work together during the course as appropriate.
- Send each facilitator a list of the sessions he/she is expected to conduct.

#### **3.2.14 Copies of the Facilitator's Guide and Participants' Manual**

- Send each facilitator 1 copy of the Facilitator's Guide and 1 copy of the Participants' Manual at least two weeks before the course.

#### **3.2.15 Arrangements at the course site, before the course begins**

- Someone should arrive at the course site early to ensure that the arrangements described below are made. This can be either the course director or one of the facilitators if they are involved in the preparations already.
- Plan to arrive there at least a day or two before the preparatory days for facilitators.
- During the course, the course director needs to work with local staff to ensure that arrangements go well and that the facilitators' and participants' work is not unduly interrupted.
- Confirm arrangements for:

- 
- lodging for all facilitators and participants;
  - classrooms;
  - daily transportation of participants from lodgings to classroom, if needed;
  - meals and refreshments;
  - opening and closing ceremonies with relevant authorities; check that invited guests are able to come;
  - a course completion certificate (optional); and a group photograph to be taken in time to be developed before the closing ceremony (optional);
  - typing and copying of materials during the course (e.g. timetables, lists of addresses of participants and facilitators).
- Arrange to welcome facilitators and participants at the lodgings, airport or railway or bus station, if necessary.
  - Prepare timetables for participants. An example is shown in **Section 4.1**.
  - Organise course materials, supplies and equipment and place them in the appropriate rooms at the course site.

### 3.2.16 Arrangements and actions during the course

- Register participants and give each participant a name tag.
- Provide all participants and facilitators with a Course Directory, which includes names and addresses of all participants, facilitators and the course director.
- Arrange for a course photograph to be taken, if desired.
- Prepare a course completion certificate for each participant.
- Make arrangements to reconfirm or change airline, train or bus reservations for facilitators and participants, if necessary.
- Allocate a time for payment of per diem and for travel/lodging arrangements that does not take time from the course.

### 3.2.17 Arrangements and actions after the course

*Add any other points you need to check:*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### 3. Checklist of course materials

MATERIALS NEEDED FOR A COURSE WITH 15 PARTICIPANTS AND 2 FACILITATORS PLUS A FEW SPARES <sup>2</sup>			
ITEM	TOTAL COPIES	DIRECTOR AND FACILITATORS	PARTICIPANTS
Director's Guide	5	√	-
Facilitator's guide	5	√	-
Overhead figures (on paper)	5	√	-
Participants' Manual	20	√	√
Evaluation form ( <i>see Section 4.2</i> )	25	√	√
Course timetable ( <i>see Section 4.1</i> )	25	√	√
Set of overhead transparencies (28+4) if overhead projector is to be used	1 set	per course	
Large pictures of Sam and Suzi (set of 3)	1 set	per course	
Worksheet: Food beliefs and practices ( <i>see Section 6</i> )	6	one copy for each group	
Worksheet: Community support for nutrition ( <i>see Section 6</i> )	6	one copy for each group	
Worksheet: Food choices ( <i>see Section 6</i> )	6	one copy for each group	
Food flash cards available in the country	1 set	per course	
Course attendance certificates if needed			

<sup>2</sup> Note that if conducting a parallel course with more participants in groups you may need to increase the number of course materials and ensure that each group has all the materials required for facilitation.



### 3.4 Checklist of equipment and stationery

ITEMS NEEDED	NUMBER NEEDED
Overhead projector and screen (if available/optional) Acetate sheets for overhead transparencies (if available/optional)	1  35
Equipment for typing Photocopying equipment  Photocopying paper for timetables and other incidentals	Access to this equipment  One ream (500 sheets of paper). More will be required if course manuals/guides, etc. are to be duplicated at course site
Flipchart stands Flipchart pads Markers for flipchart Fine tip washable markers	2 3 1 box (blue and black colours) 1 box (mixed colour)
Name tags Pads or notebooks of ruled paper Pencils and erasers Ballpoint pens - blue or black Hand-held staplers and staples Scissors Pencil sharpeners Masking tape to stick flipchart sheets onto walls or other surface Simple files for facilitators to store papers Extra chairs for role plays	24 24 24 24 2 staplers and 1 box staples 2 pairs 5  2 rolls 5 3

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## 3.5 Checklist of background information needed

### 3.5.1 Opening session

- Collect local and national information on HIV especially the prevalence rates.
- If possible, review information, guidelines and policies on the following:
  - HIV/AIDS situation in the country/local area/region
  - National guidelines on nutrition and HIV
  - National HIV control and prevention of mother-to-child transmission (PMTCT) policy documents
- Identify how this course can support the implementation of those guidelines and policies.
- Keep a record of the local data you obtain so that you can share with the facilitators.

### 3.5.2 Session 3: Eating wisely

- During the demonstration talk, if it fits with the information you are giving, use a locally available handout on healthy eating. If you use a local way of explaining healthy eating, ensure it is at an easy-to-understand level rather than a health-professional level and that it focuses on food rather than nutrients such as grams of protein.
- If using another way of explaining healthy eating, practise the demonstration talk so it fits into the time allocated (30 minutes).
- If possible order copies of food flash cards (should be available at country or regional level) and keep them to share with facilitators.
- Decide on examples of foods that are used in your area and write these in the text.

### 3.5.3 Session 4: Food safety for people with HIV/AIDS

- Find out about the local sources and quality of household water supply, hygiene practises particularly as it relates to washing hands and waste/faecal disposal, how food is generally stored and prepared and what people know about keeping food and water safe.
- Find out information from local health, water, and food safety authorities on what they are doing to improve the safety of the food supply and prevention of food-borne illnesses.
- Be familiar with dangerous germs and any recent food borne illness outbreaks in the area/region.
- Find out how agricultural chemicals are used and how they are handled locally.
- Prioritise which information is important and how it should be emphasised and share this with facilitators during the preparation for facilitation.

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### **3.5.4 Session 5: Improving food intake**

- Adapt **Handouts 5/1, 5/2, 5/3 and 5/4** to reflect local circumstances. This includes incorporating suggestions for addressing the main difficulties using examples of local practices/foods as needed. These handouts can be found on pages 90-93 of the Facilitator's Guide.

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

- Adapt **Handouts 6/1 and 6/2** to reflect local circumstances. This includes incorporating suggestions on how to add extra nutrition using locally available foods/practices and what to try if one does not feel like eating. These handouts can be found on pages 106-107 of the Facilitator's Guide.

### **3.5.6 Session 7: Nutrition for people on anti-retroviral treatment (ART)**

- Find out the ARV drug combination that is commonly used in your area/region.
- Find out about local doctors' advice about the interactions between ARV, food, herbs etc.
- Find out from health facilities about the local/regional selection criteria and procedures for accessing ARV drugs.
- Record and share the information with facilitators.

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

- Find out if there are different local recommendations for the nutrition of pregnant women who are HIV-positive and for women who are not HIV-positive.
- Find out if there are food products available locally that are fortified with iron.
- Check what the routine policy is regarding vitamin and micronutrient supplementation in pregnancy and lactation, including management of anaemia. Prepare a handout if needed.
- Gather examples of any local materials for mothers on nutrition during pregnancy and breastfeeding.
- Find out local foods available (and affordable) that are fortified with iron or other vitamins and minerals.
- Record and share this information with facilitators.

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

- Familiarise yourself with any existing national policies and guidelines on infant feeding in the context of HIV/AIDS.
- Find out if there are infant feeding counsellors available in your area for mothers who are HIV-positive.
- Review information specific to HIV/AIDS included in the WHO/UNICEF/UNAIDS course on

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infant/young child feeding and counselling; and the WHO/UNICEF course entitled “Breastfeeding Counselling: A Training Course”. Details on how to get more information on these and other related resources are provided in **Annex 4** of the Facilitator’s Guide.

- Check the routine policy regarding multivitamin and micronutrient supplementation for infants and young children, particularly those who are not breastfed.

### **3.5.9 Session 10: Feeding a child with HIV**

- Check the routine policy regarding vitamin and micronutrient supplementation for children.
- Familiarise yourself with any existing national guidelines on child feeding in the context of HIV/AIDS.
- Find out if there are child feeding counsellors available in your area for mothers and families with HIV positive children.

### **3.5.10 Session 11: Improving access to food**

- Find the answers to the following questions about households in your community and provide a copy to all facilitators;
  - What foods are commonly eaten and how are these obtained?
  - Are they grown or produced by the household; obtained from hunting, fishing or gathering; bought in a shop; bartered or swapped with other families?
  - Are some foods only available at certain times of the year? How does this affect the variety of foods eaten?
  - Do families with high income and low income eat the same foods? If not, how are they different and why are they different? What do these differences mean for health and well-being?
  - What programmes exist in the area that are concerned with access to food? Who benefits from these programmes? How do they benefit? Which other local self-help and other organisations assist poor households with access to food?

### **3.5.11 Session 12: Use of nutritional supplements and herbal remedies**

- Find out which supplements and traditional remedies are commonly used in the area, if any, and how much each costs.
- If possible, collect some empty tins, leaflets or labels with information on these products.
- Prepare a sheet of flipchart paper with the headings ‘*Helpful*’, ‘*Neutral*’, ‘*Harmful*’, ‘*Do not know*’. Together with the facilitators, choose some examples of local products that you agree fit into each category.
- Adapt this session as needed to reflect local issues.

## Section 4: Timetables and evaluation forms

### 4.1 Timetable for preparation of facilitator: Sample

#### Day 1

Time	Min	Activity	Facilitators
08:00-08:30	30	Agreement on roles and responsibilities	Directors and facilitators
08:30-10:00	90	General orientation: - introductions - expectations - distribution of manuals - overview of the "facilitators' manual"	
10:00-10:15		<b>Tea break</b>	
10:15-11:30	15	Session 2: Introduction to communication skills	Director
11:30-12:00	30	Assigning sessions to facilitators	
12:00-13:00		<b>Lunch</b>	
13:00-15:00	120	Preparation of sessions	
15:00-15:30	30	Session 1: Basic link between HIV and nutrition	Facilitator on training
15:30-15:45		<b>Tea break</b>	
15:45-17:05	80	Session 3: Basic principles of eating wisely	Facilitator on training
17:05-17:20	15	Feedback	

**Day 2**

<b>Time</b>	<b>Min</b>	<b>Activity</b>	<b>Facilitators</b>
08:00-08:45	45	Session 4: Food Safety for PLWHIV	Facilitator on training
08:45-09:30	45	Session 5: Improving food intake	Facilitator on training
09:30-10:30	60	Session 6: Preventing weight loss and promoting physical activity	Facilitator on training
<b>10:30-10:45</b>	<b>Tea break</b>		
10:45-11:55	70	Session 7: Nutrition for people on ART	Facilitator on training
11:55-12:45	50	Session 8: Nutrition for HIV pregnant and breastfeeding women	Facilitator on training
<b>12:45-13:45</b>	<b>Lunch</b>		
13:45-14:20	35	Session 9: Infant feeding options for HIV-positive mothers	Facilitator on training
14:20-15:00	40	Session 10: Feeding a child living with HIV and during illness and recovery	Facilitator on training
15:00-15:55	55	Session 11: Improving food access	Facilitator on training
<b>15:55-16:10</b>	<b>Tea break</b>		
16:10-16:50	40	Session 12: Use of nutritional supplements and herbal remedies	Facilitator on training
16:50-17:30	40	Arrangement for the participants' course	Directors and facilitators
		Preparation for the course	

## 4.2. Course timetable for participants: Samples

### Sample A

#### DAY 1 [DATE: DAY/MONTH/YEAR]

Time	Sessions	Facilitator
08:00-08:15	Welcome and getting started	Course Director
08:15- 09:00	Introduction of participants	Course Director
09:00-09:20	Opening Session <sup>3</sup>	Course Director
09:20-10:05	Pre-test	Course Director
10:05-10:20	<b>Tea Break</b>	
10:20-10:50	Session 1: Nutrition and HIV	1. Name 2. Name
10:50-12:35	Session 2: Introduction to communication skills	1. Name 2. Name
12:35-13:00	Session 3: Eating wisely	1. Name 2. Name
13:00-14:00	<b>Lunch</b>	
14:00-14:55	Session 3: Eating wisely ( <i>continues</i> )	1. Name 2. Name
14:55-15:40	Session 4: Food safety for people with HIV and AIDS	1. Name 2. Name
15:40-16:25	Session 5: Improving food intake	1. Name 2. Name
16:25-16:40	<b>Tea Break</b>	
16:40-17:40	Session 6: Preventing weight loss and promoting physical activity	1. Name 2. Name
17:40-17:50	Reflections of the Day	Course Director
17:50-18:20	<b>FACILITATORS AND COURSE DIRECTOR MEETING</b>	

<sup>3</sup> If there are additional openings and closing ceremonies or speeches, additional time will be needed.

**DAY 2 [DATE: DAY/MONTH/YEAR]**

<b>Time</b>	<b>Sessions</b>	<b>Facilitators</b>
08:00-08:15	Recap	Participants <sup>4</sup>
08:15-09:25	Session 7: Nutrition for people on ART	1. Name 2. Name
09:25-10:15	Session 8: Nutrition for pregnant and breastfeeding women with HIV	1. Name 2. Name
10:15-10:30	<b>Tea Break</b>	
10:30-11:05	Session 9: Feeding options for infants of HIV-positive mothers	1. Name 2. Name
11:05-11:45	Session 10: Feeding a child with HIV	1. Name 2. Name
11:45-12:40	Session 11: Improving access to food	1. Name 2. Name
12:40-13:00	Session 12: Use of nutritional supplements and herbal remedies	1. Name 2. Name
13:00-14:00	<b>Lunch</b>	
14:00-14:20	Session 12: ( <i>continues</i> )	1. Name 2. Name
14:20-15:30	Course review and action plan	1. Name 2. Name
15:30-15:45.	Tea break	
15:45-16:30	Post-test	1. Name 2. Name
16:30-17:00	Feedback from the pre and post-test	
17:00-17:45	Closing session <sup>5</sup>	Course Directors
<b>FACILITATORS AND COURSE DIRECTOR MEETING</b>		

**END OF COURSE/DEPARTURE [TRANSPORT ARRANGEMENTS/TIME AND OTHER DETAILS]**

<sup>4</sup> You can ask 2 participants the previous day to volunteer to recap..

<sup>5</sup> If there are additional graduation ceremony and presentation of certificates or speeches, additional time will be needed.



## Sample B

### Day 1

Time	Min	Sessions	Group 1	Group 2
08:00-08:15	15	Welcome and getting started		
08:15-09:00	45	Introduction of participants		
09:00-09:20	20	Opening session		
09:20-10:05	15	Pre – test		
10:05 - 10:20	<b>Tea Break</b>			
10:20-10:50	30	Session 1: Basic link between HIV and nutrition	Facilitator:	Facilitator:
10:50-12:30	100	Session 2: Introduction to communication skills	Facilitator: Facilitator:	Facilitator: Facilitator:
12:30-13:00	30	Session 3: Eating wisely	Facilitator:	Facilitator:
13:00-14:00	<b>Lunch</b>			
14:00-14:50	50	Session 3: Eating wisely ( <i>continues</i> )	Facilitator:	Facilitator
14:50-15:35	45	Session 4: Food safety for people with HIV and AIDS	Facilitator:	Facilitator:
15:35-16:20	45	Session 5: Improving food intake	Facilitator:	Facilitator:
16:20-16:35	<b>Tea Break</b>			
16:35-17:35	60	Session 6: Preventing weight loss and promoting physical activity	Facilitator:	Facilitator:
17:35-17:50	15	Reflections of the day	All	All
17:50-18:20	30	Analysis of the day	Facilitators and Directors	

**Day 2**

<b>Time</b>	<b>Min</b>	<b>Sessions</b>	<b>Group 1</b>	<b>Group 2</b>
08:00-08:15	15	Recap		
08:15-09:25	70	Session 7: Nutrition for people on ART	Facilitator:	Facilitator:
09:25-10:15	50	Session 8: Nutrition for pregnant and breastfeeding women with HIV	Facilitator:	Facilitator:
10:15-10:30		<b>Tea Break</b>		
10:30-11:05	35	Session 9: Feeding options for infants of HIV-positive mothers	Facilitator:	Facilitator:
11:05-11:55	50	Session 10: Feeding a child with HIV	Facilitator:	Facilitator:
11:55-12:50	55	Session 11: Improving access to food	Facilitator:	Facilitator:
12:50-14:00		<b>Lunch</b>		
14:00-14:40	40	Session 12: Use of nutritional supplements and herbal remedies	Facilitator:	Facilitator:
14:40-14:55	15	Post-test		
14:55-15:45	50	Course review and action plan		
15:45-16:00		Tea break		
16:00-16:30	30	Feedback from the pre and post-test		
16:30-17:00	30	Closing session and graduation ceremony		

## 4.2 Evaluation forms: Samples

Evaluations can be of two types:

- an evaluation of how the course was conducted; and
- an evaluation of the participants' learning.

Both types of evaluation can be useful for planning future courses. Samples of each type are provided below.

### 4.2.1 Part 1: Evaluation of participants' learning

You have just completed the *Nutritional Care and Support for People Living with HIV course*. Please answer the following questions thoughtfully and completely. Your answers will help us improve this course. Thank you.

*On completion of this course, (please put a X in the chosen column)*

	<i>I am able to</i>	<i>I am partially able to</i>	<i>I am not able to</i>	<i>I was able to do this before the course</i>
List two ways in which nutrition affects HIV				
Gather information on current feeding and nutrition practices and concerns of an individual				
Offer suggestions on ways of improving current feeding and nutrition practices of an individual				
Participate in local discussions on practical nutrition and feeding policies and practices for people living with HIV				

2. Overall, I would rate this course (*circle one of the following*):

- **Excellent**
- **Good**
- **Poor**

3. I learnt from this course (*circle one of the following*):

- **Very much**
- **A moderate amount**
- **A Very little amount**

4. What have you learnt from this course that would be most useful in your work with people living with HIV and their caregivers?

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## Part 2: Evaluation of how the course was conducted

Please use the following grading scale and comment constructively as appropriate

**1 = very low**

**5 = very high**

### 1. Course aim

**The aim of the course is to assist community level health workers and other extension workers to:**

- Improve their knowledge and skills on nutrition care and support for people with HIV and their families.
- Understand the importance of using good communication skills when providing nutrition counselling, care and support for people living with HIV and their families.
- Be able to effectively transfer the nutrition care and support messages to people living with HIV and their families.

**Rating/Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 2. Programme

**To what extent were the following useful?**

	<b>Rating</b>
1. Opening remarks and general presentation of the work	
2. Presentation of the expected outcomes	
3. Way forward: list of actions	
4. Closing remarks	
<b>Comments</b>	

### 3. Process

Please rate the following

<b>Session 1: HIV and nutrition</b>	<b>Rating</b>
1. Content	
2. Time management	
3. Facilitation	
4. Style - methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the local/national context	
<b>Comments:</b>	

<b>Session 2: Introduction to communication skills</b>	<b>Rating</b>
1. Content	
2. Time management	
3. Facilitation	
4. Style - methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the local/national context	
<b>Comments:</b>	

<b>Session 3: Eating wisely</b>	<b>Rating</b>
1. Content	
2. Time management	
3. Facilitation	
4. Style - methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the local/national context	
<b>Comments:</b>	

<b>Session 4: Food safety for people with HIV/AIDS</b>	<b>Rating</b>
1. Content	
2. Time management	
3. Facilitation	
4. Style - methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the local/national context	
<b>Comments:</b>	

<b>Session 5: Improving food intake</b>	<b>Rating</b>
1. Content	
2. Time management	
3. Facilitation	
4. Style - methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the local/national context	
<b>Comments:</b>	

<b>Session 6: Preventing weight loss and promoting physical activity</b>	<b>Rating</b>
1. Content	
2. Time management	
3. Facilitation	
4. Style - methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the local/national context	
<b>Comments:</b>	

<b>Session 7: Nutrition for people on antiretroviral treatment</b>	<b>Rating</b>
1. Content	
2. Time management	
3. Facilitation	
4. Style - methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the local/national context	
<b>Comments:</b>	

<b>Session 8: Nutrition for pregnant and breastfeeding women with HIV</b>	<b>Rating</b>
1. Content	
2. Time management	
3. Facilitation	
4. Style - methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the local/national context	
<b>Comments:</b>	

<b>Session 9: Feeding options for infants of HIV positive mothers</b>	<b>Rating</b>
1. Content	
2. Time management	
3. Facilitation	
4. Style - methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the local/national context	
<b>Comments:</b>	



<b>Session 10: Feeding a child with HIV</b>	<b>Rating</b>
1. Content	
2. Time management	
3. Facilitation	
4. Style - methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the local/national context	
<b>Comments:</b>	

<b>Session 11: Improving access to food</b>	<b>Rating</b>
1. Content	
2. Time management	
3. Facilitation	
4. Style - methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the local/national context	
<b>Comments:</b>	

<b>Session 12: Use of nutritional supplements and herbal remedies</b>	<b>Rating</b>
1. Content	
2. Time management	
3. Facilitation	
4. Style - methodologies used	
5. Your participation	
6. The group participation	
7. How feasible is it to adapt to the local/national context	
<b>Comments:</b>	

Your comments are very important to us. Please write on the back of this sheet any additional comments or observations that you have about the course, including suggestions for improvements.

Thank you.

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## Section 5: Key points

Ensure that the following key points are written out on individual flip chart sheets for display during the course (this complete list of key points is also available on page 184 of the Facilitator's Guide)

### ☆ KEY POINTS ☆

#### **Session 1: Nutrition and HIV**

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

#### **Session 2: Introduction to communication skills**

- ☆ When you ensure physical comfort, listen and talk about food and eating, you show that you care about the person.
- ☆ When you assure confidentiality and give clients support by praising their positive practices related to food and eating, you help build their self-confidence.

#### **Session 3: Eating wisely**

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

#### **Session 4: Food safety for people with HIV and AIDS**

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

#### **Session 5: Improving food intake**

- ☆ Eat well and wisely during illness and when recovering from an illness.

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

- ☆ When symptoms start, increase energy intake to reduce or prevent weight loss.
- ☆ Physical activity can help you feel better.

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**Session 7: Nutrition for people on Antiretroviral Therapy**

- ☆ Understanding medication side-effects helps careful selection of foods for preparing nutritious meals and a good nutrition plan.
- ☆ ART works better in people who have good nutritional practices.

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

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

**Session 9: Feeding options for infant of HIV positive mothers**

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

**Session 10: Feeding a child with HIV**

- ☆ When feeding a child, respond to his/her cues and signals and feed with care and patience.
- ☆ Feed a child extra food during illness and recovery.

**Session 11: Improving access to food**

- ☆ Use the foods you have available and look for help on how to eat wisely.
- ☆ Nothing can replace eating wisely.

**Session 12: The use of nutritional supplements and herbal remedies**

- ☆ Do not believe everything you hear. Discuss the benefits and risks of all alternative practices and products.

**Session 13: Course review and action planning**

- ☆ Caregivers need care too.

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## Section 6: Items for photocopy

The following is a checklist of materials (found in the Facilitator's Guide) that need to be photocopied and be ready for display or distribution before the start of the course.

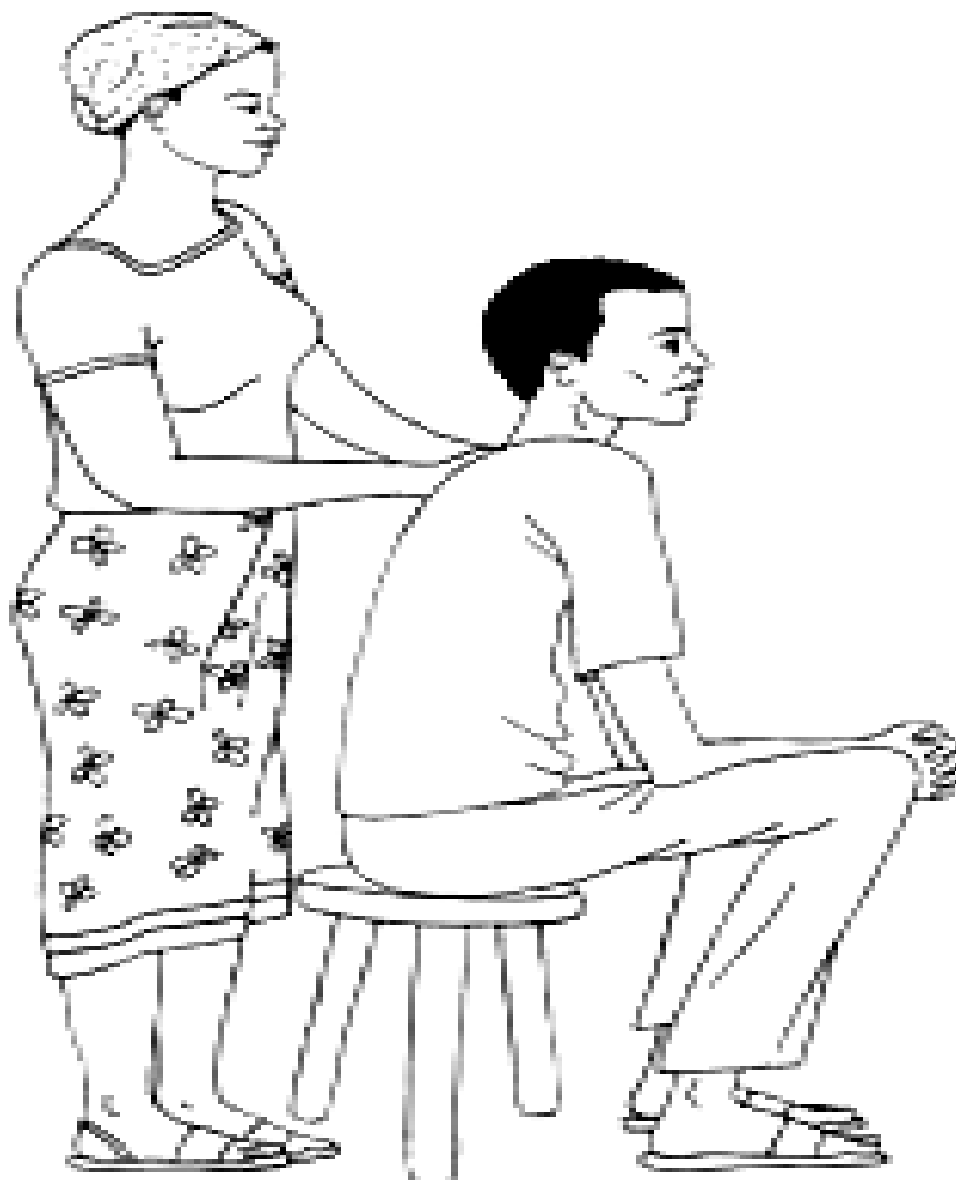
- Extra large pictures of Sam and Suzi (select the locally appropriate version of pictures 1, 2 and 3) for display (if an overhead projector is not available and pictures cannot be displayed as overhead transparencies).
- Large pictures of Sam and Suzi (select the locally appropriate version of pictures 1, 2 and 3) for distribution to all participants in handout form.
- Course evaluation sheets - enough copies for all participants/facilitators.
- Course timetable - enough copies for all participants/facilitators.
- Pre-test and post-test questionnaires - enough copies for all participants/facilitators.
- Large copy of overhead 1/1 "Bad cycle" of poor nutrition and HIV (**Session 1**) for display.
- Large copy of overhead 1/2 "Good cycle" of good nutrition and HIV **Session 1**) for display.
- Exercise 3/1 Worksheet: Food choices (**Session 3**) for each working group.
- Worksheet 8/1: Food beliefs and practices (**Session 8**) for each working group.
- Worksheet 10/1: A daily meal planner for children (**Session 10**) for each working group.
- Handout 10/1: Sample daily meal for children (**Session 10**) - enough copies for all participants.
- Worksheet 11/1 Identifying community support for nutrition (**Session 11**) for each working group.
- List of handouts: 5 copies for exercises of the relevant sessions.
- List of role-plays: one copy for the course.
- Role-plays with counselling skills included - enough copies for all participants
- Pre-prepared questions for demonstrations - one copy for the course.

## Pictures of Sam and Suzi (version 1)

PICTURE 1/1: Sam and Suzi expecting their first baby



**PICTURE 2/1: Sam and Suzi : weight loss**



**PICTURE 3/1: Sam and Suzi, the baby and grandmother**



## Pictures of Sam and Suzi (version 2)

PICTURE 1/2: Sam and Suzi expecting their first baby





**PICTURE 2:/2 Sam and Suzi : weight loss**



**PICTURE 3/2: Sam and Suzi, the baby and grandmother**



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## Pre and Post-test

1. What is the difference between HIV and AIDS? (*Write the answer below*)
  
2. Name **THREE** ways in which HIV and AIDS can affect nutrition of PLWHIV. (*Write the answers below*)
  - 1)
  - 2)
  - 3)
  
3. Name any **THREE** functions of food/nutrients. (*Write the answers below*)
  - 1)
  - 2)
  - 3)
  
4. Name **THREE** common things that may cause eating difficulties for PLWHIV. (*Write the answers below*)
  - 1)
  - 2)
  - 3)
  
5. Name **THREE** suggestions on what to do when there is no enough food for PLWHIV. (*Write the answers below*)
  - 1)
  - 2)
  - 3)

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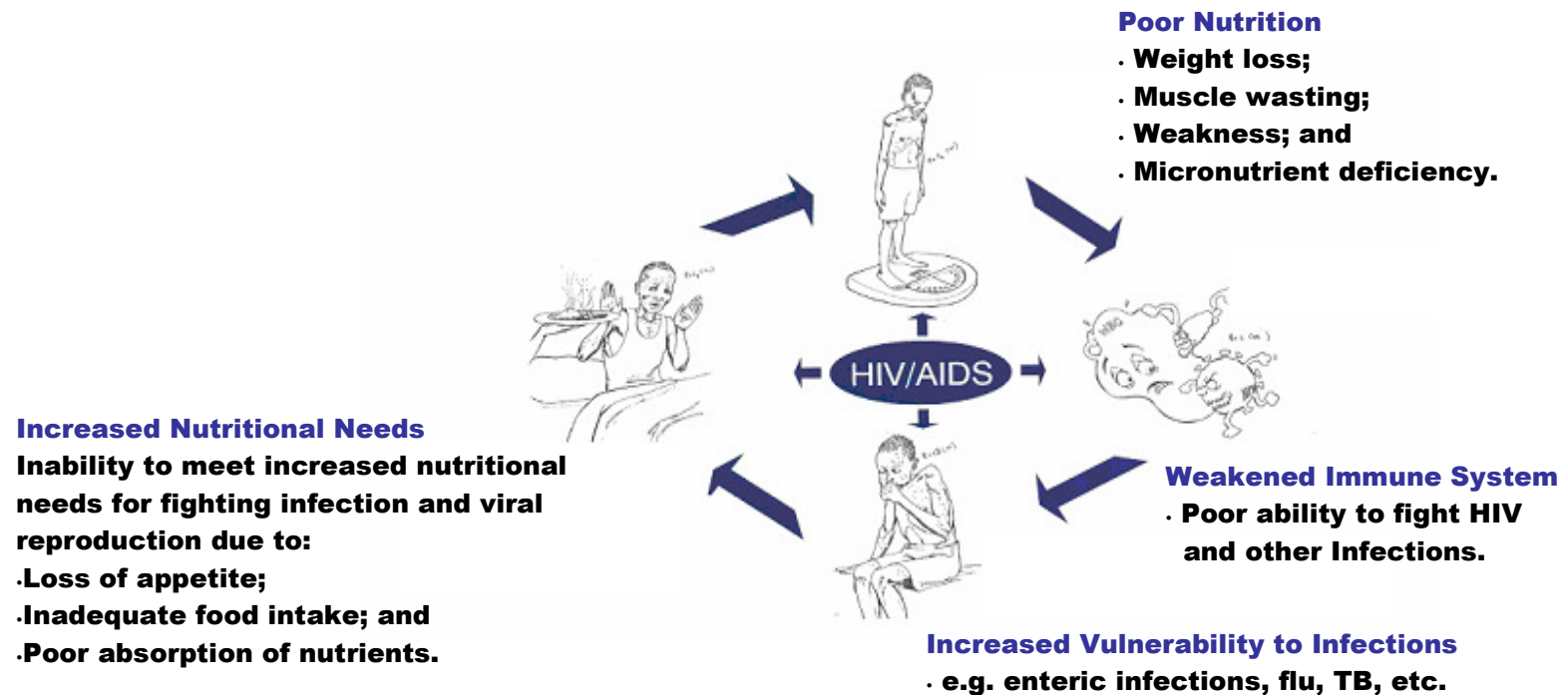
For multiple choice questions below, circle the correct answer. Some questions have more than one correct answer

6. What are **TWO** ways that you can communicate to clients during counselling?
- a) Immediately tell the client off if she/he is doing something wrong
  - b) Creating comfortable environment, which put them at ease and encourage them to talk?
  - c) Make one or two suggestions not commands
7. What are **TWO** major signs of AIDS in adults and children?
- a) Weight loss or wasting
  - b) Severe diarrhoea lasting more than one month
  - c) Trouble seeing
8. What are the **TWO** suggestions you can give to a person complaining of loss of appetite?
- a) Eat small frequent meals throughout the day; eat something 2-3 hours
  - b) Increase intake of fatty foods
  - c) Prepare their own food, since they are the ones who know how they like their food
  - d) Try to eat dry foods such as dry bread or plain toast
9. Which is the correct way to make Oral Rehydration Solution (ORS)
- a) 8 tablespoons of sugar, ½ teaspoon of salt and boiled water
  - b) 12 tablespoons of sugar, 18 teaspoons of salt and water
  - c) 8 tablespoons of sugar, 12 teaspoons of cereals and boiled water
10. What are the **TWO** ways of minimizing transmission of HIV from mother to child?
- a) Giving ARVs to the mother during labour and the baby shortly after birth
  - b) Mixed feeding (giving the baby breast milk and other foods or liquids)
  - c) Exclusive breast feeding or exclusive formula feeding
11. What are some of the ways of preparing safer food?
- a) Cook food thoroughly. For meat and poultry, make sure juices are clear, not pink.
  - b) Wash your hands before touching food and between touching raw and cooked food during food preparation
  - c) Wash all raw fruits and vegetables thoroughly with safe water before use or, peel them before eating.
  - d) All of the above

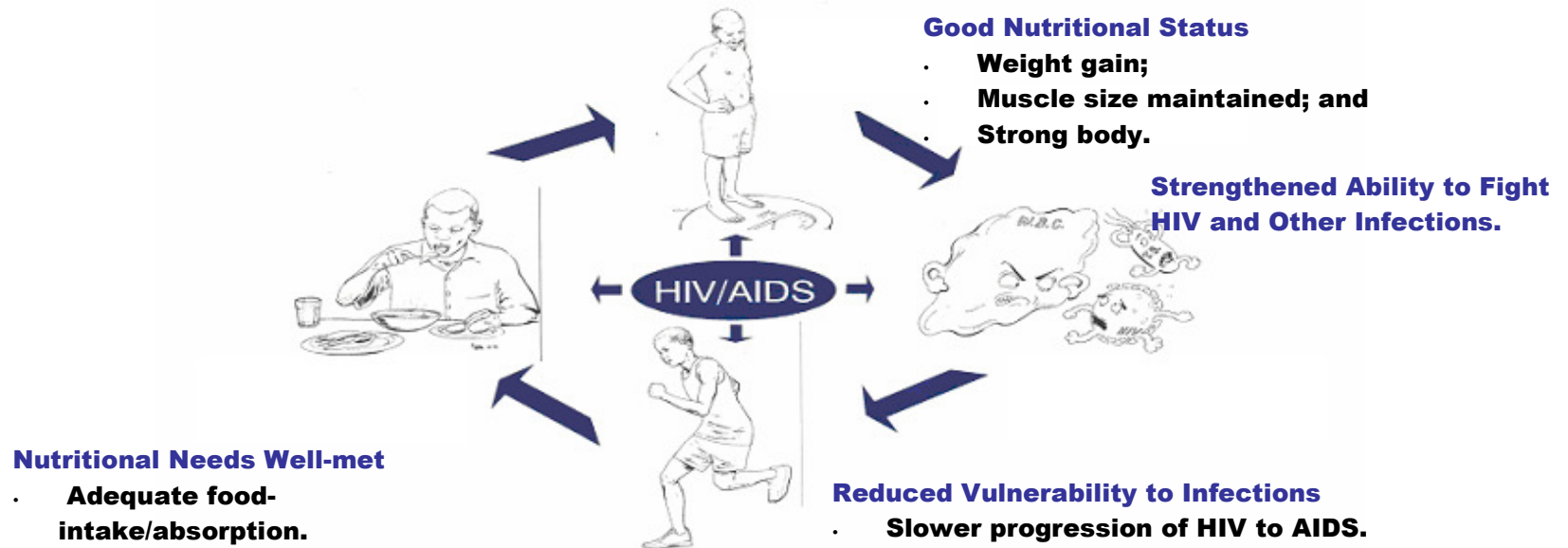
Read the following statements; check whether the statements are true or false (*mark the appropriate box with a √*)

	Statements	True	False
12	Good nutrition will cure HIV		
13	A well-nourished person is stronger and able to fight infections		
14	PLWHIV should avoid eating animal and milk products		
15	Fermented milk is beneficial for people with diarrhoea		
16	Good nutrition will improve the effect of ART helping the person recover their body's immunity and improving the overall well-being		
17	All breastfeeding babies born to HIV positive mothers get HIV		
18	HIV and AIDS affect the way the body used food/nutrients		
19	Food that gives as energy (such as rice, maize) should make the largest part of our meals		
20	Physical activity such as household chores and light work in the garden/ field are of benefits to PLWHIV		
21	Drinking tea or coffee with meals increases absorption of iron that we get from the food we eat		
22	When suggesting foods to a person, consider his/her person likes and habits		
23	Give extra food to children during illness and when recovering from illness		
24	Excessive intake of some micronutrients can be toxic		
25	There are some herbal remedies that can cure and treat HIV and AIDS		

## Overhead 1/1



## Overhead 1 / 2



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## EXERCISE 3/1: Food choices worksheet

### 1. Food availability

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

### 2. Time, energy and equipment

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

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

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



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

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

## Worksheet 10/1: A daily meal planner for children

MEALTIME	EXAMPLES OF FOOD CHOICES	SPECIAL CONSIDERATIONS
Breakfast		
Mid-morning snack		
Lunch		
Mid-afternoon snack		
Supper		

### HANDOUT 10/1: Sample daily meal plan for children

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

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

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## **Worksheet 11/1: Identifying community support for nutrition with participants**

1. What kinds of support may be needed by individuals or families affected by HIV and AIDS?
  
2. Which services, organisations, groups, and important persons work with the community to help households grow food and/or earn money?
  
3. What services, organizations, groups, and important persons help people who are too ill to work?
  
4. Are there particular groups or people that are excluded from joining or receiving services from some of these sources? (For example, if services are only for men, women, or for families with short-term needs) Which ones and why?
  
5. What might prevent a person or family from obtaining assistance from such people, organisations or services?
  
6. In what ways could these local services and organisations work together to help families acquire adequate food for to meet the nutritional needs of their household members.
  
7. Is there a need for services or assistance from organisations outside the local community? If so, what types of external services could make a long-term difference to the community?

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## List of Handouts

Session	Handout
Session 3	HANDOUT 3/1: Food portions: sizes of a healthy meal
Session 4	HANDOUT 4/1: Observation guide HANDOUT 4/2: Five keys to safer foods HANDOUT 4/3: Example of water treatment
Session 5	HANDOUT 5/1: Suggestions for dealing with a sore mouth/sore throat HANDOUT 5/2: Suggestions for dealing with dry mouth/change in taste HANDOUT 5/3: Suggestions for treating diarrhoea HANDOUT 5/4: Suggestions for treating nausea and vomiting HANDOUT 5/5: Preparing an oral re-hydration solution (ORS) for treating dehydration
Session 6	HANDOUT 6/1: Suggestions on how to add extra nutrition to everyday food HANDOUT 6/2: Suggestions on what to try if you do not feel like eating
Session 7	HANDOUT 7/1: Nutrition practices for reducing side-effects of ARV drugs HANDOUT 7/2: Nutrition practices for reducing the side-effects of ARV drugs (Worksheet)
Session 8	HANDOUT 8/1: Increasing iron absorption
Session 9	HANDOUT 9/1: Risks and benefits of different infant feeding options
Session 10	HANDOUT 10/1: Sample daily meal plan for children
Session 11	HANDOUT 11/1: Identifying community nutritional support
Session 12	HANDOUT 12/1: Questions that may help in evaluating herbal remedies and other products

### Role play list

*(Fill in the names of participants who will assist)*

Session		Names of participants
2A	Sam or Suzi Counsellor 1 Counsellor 2 Counsellor 3	
2B	Client Health worker	
3A	Caregiver Health worker	
6A	Sam Health worker	
6B	Sam Health worker	
7	Sam Health workers	

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## HANDOUT 2/1

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

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

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

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



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**HANDOUT 2/2**
**ROLE-PLAY 2B: Demonstration of how to use counselling skills to gather information**

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

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

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

### ROLE-PLAY 6A: Weight concerns

		COMMUNICATION SKILL USED
HEALTH WORKER	Good morning, Sam. Please sit down, how can I help you today?	<i>Open question</i>
SAM:	Good morning. I have been losing weight recently and this is not a good sign.	
HEALTH WORKER	You are worried about the weight loss.	<i>Empathize</i>
SAM:	Yes. It is probably just the HIV getting worse. Suzi said to come to talk to you.	
HEALTH WORKER	It is good that you came to talk. Weight is important. It helps you to stay well longer if you can keep your weight up.	<i>Praise Give relevant information</i>
SAM	How do I do that? Sometimes I just do not feel like eating anything.	
HEALTH WORKER	Well, one suggestion is to have some ready-and-easy to eat foods available. Perhaps some nuts, yoghurt, or bread with something on it, which do not require a lot of preparation. Also try to eat something every 2-3 hours: small frequent meals rather than just one large meal. Could you do that?	<i>Suggestion Suggestion Question</i>
SAM	I don't know. I have trouble making myself eat once a day. I could not face eating every few hours.	
HEALTH WORKER	It is hard to think about eating sometimes. When you do feel like eating, you could add extra nutritious foods to your meals. For example, add milk, cheese, butter or oil to mashed vegetables, or to soups. What do you think about adding such extra foods to your meals?	<i>Reflect Practical help Suggestion Open-ended question</i>
SAM	I can try that. There is usually oil and sometimes there is extra milk in the house.	
HEALTH WORKER	You can try to add extra nutritious foods to your meals, to eat something small every few hours and also drink water and other fluids frequently. There are some other ideas that you might like to try in this leaflet. You can also bring whoever cooks and shops for food in your household in to talk, if that would help. Come back again if you want to talk more.	<i>Suggestions  Options for follow-up</i>
SAM	Thank you. I will show the leaflet to my wife and we can talk to you again maybe.	

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**ROLE-PLAY 6B: Physical activity**

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

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

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

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

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### Pre - prepared questions in demonstration talks

Select participants for asking questions and give each the question he/she will ask

**Session 3.** Two people.

1)

2)

**Session 8.** Two people.

1)

2)

**Session 9.** Two people.

1)

2)

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**Demonstration talks – questions asked by participants in the demonstration****Session 3****Question 1**

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

**Question 2**

*Which supplements are good for people with HIV?*

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**Session 8****Question 1**

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

**Question 2**

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



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## Session 9

### Question 1

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

### Question 2

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

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## Annex 1: The story of Sam and Suzi

Sam and Suzi, a young couple, recently diagnosed to be both HIV-positive who are expecting their first baby.

**PICTURE 1/1: Sam and Suzi expecting their first baby**



**PICTURE 1/2: Sam and Suzi expecting their first baby**



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We first meet Sam and Suzi in *Session 2: Introduction to communication skills*, when they have come for basic nutrition counselling following the diagnosis. The story of Sam and Suzi is used to introduce us to three different styles of interacting as they meet with three different counsellors to discuss about nutrition. This helps to illustrate the effect of counselling styles on the patterns of interaction between client and the counsellor. We then meet Sam and Suzi again in *Session 3: Eating wisely*, when they attend the '*Eating wisely*' talk.

Later in the course, the story of Sam and Suzi is used to introduce nutrition care and support for patients at different stages of the disease, in different physiological states (pregnancy, breastfeeding), and at different ages (infants, children). In *Session 5: Improving food intake*, Sam starts to experience some opportunistic infections. He first had tuberculosis that was treated, followed by bouts of diarrhoea and sore mouth which affect his food intake. Sam seeks for more nutrition counselling and support. He looks for suggestions that might help him with his new problems. The story introduces us to circumstances when you will need to give suggestions for improving food intake during a counselling session. In the story, Sam tries some of the suggestions he is given. He starts eating better and his strength also improves. He is now able to take regular walks with his family.

In *Session 6: Preventing weight loss and promoting physical activities*, the story of Sam and Suzi is used to introduce the management of weight concerns, specifically, weight loss as a consequence of frequent opportunistic infections. Because of these bouts of the opportunistic infections, Sam's weight is lower than it was a few months ago, as illustrated in **Picture 2**. A role-play of Sam and counsellor is used to illustrate counselling skills that can be used at this stage, as well as the possible reactions of a client. Sam and the support worker talk more about Sam's weight loss and how he can monitor his weight at home where there is no weighing scale (e.g. by checking whether his clothes are getting loose and paying closer attention to the comments of people around him about his weight). The counsellor reminds Sam that it is essential to visit the clinic regularly and to consult with the support worker when he notices signs of weight loss. The health/nutrition worker informs Sam about different ways of preventing weight loss, regaining lost weight and the importance of physical activity. They also talk about simple physical activities that Sam could do regularly.

**PICTURE 2/1: Sam and Suzi : weight loss**



**PICTURE 2/2: Sam and Suzi : weight loss**



In *session 7: Nutrition care and support for people on ART*, the story of Sam and Suzi is used to illustrate nutrition counselling at the advanced stages of HIV infection (AIDS) and particularly, when AIDS patients start antiretroviral treatment. We meet Sam at the stage where he has become very weak and his health has generally deteriorated. His doctor recommends several tests and some drugs. Based on the test results, the doctor needs to start Sam on ART. Sam is prepared and enrolled for ART (a combination of three drugs: d4T + 3TC + EFV). A role-play between the health/nutrition worker and Sam is used to illustrate nutrition counselling skills needed to interact with a person initiating ART treatment. The role-play emphasises the interaction between food and medication.

In *Session 8: Nutrition care and support during pregnancy and breastfeeding*, we meet Sam and Suzi during the *'Eating wisely during pregnancy'* demonstration talk. We meet them again in *Session 9: Infant feeding options for HIV positive mothers* when they attend another talk for pregnant women on infant feeding aimed at helping them make a decision about how to feed their baby. After the talk, they decide that exclusive breastfeeding is the best choice for them. The counsellor praises them for thinking about infant feeding options during pregnancy and for coming to discuss it (demonstrating the communication skill of praising good practice). The counsellor then refers them to a lactation counsellor, for more information on safer breastfeeding practices.

In *Session 9* we also use the story of Sam and Suzi to introduce some of the common barriers that HIV-positive women are faced with when they choose exclusive breastfeeding for their infants. The importance of disclosing one's HIV status at this stage and during the transition period when mothers need to stop breastfeeding is emphasised as follows.

Suzi continues to breastfeed exclusively. Everything goes well; she is eating wisely, taking some rest and feeding her baby frequently using good breastfeeding practices. However, the couple do have one problem. Sam's mother, Granny, thinks the baby needs water and tea as well as breast milk, as illustrated in **Picture 3** of Sam and Suzi.

**PICTURE 3/1: Sam and Suzi, the baby and grandmother**



**PICTURE 3/2: Sam and Suzi, the baby and grandmother**



The grandmother cannot understand why Suzi and Sam are so insistent that the baby only has breast milk. Suzi explains to Granny that exclusive breastfeeding is best for babies. The baby gets all he needs from breast milk. He does not need water or tea. Granny keeps asking about giving water and other things to the baby. Sam and Suzi are afraid Granny will start giving the baby water and other foods herself. Sam and Suzi decide to tell Granny that they are HIV-positive and explain why it is very important to breastfeed exclusively to reduce the risk of the baby getting the HIV. Granny is upset that they did not tell her sooner that they had HIV, but she is very supportive.

Suzi breastfeeds exclusively little Sam and wants to stop breastfeeding completely and start giving other foods and fluids to the baby when he is six months. However, if Suzi stops breastfeeding suddenly; she may get engorged breasts, feel ill and her baby will need another source of food and comfort. Suzi will need to discuss her decision to stop breastfeeding with a breastfeeding counsellor to minimise any health risks and discomfort during this transition.

In ***Session 11: Feeding a child with HIV***, we use the story of Sam and Suzi to illustrate nutritional management during illness and recovery, especially for children who have frequent infections that may be due to HIV. Since Sam and Suzi took good care of themselves and the baby, Little Sam is growing well and is found to be HIV-negative when he is tested at 18 months. We therefore introduce a new family, Sam and Suzi's neighbours. The family have a daughter Leila, who is two years old. Leila has not met her developmental targets and she is often ill. Leila's family is worried that Leila may have HIV although she has not been tested. Leila's mother is ill and Leila's father died a year ago. Because little Sam is healthy, Leila's mother asks Suzi for help in feeding Leila. Suzi, recalls some of the lessons she learnt from the counsellors such as, 'responsive feeding' and shares this information and some meal planning practices she uses for little Sam with Leila's mother.

Finally, in ***Session 13: Review of the course***, we use the story of Sam and Suzi to introduce the concept of nutrition care and support for caregivers. Since Suzi now has good knowledge and experience about nutrition and HIV, a community-based organisation employs her as a support worker. The organisation that Suzi works with is aware that people who are providing care and support need to be cared for themselves. Caregivers may be nurses, peer support workers, doctors, dieticians, counsellors, families or neighbours. Course participants can use this story to try and identify the various types of support/services that can be given to support workers/caregivers.

## Annex 2: Nutritional care and support focus at different stages of HIV and AIDS

STAGES	SIGNS	NUTRITON CARE AND SUPPORT
<b>Asymptomatic</b>	No physical sign or symptoms	<ul style="list-style-type: none"> <li>▪ education about the importance of nutrition for people living with HIV;</li> <li>▪ eating a variety of foods;</li> <li>▪ storing and preparing foods safely.</li> </ul>
<b>Symptomatic (acute)</b>	Acute infections; fever; night sweats; fatigue; headache; loss of appetite; loss of <10% of body weight	<ul style="list-style-type: none"> <li>▪ continuing with earlier activities;</li> <li>▪ addressing food and eating-related symptoms;</li> <li>▪ preventing weight loss;</li> <li>▪ ensuring sufficient access to food.</li> </ul>
<b>Symptomatic (chronic)/AIDS</b>	Chronic infections; prolonged fever; diarrhoea; TB; pneumonia; loss of >10% of body weight	<ul style="list-style-type: none"> <li>▪ continuing with earlier activities;</li> <li>▪ providing adequate energy to reduce effects of malnutrition;</li> <li>▪ management of drug-nutrient interactions.</li> </ul>
<b>Palliative care</b>	Severe wasting syndrome	<ul style="list-style-type: none"> <li>▪ alleviating symptoms and providing support to the client and caregiver.</li> </ul>



## Annex 3: Nutritional requirements of people living with HIV

The nutritional requirements of people living with HIV are influenced by several factors, including age, physiological changes (pregnant, breastfeeding), physical activity, clinical stages of health, metabolism and viral load count.

	DAILY ENERGY REQUIREMENTS	TRANSLATION INTO FOOD INTAKE
<b>Adults: HIV-negative/healthy</b>	1999 to 2580 kilocalories	<ul style="list-style-type: none"> <li>▪ education about the importance of nutrition for PLHIV;</li> <li>▪ eating a variety of foods;</li> <li>▪ storing and preparing foods safely.</li> </ul>
<b>Adults: HIV-positive (early/asymptomatic stage)</b>	10% more energy (an additional 210 kilocalories)	<ul style="list-style-type: none"> <li>▪ 1 additional fistful of maize meal or 1 cup of porridge taken during the course of the daily.</li> </ul>
<b>Adults: HIV-positive (late/symptomatic stage)</b>	20-30% more energy (an additional 420 to 630 kilocalories)	<ul style="list-style-type: none"> <li>▪ 2 to 3 additional fistfuls of maize meal or 2 to 3 cups of porridge taken during the course of the day.</li> </ul>
<b>Children: HIV-positive</b>	<ul style="list-style-type: none"> <li>▪ More energy, if asymptomatic</li> <li>▪ 20-30% more energy if symptomatic, with poor weight gain</li> <li>▪ 50-100% for those severely malnourished</li> </ul>	<ul style="list-style-type: none"> <li>▪ alleviating symptoms and providing support to the client and caregiver.</li> </ul>

### Energy

The requirements for adults also apply to pregnant women and women who are breastfeeding.

### Protein

According to WHO, there is insufficient evidence to support an increase in protein requirement for people living with HIV over and above the normal requirement for health (12% to 15% of total energy, i.e. 50 to 80 grams of protein daily or 1 gram per kilogram of ideal body weight).

## **Fat**

No evidence that total fat needs are increased above normal requirements for health. However, special advice regarding fat intake might be required for individuals undergoing antiretroviral therapy or experiencing persistent diarrhoea.

## **Vitamins and minerals**

- Adequate intake of vitamins and minerals is best achieved through a well-balanced diet. HIV-infected adults and children should have healthy diets that ensure micronutrient intakes at recommended levels.
- However, dietary intake of vitamins and minerals may not be sufficient to correct nutritional deficiencies in HIV-infected individuals. In settings where recommended intakes cannot be achieved, multiple micronutrient supplements may be needed for high-risk groups such as, pregnant and lactating women.
- Nevertheless, there is evidence that some supplements e.g. vitamins, zinc, and iron, can produce adverse outcomes in HIV-infected people.
- For HIV-infected children (5 - 59 months old) living in resource-limited settings, periodic (every 4-6 months) vitamin A supplementation is recommended (10 000 IU for infants who are 6-12 months old) and 200 000 IU for children older than 12 months).
- There is no data on the efficacy of other micronutrient supplements for HIV-infected children.
- To prevent anaemia in pregnant women, daily iron-folic acid supplementation (400 µg of folic acid and 60 mg of iron) during the first 6 months of pregnancy is recommended; taking this supplementation twice daily is recommended for treating severe anaemia. This applies to both pregnant women living with HIV as well as those who are not infected.
- Daily vitamin A intake by HIV-infected women during pregnancy and lactation should not exceed the recommended levels. A single high-dose of vitamin A (200 000 IU) should be given to women as soon as possible after delivery, but no later than six weeks after delivery.

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## Annex 4: Sources of further information

### Courses that could complement this course

- WHO/UNICEF Infant and Young Child Feeding Counselling: An integrated course.
- WHO/UNICEF/USAID HIV and infant feeding counselling tools.
- WHO/UNICEF Breastfeeding Counselling: A training course.
- WHO Complementary Feeding Counselling: A training course

### Other information sources

- <http://www.who.int/nutrition/en/> or
- [http://www.who.int/child\\_adolescent\\_health/en/](http://www.who.int/child_adolescent_health/en/)
- *Breastfeeding and replacement feeding practices in the context of mother-to-child transmission of HIV An assessment tool for research.* Geneva, World Health Organization, 2001.  
[http://www.who.int/child\\_adolescent\\_health/documents/cah\\_01\\_21/en/index.html](http://www.who.int/child_adolescent_health/documents/cah_01_21/en/index.html)
- *Complementary feeding of young children in developing countries: a review of current scientific knowledge.* Geneva, World Health Organization, 1998.  
[http://www.who.int/nutrition/publications/infantfeeding/WHO\\_NUT\\_98.1/en/](http://www.who.int/nutrition/publications/infantfeeding/WHO_NUT_98.1/en/)
- *Complementary feeding: family foods for breastfed children.* Geneva, World Health Organization, 1998.  
[http://www.who.int/nutrition/publications/infantfeeding/WHO\\_NHD\\_00.1/en/index.html](http://www.who.int/nutrition/publications/infantfeeding/WHO_NHD_00.1/en/index.html)
- *Guiding Principles for Complementary Feeding of the Breastfed Child.* PAHO/WHO, Division of Health Promotion and Protection/Food and Nutrition Program, Washington, DC, USA, 2003.  
<http://www.who.int/nutrition/publications/infantfeeding/a85622/en/index.html>
- FAO/WHO. *Living well with HIV/AIDS – A manual on nutritional care and support for people living with HIV/AIDS.* Rome, Food and Agriculture Organization, 2002.  
<http://www.fao.org/DOCREP/005/Y4168E/Y4168E00.htm>
- *Health Care and HIV: Nutritional Guide for Providers and Clients.* HIV/AIDS Bureau, US Department of Health and Human Services, 2002.  
<http://www.aidsetc.org/aidsetc?page=etres-display&resource=etres-193>
- *HIV/AIDS: A Guide For Nutritional Care and Support.* 2nd Edition. Food and Nutrition Technical Assistance Project. Academy for Educational Development, Washington DC, 2004.  
<http://www.fantaproject.org/publications/HIVguide.shtml>
- *HIV and infant feeding. A guide for health care managers and supervisors.* Geneva, World Health Organization, 2003.  
<http://www.who.int/nutrition/publications/hivaids/9241591234/en/index.html>

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- *HIV and Infant Feeding: Framework for Priority Action*, Geneva, World Health Organization, 2003.  
<http://www.who.int/nutrition/publications/hivaids/9241590777/en/index.html>
  - *HIV and infant feeding. Guidelines for decision-makers*. Geneva, World Health Organization, 2003.  
<http://www.who.int/nutrition/publications/hivaids/9241591226/en/index.html>
  - *HIV transmission through breastfeeding. A review of available evidence - update 2007*, Geneva, World Health Organization, 2008.  
<http://www.who.int/nutrition/publications/hivaids/9789241596596/en/index.html>
  - *Mastitis. Causes and Management*. Geneva, World Health Organization, 2000.  
[http://www.who.int/child\\_adolescent\\_health/documents/fch\\_cah\\_00\\_13/en/](http://www.who.int/child_adolescent_health/documents/fch_cah_00_13/en/)
  - *New data on the prevention of mother-to-child transmission of HIV and their policy implications. Conclusion and recommendations of WHO Technical Consultation on behalf of the UNFPA/UNICEF/UNAIDS Interagency Task Team on Mother-to-Child Transmission of HIV*, Geneva, World Health Organization, October 2000.  
[http://www.who.int/reproductivehealth/publications/rtis/RHR\\_01\\_28/en/](http://www.who.int/reproductivehealth/publications/rtis/RHR_01_28/en/)
  - *Nutrient requirements for people living with HIV/AIDS. Report of a technical consultation, 13–15 May 2003*. Geneva, World Health Organization, 2003.  
<http://www.who.int/nutrition/publications/hivaids/9241591196/en/index.html>
  - *Rapid advice: revised WHO principles and recommendations on infant feeding in the context of HIV - November 2009*. Geneva, World Health Organization, 2009.  
**[http://www.who.int/child\\_adolescent\\_health/documents/9789241598873/en/index.html](http://www.who.int/child_adolescent_health/documents/9789241598873/en/index.html)**
- Sowing Seeds of Hunger* (video, 26 min.). FAO, 2003. *Course organizers can request the video from FAO Headquarters (mail request to [enrique.yeves@fao.org](mailto:enrique.yeves@fao.org)) or through the FAO Representative.*
- The Africa Network for the Care of children Affected by AIDS (ANECCA). *Handbook on paediatric AIDS in Africa*. Regional Centre of Quality Health Care, Kampala, Uganda, revised, July 2006.  
<http://www.fhi.org/en/HIVAIDS/pub/guide/mans1.htm>
  - UNAIDS. *AIDS: Palliative Care*. UNAIDS Technical Update (Best Practice Collection). Geneva, UNAIDS, October 2000.  
<http://www.unaids.org/en/PolicyAndPractice/CareAndSupport/PalliativeCare/>
  - UNAIDS. *Ancient Remedies, New Disease – Involving traditional healers in increasing access to AIDS care and prevention in East Africa*. UNAIDS Case Study (Best Practice Collection). Geneva, UNAIDS, June 2002.  
[http://search.unaids.org/Preview.aspx?d=en&u=Publications/IRC-pub02/jc761-ancientremedies\\_en.pdf&p=%2fcgibin%2fMsmGo.exe%3fgrab\\_id%3d0%26page\\_id%3d4707%26query%3dancient%2520remedies%26hiword%3dancient%2520remedies%2520%26PV%3d1](http://search.unaids.org/Preview.aspx?d=en&u=Publications/IRC-pub02/jc761-ancientremedies_en.pdf&p=%2fcgibin%2fMsmGo.exe%3fgrab_id%3d0%26page_id%3d4707%26query%3dancient%2520remedies%26hiword%3dancient%2520remedies%2520%26PV%3d1)
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Good nutrition is a fundamental part of caring for people living with HIV/AIDS. Good nutrition translated into a balanced diet is a positive way to respond to this illness, and it helps people live better, longer and more comfortable lives.

This short course, which takes into account recent findings, aims to provide caregivers with practical knowledge about nutrition care and support for people living with HIV/AIDS. The course also seeks to sharpen caregivers communication skills to enable them to provide appropriate guidance in choosing the right foods, and in preparing them appetizingly and safely for people who are ill or with poor appetite.

The course consists of a package of fifteen sessions that take about 12 to 15 hours to complete using a variety of classic teaching methods, including lectures, demonstrations, role-play and exercises. In addition to sessions on basic nutrition and communication skills, topics include feeding of the child living with HIV, the role of medicines and myths in nutritional care, and discussion on how to increase access to food.

For further information please contact:

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