



NUTRITION CARE AND SUPPORT FOR PEOPLE WITH HIV  
Nutrition Assessment, Counselling and Support  
(NACS)

TRAINING MANUAL FOR  
COMMUNITY VOLUNTEERS

**Facilitator's Guide**

2017



## **Nutrition Assessment, Counselling and Support (NACS) Training Manual for Community Volunteers: Facilitators' Guide**

National Food and Nutrition Commission  
Plot No. 7090, Lumumba Road  
Lusaka, Zambia  
Telephone: +260 211 256788  
Fax: +260 211 234456  
Email: [info@nfnc.org.zm](mailto:info@nfnc.org.zm)  
Website: [www.nfnc.org.zm](http://www.nfnc.org.zm)

### **Recommended citation:**

Zambia Ministry of Health, National Food and Nutrition Commission and Food and Nutrition Technical Assistance III Project (FANTA). 2017. *Nutrition Assessment, Counselling and Support (NACS): Training Manual for Community Volunteers: Facilitators' Guide*. Lusaka, Zambia: NFNC.

© National Food and Nutrition Commission 2017

All rights reserved. This book may not be copied, translated, printed or produced in any form without the permission of the NFNC.

### **Illustrations**

Iain McClellan: Cover

Zambia National Food and Nutrition Commission, page 16

USAID Hygiene Improvement Project: pages 36 and 37

## FOREWORD

Zambia has made significant progress in reducing morbidity and mortality due to HIV and AIDS through the provision of free comprehensive HIV prevention services and antiretroviral drugs in all public health facilities. This has led to a reduction of new HIV infections from 77,500 in 2010 to approximately 46,000 in 2016. However, the devastating impact of HIV infection continues to be experienced by individuals, families, communities and the nation at large.

Evidence has shown that there is a relationship between HIV and nutrition. In the presence of HIV infection, nutrient requirements increase, and, HIV infection impairs nutrient intake and uptake. Poor nutrition therefore increases the risk of opportunistic infections and causes acceleration in progression of HIV to AIDS. In addition, maintaining good nutrition helps in reinforcing the effectiveness of antiretroviral drugs by improving their tolerance and safety. Thus, malnutrition and HIV/AIDS are interdependent and create a vicious cycle.

The Government of the Republic of Zambia recognizes that nutrition is an important component in the provision of quality care and support to people living with HIV and AIDS. This is in accordance with the National Health Strategic Plan 2017-2021, embedded in the 7th National Development Plan 2017-2021, that identifies the importance of a healthy nation in attaining middle income status by 2030.

These guidelines were therefore developed to define the necessary actions service providers need to take for them to include nutrition components at all sites providing HIV services and treatment including; maternal and child health (MCH) care services, services for orphans and vulnerable children (OVC), and home-based care (HBC) services. They seek to assist all categories of people infected with and/or affected by HIV.

In order to successfully implement quality nutritional care and support services to PLHIV, there is need for an inferred partnership between those affected and the different levels of care providers, as well as a coordinated effort by all stakeholders. I therefore call for the wide dissemination and use of these guidelines as a complement to other documents providing guidance on HIV prevention, treatment and support so as to improve the quality of life of people living with HIV and AIDS.



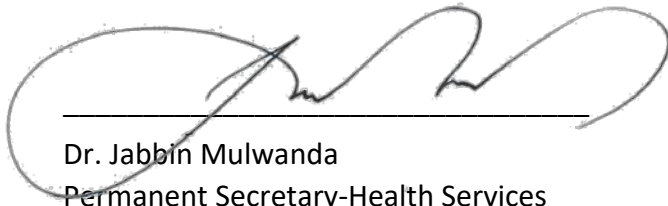
---

Dr. Chitalu Chilufya, M.P.  
Minister of Health

## ACKNOWLEDGEMENTS

This training manual would not have been possible without the support of the Zambia Ministry of Health (MOH), National Food and Nutrition Commission (NFNC) and FHI 360/ Food and Nutrition Technical Assistance III Project (FANTA). The Ministry of Community Development; PCI; the USAID/Zambia Thrive Project; the FHI 360/Livelihoods and Food Security Technical Assistance II Project (LIFT II); the URC/Applying Science to Strengthen and Improve (ASSIST) Project; the Lusaka, Central and Copperbelt Provincial Health Offices; the Ndola, Kitwe and Mkushi District Health Offices; the University of Zambia; Chipata General Hospital; and Arthur Davison Hospital participated in reviewing the manual.

FANTA, PCI and the Livelihoods and Food Security Technical Assistance II Project (LIFT II), supported by the U.S. Agency for International Development (USAID)/Zambia, provided valuable technical support to develop the content and financial support for review meetings. Printing and distribution of the manual was made possible by funding from FANTA.



Dr. Jabbin Mulwanda  
Permanent Secretary-Health Services  
Ministry of Health

## TABLE OF CONTENTS

FOREWORD .....	I
ACKNOWLEDGEMENTS .....	II
ABBREVIATIONS AND ACRONYMS .....	IV
NOTES FOR FACILITATORS .....	1
SESSION 1. INTRODUCTION, EXPECTATIONS, NORMS AND OBJECTIVES .....	7
SESSION 2. BASIC NUTRITION .....	10
SESSION 3. NUTRITION AND ILLNESS .....	16
SESSION 4. BASIC HIV AND AIDS .....	20
SESSION 5. IMPORTANT NUTRITION PRACTICES FOR PEOPLE WHO ARE ILL .....	24
SESSION 6. FOOD AND WATER SAFETY AND HYGIENE .....	27
SESSION 7. USING DIET TO MANAGE SYMPTOMS AND MEDICINE SIDE EFFECTS .....	36
SESSION 8. NUTRITION FOR PREGNANT AND BREASTFEEDING WOMEN .....	42
SESSION 9. NUTRITION FOR INFANTS AND YOUNG CHILDREN .....	49
SESSION 10. NUTRITION COUNSELLING .....	52
SESSION 11. SCREENING FOR MALNUTRITION .....	63
SESSION 12. TREATMENT OF MALNUTRITION .....	73
SESSION 13. FOLLOW-UP AND REFERRAL .....	78
SESSION 14. ACTION PLANS .....	86
SESSION 15. POST-TEST AND FINAL COURSE EVALUATION .....	88
ANNEX 1. PRE- AND POST-TEST .....	90
ANNEX 2. PRE- AND POST-TEST ANSWER KEY .....	91
REFERENCES .....	93

## ABBREVIATIONS AND ACRONYMS

AIDS	Acquired immune deficiency syndrome
ARV	Antiretroviral drug
ART	Antiretroviral therapy
HBC	Home-based care
HEPS	High-energy protein supplement
HIV	Human immune deficiency virus
MAM	Moderate acute malnutrition
MOH	Ministry of Health
MUAC	Mid-upper arm circumference
NACS	Nutrition assessment, counselling and support
NFNC	National Food and Nutrition Commission
RUTF	Ready-to-use therapeutic food
SAM	Severe acute malnutrition
USAID	United States Agency for International Development



## NOTES FOR FACILITATORS

Good nutrition is important for everyone, but especially for people with special health needs such as pregnant and lactating women, children under 5 and people with chronic infectious diseases such as TB and HIV. The Government of Zambia has worked with partners and stakeholders to put in place numerous interventions to improve the nutritional status of its citizens. One of these is the integration of nutrition assessment, counselling and support (NACS) into routine health service delivery. NACS can identify nutrition problems early, improve diet and nutritional status, prevent infection from contaminated food and water and manage symptoms related to illness and medicine side effects.

This document guides facilitators in training community volunteers to provide nutrition screening, referral and follow-up care and take appropriate actions at community level to prevent and manage malnutrition in people with chronic illnesses. This facilitators' guide is accompanied by handouts for participants to use as references during training and in their work.

### Facilitators

The course should have one facilitator for every six participants. Facilitators should have been trained in the course themselves and be experienced trainers with:

- Knowledge and experience of community nutrition, including nutrition for pregnant and breastfeeding mothers and children
- Counselling skills
- Experience training adults or community workers
- Basic knowledge of HIV

### Participants

There should be no more than 24 participants in each course to allow adequate time and attention for role plays and other activities. Participants should be both female and male community volunteers from health facility catchment areas with:

- Ability to read and write
- Demonstrated commitment
- Permanent residence in a health facility catchment area
- Willingness to work for at least 1 year

When possible, facilitators should receive the list of participants in advance of the course.

### Sessions

The **Facilitators' Guide** is divided into 15 sessions. Each session contains learning objectives, suggested duration, required materials, step-by-step instructions on how to conduct each session and practical exercises for participants.

## Methodology

The course uses reading; demonstrations; and interactive methods including discussion, questions and answers, role-plays and practical sessions. Research has shown that people learn best through interaction and that adults remember:

- 20% of what they hear
- 40% of what they see
- 80% of what they do

Facilitators should look for every opportunity to encourage participants to relate what they learn in the course to their own experience and to practice the new skills. Facilitators should model the principle of 'listening more and talking less'.

Throughout the training, facilitators should check participants' understanding by using the 'teach back' method after an important point or at least at the end of each session. This will help ensure that participants understand the information. Box 1 summarises the teach-back method.

### Box 1. Teach back method

- To check participants' understanding of the training, do not ask them, 'Do you understand?' Instead, ask them to explain things *in their own words* or demonstrate the skills.
- If participants cannot do this, re-phrase the information rather than repeat it.
- Then ask the them to explain or demonstrate the concept or content again until they can correctly describe *in their own words* what they should do, without parroting what was said.

**Asking three questions:** After providing the information or demonstration, ask:

- What is the main problem?
- What do you need to do (about the problem)?
- Why is it important for you to do this?

#### Examples:

- 'Can you tell me in your own words how you know if a child is severely malnourished?'
- 'Please explain where to refer malnourished clients, so I can be sure I have explained everything correctly'.
- 'Can you show me how to measure MUAC, so I can be sure I have given you clear instructions?'

A pre-test and post-test assess participants' knowledge and skills before and after the course. Full mastery of the knowledge and skills taught in this course will only come through practice and supportive supervision.



## Learning objectives

At the end of the training, participants should be able to use effective communication skills and job aids to provide information and support to clients in the following areas:

- Basic nutrition
- The relationship between nutrition and infection
- Important nutrition practices for people with illness
- Food and water safety and hygiene
- Managing symptoms of illness and medicine side effects through diet
- Good nutrition for pregnant and breastfeeding women
- Good nutrition for infants and young children
- Screening for malnutrition
- Prevention of malnutrition (undernutrition and overnutrition)
- Follow-up and referral

## Materials needed for the course

- Copies of this manual for all facilitators
- Copies of the **Participant Handouts** for all participants
- Copies of the *Eating and Living Well: Good Nutrition Makes a Difference for People Living with Illness* counselling flipchart for all facilitators and participants
- Registration form
- Copies of the pre- and post- test for each participant
- Bags containing nametags, notebooks, pens, pencils, erasers and sharpeners for all participants
- Flipcharts and stands
- Markers
- Sticky Stuff
- Foods from every food group
- Child and adult MUAC tapes for all participants
- 1 Seca or Salter weighing scale for every 6 participants
- 1 height/length board for every 6 participants
- 1 stadiometer (height board) for every 6 participants
- 4 large dolls
- Pre-/post-test answer key (annex 1)
- Children's clinic cards for each participant
- 6 packets each of ready-to-use therapeutic food (RUTF) and high-energy protein supplement (HEPS), if available

## Before the training

1. Identify a training venue accessible to participants and large enough to allow group work. Visit the venue and make all logistical arrangements in advance.

2. Ask the local health authority for written permission to visit a health facility for participants to practice nutrition screening, recording nutrition information and referral.
3. Identify facilitators and decide which facilitators will cover each session and do demonstrations and role-plays.
4. Read through all the sessions to become familiar with the materials.
5. Prepare all the training materials listed at the beginning of the day's sessions.
6. Prepare bags for participants with nametags, MUAC tapes, pens, notebooks, and other available job aids.
7. Arrive at the training venue 1 day early, if possible, to make sure all materials are ready.
8. On the first day of the training, arrive 30 minutes before the scheduled time.
9. Arrange chairs and tables in a U shape if possible.
10. Arrange flipcharts and markers throughout the room.

### During the training

1. On the first day, greet participants as they fill out the registration form and give each participant a package of materials and job aids.
2. Issue a name tag to each participant.
3. Encourage all participants to participate in discussions and explain that all responses will be welcome. Explain that the participants have valuable ideas and experience to share with everyone—even the facilitators can learn from them.
4. Start each session by going over the objectives. Then explain the information for that session and help participants practice the skills.
5. Keep participants interested by having them apply information and give examples of how it relates to their work.
6. Give participants time to think when you ask questions.
7. At the end of each day, meet with the other facilitators to review the day's sessions and plan the following day.

### Evaluation

- A **pre-test** at the beginning of the training will give the trainers an idea of the participants' knowledge and needs.
- A **post-test** at the end of the training will show how well the participants learned the information and mastered the skills taught in the course. If any participants score badly on many of the questions, find out what those participants did not understand and go through the information again.
- On the last day, participants will be asked for feedback on the training.

### Action planning

This exercise helps participants make plans to support NACS at community level.

## Training schedule

The sessions can be taught separately or as one course over 5 days. Below is a suggested timetable.

Time	Topic
<b>Day 1</b>	
08:00–08:30	Registration
08:30–10:00	Session 1. Introduction, Expectations, Norms and Objectives
10:00–10:30	Pre-test
10:30–10:45	TEA BREAK
10:45–13:15	Session 2. Basic Nutrition
13:15–14:15	LUNCH
14:15–16:15	Session 3. Nutrition and Illness
16:15–16:30	TEA BREAK
16:30–17:00	Session 4. Basic HIV and AIDS
<b>Day 2</b>	
08:00–08:15	Recap of Day 1
08:15–9:45	Session 4. Basic HIV and AIDS
9:45–10:45	Session 5. Important Nutrition Practices for People Who Are Ill
10:45–11:00	TEA BREAK
11:00–12:30	Session 5. Important Nutrition Practices for People Who Are Ill, cont.
12:30–13:00	Session 6. Food and Water Safety and Hygiene
13:00–14:00	LUNCH
14:00–16:00	Session 6. Food and Water Safety and Hygiene, cont.
16:00–16:15	TEA BREAK
16:15–17:15	Session 7. Using Diet to Manage Symptoms and Medicine Side Effects
<b>Day 3</b>	
08:30–08:45	Recap of Day 2
08:45–09:45	Session 7. Using Diet to Manage Symptoms and Medicine Side Effects, cont.
09:45–10:15	Session 8: Nutrition for Pregnant and Breastfeeding Women
10:15–10:45	TEA BREAK
10:45–11:45	Session 8: Nutrition for Pregnant and Breastfeeding Women, cont.

<b>Time</b>	<b>Topic</b>
11:45–13:15	Session 9. Nutrition for Infants and Young Children
13:15–14:15	LUNCH
14:15–16:15	Session 10. Nutrition Counselling
16:15–16:45	TEA BREAK
16:45–17:00	Session 10. Nutrition Counselling (cont.)
<b>Day 4</b>	
08:30–08:45	Recap of Day 3
08:45–09:00	Session 10. Nutrition Counselling (cont.)
09:00–10:15	Session 11: Screening for Malnutrition
10:15–10:30	TEA BREAK
10:30–13:15	Session 11: Screening for Malnutrition, cont.
13:15–14:15	LUNCH
14:15–15:45	Session 12. Treatment of Malnutrition
15:45–16:00	TEA BREAK
16:00–18:00	Session 13. Follow-up and Referral
<b>Day 5</b>	
08:30–08:45	Recap of Day 4
08:45–10:45	Session 14. Visit to a Health Facility
10:45–11:00	TEA BREAK
11:00–12:00	Session 14: Discussion of Health Facility Visit
12:00–13:00	Session 13. Follow-up and Referral
13:00–14:00	LUNCH
14:15–15:00	Session 15. Nutrition Action Plans
15:00–15:30	Session 16: Post-test
15:30–15:45	Course closing

## SESSION 1. INTRODUCTION, EXPECTATIONS, NORMS AND OBJECTIVES

**ESTIMATED DURATION:** 1½ hours

**PURPOSE:** To introduce participants to the facilitators and each other and give them a chance to share what they expect from the course, relate their expectations to the course objectives and take a pre-test to demonstrate their knowledge

### SESSION OBJECTIVES

By the end of the session, the participants will have:

1. Discussed their expectations of the course
2. Understood the objectives of the course
3. Set norms for the course
4. Taken a pre-test to assess their knowledge

### TOPICS AND DURATION

- 1.1. Introductions and expectations (30 minutes)
- 1.2. Course objectives (20 minutes)
- 1.3. Housekeeping and course norms (10 minutes)
- 1.4. Pre-test (30 minutes)

### MATERIALS NEEDED

- Flipchart and stand
- Markers and Sticky Stuff
- Plain paper
- Name tag for each participant
- Bag with a notebook, pen, pencil, eraser and sharpener for each participant
- Copies of the **Participant Handouts** for each participant
- Copies of Annex 1. Pre-test and Post-test for all participants
- **Handout 1.1. Training Schedule**
- Copies of the *Eating and Living Well: Good Nutrition Makes a Difference for People Living with Illness* counselling flipchart for all facilitators and participants

### ADVANCE PREPARATION

- Write the session objectives on a flipchart.
- Read through the pre-test and **Handout 1.1. Training Schedule.**
- Assign a number to each participant's name.

## TOPICS AND ACTIVITIES

### 1.1. Introductions and expectations (30 minutes)

- **WELCOME** the participants and introduce yourself and the other trainer(s).
- **ASK** participants to form pairs and find out their partners' names, expectations of the course and something interesting about them (favourite food or colour, hobby, likes and dislikes).
- **ASK** the participants to introduce their partners to the group.
- **WRITE** the participants' expectations of the course on the flipchart.

### 1.2. Course objectives (15 minutes)

- **PUT** the flipchart with the course objectives where participants can see it clearly.
- **EXPLAIN** that the course aims to give participants the knowledge and skills to:
  1. Explain why good nutrition is important.
  2. Screen adults and children for malnutrition.
  3. Refer malnourished people to health facilities for HIV testing and treatment of malnutrition.
  4. Counsel people on how to improve their diet, keep food and water safe and manage symptoms of illness and medicine side effects through diet.
  5. Follow up people who are being treated for malnutrition to make sure they follow the treatment and return for clinic visits.
  6. Link malnourished people to support services to improve their health and nutrition.

### 1.3. Housekeeping and course norms (10 minutes)

- **GIVE** each participant a notebook, pen, pencil, eraser and pencil sharpener, a copy of the **Participant Handouts** and a copy of the *Eating and Living Well: Good Nutrition Makes a Difference for People Living with Illness* counselling flipchart.
- **EXPLAIN** that they will use the **Participant Handouts** to do exercises and to counsel on nutrition. **POINT OUT** the numbers at the top of each handout. **EXPLAIN** that you will refer to these numbers when you ask them to find the handouts.
- **ASK** participants to look at **Handout 1.1. Training Schedule**. **EXPLAIN** what time they should come each day and when the sessions will end.
- **ASK** participants to bring their training bags to class every day.
- **Agree with participants on the course norms.**
  - Keep phones on vibrate or silent.
  - Contribute to discussions and respect each other's opinions.
  - Let one person talk at a time.
  - Come to training on time and stay throughout the day.

- **DISCUSS** meals and reimbursement of travel and other expenses.
- **STICK** a sheet of flipchart paper ('parking lot') on a wall for questions that arise during the training to address later.

#### 1.4. Pre-test (30 minutes)

- **GIVE** each participant a copy of Annex 1. Pre- and Post-test.
- **EXPLAIN** that participants are not expected to know all the answers, but by the end of the training they will know much more.
- **ASK** participants to look at the questions on the pre-test as you **READ** them aloud. **GIVE** participants 2–3 minutes after each question to write their answers.

1. How do you know if someone has anaemia?
2. How should an HIV-positive mother who is taking ARVs feed her baby?
3. At what age should babies start eating other foods and liquids in addition to breast milk?
4. Telling people what to do is the best way to change their behaviour. (Tick True or False).
5. Anyone with a MUAC measurement that falls in the yellow band is severely malnourished. (Tick True or False).
6. What color on the MUAC tape indicates normal or good nutrition?
7. Tick the foods and drinks that are good for a person with diarrhoea.
8. Give one warning sign that tells you a child should be referred immediately to a health facility.
9. Scooping water out of a container with a cup can cause diarrhoea. (Tick True or False)
10. What is counselling?

- **USE** the results of the pre-tests to identify areas that need attention and modify the sessions as needed.



## SESSION 2. BASIC NUTRITION

**ESTIMATED DURATION:** 2½ hours

**PURPOSE:** To give participants basic knowledge about nutrition

### SESSION OBJECTIVES

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

1. Define select nutrition terms.
2. Explain the effects of malnutrition.
3. Classify local foods by food groups.
4. Describe the importance of eating foods from each food group.

### TOPICS AND DURATION

- 2.1. Session objectives (5 minutes)
- 2.2. Nutrition definitions (20 minutes)
- 2.3. Effects of malnutrition (20 minutes)
- 2.4. Food groups (65 minutes)
- 2.5. Seasonal foods (30 minutes)
- 2.6. Session review (10 minutes)

### MATERIALS NEEDED

- Flipchart and stand
- Markers and Sticky Stuff
- **Handout 2.1. Well-nourished and Malnourished Children and Adults**
- **Handout 2.2. Food Groups**
- **Handout 2.3. Seasonal Calendar of Local Foods**
- *Eating and Living Well: Good Nutrition Makes a Difference for People Living with Illness* counselling flipchart
- A variety of foods from the local market, including fruit, vegetables, meat, eggs, rice, bread or *nshima*, meat or fish, milk or yogurt, cooking oil, sugar, bottled water, soft drinks and sweets

### ADVANCE PREPARATION

- Write the session objectives on a flipchart.
- Label seven flipchart pages as follows:
  - *Fats, oils and sweets*
  - *Milk and milk products*
  - *Vegetables*
  - *Meat, nuts and legumes*

- Fruits
- Cereals, roots and tubers
- Junk food
- **PURCHASE** a variety of local foods from each group above.

## TOPICS AND ACTIVITIES

### 2.1. Session objectives (5 minutes)

- **EXPLAIN** that in this session, participants will learn the meaning of different nutrition terms and learn about the effects of good nutrition and poor nutrition. They will also learn about the different food groups and how to choose foods to make healthy meals.

### 2.2. Nutrition definitions (20 minutes)

#### GROUP WORK

- **DIVIDE** participants into small groups of five. If possible, group participants by the same communities or regions.
- **ASSIGN** one of the questions below to each group. **GIVE** the groups about 5 minutes to discuss the questions and prepare their answers. **ASK** one person in each group to write down the group's answers.
  - Group 1. 'What is food?'
  - Group 2. 'What is nutrition?'
  - Group 3. 'What is good nutrition?'
  - Group 4. 'What is poor nutrition?'
  - Group 5. 'How does good nutrition affect people?'
- In plenary, **ASK** each group to presents its assigned questions and answer. Invite other groups to comments. **COMPARE** responses with the **ANSWERS** below and **FILL IN** gaps as needed.
  1. **Food** is anything that can be eaten or drunk to provide energy and nutrients so the body can perform its functions (growth, work, reproduction, disease prevention and healing, and brain functions).
  2. **Nutrients** are substances in food that are needed for healthy growth, development and functioning.
  3. **Nutrition** is how the body takes in, absorbs, and uses food to grow, work, play, keep healthy, and resist infection
  4. **Good nutrition** is eating a variety of foods from different food groups in the correct amounts. This gives the body the energy and nutrients it needs for good health.

5. **Poor nutrition** is eating either too little food with little variety or too much.

- **TEACH BACK: ASK** participants to explain in their own words what the terms below mean. If they cannot define the terms in their own words, **REVIEW** and **ASK** again.
  - Food
  - Nutrient
  - Nutrition
  - Good nutrition
  - Poor nutrition

### 2.3. Effects of malnutrition (20 minutes)

- **ASK:** ‘What is malnutrition?’ **GIVE** participants time to answer. **COMPARE** responses with the definition below and **FILL IN** gaps as needed.

**Malnutrition** is the result of not eating what the body needs to stay healthy—either too little food or too much food. Both underweight and overweight people are malnourished.

- **ASK:** ‘How do malnourished people look?’ **GIVE** participants time to answer.
- **REFER** participants to **Handout 2.1. Well-nourished and Malnourished Children and Adults.**
- **ASK** them to look at picture number 1 and describe how the child looks. **ASK** if participants have ever seen a child who looked like this. Then **ASK** participants to look at picture number 2 and describe how the child looks.
- **ASK** participants to look at picture number 3 and describe how the man looks. **ASK** if they have ever seen someone who looked like this. Then **ASK** participants to look at picture number 4 and describe how the man looks.
- **ASK** participants to look at picture number 5 and describe how the man looks. **ASK** if participants have ever seen someone who looked like this. Then **ASK** them to look at picture number 6 and describe how the man looks.
- **EXPLAIN** that someone who is well nourished looks healthy.
- **ASK:** ‘How does malnutrition affect people?’ **GIVE** participants time to answer. **COMPARE** responses with the information below and **FILL IN** gaps as needed.

**Effects of malnutrition:** When people do not eat enough food, do not eat a variety of foods or eat too much food, they become malnourished. A malnourished person is at a higher risk of getting sick. When a malnourished person gets sick, it takes longer to get better.

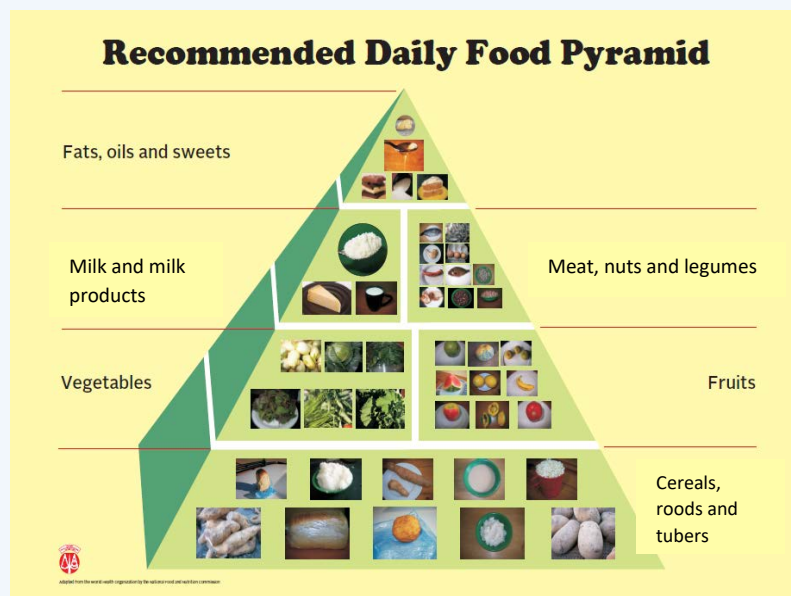
- **ASK:** ‘What can people do to improve their nutrition?’ Give participants time to answer. **COMPARE** responses with the information below and **FILL IN** gaps as needed.

*To improve nutrition*, people should eat a variety of foods from all the food groups and prevent and get treated for illness.

- **TEACH BACK: ASK** participants to explain in their own words what *malnutrition* is. If they cannot define it in their own words, **REVIEW** and **ASK** again.

## 2.4. Food groups (65 minutes)

- **EXPLAIN** that no single food—except breast milk for the first 6 months of life—contains all the nutrients the body needs to stay strong and fight infection. That’s why it’s important to combine different types of food in every meal. This is called a mixed (balanced) diet.
- **ASK** participants to look at **Handout 2.3. Food Groups**. **EXPLAIN** that this is the Recommended Daily Food Pyramid for Zambia. It contains six food groups that represent all the types of food the body needs. **ASK** volunteers to read the six



- **POINT OUT** how foods in each group help the body
  - **Fats, oils and sweets** provide extra energy but should be eaten only in small amounts.
  - **Milk and milk products** contain protein and calcium to make muscles and bones strong.
  - **Vegetables** contain vitamins and minerals that protect against infection.
  - **Meat, nuts and legumes** contain protein to make muscles and bones strong.

- **Fruits** contain vitamins and minerals that protect against infection.
- **Cereals, roots and tubers** (e.g., *nshima*, bread, rice and pasta) contain carbohydrates that provide energy ('fuel') to keep the body functioning.
- **EXPLAIN** that water is not a food group, but it is necessary for life because it helps the body use and transport nutrients, removes waste from the body and regulates body temperature. People should drink plenty of water each day and even more on hot days, when they do heavy work and when they have diarrhoea, vomiting, or fever.
- **ASK:** 'What is junk food'? **GIVE** participants time to answer. **COMPARE** responses with the information below and **FILL IN** gaps as needed.
 

Soft drinks, beer and sweets, including chocolate, are sometimes called 'empty food' or 'junk food' because the body doesn't need them to grow or stay healthy. They can also be harmful to your health, causing teeth problems, obesity and diabetes.
- **ASK:** 'What is the shape of the pyramid?' (**ANSWERS** could be 'a triangle' or 'smaller at the top than the bottom').
- **POINT OUT** that the bottom of the pyramid is wider than the top to show that people should eat more of the foods from the bottom group, a little less from the next group, and the least amount from the top group.
- **EXPLAIN** that eating the right amount of food is as important as eating foods from different food groups.
- **PUT** flipchart page labelled with different food group on separate tables.
- **GIVE** each participant one or more food items.
- **ASK** them to put the food items with the food groups they belong to. **GIVE** 10 minutes for this activity.
- At the end of 10 minutes, **ASK** participants whether the foods are on the right tables. **CORRECT** as needed.
- **REFER** participants to Theme 1: Eat a Variety of Nutritious Food in the *Eating and Living Well: Good Nutrition Makes a Difference for People Living with Illness* counselling flipchart. **POINT OUT** the food groups in each picture.
- **POINT OUT** the questions under 'ASK' on the white page. **EXPLAIN** that they can use these questions and pictures when counselling clients on eating a mixed (balanced) diet.
- **POINT OUT** the 'EXPLAIN' section. **EXPLAIN** that they can use this information to explain to clients the importance of a mixed (balanced) diet. Point out the 'ACTIONS' section. **EXPLAIN** that these are messages they can use to counsel clients.

## 2.5. Local and seasonal foods (30 minutes)

- **ASK** the groups to look at **Handout 2.3. Seasonal Calendar of Local Foods**.
- Then **ASK** each group to fill in the table for each month of the year with foods that are available where they live, including traditional foods and wild vegetables and fruits. **ALLOW** 10 minutes for the activity.
- After 10 minutes, **ASK** one of the groups what foods are available during the month of the training. **ASK** how much each food costs. **DISCUSS** whether people can easily find or afford these foods.
- **EXPLAIN** that people sometimes think local and wild foods are only for poor people. But they can be more nutritious than processed foods sold in stores. **DISCUSS** whether people in the participants' communities eat these foods. If not, why not?
- **REMIND** the groups that it is important to include foods from all food groups in each main meal.
- **ASK** each group to plan meals for 1 day (breakfast, lunch, dinner and two snacks) with foods from all the food groups that are available during the month of the training. **WALK** from group to group to provide support where needed.
- **ASK** each group to make a shopping list that includes the price of the foods for the meals they have written down. **GIVE** 10 minutes for this activity. After 10 minutes, **ASK** each group to present its shopping list.
- **FACILITATE** discussion about whether the foods are affordable for people in the community.

## 2.6. Session review (10 minutes)

- **ASK** participants if they have any questions and clarify information as needed.
- **TEACH BACK: ASK:** 'Why should people eat a variety of foods from all food groups?'
- **TEACH BACK: ASK** participants to explain in their own words what foods provide energy.
- **TEACH BACK: ASK** participants to explain in their own words what foods protect the body against illness.
- **TEACH BACK: ASK** participants to explain in their own words what foods build and repair the body.

## SESSION 3. NUTRITION AND ILLNESS

**ESTIMATED DURATION:** 2 hours

**PURPOSE:** To strengthen participants' knowledge about the relationship between nutrition and illness, including chronic infectious diseases such as TB and HIV,

### SESSION OBJECTIVES

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

1. Explain the importance of good nutrition to fight illness.
2. Explain how nutrition and illness affect each other.
3. Explain why good nutrition is important for people who are ill.

### TOPICS AND DURATION

- 3.1. Session objectives (5 minutes)
- 3.2. The importance of good nutrition to fight illness (10 minutes)
- 3.3. Nutrition and infection (45 minutes)
- 3.4. Groups especially vulnerable to malnutrition (20 minutes)
- 3.5. The importance of good nutrition for people who are ill (30 minutes)
- 3.6. Session review (10 minutes)

### MATERIALS NEEDED

- Flipchart and stand
- Markers and Sticky Stuff
- **Handout 3.1. Cycle of Poor Nutrition and Infection**
- **Handout 3.2. Cycle of Good Nutrition and Infection**
- *Eating and Living Well: Good Nutrition Makes a Difference for People Living with Illness* counselling flipchart

### ADVANCE PREPARATION

- Write the session objectives on a flipchart.
- Write the following titles on individual flipchart pages (one title per page):
  - Higher energy needs
  - Reasons for not eating enough
  - Reasons for eating too much
  - Poor use of nutrients



## TOPICS AND ACTIVITIES

### 3.1. Session objectives (5 minutes)

- **EXPLAIN** that in this session, participants will learn why good nutrition is important to prevent and fight illness and why people who are ill can easily become malnourished.

### 3.2. The importance of good nutrition to fight illness (10 minutes)

- **ASK** participants why good nutrition is important. **GIVE** them time to answer. **COMPARE** responses with the information below and **FILL IN** gaps as needed.

***Good nutrition is important because:***

- It helps the body grow, develop and keep healthy.
- It helps the body fight illness.
- **EXPLAIN** that sick people need more good food than healthy people because their bodies have to work harder to fight illness.

### 3.3. Nutrition and infection (45 minutes)

- **REFER** participants to **Handout 3.1. Cycle of Poor Nutrition and Infection**. Ask them to describe what they see in the picture. **WRITE** responses on a flipchart.
- **POINT OUT** the numbers on the picture. **ASK** participants to follow along as you **READ** the information below.

**Picture 1**

- People who are ill, especially those who have chronic infections such as HIV, need to eat more good food than healthy people so they can fight the illness.
- But sick people may not have an appetite.
- Infections can change the way the body uses food, so people with infections such as HIV need even more food to get enough nutrients.

**Picture 2**

- Not eating enough makes people lose weight, feel weak and become malnourished.
- Malnutrition makes the body too weak to fight infections and makes people get more frequent and longer-lasting infections.

**Picture 3**

- Infections weaken the body's ability to fight illness.

**Picture 4**

- A person with HIV can get illnesses that a person without HIV might not.
- Frequent infections weaken the body. For people with HIV, they make HIV turn into AIDS faster.

- Sick people may not feel like eating. The cycle continues.
- **SUMMARISE** the effects of poor nutrition on infection:
  - Poor nutrition weakens the immune system (the body's way of fighting infection).
  - People with weak immune systems get infections more easily and take longer to recover from infections.
- **REFER** participants to **Handout 3.2. Cycle of Good Nutrition and Infection**.
- **ASK** what they see in this picture. **GIVE** them time to answer. **COMPARE** responses with the information below and **FILL IN** gaps as needed.

**Picture 1**

- The person is eating well and absorbing food his body needs.

**Picture 2**

- The person can eat the extra food he needs because of infection, so he will not lose weight. He will stay strong.
- The person has a well-nourished body that can fight infections.

**Picture 3**

- The body can fight infection better because it has stored enough nutrients.
- For people with HIV, this means HIV will not turn into AIDS as quickly as it would in a weaker, malnourished person.

**Picture 4**

- A well-nourished person does not get infections easily and stays strong.
- The cycle continues.

### 3.4. People especially vulnerable to malnutrition (20 minutes)

- **ASK** participants what people might get malnourished more easily than others. **COMPARE** responses with the information below and **FILL IN** gaps as needed.
  - **Pregnant and breastfeeding women** because they need more energy to:
    - Support the changes in their bodies and feed the babies who are growing in their wombs.
    - Allow for growth and development of adolescent mothers.
    - Produce breast milk.
  - **Children**, especially in the first 2 years of life, because they are growing
  - **Adolescents** because they need healthy food to support rapid growth, can become pregnant and are old enough to make poor food choices such as snacks and processed foods

- **People with chronic infections such as HIV and TB** because they need more energy to fight their infections but may not eat enough nutritious food because they may not have an appetite

### 3.5. The importance of good nutrition for people who are ill (30 minutes)

- **ASK** participants to explain why they think good nutrition is important for people who are ill. **COMPARE** responses with the information below and **FILL IN** gaps as needed.
  - Good nutrition is important for people who are ill because it makes their bodies stronger to fight the illness.
  - People who are ill need extra energy to fight their illness, but illness can make them lose their appetite and change the way their bodies use food.
  - Painful sores in the mouth and throat make it difficult to eat and swallow.
  - Illness can change the way food tastes and cause nausea and vomiting.
  - Tiredness, depression and stress can make people lose their appetite.
  - Inability to work and lack of money makes it difficult to buy enough food.
  - Some medicines can have side effects such as nausea, vomiting, a metallic taste in the mouth, diarrhoea and pain in the stomach that make it difficult to eat.
  - Infections such as diarrhoea and sores in the intestines caused by HIV can make food pass through the intestines very quickly, so the body does not have enough time to use the nutrients. This can lead to undernutrition.
  - Good nutrition can make medicines work better.
  - Good nutrition can help people avoid and fight infections and recover faster from infections.

### 3.6. Session review (10 minutes)

- **ASK** participants if they have any questions and **CLARIFY** information as needed.
- **TEACH BACK: ASK** participants to describe in their own words why nutrition is important for people who are ill.

## SESSION 4. BASIC HIV AND AIDS

**ESTIMATED DURATION:** 2 hours

**PURPOSE:** To give participants basic knowledge about HIV and AIDS

### SESSION OBJECTIVES

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

1. Define HIV and AIDS.
2. Explain how HIV is transmitted.
3. Explain how HIV infection can be prevented.
4. Explain how HIV infection can be managed.

### TOPICS AND DURATION

- 4.1. Session objectives (5 minutes)
- 4.2. Definitions of HIV and AIDS (25 minutes)
- 4.3. Modes of HIV transmission (30 minutes)
- 4.4. Prevention and management of HIV infection (45 minutes)
- 4.5. Session review (15 minutes)

### MATERIALS NEEDED

- Flipchart and stand
- Markers and Sticky Stuff
- **Handout 4.1. How ARVs Work**
- *Eating and Living Well: Good Nutrition Makes a Difference for People Living with Illness* counselling flipchart

### ADVANCE PREPARATION

- Write the session objectives on a flipchart.

### ACTIVITIES

#### 4.1. Session objectives (5 minutes)

- **EXPLAIN** that in this session, participants will learn about HIV and AIDS and how people can get HIV. They will also learn how to prevent and manage HIV infection.

#### 4.2. Definitions of HIV and AIDS (25 minutes)

- **ASK** participants if they know what ‘HIV’ means. **ALLOW** time for responses. **COMPARE** responses with the information below and **FILL IN** gaps as needed.

*HIV* stands for ‘human immunodeficiency virus’. A virus is an organism too small to be seen with the naked eye that can multiply only in the living cells of a host, in this case a human. HIV attacks a type of cell in the blood called a CD4 cell, which helps the body fight disease, and makes the immune system weak.

- **ASK** participants if they know what ‘AIDS’ means. **COMPARE** responses with the information below and **FILL IN** gaps as needed.

*AIDS* attacks a person whose immune system is weakened by HIV. People get AIDS when they do not have enough CD4 cells in their blood to fight HIV. This is called a low CD4 count.

- **STRESS** that not everyone who has HIV gets AIDS. Good nutrition and ARVs can help people with HIV avoid getting AIDS.

#### 4.3. Modes of HIV transmission (30 minutes)

- **ASK** participants if they know how people can get HIV. **COMPARE** responses with the information below and **FILL IN** gaps as needed.

*HIV is transmitted* through contact with body fluids (blood, semen, vaginal fluids and breast milk but NOT saliva, tears, sweat or faeces) contaminated with the virus.

- Then **ASK** participants how people can get HIV from someone else. **COMPARE** responses with the information below and **FILL IN** gaps as needed.

- By having sex with an HIV-positive person without using a condom
- By getting a blood transfusion with blood from someone with HIV
- By getting stuck with a needle or cut from a razor blade that touched the blood of someone with HIV
- By touching the blood of someone with HIV
- During pregnancy, childbirth or breastfeeding

- **EXPLAIN** that HIV is NOT transmitted through shaking hands, hugging sharing food utensils or bedding, furniture or insect bites.

- **TEACH BACK: ASK** participants to explain in their own words how HIV is transmitted.

#### 4.4. Prevention and management of HIV (45 minutes)

- **ASK** participants to think about how HIV is transmitted and then tell you how it can be prevented. **COMPARE** responses with the answers below and **FILL IN** gaps as needed.

- Not having penetrative sex

- Using condoms correctly every time you have sex
- Making sure blood transfusions use blood that has been tested and proven to be free of HIV
- Not sharing sharp objects such as needles or razor blades with other people
- Avoiding injections unless you know the needles are new and clean

- **EXPLAIN** that it is important to know your HIV status so you can get treatment. Pregnant women should get tested for HIV and take ARVs if they are HIV positive so they won't transmit HIV to their babies.
- **ASK** participants what 'ARV' means. **COMPARE** responses with the answers below and **FILL IN** gaps as needed.

**ARV stands for** 'antiretroviral drug'. ARVs can control HIV and help people live longer, but it can't cure HIV. No one has ever found a cure for HIV that has been proven to work.

- **ASK** participants what 'ART' means. **COMPARE** responses with the answers below and **FILL IN** gaps as needed.

**ART** stands for 'antiretroviral therapy' or treatment with ARVs. ARVs can help people with HIV live a longer and healthy life.

- **REFER** participants to **Handout 4.1. How Antiretroviral Drugs (ARVs) Work**. **ASK** them to look at **Picture 1**. **EXPLAIN** that our immune system is like a brick wall that keeps out viruses and bacteria that can make us sick.
- **EXPLAIN** that the circles marked 'HIV' are 'sleeping' because the ARVs shown in the capsules on top of the wall are like 'soldiers' that make HIV inactive. There is no cure for HIV, but ARVs can help people with HIV live without symptoms for many years. ARVs have to be taken every day on schedule. Taking ARVs every day on schedule keeps the immune system (the 'wall') strong so that other infections such as TB do not break through to attack the body.
- **ASK** participants to look at **Picture 2** and tell you in their own words what they see. **FILL IN** gaps with the information below:

*The holes in the wall are letting HIV get through.*

- **REMIND** participants that HIV attacks CD4 cells, which are like soldiers that help the body fight disease. The number of CD4 cells in 1 cubic millimetre of blood (which is one-fiftieth of the size of an average drop of blood) is called the 'CD4 count'. A healthy person has 500–1,000 CD4 cells in each cubic millimetre of blood. An HIV-positive person who has a CD4 count below 200 has AIDS. A high *CD4 count is better than a low CD4 count because it means the body has more CD4 cells to protect the immune system.*
- **EXPLAIN** that not taking ARVs exactly as prescribed reduces the number of CD4 cells, so they can't protect the immune system (the 'wall'). Then HIV and other viruses and bacteria can get through.

- **ASK** participants to look at **Picture 3** and tell you in their own words what they see. **GIVE** time for responses. **FILL IN** gaps with the information below:

*When HIV gets through the body's immune system, it 'wakes up' and becomes active. If the person has skipped doses of ARVs, the ARVs in the blood are not enough to fight the HIV. The HIV learns to fight the ARVs, which may stop working. Other infections can then also get through the weak wall.*

- **EXPLAIN** that ARVs reduce the amount of HIV in the blood. The amount of HIV in 1 millilitre of blood is called 'viral load'. *A low viral load is better than a high viral load because it means someone has less HIV in her or his blood.* Less than 50 copies of HIV in 1 millilitre of blood is called 'undetectable', even though the person still has HIV.
- **EXPLAIN** that people who test positive for HIV should be referred to ART or MCH clinics so that doctors can find out if their bodies are strong enough to start ART.

#### 4.5. Session review (15 minutes)

- **ASK** participants if they have any questions and clarify information as needed.
- **TEACH BACK: ASK** participants to define HIV and then AIDS in their own words.
- **TEACH BACK: ASK** participants to explain in their own words how ARVs work.
- **TEACH BACK: ASK** participants to describe in their own words how to prevent HIV transmission.
- **ASK** participants to explain in their own words why it is important to take ARVs as prescribed.



## SESSION 5. IMPORTANT NUTRITION PRACTICES FOR PEOPLE WHO ARE ILL

**ESTIMATED DURATION:** 1½ hours

**PURPOSE:** To give participants basic knowledge about how to maintain good nutrition during and after illness

### SESSION OBJECTIVES

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

1. Explain what people who are ill should do to have good nutrition and health.
2. Counsel people who are ill on important nutrition practices.

### TOPICS AND DURATION

- 5.1. Session objectives (5 minutes)
- 5.2. Important nutrition practices for people living with illness (70 minutes)
- 5.3. Session review (15 minutes)

### MATERIALS NEEDED

- Flipchart and stand
- Markers and Sticky Stuff
- Large blank index cards
- Ball
- **Handout 5.1. Important Nutrition Practices for People Who Are Ill**
- **Handout 5.2. Recipes for People Who Are Ill**
- *Eating and Living Well: Good Nutrition Makes a Difference for People Living with Illness* counselling flipchart

### ADVANCE PREPARATION

- Write the session objectives on a flipchart.
- Write the following nutrition practices for people who are ill on separate cards:
  1. Get weighed regularly.
  2. Eat a variety of foods from each food group.
  3. Drink plenty of boiled or treated water.
  4. Avoid alcohol, smoking and junk food.
  5. Keep food and water safe.
  6. Get regular exercise.
  7. Get infections treated early.
  8. Take medicines as directed and manage side effects through diet.

## TOPICS AND ACTIVITIES

### 5.1. Session objectives (5 minutes)

- **EXPLAIN** that in this session, participants will learn eight things people who are ill can do to stay healthy and avoid malnutrition.

### 5.2. Important nutrition practices for people who are ill (70 minutes)

- **ASK:** 'How can people who are ill keep from getting malnourished?' **LIST** responses on a flipchart and **KEEP** the list in view during the session.
- **DIVIDE** the participants into four groups.
- **REMIND** the groups that good nutrition is important to stay healthy and people should eat a variety of foods from each food group to get all the energy and nutrients their bodies need.
- **GIVE** each group two cards, each labelled with one important nutrition practice (with different practices for each group).
- **ASK** each group to discuss whether people can easily practice the behaviours on its cards and what would make the practices difficult or easy. **REFER** then to **Handout 5.1. Important Nutrition Practices for People Who Are Ill** for more information. **GIVE** 20 minutes for this exercise.
- After 20 minutes, **ASK** each group to present its results. **FACILITATE** discussion and **FILL IN** gaps as needed.
- **EXPLAIN** that participants will learn more about these practices during the rest of the training.
- **TEACH-BACK: ASK** participants to explain in their own words the eight important nutrition practices.
- **REFER** participants to **Handout 5.2. Recipes for People Who Are Ill**. **EXPLAIN** that these meals are easy to eat and digest and provide nutrients people need to recover from illness. **EXPLAIN** that participants can counsel clients who are ill to use these recipes.

### 5.3. Session review (15 minutes)

#### QUESTIONS AND ANSWERS

- **FORM** a circle with the participants and other facilitators.
- **THROW** the ball to one participant.
- **ASK** the participant who is holding the ball to name one important nutrition practice for people who are ill.
- After the participant answers correctly and the group is satisfied with the answer, **ASK** him or her to throw the ball to another participant. That participant

should then name another important nutrition practice for people who are ill.  
**CONTINUE** until all important nutrition practices have been named.

## SESSION 6. FOOD AND WATER SAFETY AND HYGIENE

**ESTIMATED TIME:** 2½ hours

**PURPOSE:** To give participants knowledge and skills to counsel clients on how to keep food and water safe and practice good hygiene to prevent infections

### SESSION OBJECTIVES

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

1. Explain why safe food and water are important.
2. Describe how to keep food and water safe.
3. Counsel clients on food and water safety and hygiene.

### TOPICS AND DURATION

- 6.1. Session objectives (5 minutes)
- 6.2. The importance of good hygiene (15 minutes)
- 6.3. Handwashing (35 minutes)
- 6.4. Taking care of water for drinking and food preparation (15 minutes)
- 6.5. Preparing and storing food safely (10 minutes)
- 6.6. Disposing of waste safely (20 minutes)
- 6.7. Preventing diarrhoea (35 minutes)
- 6.8. Session review (15 minutes)

### MATERIALS NEEDED

- Flipchart and stand
- Markers
- Sticky Stuff
- 6 clean empty 3-litre or 5-litre plastic container with caps
- 6 large nails
- Piece of cloth or pair of pliers
- Candle or lighter
- 7½ metres of thin rope, cut into pieces 1 metre and ½ metre long
- 2 large bottles of water
- Ball
- **Handout 6.1. How Germs Cause Disease**
- **Handout 6.2. Correct Handwashing**
- **Handout 6.3. How to Make a Home-Made Tap**
- **Handout 6.4. Different Kinds of Home-Made Taps**
- **Handout 6.5. Storing and Serving Water**
- **Handout 6.6. Keeping Food Safe**

- **Handout 6.7. Disposing of Waste Safely**
- **Handout 6.8. Diarrhoea or No Diarrhoea?**

## ADVANCE PREPARATION

- Write the session objectives on a flipchart.
- Prepare all of the materials needed to make 6 homemade taps.

## TOPICS AND ACTIVITIES

### 4.1. Session objectives (5 minutes)

- **EXPLAIN** that in this session, participants will learn how contaminated food and water can cause infections and how to keep food and water safe.

### 4.2. The importance of good hygiene (15 minutes)

- **ASK:** ‘What is hygiene?’ **COMPARE** responses with the answers below and **FILL IN** gaps as needed.

*Hygiene* is preventing disease caused by germs through cleanliness of the body, surroundings, food, water and clothing.

- **ASK:** ‘What are germs?’ Give participants time to answer. **COMPARE** responses with the answers below and **FILL IN** gaps as needed.

*Germs* are tiny living things, too small to be seen with the human eye, which can cause infections.

- **ASK:** ‘How can germs get into the body and cause infection?’ **GIVE** participants time to answer. **COMPARE** responses with the information below and **FILL IN** gaps as needed.

#### *How germs can enter the body and cause infections*

- From drinking contaminated water
- From eating contaminated food
- From eating food with dirty hands
- From touching faeces
- From breathing air that contains germs
- Through body fluids (breast milk, semen, vaginal fluids, blood)
- Then **REFER** participants to the first picture in **Handout 6.1. Germs Cause Disease**. **EXPLAIN** that the lines in the picture represent actions we can take to stop germs from spreading. For example, the first line could be covering or burying faeces or using a latrine. The second line could be washing hands correctly, covering food, boiling or treating water or covering faeces.
- **POINT OUT** that all faeces contain germs that can cause diarrhoea and other infections. **EXPLAIN** that people, animals and insects can touch uncovered faeces

and then carry the germs to other people. When hands with germs on them touch food or water, people who eat or drink the food and water get those germs in their bodies. When they defecate, the germs come out in their faeces, and the cycle starts again.

- **EXPLAIN** that germs in people's intestines, including children's intestines, can cause infections that prevent their bodies from using the nutrients in food. This means that children may not develop properly and stay healthy.
- **TEACH BACK: ASK** participants to explain in their own words how germs can enter the body and cause infections.

### 4.3. Handwashing (30 minutes)

- **EXPLAIN** that our hands are always dirty with germs *even if we can't see or smell them*. **EXPLAIN** that germs get on our hands after we use the toilet, change a baby's nappies, clean someone who is sick or touch anything that is contaminated with germs. Dirty hands are the easiest way to spread germs that cause illness.
- **REFER** participants to **Handout 6.2. Correct Handwashing**. **ASK** what they see in each picture.
- **ASK**: 'Why is it important to use soap or ash to wash your hands?' Give participants time to answer. **COMPARE** responses with the information below and **FILL IN** gaps as needed.

*You need soap or ash to wash your hands because* soap or ash and rubbing loosen dirt and germs on the skin. Water alone can't do this. If you wash your hands with water alone, dirt and germs still stick to the skin.

- **ASK**: 'Why should you rinse your hands under running water after you wash them?' **COMPARE** responses with the information below and **FILL IN** gaps as needed.

*Running water* sweeps off the dirt and germs loosened from the skin by the soap or ash and rubbing. You should not rinse your hands by dipping them into a bowl or basin of water because the dirt and germs don't get swept off.

- **EXPLAIN** that washing hands at four important times can reduce the risk of illness by almost one-half. **ASK** participants what they think those critical times are. **COMPARE** responses with the information below and **FILL IN** gaps as needed.
  - Before preparing food
  - After passing stool
  - After cleaning another person's faeces
  - Before eating or feeding someone
  - Before giving or taking medicines
  - Before and after cleaning or dressing wounds

- After handling blood (including menstrual blood) or body fluids
- **ASK:** ‘How should you dry your hands after washing them?’ **GIVE** participants time to answer. **COMPARE** responses with the information below and **FILL IN** gaps as needed.

*Drying your hands on a cloth that someone else has used or on your clothes can contaminate your hands again. Germs grow fast on damp cloth. Shaking the hands in the air to dry them is better.*

- **EXPLAIN** that every family can make a ‘handwashing station’ with a container of water that is easy to pour from and a bar of soap or bowl of ash.
- **EXPLAIN** that it takes about 1 litre of water to wash your hands completely. This might not be possible for people who have to pay for water or don’t have water easily available. In that case, they can make a home-made tap, which allows you to wash your hands with less water and avoid contaminating the water.

#### **DEMONSTRATION**

- **REFER** participants to **Handout 6.3. How to Make a Home-Made Tap**. Divide participants into six groups.
- **GIVE** each group:
  - A plastic container with a cap
  - A large nail
  - A piece of cloth or pair of pliers
  - A candle or lighter
  - A piece of rope 1 metre long
  - A piece of rope ½ metre long
- One facilitator should **READ** aloud the directions in the handout for making a home-made tap, pausing after each step to give the participants time to complete it. Other facilitators should **MOVE** around the groups and **LOOK** at the illustrations to make sure the groups are following the directions correctly. **GIVE** 15 minutes for this activity.
- After 15 minutes, **POUR** water from the two full bottles into each of the group’s taps. Then **ASK** the groups to follow the directions in the handout to demonstrate how the taps work.
- **EXPLAIN** that this is one kind of home-made tap, but they can see other kinds in **Handout 6.4. Different Kinds of Home-Made Taps**. **READ** through the directions for each.

#### **4.4. Taking care of water for drinking and food preparation (15 minutes)**

- **ASK:** ‘Why is it important to use clean water to drink, take medicine, or prepare food?’ **COMPARE** responses with the information below.

*To avoid germs that can cause diarrhoea and other infections*



- **ASK:** ‘Where do people in your community get the water they use to drink, take medicine and prepare food?’ **GIVE** participants time to respond.
- **ASK:** ‘Do you think the water people use is clean? Why or why not?’ **FACILITATE** discussion.
- **ASK:** ‘How do people in your community carry their drinking water home?’ **GIVE** participants time to answer and discuss.
- After discussion, **ASK:** ‘Do people put lids on the containers they use to carry their drinking water home?’ **GIVE** participants time to answer. Then **EXPLAIN** that germs can get into containers such as buckets that do not have lids or caps. It is better to use containers with lids or caps to carry drinking water home.
- **ASK:** ‘How do people in your community store the water they use to drink, take medicine and prepare food?’ **GIVE** participants time to answer and discuss.
- After discussion, **EXPLAIN** that if you pour clean water into a container that is contaminated with germs, germs will get into the clean water. Containers used to store water should have tightly fitting lids or caps so that insects, rodents and other animals can’t contaminate the water. The containers should be cleaned regularly, outside and inside, with soap and water (not sand, wire brushes or gravel, which make the inside of the container rough and make it easier for germs to grow). Soapy water should be left inside the container for 20 minutes. The container should then be rinsed well, inside and out, until no more soap bubbles form.
- **ASK:** ‘How do people in your community serve their drinking water?’ **GIVE** participants time to answer and discuss.
- After discussion, **EXPLAIN** that dipping a bowl or cup into water can easily contaminate the water if the cup or bowl is dirty. The best way to serve water is to pour it from a container with a spout into individual cups. If this is not possible, the water should be poured with a jug or served with a clean dipper with a long handle by someone with clean hands.
- **REFER** participants to **Handout 6.5. Storing and Serving Water**. **ASK** participants to explain in their own words what each picture shows.

#### 4.5. Preparing and storing food safely (10 minutes)

- **ASK:** ‘How can you stop germs from getting into food?’ **GIVE** participants time to respond. **FACILITATE** discussion and **FILL IN** gaps as needed with the information below.
- **REFER** participants to **Handout 6.6. Keeping Food Safe**. Ask them to say what each picture shows. **COMPARE** responses with the information below and **FILL IN** gaps as needed.
  - Wash your hands before preparing and eating food.

- Use boiled or treated water to wash vegetables and fruits that will be eaten raw.
- Keep dishes and utensils covered with a clean cloth.
- Keep animals away from food preparation areas.
- **ASK:** ‘Are these practices possible for people in your community? If not, why not? How could you help people implement these practices?’ **FACILITATE** discussion.

#### 4.6. Disposing of waste safely (20 minutes)

- **REMINDE** participants that faeces contain germs that can make people sick. **ADD** that menstrual blood of women with HIV also contains HIV. **EXPLAIN** that it is important to dispose of waste so that it will not spread germs or HIV.
- **READ** the following story aloud to the participants:
 

‘Robert is HIV positive. A home-based care provider helped him get ARVs at the clinic and supports him at home. When she visited his home recently, she heard Robert complaining about feeling weak and having watery diarrhoea. She also noticed that Robert was too weak to walk to the community latrine and had begun to pass stool in the yard. The home-based care provider took Robert to the clinic, where the nurse told them that his CD4 count had decreased since he had become so weak with the diarrhoea’.
- **ASK:** ‘What would you counsel Robert’s home-based care provider to do?’ **GIVE** participants time to respond. **COMPARE** responses with the information below and **FILL IN** gaps as needed.
  - Put on plastic gloves or cover her hands with a plastic bag.
  - Bury the faeces or put them in a latrine.
  - Help Robert go to the latrine or else help him pass stool in the bed using a bedpan or plastic sheets or nappies.
  - Cover the soiled bedpans immediately and take them to the latrine to empty, wash them and put them out to dry.
  - Throw soiled plastic sheets or nappies into a pit latrine.
- **ASK:** ‘Are these practices possible for people in your community? If not, why not? How could you make them possible?’ **FACILITATE** discussion.
- **REFER** participants to **Handout 6.7. Disposing of Waste Safely**. **ASK** the groups to describe what they see in each picture.
- **EXPLAIN** that it is very easy to get diarrhoea from faeces. To avoid coming into contact with faeces, people should use latrines if they are available instead of defecating on the ground. Latrines should be kept covered and clean.

#### 4.7. Preventing diarrhoea (40 minutes)

- **EXPLAIN** that poor hygiene can cause diarrhoea. The word 'diarrhoea' means 'to flow through'. It is a sign of disease in the stomach and intestines. Diarrhoea usually means three or more watery stools in 24 hours. Severe diarrhoea can make the body lose too much fluid, which is called 'dehydration'. It can also lead to malnutrition. Over 1 million children die every year around the world because of diarrhoea. Most diarrhoea is caused by contaminated water, dirty hands and germs from faeces.
- **ASK** participants to stay in their six small groups.
- **ASK** the groups to look at **Handout 6.8. Diarrhoea or No Diarrhoea?**
- **EXPLAIN** that they should discuss each picture and consider whether or not it leads to diarrhoea. If it does, they should tick YES. If it does not, or if it helps prevent diarrhoea, they should tick NO.
- **MAKE SURE** that participants do not think that they should tick YES if the action is something people should do.
- **GIVE** the groups 15 minutes for this exercise. After 15 minutes, **ASK** them to share their results in plenary, explaining why they chose the answers they did. **COMPARE** responses with the **ANSWERS** below and **FILL IN** gaps as needed.



<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No

*Kettle boiling: NO DIARRHOEA.* Boiling water kills germs.



<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No

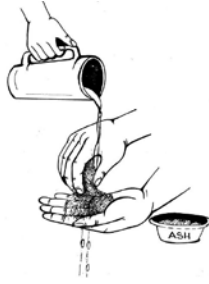
*Scooping water out of a pot with a cup: DIARRHOEA.* It is very easy to contaminate water when you dip into it with a dirty hand or container.



<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No

*Adding chlorine to water: NO DIARRHOEA.* A water treatment product that contains chlorine kills germs in the water and makes it safe to drink for at least 24 hours.

4



- Yes  
 No

*Washing hands with water and ash:* **NO DIARRHOEA.** Rubbing hands with ash or soap removes particles and dirt from hands. Hands must be rinsed under running water to wash the germs away (not in a basin, where water can be contaminated).

5



- Yes  
 No

*Defecating outdoors and leaving faeces uncovered:* **DIARRHOEA.** Uncovered faeces can attract flies, which carry germs. Flies can land on people and their food and transmit those germs. Faeces should be covered and thrown immediately into a hole or latrine.

6



- Yes  
 No

*Leaving cooking utensils and plates uncovered:* **DIARRHOEA.** Animals and insects can leave germs on cooking utensils and plates if they are not kept in a cupboard or covered with a clean cloth.

7



- Yes  
 No

*Washing hand in a basin:* **DIARRHOEA.** Standing water in a basin can get contaminated easily by other hands.

#### 4.8. Session review (15 minutes)

- **FORM** a circle with the participants and other trainer(s).
- **THROW** the ball to one participant and **ASK** 'Why should you use soap or ash to wash your hands?' (**ANSWER:** Soap or ash removes particles and dirt from hands, allowing water to rinse germs away.)
- When the participant answers correctly and the group is satisfied with the answer, **ASK** him or her to throw the ball to another participant. **ASK** the person who catches the ball 'Why should you rinse your hands with flowing water after you wash them?' (**ANSWER:** Flowing water washes away the germs.)
- Then **ASK** that participant to throw the ball to another participant. **ASK** the participant who catches the ball: 'What would you counsel someone with HIV who lives alone and buys most of her food already cooked at the market and eats it at home?' (**ANSWER:** Do not buy food that has been sitting out for more than 2 hours. If possible, heat the food before you eat it.)
- **ASK** the participants to continue throwing the ball to other participants after each question is answered. **ASK** the following questions in turn:
  - 'How should you dry your hands after washing them?' (**ANSWER:** Shake them in the air to dry.)
  - 'You see your neighbour chopping raw meat and then using the same cutting board to cut oranges for a snack for her child. What would you counsel her and why?' (**ANSWER:** Wash the cutting board with soap and water after chopping raw meat and before chopping food that will be eaten raw so that germs in the raw meat don't contaminate the other food.)
  - 'You visit someone and see that the flour in the kitchen is moldy. The person starts making porridge with the flour. What would you counsel her?' (**ANSWER:** Mouldy flour contains germs that can make people sick. If she doesn't have money to buy clean flour, find out if she can ask for flour from a neighbour.)

## SESSION 7. USING DIET TO MANAGE SYMPTOMS AND MEDICINE SIDE EFFECTS

**ESTIMATED TIME:** 2 hours

**PURPOSE:** To give participants knowledge and skills to counsel people on how to manage symptoms and medicine side effects through diet

### SESSION OBJECTIVES

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

1. Identify symptoms of illness that affect nutrition.
2. Counsel on how to manage common symptoms of illness through diet.
3. Explain the interaction of medicines and food.
4. Counsel on how to manage side effects of medicines through diet.

### TOPICS AND DURATION

- 7.1. Session objectives (5 minutes)
- 7.2. Common symptoms of illnesses that affect nutrition (45 minutes)
- 7.3. Interaction between medicines and food (60 minutes)
- 7.4. Session review (10 minutes)

### MATERIALS NEEDED

- Flipchart and stand
- Markers
- Sticky Stuff
- 6 sachets of oral rehydration salts (ORS)
- Ball
- ARV inserts with directions on taking the ARVs with or without food
- **Handout 7.1. How to Manage Poor Appetite**
- **Handout 7.2. How to Manage Diarrhoea**
- **Handout 7.3. How to Manage Nausea and Vomiting**
- **Handout 7.4. How to Manage Mouth Sores**
- **Handout 7.5. How to Manage Anaemia**
- **Handout 7.6. How to Get the Best Results from Medicines**

### ADVANCE PREPARATION

- Write the session objectives on a flipchart.

## TOPICS AND ACTIVITIES

### 7.1. Session objectives (5 minutes)

- **EXPLAIN** that in this session, participants will learn about problems caused by infection and medicine side effects that can make it difficult to eat enough good food to recover from illness and stay healthy.

### 7.2. Common symptoms of illness that affect nutrition (45 minutes)

- **ASK:** ‘What health problems can people with infections such as HIV and TB experience?’ **COMPARE** responses with the information below and **FILL IN** gaps as needed.
  - Loss of appetite
  - Diarrhoea
  - Nausea
  - Vomiting
  - Mouth sores or pain when swallowing
  - Constipation
  - Heartburn
  - Fever
  - Anaemia
  - Depression
- **REFER** participants to **Handouts 7.1 to 7.5** on how to manage symptoms of illness. **GO THROUGH** each handout and **ASK** participants to explain what each picture shows. **REVIEW** the ways to manage each symptom listed below.
- **TEACH BACK:** After reviewing each symptom, **ASK** participants to explain in their own words what people with that symptom should do and what foods or drinks they should avoid.
  - **Loss of appetite**
    - Eat small portions of food 5 or 6 times a day or every 2 hours.
    - Take a warm drink after waking up and before going to bed.
    - Grind meat and fish or cut it into smaller pieces for easier eating.
    - Add garlic, ginger, curry, onions or tomatoes to favourite foods for flavour.
    - Take a walk. Fresh air can stimulate appetite.
    - **Avoid:**
      - Alcohol because it reduces appetite
      - Strong-smelling foods
  - **Diarrhoea**
    - Drink plenty of fluids (boiled or treated water, rice water, soup or *chibwantu* or sour milk) to avoid dehydration and replace nutrients.

- Drink ½ cup of ORS after every loose stool (if ORS is not available, make it at home by mixing 1 pinch of salt and 1 tablespoon of sugar into 1 cup of boiled or treated water).
  - Eat smaller portions of food often.
  - Eat easily digestible foods such as porridge, rice, millet or bread.
  - **Avoid:**
    - Oily or fried foods
    - Spicy foods
    - Sweetened juices, soft drinks, coffee and tea
    - Acidic fruits such as lemons or oranges
    - Very hot or very cold drinks
- **Nausea and vomiting**
- Sip small amounts of boiled or treated water throughout the day.
  - Drink herbal teas or lemon juice in warm boiled or treated water.
  - Eat soft, mashed foods in small portions often.
  - Eat lightly salted and dry foods to calm the stomach.
  - Rest between meals.
  - **Avoid:**
    - Having an empty stomach, which makes nausea worse
    - Eating spicy and fatty foods
    - Drinking coffee, tea or alcohol
    - Lying down immediately after eating (wait at least 20 minutes)
- **Mouth sores**
- Go to a health facility for treatment as soon as you know you have mouth sores.
  - Clean your mouth with cotton and 1 small spoon of salt mixed in 1 cup of boiled or treated water or rinse your mouth with the same mixture.
  - Eat smaller portions and soft, mashed foods, soups, porridge or ripe pawpaw to avoid irritating your mouth.
  - Eat fermented foods such as yogurt and sour milk.
  - Eat foods prepared with garlic.
  - **Avoid:**
    - Smoking and drinking alcohol
    - Eating sugary foods, which can cause yeast to grow
    - Acidic fruits such as lemons and oranges
    - Spicy food
    - Very hot or very cold food
- **Anaemia**
- Eat foods with a lot of iron such as fish, meat, eggs, green leafy vegetables (spinach leaves, cassava leaves, pumpkin leaves), potatoes, pumpkin, carrots, oranges, lemons and mangoes.



- Get dewormed every 6 months (worms cause intestinal bleeding, and this reduces the amount of iron in the blood and causes anaemia).
- Take iron supplements as prescribed by a health care provider.
- **Avoid:**
  - Tea and coffee, which make it hard for the body to use the iron in food
- **Fever**
  - Eat smaller meals more often, every couple of hours, as tolerated.
  - Add sugar or honey to porridge, and small pieces of chicken, fish, meat or beans to soups.
  - Add dry powdered milk (if tolerated) to porridge.
  - Drink plenty of fluids, especially boiled or treated water.
  - Use ginger, honey and lemon in drinks such as tea.
  - Eat extra food, especially if you lost weight with the fever.
  - Go to a health facility if the fever has lasted several days and does not get better with Panadol or aspirin.
  - **Avoid:**
    - Alcohol
- **Constipation**
  - Drink plenty of fluids, especially boiled or treated water.
  - Drink a cup of warm water in the morning before eating anything to help the bowels move.
  - Eat foods rich in fibre to stimulate bowel movements (mangoes, guavas, pawpaw, green leafy vegetables, pumpkin and carrots; beans, peas and groundnuts).
  - Exercise regularly, for example, by taking short walks often.
  - If constipation has lasted more than 3 days, go to a health facility for assessment.
  - **Avoid:**
    - Laxatives (which make you lose too much water and irritate your intestine)
    - Enemas (which can introduce germs into your intestine)
- **Heartburn**
  - Eat smaller meals more often (5–6 times a day).
  - Eat slowly and try not to talk while chewing.
  - Eat bland, soft foods such as rice or maize porridge, pumpkin soup, yoghurt, scrambled eggs, bananas or mild/egg pudding with mashed fruit.
  - Sit up while eating and for 1 hour after eating.
  - **Avoid:**
    - Eating too much or too fast

- Not chewing food well
  - Spicy, fatty and greasy foods
  - Gas-forming foods such as cabbage, beans, onions, garlic, green peppers and eggplant
  - Coffee and other acidic foods (lemons, oranges) if they cause discomfort
  - Eating 2–3 hours before going to bed
- **ASK** if participants have any questions and **CLARIFY** information as needed.

### 7.3. Interaction between medicines and food (60 minutes)

- **EXPLAIN** that some medicines, such as ARVs, can cause symptoms including nausea, vomiting, dizziness or loss of appetite. Most of these symptoms go away after 6 to 8 weeks after beginning treatment.
- **ASK** participants if they have ever been given medicine and told to take it with or without food. **ASK:** ‘What does it mean to take medicine without food?’ **COMPARE** responses with the **ANSWER** below.
 

*To take medicines without food* means to take them when the stomach is empty, at least 1 hour before a meal or 2 hours after a meal.
- **ASK:** ‘What does it mean to take medicine with food?’ Compare responses with the information below.
 

*To take medicines with food* means to take them during a meal or within 1 hour after a meal.
- **EXPLAIN** that following directions for taking medicines correctly—with or without food—can help minimize the side effects of the medicines, for example, ARVs.
- **REMIND** participants that people with HIV have to take ARVs for the rest of their lives.
- **PASS AROUND** ARV inserts, if available, and ask participants to find directions about whether to take them with or without food. **EXPLAIN** that some medicines work better and cause fewer side effects when they are taken with food. Others need to be taken on an empty stomach. Most ARVs should not be taken with alcohol, because alcohol makes them less effective.
- **EXPLAIN** that because most people with TB in Zambia are also HIV positive, they are also prescribed ARVs.
- **REFER** participants to **Handout 7.6. How to Get the Best Results from Medicines**. **EXPLAIN** that if people don’t take medicines as they are prescribed, the medicines will not work.
- **ASK** participants why they think people do not take their HIV or TB medicines as prescribed. **FACILITATE** discussion. **REMIND** participants that skipping or

stopping ARVs or TB medicines mean that people can become resistant to the drugs, so that they stop working. Then stronger drugs will be needed, sometimes with worst side effects.

- **READ** aloud the questions and answers below and **ASK** participants which answer is correct. After each question, **FACILITATE** discussion of the reasons for the correct answers.
  - A man who is taking ARVs has had diarrhea for the past 4 days. Should he:
    1. Stop taking the ARVs? (**ANSWER:** NO)
    2. Go to a health centre immediately? (**ANSWER:** YES)
    3. Manage the side effects of the ARVs with diet? (**ANSWER:** YES)
  - A young girl who is going to start taking ARVs is worried about side effects from the medicines. What should you tell her?
    1. Most symptoms go away after 6–8 weeks (YES)
    2. Good nutrition can help manage side effects? (YES)
    3. If she has side effects, she can just stop taking the ARVs? (NO)

#### 7.4. Session review (10 minutes)

- **ASK** participants whether any of the information in the session was unclear and clarify information as needed.
- **TEACH BACK:** **ASK** participants to form a circle.
- **INSTRUCT** them to count out loud around the circle. Every participant who says a number that includes a 3 should give an example of a symptom caused by illness or medicines.
- Then **ASK** participants to count out loud again, going around the circle. This time, every participant who says a number that includes a 5 should give a message on how to manage nausea (sip small amounts of boiled or treated water throughout the day, eat soft mashed foods in small portions often, avoid an empty stomach, which makes nausea worse). Continue around the circle until all the messages have been mentioned.

## SESSION 8. NUTRITION FOR PREGNANT AND BREASTFEEDING WOMEN

**ESTIMATED TIME:** 1½ hours

**PURPOSE:** To give participants the knowledge and skills to counsel pregnant and breastfeeding women on nutrition

### SESSION OBJECTIVES

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

1. Explain why good nutrition is important for pregnant and breastfeeding women.
2. List important nutrition actions for pregnant and breastfeeding women.
3. Explain how mothers can transmit HIV to their babies.
4. Explain ways to reduce the risk of mother-to-child transmission of HIV.

### TOPICS AND DURATION

- 8.1. Session objectives (5 minutes)
- 8.2. The importance of maternal nutrition (45 minutes)
- 8.3. Mother-to-child transmission of HIV (30 minutes)
- 8.4. Session review (10 minutes)

### MATERIALS NEEDED

- Flipchart and stand
- Markers
- Sticky Stuff
- **Handout 8.1. Cycle of Malnutrition through the Generations**
- **Handout 8.2. Good Nutrition for Pregnant and Breastfeeding Women**
- **Handout 8.3. Case Studies**
- **Handout 8.4. HIV Transmission through Breastfeeding**
- 2 medium-size potatoes

### ADVANCE PREPARATION

- Write the session objectives on a flipchart.

### TOPICS AND ACTIVITIES

#### 8.1. Session objectives (5 minutes)

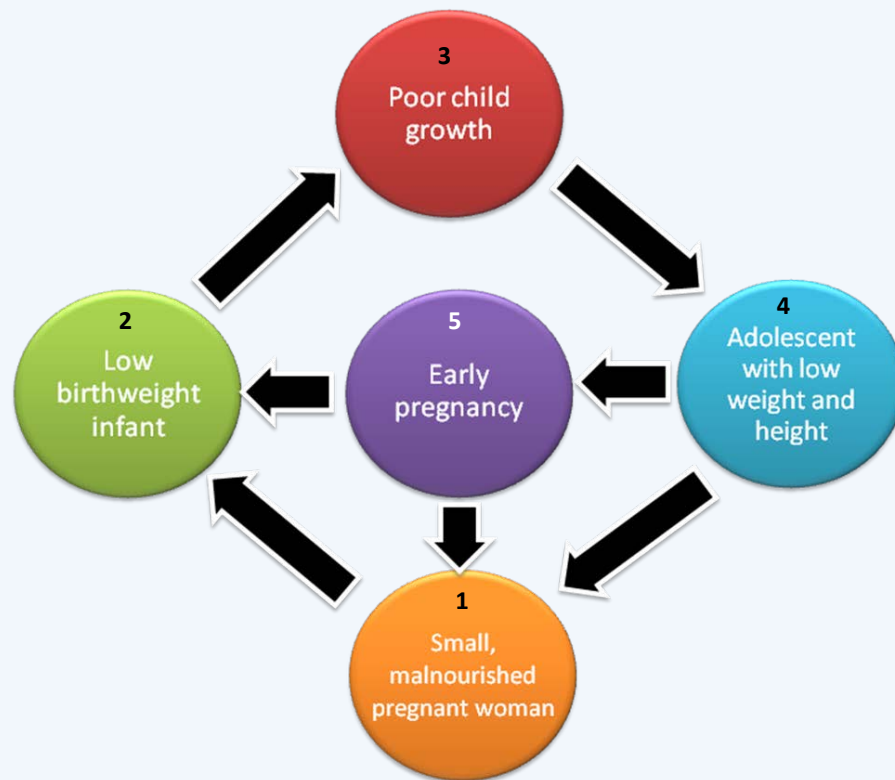
- **EXPLAIN** that in this session, participants will learn about the special nutritional needs of pregnant and breastfeeding women and what HIV-positive pregnant and breastfeeding women can do to avoid transmitting HIV to their babies.

## 8.2. The importance of maternal nutrition (45 minutes)

- **ASK:** ‘In your communities, what advice is given to women about what they should eat when they are pregnant?’
- **GIVE** participants time to respond and **FACILITATE** discussion about the responses. If participants mention that traditional advice to pregnant women is to eat less to avoid having large babies, **EXPLAIN** that low birth weight puts babies at risk for long-term developmental and health problems.
- **EXPLAIN** that women have increased and special nutritional needs during pregnancy and breastfeeding. Pregnant women need:
  - At least one extra snack a day. This is because they should gain 1–2 kg per month from the 4th through the 9th month of pregnancy.
  - Extra rest to improve their nutritional status and increase their babies’ birth weight
  - Eat food with enough vitamins and minerals to keep them from getting ill or dying during pregnancy, delivery and breastfeeding. Women who don’t get enough vitamins and minerals get sick more often and take a longer time to recover.
- **ASK:** ‘What is anaemia?’ **COMPARE** responses with the information below and **FILL IN** gaps as needed.

*Anaemia* is caused by a lack of red blood cells in the blood to make iron. A person with anaemia may be very tired or short breath or have pale lower eyelids (on the inside).
- **EXPLAIN** that pregnant women with anaemia have less resistance to infections and feel weak. They may have heavy bleeding during delivery and longer labour. Their babies may not grow well in the womb and may be born too early or die.
- **EXPLAIN** that malaria can cause anaemia because it destroys red blood cells. Pregnant women get malaria more often than non-pregnant women. Hookworm can also cause anaemia because it causes blood loss from the intestines.
- **ASK:** ‘Do pregnant women in your communities feel tired when they are breastfeeding?’ **GIVE** participants time to answer and **FACILITATE** discussion.
- After discussion, **EXPLAIN** that breastfeeding requires extra energy to make milk. Breastfeeding women need to eat one extra meal and two snacks a day to make enough milk for their babies to replace the energy and nutrients babies take from their mothers’ bodies by breastfeeding. HIV-positive breastfeeding women need even more energy than that because of HIV.
- **EXPLAIN** that undernutrition continues across generations, from mothers to their children to their grandchildren.

- **ASK** participants to look at **Handout 8.1. Cycle of Malnutrition through the Generations.**



- **POINT OUT** the circle marked 'Small, malnourished pregnant woman'. **EXPLAIN** that short women have more problems during delivery and more caesarean deliveries.
- **POINT OUT** the circle 2 marked 'Low birth weight infant'. **EXPLAIN** that babies of malnourished women may be born weighing less than 2,500 g because they did not get enough nourishment in the womb. These babies are much more likely to die than babies who are born weighing more than 2,500 g.
- **POINT OUT** the circle 3 marked 'Poor child growth'. **EXPLAIN** that poor nutrition in the mother affects the quality of breast milk. Babies who do not get enough nutrition may grow poorly.
- **POINT OUT** the circle 4 marked 'Adolescent with low weight and height'. **EXPLAIN** that children who do not grow well get ill more often and become malnourished adolescents.
- **POINT OUT** the circle 5 marked 'Early pregnancy'. **EXPLAIN** that if teenage girls get pregnant, they have a higher risk of being malnourished in pregnancy and having low birth weight babies.

- **POINT OUT** the arrows and **EXPLAIN** that the cycle goes around and around from generation to generation.
- **REFER** participants to **Handout 8.2. Good Nutrition for Pregnant and Breastfeeding Women**. **EXPLAIN** that women can help break the multigenerational cycle of malnutrition if they follow the actions in this handout before pregnancy, during pregnancy, at delivery and during breastfeeding.
- **ASK** participants to describe what they see in the pictures. Go over each of the messages. **FACILITATE** discussion about whether women in the participants' communities can practice the actions in the handout.

### **PRACTICE**

- **DIVIDE** participants into four small groups.
- **ASK** participants to look at **Handout 9.3. Case Studies**. **READ** the two case studies aloud.
  1. Sady, a sick HIV-positive pregnant woman in her seventh month of pregnancy, has lost a lot of weight.
  2. Simasiku is also HIV positive, but she has gained weight during her pregnancy and is strong.
- **ASSIGN** two of the groups the first case study and the other groups the second case study. **GIVE** the groups 15 minutes to discuss what counselling messages to give the women in the case studies.
- After 15 minutes, **ASK** each group to take 5 minutes to present its answers. **COMPARE** responses with the information below and **FILL IN** gaps as needed.
 

**Group 1.** Sady, a sick HIV-positive pregnant woman in her seventh month of pregnancy, has lost a lot of weight.

  - Explain to her the importance of good maternal nutrition for her baby.
  - Counsel her to eat one extra meal a day and plenty of fruits and vegetables.
  - Encourage her to attend ANC regularly.
  - Encourage her to get weighed regularly because pregnant women should gain 1–2 kg a month during their 2nd and 3rd trimesters.
  - Counsel her on how to manage HIV-related symptoms that might keep her from eating enough nutritious food.
  - Counsel her to get more rest.
  - Make sure she is taking iron/folic acid and gets dewormed to reduce her risk of anaemia.
  - Make sure she is taking antimalarial medicine and sleeping under an insecticide-treated bednet.
  - If she is on ART, make sure she is taking the medicines as directed and counsel on medicine -food interactions as needed.

**Group 2.** Simasiku has gained weight during her pregnancy and is strong.

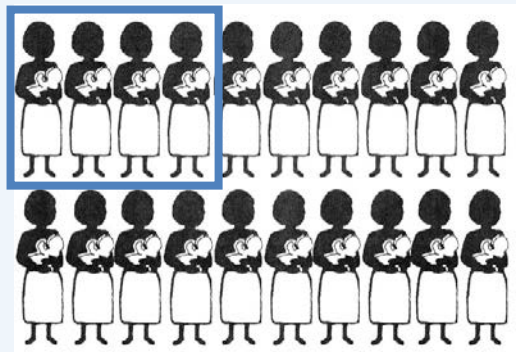
- Praise her for what she is doing well.
- Counsel her to keep attending ANC.
- Encourage her to eat one extra meal a day.
- Make sure she is taking iron/folic acid and has been dewormed.
- Counsel her to sleep under an insecticide-treated bednet.

### 8.3. Mother-to-child transmission of HIV (30 minutes)

- **ASK:** ‘When can mothers pass HIV to their babies?’ **COMPARE** responses with the information below and **FILL IN** gaps as needed.

HIV can be transmitted through body fluids including blood and breast milk.

- During pregnancy
  - During delivery
  - Through breastfeeding
- **EXPLAIN** that not all HIV-positive pregnant and breastfeeding women transmit HIV to their babies.
  - **ASK** participants to look at the first picture in **Handout 8.4. HIV Transmission through Breastfeeding** (shown below) with 20 HIV-positive mothers and their babies.

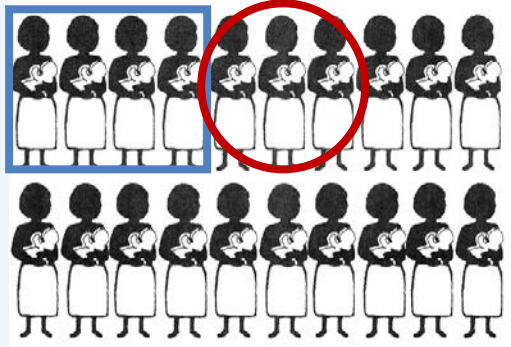


- **EXPLAIN** that four of the 20 mothers will transmit HIV to their babies during pregnancy and delivery if they do not take ARVs. The picture shows a box around those four mothers.

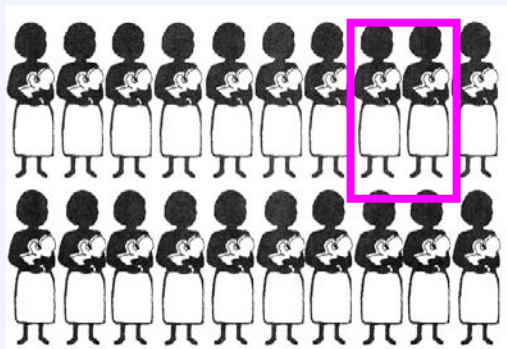
**Note to facilitator:** 5 percent of babies of HIV-positive mothers are infected with HIV during pregnancy ( $5\% \times 20 = 1$ ) while 10–20 percent are infected during labour and delivery (on average  $15\% \times 20 = 3$ ). Therefore, four will be infected (1 during pregnancy and three during labour and delivery)

- **ASK** participants to look at the second picture in **Handout 8.4. HIV Transmission through Breastfeeding** (shown below).





- **EXPLAIN** that three more of the 20 mothers will transmit HIV to their babies during breastfeeding over 2 years if they do not take ARVs. That makes a total of seven out of 20 mothers who will transmit HIV to their babies if they do not take ARVs.
- **ASK** ‘What can pregnant and breastfeeding women do to prevent transmitting HIV to their babies?’ **COMPARE** responses with the information below and **FACILITATE** discussion.
  - Get tested for HIV.
  - If positive, take ARVs and stay on them for life.
  - Use condoms during pregnancy to avoid re-infection with HIV.
  - Eat a healthy diet during pregnancy.
  - Go to PMTCT services regularly.
  - Practice safe infant feeding.
- **EXPLAIN** that only about two out of 20 HIV-positive mothers will transmit HIV to their babies during pregnancy and delivery if they take ARVs.
- **ASK** participants to look at the third picture in **Handout 8.4. HIV Transmission through Breastfeeding** (shown below).



- **EXPLAIN** that only about one out of 20 HIV-positive mothers will pass HIV to their babies during breastfeeding if they are taking ARVs.
- **ASK** participants to look at the fourth picture in **Handout 8.4. HIV Transmission through Breastfeeding** (shown below) to see the one HIV-positive mother and her baby.



- **REPEAT** that most HIV-positive pregnant and breastfeeding women do not pass HIV on to their babies. If all pregnant and breastfeeding women take ARVs, the number who pass HIV on to their babies becomes even lower.
- **EXPLAIN** that we don't know completely why some babies are infected with HIV and others aren't, but it's important for pregnant and breastfeeding women to do everything they can to reduce the risk.
- **EXPLAIN** that participants will learn more about how babies can get HIV during breastfeeding in the next session.

#### 8.4. Session review (10 minutes)

- **ASK** participants if any of the information in the session was unclear and **FACILITATE** discussion.
- **ASK** trainees to form a circle. **EXPLAIN** that you will throw a 'hot potato' (either a real potato or a ball) and the person who catches it should immediately pass it on to the next person to avoid burning their hands. **EXPLAIN** that you will clap your hands and when you stop clapping at the count of 5, the person holding the 'hot potato' should mention one thing an HIV-positive pregnant woman can do to avoid passing HIV to her baby, then throw the potato to the next person. The person who catches the potato should then mention another way to avoid passing HIV from an HIV-positive pregnant mother to her baby, and so on.
- **THROW** the 'hot potato' to a participant and start clapping. Count to 5 and stop. **WAIT** for the person holding the 'hot potato' to give a counselling message.
- **REPEAT** the process until all the important messages from the session have been mentioned. **ANSWERS** are listed below.
  - Get tested for HIV so if they test positive they can reduce the risk of transmitting HIV to their babies by taking ARVs and practicing good infant feeding.
  - Use condoms when they are pregnant to avoid re-infection with HIV.
  - Eat a healthy diet during pregnancy.
  - Go to PMTCT services regularly.
  - Take ARVs and stay on them for life.

## SESSION 9. NUTRITION FOR INFANTS AND YOUNG CHILDREN

**ESTIMATED TIME:** 1½ hours

**PURPOSE:** To give participants knowledge and skills to counsel caregivers on nutrition for infants and young children

### SESSION OBJECTIVES

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

1. Explain the safest way to feed babies.
2. Explain when babies should start eating solid foods.
3. Explain what babies older than 6 months should eat.

### TOPICS AND DURATION

- 9.1. Review (5 minutes)
- 9.2. Session objective (5 minutes)
- 9.3. Infant feeding and HIV (45 minutes)
- 9.4. Feeding babies older than 6 months (30 minutes)
- 9.5. Discussion (5 minutes)

### MATERIALS NEEDED

- Flipchart and stand
- Markers
- Sticky Stuff
- Optional: Small gifts (e.g., pens) to give as prizes for answering questions correctly
- **Handout 9.1. Exclusive Breastfeeding**
- **Handout 9.2. How to Feed Children Older than 6 Months**

### ADVANCE PREPARATION

- Write the session objective on a flipchart.

### TOPICS AND ACTIVITIES

#### 9.1. Review of Session 8 (5 minutes)

- **REMIND** participants that HIV is transmitted through body fluids, including blood (during delivery) and breast milk (during breastfeeding).
- **ASK:** 'When can mothers with HIV pass HIV to their babies?' **COMPARE** responses with the information below and **FILL IN** gaps as needed.
  - During pregnancy
  - During delivery

- Through breastfeeding

## 7.2. Session objective (5 minutes)

- To give participants knowledge to counsel people on the best way to feed their babies so they grow well and do not get HIV.

## 7.3. Infant feeding and HIV (45 minutes)

- **ASK:** 'How can an HIV-positive mother reduce the chance of passing HIV on to her baby?' **GIVE** participants time to respond. **COMPARE** responses to the information below and **FILL IN** gaps as needed.

*HIV-positive mothers can reduce the chance of passing HIV on to their babies by taking ARVs and using good infant feeding practices.*

- **EXPLAIN** that one good way to reduce the risk of passing HIV through breast milk is exclusive breastfeeding.
- **ASK:** 'What is exclusive breastfeeding?' **GIVE** participants time to answer. **COMPARE** responses with the information below and **FILL IN** gaps as needed.

*Exclusive breastfeeding is feeding a baby ONLY breast milk, with no other foods or liquids except medicine, for the first 6 months of a baby's life.*

- **REFER** participants to **Handout 9.1. Exclusive Breastfeeding**. **ASK** them to describe in their own words what they see in the picture.
- **ASK:** 'Why is exclusive breastfeeding important?' **GIVE** participants time to answer. **COMPARE** responses with the information below and **FILL IN** gaps as needed.

Feeding babies under 6 months old other foods and liquids besides breast milk is called '**mixed feeding**'. This can irritate babies' guts and make it easier for infections such as HIV to pass through the lining of the stomach and intestine. Feeding other foods and liquids besides breast milk also increases the risk of babies getting diarrhoea from unclean water or unclean feeding utensils.

- **EXPLAIN** that if both HIV-positive mothers and their babies take ARVs, the risk of passing HIV to babies through breast milk is much lower.

## 7.4. Feeding children older than 6 months (30 minutes)

- **EXPLAIN** that babies need to begin eating foods other than breast milk at 6 months, because breast milk no longer provides all the nutrients their bodies need to grow. However, children still need breast milk until they are at least 2 years old to help them keep growing and protect them against sickness.

- **ASK** participants to read **Handout 9.2. How to Feed Children Older than 6 Months** silently. Give them 5 minutes to do this. Then **EXPLAIN** that you will ask some questions and they should find the answers in the handout. **ASK** the questions below.
  - When should babies start eating other foods besides breast milk? (**ANSWER:** At 6 months)
  - What should babies eat between the ages of 7 and 8 months? (**ANSWER:** Breast milk on demand PLUS mashed foods three times a day)
  - What should babies eat beginning at the age of 8 months? (**ANSWER:** Breast milk on demand PLUS 'sliced fruit or cooked vegetables in pieces small enough that babies can pick them up with their fingers')
  - How much food should a baby eat at the age of 11 months? (**ANSWER:**  $\frac{3}{4}$  cup of food three times a day)
  - How many times a day should a baby 24 months of age be fed? (**ANSWER:** Five times a day [3 meals plus 2 snacks])

#### 7.5. Session review (10 minutes)

- **ASK** participants to stand up and face the back of the classroom.
- Then **EXPLAIN** that you will read some statements and the participants should turn back around if the answer is TRUE and stay facing the back of the classroom if the answer is FALSE:
  - 'If you are exclusively breastfeeding, it's fine to give your baby water along with breast milk'. (FALSE. Exclusive breastfeeding means feeding ONLY breast milk.)
  - 'Mixed feeding means feeding a baby different kinds of formula'. (FALSE. Mixed feeding means feeding breast milk and formula.)
  - 'If 100 mothers breastfeed safely for the first 6 months of their babies' lives, only 50 of their babies will get HIV'. (FALSE. Only 1 out of 100 babies will get HIV.)
  - 'Babies need breast milk until they are at least 2 years old'. (TRUE)
  - 'When babies are 6 months old, they should start eating foods they can pick up with their fingers'. (FALSE. At 6 months, babies should eat soft, mashed foods. At 8 months, they can start eating finger foods.)

## SESSION 10. NUTRITION COUNSELLING

**ESTIMATED DURATION:** 3 hours

**PURPOSE:** To give participants skills to counsel people effectively on how to improve their nutritional status

### SESSION OBJECTIVES

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

1. Define counselling.
2. Ask questions to learn about a client's situation.
3. Help clients identify action steps.
4. Use effective communication skills to communicate nutrition messages.

### TOPICS AND DURATION

- 10.1. Session objectives (5 minutes)
- 10.2. Definition of counselling (10 minutes)
- 10.3. Steps in effective counselling (15 minutes)
- 10.4. GREET/ASK/LISTEN (listening and learning skills) facilitator demonstration (30 minutes)
- 10.5. GREET/ASK/LISTEN (listening and learning skills) participant practice (40 minutes)
- 10.6. PRIORITIZE/SUGGEST/DISCUSS/PLAN (skills that build confidence and give support) facilitator demonstration (30 minutes)
- 10.7. PRIORITIZE/SUGGEST/DISCUSS/PLAN (skills that build confidence and give support) participant practice (45 minutes)
- 10.8. Session review (5 minutes)

### MATERIALS NEEDED

- Flipchart and stand
- Markers
- Sticky Stuff
- **Handout 10.1. Definition of Counselling**
- **Handout 10.2. Skills for Effective Counselling**
- **Handout 10.3. Counselling Checklist**
- **Handout 10.4. Client Action Plan**

### ADVANCE PREPARATION

- Write the session objectives on a flipchart.

## TOPICS AND ACTIVITIES

### 10.1. Session objectives (5 minutes)

- **EXPLAIN** that this this session will give participants skills to counsel people on how to change their behaviour to stay healthy

### 10.2. Definition of counselling (10 minutes)

- **ASK** participants to explain in their own words what counselling is. **WRITE** responses on a flipchart and **COMPARE** them with the definition below.

***Counselling is a relationship between a counsellor and a client that focuses on solving the client's problems.***

- **EXPLAIN** that giving information is part of counselling, but it is not enough for people to solve their problems. To do that, they need to clearly understand the information, and the information must be relevant to their own situations and concerns.
- **REFER** participants to **Handout 10.1. Definition of Counselling**. **GIVE** them time to look at the pictures.
- Then **STRESS** that counselling is **NOT** telling people what to do.
- **ASK** participants to think about a time when they were told to do something, for example, to lose weight or to stop drinking alcohol. **ASK**: 'How did you feel when you heard that? Did you think the person who told you what to do understood your situation? Was it easy for you to do what they told you to do? What would have helped you change your behaviour?' **FACILITATE DISCUSSION**.
- **EXPLAIN** that both the client and the counsellor are important in counselling. This is called two-way communication. **A counsellor should listen more than talk**. **DRAW** on a flipchart a face with a large mouth and small ears, then one with large ears and a small mouth, to illustrate the point.

### 10.3. Steps for effective counselling (15 minutes)

- **ASK** participants to look at the steps for effective counselling in **Handout 10.1. Definition of Counselling** (copied below). **ASK** volunteers to read the first two steps aloud.



- **REFER** participants again to Theme 1: Eat a Variety of Nutritious Food in the *Eating and Living Well: Good Nutrition Makes a Difference for People Living with Illness* counselling flipchart.
- **POINT OUT** the questions under 'ASK' on the white page. **EXPLAIN** that these questions and pictures can be used to counsel clients on eating a mixed (balanced) diet.
- **POINT OUT** the 'EXPLAIN' section. **EXPLAIN** that this information can be used to explain to clients the importance of a mixed (balanced) diet.
- **POINT OUT** the 'ACTIONS' section and **EXPLAIN** that these are counselling messages participants can use with clients.
- **SHOW** the participants different themes in the flipchart and **POINT OUT** that there are 'ASK', 'EXPLAIN' and 'ACTIONS' sections for each theme.

#### 10.4. GREET/ASK/LISTEN (listening and learning skills) facilitator demonstration (30 minutes)

- **POINT OUT** the three important questions a counsellor should ask under the 'ASK AND LISTEN' step on **Handout 10.1. Definition of Counselling**.
  - How have you been feeling?
  - What have you been eating?
  - How is your treatment going?
- **REFER** participants to **Handout 10.2. Skills for Effective Counselling**. **ASK** them to look at Part 1: Listening and Learning Skills. Explain that they can refer to this handout when counselling to help them remember the GREET/ASK/LISTEN skills.
- **ASK**: 'What does *listening* and *learning* have to do with counselling? Why do counsellors need to listen? Why do they need to learn?' **GIVE** participants time to respond. **COMPARE** responses with the information below and **FILL IN** gaps as needed.



***Counsellors need to listen to clients to learn about their situation, relationships, feelings and resources to help them find effective solutions to their problems.***

- **EXPLAIN** that without listening and learning, counsellors will not be able to provide relevant information that can help clients.
- **ASK:** ‘What can a counsellor do (or not do) to make a client feel more comfortable and ready to share information?’ **GIVE** participants time to answer. **COMPARE** responses with the information below and **FILL IN** gaps as needed.
  - Greet the client warmly and smile.
  - Counsel the client in a private place.
  - Look at the client, not at your phone or the clock.
  - Listen to what the client says.
- **EXPLAIN** the difference between OPEN AND CLOSED QUESTIONS by asking participants, ‘Are you Zambian?’ and waiting for the response. **WRITE** the response (‘Yes’ or ‘No’) on a flipchart. Then **ASK** a participant, ‘Where are you from?’ and **WRITE** the response on a flipchart. **EXPLAIN** that ‘Are you Zambian?’ is a CLOSED QUESTION, which can only be answered with ‘Yes’ or ‘No’. ‘Where are you from?’ is an OPEN QUESTION that requires more information.
- **ASK** a participant to ask a question, any question. Then **ASK** the other participants whether it was an OPEN or CLOSED QUESTION. **REPEAT** this exercise one or two times.
- **POINT OUT** the three important questions a counsellor should ask under the ‘ASK AND LISTEN’ step (‘How have you been feeling?’, ‘What have you been eating?’ and ‘How is your treatment going?’).
- **EXPLAIN** that you will demonstrate some asking and listening skills that can improve communication with clients and their family members to help achieve better results.
- With another facilitator, **DEMONSTRATE** how to ask questions and listen actively. One facilitator should **ROLE-PLAY** the counsellor, and the other should **ROLE-PLAY** the client.

Counsellor: Good morning, Robert (shaking his hand and smiling, then sitting down and facing him). How have you been feeling lately?

Client: *I’ve been vomiting a lot.*

Counsellor: (Showing interest) Hmm. How long have you been vomiting?

Client: *About 3 days.*

Counsellor: What other problems have you been having?

Client: Only an upset stomach.

Counsellor: I see here on your chart that you have lost almost 1 kg since your last visit. What do you think is the reason for that?

*Client:* I don't know. I suppose I'm not eating enough.

*Counsellor:* So you just don't have much appetite lately?

*Client:* Yes. And I'm tired.

*Counsellor:* It sounds like you are low on energy. What have you been eating?

*Client:* *I don't feel like eating much, but this morning I ate porridge.*

*Counsellor:* It's good that you tried to eat something, because it's important to keep your body strong when you're sick. Are you taking any medicines?

*Client:* Yes.

*Counsellor:* What medicines are you taking?

*Client:* *I'm taking ARVs, but they make me feel sick.*

*Counsellor:* I'm sorry to hear that. When do you take them? Do you take them with food or not?

*Client:* They told me to take them with food, but sometimes I forget. But now I don't want to take them at all because of how they make me feel.

*Counsellor:* Let's see if we can find a way to help you take your ARVs the way the doctor prescribed and help you get back to a healthy weight.

- After the demonstration, **ASK:** 'Did the counsellor provide any information or advice?' (**ANSWER:** No, the counsellor just asked questions and listened). **ASK:** 'What did the counsellor do while asking questions and listening to the client?' **GIVE** participants time to respond. Then **COMPARE** responses with the counselling skills below. **PROMPT** participants for any skill they did not mention.
  - *Looked at the client while talking to him*
  - *Showed interest in what the client said*
  - *Asked questions that required more than a yes or no answer to find out more about the client's situation and what he needed*
  - *Asked questions about different topics first (including the three ASK and LISTEN questions) to identify the client's most important need*
  - *Repeated what the client said to show she was listening*
  - *Accepted what the client thought and felt*
  - *Did not judge or criticise the client*
- **ASK:** 'Do you think the client felt comfortable to share more information with the counsellor? Why or why not?'
- **ASK:** 'From what you heard, what do you think the counsellor should focus on in the next stage to help the client make a plan to solve his problem?'

## 10.5. GREET/ASK/LISTEN (listening and learning skills) participant practice (40 minutes)

- **ASK** participants to form groups of three. **EXPLAIN** that they will practice the first three steps of counselling—greeting, asking questions and listening actively. In these steps, counsellors only assess clients’ situations—they do NOT provide information.
- **REMIND** participants of the three important questions to ask clients (**WRITE** them on a flipchart):
  - How have you been feeling?
  - What have you been eating?
  - How is your treatment going?
- **EXPLAIN** that counsellors should probe for information. For example, if the client says he has diarrhoea, the counsellor should ask questions about WASH.
- **ASK** each group to choose one person to role-play a client, another to role-play a counsellor and another to observe the counselling and give feedback. **EXPLAIN** that each group member will have a chance to play each of these roles.
- **ASK** the ‘counsellors’ to listen actively and ask questions to learn about the client’s situation so they can decide what issues to focus on.
- **ASK** the observers to listen to the ‘counsellors’ to listen for the three GREET/ASK/LISTEN questions and write down any that the ‘counsellors’ miss. They should also listen to make sure the ‘counsellors’ are not giving any information or advice at this stage. If so, they should stop the ‘counsellors’ and ask them to begin again.
- **EXPLAIN** that you will read aloud a scenario that the groups can use for the role-play but that they should add any details to make it more realistic.
- **READ SCENARIO 1.** *Alice is 4 months pregnant. She has been feeling nauseated and has not gained weight since her first antenatal visit.*
- **ASK** the ‘clients’ in each group to role-play Alice. **EXPLAIN** that they can add details based on common experience of people in their communities.
- **GIVE** 5 minutes for this round of counselling role-plays.
- **MOVE AROUND** the groups to observe the role-plays and give tips as needed on asking questions and listening actively (using listening and learning skills).

*Tips: The counsellors should:*

- Look at Alice.
- Listen to what she says.
- Show interest in what she is saying.
- Ask questions that require more than a yes or no answer (e.g., what food she is eating).
- Repeat what she says to show they are listening.

- After 5 minutes, **REFER** participants to **Handout 10.3. Counselling Checklist**. **POINT OUT** the two checklists for Part 1. GREET/ASK/LISTEN, one for the ‘client’ and one for the observer.
- **ASK** the ‘clients’ and observers in each group to fill out Round 1 on the checklists under Part 1. **GIVE** 5 minutes for this activity. After 5 minutes, **ASK** one or two ‘clients’ and one or two observers to share their results.
- **ASK** one or two of the ‘counsellors’ what they learned about the clients. **ASK**: ‘Was it difficult to keep from giving advice at this stage?’ **ASK**: ‘What do you think you should focus on in the next stage of counselling?’
- **INSTRUCT** each group to rotate roles so that different group members role-play the ‘client’, ‘counsellor’ and observer.
- **READ SCENARIO 2.** *Chimuka lives with relatives in a place with no running water and no latrine. She’s been sick for many days with diarrhoea and vomiting. She doesn’t cook for herself*
- **REPEAT** the process above.
- **ASK** the ‘clients’ and observers in each group to fill out Round 2 on the checklists under Part 1. **GIVE** 5 minutes for this activity.
- **MOVE AROUND** the groups to observe the role-plays and give tips as needed on asking questions and listening actively (using listening and learning skills).
 

*Tips: The counsellors should:*

  - Look at Chimuka
  - Listen to what she says.
  - Show interest in what she is saying.
  - Ask questions that require more than a yes or no answer (e.g., what food she is eating).
  - Repeat what she says to show they are listening.
- After 5 minutes, **ASK** one or two ‘clients’ and one or two observers to share their results.
- **INSTRUCT** each group to rotate roles again so that different group members role-play the ‘client’, ‘counsellor’ and observer.
- **READ SCENARIO 3.** *Esther has a baby who is 4 months old. She doesn’t know her HIV status. She has been told that babies need formula to grow well.*
- **REPEAT** the process above.
- **MOVE AROUND** the groups as before and **GIVE** tips as needed.
 

*Tips: The counsellor should:*

  - Ask Esther where she heard that babies need formula.
  - Ask her what she thinks about feeding her baby formula

- Listen to what she says without judging or criticizing her.
- **ASK** the ‘clients’ and observers in each group to fill out Round 3 on the checklists under Part 1. **GIVE** 5 minutes for this activity. After 5 minutes, **ASK** one or two ‘clients’ and one or two observers to share their results.
- **ASK** the ‘clients’ in one or two groups how they felt during the role-play. Did they feel the ‘counsellors’ listened to their problems, were interested in what they were saying and understood their situation?
- **ASK** the ‘counsellors’ in one or two groups what they learned about the ‘clients’ and how they felt asking questions and listening actively? Was it difficult to keep from giving advice at this stage?
- **ASK** the observers in one or two groups how well the ‘counsellors’ listened and asked questions and whether they had to stop them from giving information or advice.

#### 10.6. PRIORITIZE/SUGGEST/DISCUSS/PLAN (skills that build confidence and give support) facilitator demonstration (30 minutes)

- **ASK** participants to look again at the steps for effective counselling in **Handout 10.1. Definition of Counselling** and read the next three steps aloud (PRIORITIZE, SUGGEST/DISCUSS AND PLAN).
- **EXPLAIN** that this part of the counselling focuses on selecting clients’ most important problems and supporting them to plan actions to solve those problems. **EXPLAIN** that counselling in this stage should include the following questions (**WRITE** on a flipchart):
  - What makes it difficult for you to \_\_\_\_ (desired behaviour)?
  - What/who can support you to \_\_\_\_ (desired behaviour)?
- **EXPLAIN** that you will demonstrate some counselling skills that help build clients’ confidence and support them while helping them decide how to improve their nutrition.
- **DEMONSTRATE** the role-play below.

Counsellor: It’s very good that you’re taking your ARVs the way the doctor told you so the medicine will work as it should.

*Client: But the ARVs make me feel sick.*

Counsellor: That happens to some people. Let’s look at how ARVs work (counsellor shows **Handout 4.1. How Antiretroviral Drugs (ARVs) Work**). Our body has a way to keep us healthy called the immune system. This works like a brick wall to keep out infection. As you can see in the picture, if we take ARVs correctly, it keeps the wall strong. But when we skip doses, the brick wall becomes weak, and HIV and other infections can get through. Has the doctor talked to you about your CD4 count? Do you know what that is?

*Client:* He told me I have a low CD4 count and a high viral load, but I don't know what that means.

*Counsellor:* When you have a lot of HIV in your blood, you have a 'high viral load'. That means a high load of the virus. But if you take your ARVs every day at the same time, you can reduce the amount of HIV in your blood. It's good to have a higher CD4 count but a lower viral load.

*Client:* What if I can't remember to take my ARVs every day?

*Counsellor:* Would it help to make a calendar to remind you?

*Client:* I might forget to look at the calendar.

*Counsellor:* What about keeping the pills in a special container next to your bed so you can take them at the same time every morning when you wake up?

*Client:* I don't have money to buy that container.

*Counsellor:* Then can you keep the pills in the bottles next to your bed so you'll see them when you wake up?

*Client:* Yes, I can try.

*Counsellor:* Good. Try that for a week and then we can talk again and see if it helped you. Can you tell me why it's important to take your ARVs every day at the same time?

*Client:* So I can keep enough medicine in my blood to keep HIV out.

*Counsellor:* Do you have any other concerns today?

*Client:* I don't have enough money to feed my children, and they're hungry.

*Counsellor:* There's a program that gives food to families who need help. I can refer you there so you can talk to them and find out if you qualify.

*Client:* Thank you. When should I go?

*Counsellor:* I'll give you this referral slip that you can take to the office.

- After the demonstration, **ASK** participants what the 'counsellor' did to support the 'client' and make him feel comfortable while giving information, discussing options and barriers and negotiating an action. **COMPARE** responses with the **PRIORITIZE/SUGGEST/DISCUSS/PLAN** skills below and **PROMPT** participants for any skill they did not mention.

1. Praised what the client did right
2. Used simple language
3. Shared information in small bits that respond to the client's concerns
4. Gave practical suggestions, not commands
5. Used job aids interactively
6. Invited the client to ask questions
7. Helped the client select an action to try
8. Asked about things that might make it difficult for the client to try the action
9. Asked the client to repeat what she was going to do to make sure she understood the suggestion (TEACH BACK)
10. Referred the client to needed support
11. Made an appointment to follow up with the client

### 10.7. PRIORITIZE/SUGGEST/DISCUSS/PLAN participant practice (45 minutes)

- **ASK** participants to form new groups of three. **EXPLAIN** that they will practice the last three steps in counselling—1) prioritizing the client’s most important problems, 2) suggesting and discussing what the client can do to solve those problems and 3) agreeing on an action and follow-up steps.
- **POINT OUT** the questions on the flipchart:
  4. What makes it difficult for you to \_\_\_\_ (desired behaviour)?
  5. What/ who can support you to \_\_\_\_\_ (desired behaviour)
- **ASK** each group to choose one person to role-play a client, another to role-play a counsellor and another to observe the counselling and give feedback.
- **ASK** the groups to role-play the same case studies as before. **ASSIGN** scenarios to the groups as follows:
  - Scenario 1: Groups 1 and 2
  - Scenario 2: Groups 3 and 4
  - Scenario 3: Groups 5 and 6
- **ASK** the ‘counsellor’ in each group to:
  1. Use the information learned in the first stage to help the ‘clients’ decide what their most important problems are.
  2. Provide information to help the ‘clients’ solve those problems, using the information from the previous sessions, the counselling flipchart the handouts.
  3. Ask the ‘clients’ to repeat the information in their own words to check their understanding.
  4. Agree with the ‘client’ on a plan to address the priority problems and set a return date for follow-up.
- **REFER** the groups to **Handout 10.4. Client Action Plan**. **EXPLAIN** that each ‘counsellor’ should work with the ‘client’ to complete this plan.
- **POINT OUT** the sections of the client action plan, copied below.

<p><b>GOAL:</b> I want to _____.</p> <p><b>PLAN:</b> To reach the goal, I will _____.</p> <p><b>MY NEXT VISIT</b> is on _____ at _____ o’clock.</p> <p>I am being <b>REFERRED TO</b> _____.</p>
---

- **EXPLAIN** that the counsellor should also discuss with the client what support is needed to carry out the plan. The counsellor should give the client one copy of the plan and keep another copy in the client’s file to refer to on the next visit.

- **REFER** participants to **Handout 10.3. Counselling Checklists**. **POINT OUT** the two checklists for Part 2. **PRIORITIZE/SUGGEST/DISCUSS/PLAN**, one for the 'client' and one for the observer.
- **ASK** the 'clients' and observers in each group to fill out Round 1 on the checklists under **Part 2**. **GIVE** 30 minutes for this activity.
- **MOVE AROUND** the groups to observe the role-plays and give tips as needed on prioritizing problems, advising/discussing with the clients and making action plans.

*Tips: The 'counsellors' should:*

- Explain to the 'clients' the benefits of the recommended actions in relation to the 'clients' concerns.
  - Demonstrate actions when possible (for example, proper handwashing).
  - Refer the 'clients' to appropriate support as needed.
- After 30 minutes, **ASK** one or two groups to present the results of their role-play in plenary, including their 'clients' action plans.
  - **FACILITATE** discussion about any difficulties the 'counsellors' had following the steps.
  - **ASK**: 'What did you learn from the role-plays? What skills do you think you will need the most practice to master?' **GIVE** participants time to respond and **WRITE** the responses on a flipchart.

#### **10.8. Session review (5 minutes)**

- **ASK** participants if any of the information in the session was unclear and clarify information as needed.
- **TEACH BACK: ASK** participants to explain what counselling is in their own words.
- **TEACH BACK: ASK** participants to explain the steps in counselling in their own words.



## SESSION 11. SCREENING FOR MALNUTRITION

**ESTIMATED DURATION:** 4 hours

**PURPOSE:** To give participants knowledge and skills to identify malnutrition using various methods

### SESSION OBJECTIVES

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

1. Measure MUAC correctly.
2. Assess for bilateral pitting oedema correctly.
3. Classify nutritional status correctly.
4. Find malnourished people in the community and refer them to a health facility for further assessment and treatment.

### TOPICS AND DURATION

- 11.1. Review (5 minutes)
- 11.2. Session objectives (5 minutes)
- 11.3. Reasons to identify malnutrition (10 minutes)
- 11.4. Opportunities and ways to identify malnutrition (10 minutes)
- 11.5. Asking about diet (20 minutes)
- 11.6. Checking for swelling of both feet (40 minutes)
- 11.7. Measuring mid-upper arm circumference (MUAC) (45 minutes)
- 11.8. Measuring length and height (45 minutes)
- 11.9. Measuring weight (45 minutes)
- 11.10. Signs of severe acute malnutrition, moderate acute malnutrition and overnutrition (10 minutes)
- 11.11. Session review (5 minutes)

### MATERIALS NEEDED

- Flipchart and stand
- Markers
- Sticky Stuff
- At least 4 functioning electronic Salter scales
- At least 4 functioning balance beam scales
- At least 4 functioning height boards or height metres
- At least 4 functioning length boards
- 4 dolls
- Adult and child MUAC tapes for all participants
- 2 large ripe bananas
- 6–10 large sticks, each marked with 'S' and 'E' 12 cm apart
- **Handout 11.1. Diet Questions**

- **Handout 11.2. Bilateral Pitting Oedema**
- **Handout 11.3. How to Measure Weight**
- **Handout 11.4. How to Measure Height and Length**
- **Handout 11.5. How to Measure MUAC**
- **Handout 11.6. Signs of SAM in Children: Marasmus and Kwashiorkor**

## ADVANCE PREPARATION

- Write the session objectives on a flipchart.
- Arrange for participants to visit a health centre or invite an adult or child with bilateral pitting oedema to the training. If this is not possible, take bananas to the training for participants to practice with.
- Check the accuracy of the scales.

## TOPICS AND ACTIVITIES

### 11.1. Review (5 minutes)

- **ASK:** ‘What is the best way for HIV-positive mothers to feed their babies during the first 6 months of life?’ Compare responses with the **ANSWER:** Exclusive breastfeeding OR breastfeeding only
- **ASK:** ‘When should babies start eating other foods in addition to breast milk?’ Compare responses with the **ANSWER:** At 6 months

### 11.2. Session objectives (5 minutes)

- **EXPLAIN** that this session will give participants the knowledge and skills to find malnourished people in the community and refer them for HIV testing, further nutrition assessment and treatment.

### 11.3. Reasons to identify malnutrition (10 minutes)

- **ASK:** ‘Why is it important to find people in the community who are malnourished?’ **COMPARE** responses with the information below and **FILL IN** gaps as needed.
  - If malnutrition is identified early, it can be treated early and people won’t get so sick.
  - Malnutrition can make it difficult to take medicines as prescribed.
  - People can be counselled to improve their diets to avoid malnutrition.

#### 11.4. Opportunities and ways to identify malnutrition (10 minutes)

- **ASK:** ‘Where and when can you screen people for malnutrition?’ **COMPARE** responses with the information below and **FILL IN** gaps as needed.
  - In health facilities
  - During home-based care visits
  - On immunization days
  - On child health days
  - During growth monitoring and promotion
  - During community gatherings
  - During outreach visits
- **ASK:** ‘How can you find out if people are malnourished?’ **COMPARE** responses with the information below and **FILL IN** gaps as needed.
  - By weighing children during growth monitoring and plotting their weight
  - By checking child growth charts
  - By asking people about the amount and kinds of food they are eating
  - By measuring MUAC
  - By checking for signs of malnutrition

#### 11.5. Asking about diet (20 minutes)

- **ASK** participants to form pairs. **EXPLAIN** that each pair will practice asking each other questions about diet.
- **ASK** participants to look at **Handout 11.1. Diet Questions**. **EXPLAIN** that participants can use this job aid during home visits to find out whether people are having problems eating enough nutritious food and counsel them accordingly.
- **ASK** each participant to complete the table with ticks for the person he or she is talking to. **GIVE** the pairs 5 minutes to complete this exercise. After 5 minutes, **ASK** one or two pairs to share the results in plenary.

#### 11.6. Checking for swelling of both feet (40 minutes)

- **ASK** participants to look at **Handout 11.2. Bilateral Pitting Oedema** and describe in their own words what they see in the pictures. **GIVE** them time to respond.
- **EXPLAIN** that ‘oedema’ means swelling and ‘bilateral’ means in either both feet or both legs. Swelling of both feet is a sign of severe acute malnutrition. Anyone who has this kind of swelling in both feet should be referred to a health facility right away.
- **ASK** a volunteer to sit in a chair to the middle of the circle or front of the class. **ASK** for permission to check her or his feet for swelling. **REMIND** participants to **ALWAYS** ask people’s permission to check for swelling of both feet.

- **ASK** participants to watch closely while you **DEMONSTRATE** how to check for bilateral pitting oedema. **HOLD** both the volunteer's feet with your thumbs on top. **PRESS** gently and **COUNT** out loud, 'One thousand one, one thousand two, one thousand three' (3 seconds). Then **REMOVE** your thumbs.
- **ASK** participants what happened to the volunteer's feet after the facilitator removed the thumbs (**ANSWER:** The skin on the feet sprang back). **EXPLAIN** that this shows that the person does not have bilateral pitting oedema.)
- Now **DEMONSTRATE** how to check for bilateral pitting oedema using two peeled, ripe bananas. **PRESS** gently with your thumbs on the bananas and **COUNT** out loud, 'One thousand one, one thousand two, one thousand three' (3 seconds). Then **REMOVE** your thumbs.
- **ASK** participants what happened to the bananas after the thumbs were removed (**ANSWER:** The indentations in the bananas stayed indented). **EXPLAIN** that if the bananas were a person's feet, it would mean that the person has bilateral pitting oedema.
- **ASK** participants to work in pairs to practice checking each other's feet for bilateral pitting oedema. **GIVE** a few minutes for this activity.
- **EXPLAIN** that malnourished people with swelling in both feet may also get swelling in the lower legs or on the back if they've been lying down. Swelling can quickly spread to the hands, arms and face. This is not fatness. Children with swelling of both feet may also have dark, peeling patches of skin, thin hair that can easily be pulled out and no appetite.
- **EXPLAIN** that bilateral pitting oedema in children is always a sign of SAM, which is serious and can lead to death if it's not treated. Adults can have swollen feet or legs for other reasons besides malnutrition, for example, pregnancy. But if the skin on their feet or legs skin stays pitted when it is pressed, then they are malnourished.
- **ASK** participants to look at the table at the end of **Handout 11.2. Bilateral Pitting Oedema**. **EXPLAIN** that oedema has different grades depending on what part of the body is affected. Grade + (mild oedema) affects both feet. Grade ++ (moderate oedema) affects the feet, legs, hands and arms. Grade +++ (severe oedema) affects means it affects the feet, legs, arms, hands and face.

### 11.7. Measuring weight (45 minutes)

1. **REFER** participants to **Handout 11.3. How to Measure Weight**. **EXPLAIN** that weight can be measured using different types of scales.
2. **GO OVER** each section, demonstrating each step below. **USE** a doll to **DEMONSTRATE** weighing a baby.

### **Weighing babies under 12 months using a balance beam scale**

1. Place the scale on a hard, flat surface. Line the basin with a light sheet, shawl or blanket.
2. Slide the weights to zero and adjust the 'zero weight' until the horizontal beam balances.
3. Weigh the baby with no clothing or minimal clothing.
4. Place the baby on the scale.
5. Slide the weights on the horizontal beam until the beam balances at a specific weight measurement.
6. Read the weight measurement out loud to the nearest 10 g (0.01 kg) three times to confirm. If the baby moves too much to get an accurate weight, try again.
7. Record the weight.



### **Weighing babies under 12 months an electronic mother/baby (Seca) scale**

1. Place the scale on a hard, flat surface.
2. Ask the mother or another adult helper to stand still in the middle of the scale, feet slightly apart (on the foot prints, if marked).
3. Undress the baby so that she/he has no or minimal clothing.
4. With the mother or helper still on the scale and her weight displayed, press the two-in-one button. The scale will display 00.0.
5. Hand the baby to the mother or another adult helper.
6. Record the weight that appears on the display to the nearest 0.1kg. on the child's clinic card and appropriate register.



### **Weighing children under 2 years using weighing pants**

1. Undress the child completely and place him or her in the weighing pants.
2. Make sure one of the child's arms passes in between the straps to prevent the child from falling. Make sure the child hangs freely and is not holding on to anything.
3. When the child is settled and the arrow is steady, read the child's weight aloud to the nearest 100 g (for example, 6.4 kg). Ask another health care provider to repeat the weight for verification and record it.
4. Weight may change throughout the day by about 1 kg in children, so it is a good idea to record the time the weight was measured.



- **ASK** a volunteer to come to the front of the class. For both the Seca scale and the balance beam scale, **DEMONSTRATE** how to zero the scale and weigh the volunteer, saying aloud each step and the weight.

#### **Weighing older children, adolescents and adults using an electronic (Seca) scale**

1. Place the scale on a hard, level surface.
2. Turn on the scale by waving your hand over the window.
3. Make sure the scale is set at zero.
4. Ask the client to take off shoes, hat, scarf and head wrap and remove everything from pockets.
5. Ask the client to stand straight and unassisted on the centre of the scale.
6. Stand in front of the scale to read the measurement.
7. Record the weight to the nearest 100 g.



#### **Weighing older children, adolescents and adults using a balance beam scale**

1. Make sure the scale is on a flat, hard surface.
  2. Slide the weights on the horizontal beam until the beam balances at zero.
  3. Ask the client to remove any jacket, scarf, hat or head wrap and to remove anything from pockets.
  4. Ask the client to stand still in the middle of the platform without touching anything and with body weight equally distributed on both feet.
  5. Read the weight to the nearest 100 g (0.1 kg) and record it immediately.
  6. Weight may change during the day by up to 2 kg. Record the time the weight was measured.
  7. Two or three times a year, check the accuracy of the scales by using standard weights or get them checked by a professional dealer.
- **ASK** participants to take turns weighing each other in pairs and recording the weight. **MOVE AROUND** the room to check that they are doing this correctly.
  - **REVIEW** any steps that participants had difficulty with and **SCORE** them again.

### **11.8. Measuring length and height (45 minutes)**

- **REFER** participants to **Handout 11.4. How to Measure Height and Length. GO OVER** each section, demonstrating each step below. **USE** the doll to demonstrate measuring the length of a baby.

#### **Measuring length for children under 2 years or less than 87 cm long or who cannot be measured standing**

1. Place the length board horizontally on level ground or on a table.
2. Show that the length board has a headboard that does not move and a

moveable footboard.

3. Place the doll on its back on the board with her head against the fixed (non-movable) end.
  4. Hold the doll's head so that the eyes are pointing straight up and gently pull her head so that it touches the fixed end of the board.
  5. With one hand, gently push the doll's knees to straighten them as much as possible. (Note: Newborns' knees do not straighten as much as older children's knees. Apply minimum pressure so as not to injure them.) Make sure the doll's heels, buttocks, shoulders, and back of head are touching the board.
  6. With the other hand, slide the movable footboard until it touches the soles of the doll's feet.
  7. With a real baby, immediately remove the feet from contact with the footboard with one hand (to prevent the child from kicking and moving the footboard) while holding the footboard securely in place with the other hand.
  8. Read aloud the measurement to the nearest 0.1 cm.
  9. Ask another person to repeat the measurement and record it.
- **ASK** participants to take turns measuring the length of the dolls in pairs and recording the length. **MOVE AROUND** the room to check that they are doing this correctly.

#### **Measuring height for children 2 years and older or 87 cm or taller and for adults.**

1. Place the height board vertically on a flat surface.
  2. Ask the volunteer to remove shoes and headwear and step on the board.
  3. Make sure the shoulder blades, buttocks and back of the head touch the vertical surface of the board. Feet should be flat, close together and touching the back of the board. Legs and back should be straight, with arms at the sides. Shoulders should be relaxed and touching the board. The head need not touch the board.
  4. Ask the volunteer to stand straight and tall and look straight ahead.
  5. Gently hold the volunteer's head so she or he is looking straight ahead. Bring the moveable head piece to rest firmly on the top of the head.
  6. Read the measurement aloud to the nearest 0.1 cm.
  7. Record the measurement.
- **ASK** participants to take turns measuring each other's height in pairs and recording the weight. **MOVE AROUND** the room to check that they are doing this correctly.
  - **REVIEW** any steps that participants had difficulty with and **SCORE** them again.

### 11.9. Measuring mid-upper arm circumference (MUAC) (45 minutes)

- **ASK** participants to form groups of three.
- **GIVE** each participant a child MUAC tape and an adult MUAC tape.
- **EXPLAIN** in the local language that ‘MUAC’ stands for ‘mid-upper arm circumference’ and that ‘circumference’ means the measurement around something curved like the arm.
- **POINT OUT** the cm markings on the tapes.
- **ASK** the groups to look at the two tapes and say how they are different (**ANSWER:** One is longer than the other). **ASK:** ‘Which tape do you think is for children?’ (**ANSWER:** The shorter one).
- **ASK** ‘What do you think the colours mean?’ **GIVE** the groups time to answer. **EXPLAIN** that the colours show the child’s nutritional status—whether he or she is malnourished or normal. Red means severe acute malnutrition, or SAM. Yellow means moderate acute malnutrition (MAM). A child with MAM can easily become severely malnourished. Any child with SAM or MAM should be referred to a health facility. Green means normal. **COMPARE** the colours to the colours on traffic robots: Red is for danger, yellow is for caution and green is for ‘go’.
- **POINT OUT** the small window on the MUAC tape where the correct measurement will appear.
- **HOLD UP** an adult MUAC tape without colours, if available. **EXPLAIN** that to find someone’s nutritional status, you have to find the MUAC measurement on a chart.
- **EXPLAIN** that MUAC tapes can be used to find anyone’s NUTRITIONAL status, but they should ALWAYS be used for pregnant women and women up to 6 months after giving birth.
- **DEMONSTRATE** how to measure MUAC on another facilitator’s upper LEFT arm (**EXPLAIN** that MUAC should always be measured on the left arm for right-handed people) and **FOLLOW** the steps below while saying them out loud (for example, ‘I am now feeling the tip of the shoulder bone and putting the 0 point of the tape there’).
  - ‘I am bending the left arm at a 90° angle’.
  - ‘I am locating the tip of the shoulder’.
  - ‘I am locating the tip of the elbow’.
  - ‘I am putting the tip of the tape at 0 cm at the tip of the shoulder’.
  - ‘I am putting the rest of the tape down to the tip of the bent elbow’.
  - ‘I am finding the midpoint by folding the tape in half’.
  - ‘I am marking the midpoint shown on the tape on the client’s arm with a pen’.
  - ‘I am straightening the arm and wrapping the tape around the midpoint’.
  - ‘I am placing the tape through the window’.



- 'I am making sure the tape is not too tight or too loose'.
- 'I am asking someone to look at the tape and say the number in the window where the two arrows point inward'.
- I am writing down the measurement and the colour'.
- **ASK** the groups if they have any questions.

#### **PRACTICE**

- **EXPLAIN** that one participant in each group should measure another participant's MUAC while the third participant observes and makes suggestions. They should rotate roles so that every person in the group has a chance to measure, be measured, and observe.
- **GIVE** the groups 10 minutes for this activity. **MOVE AROUND** to make sure the participants are measuring correctly.
- **REFER** the groups to **Handout 11.5. How to Measure MUAC**. **EXPLAIN** that the steps are the same as you have just demonstrated. **ASK** the groups to look at table 1 at the end of the handout. **POINT OUT** the red column for SAM and the yellow column for MAM. **POINT OUT** the rows for different groups and ages. **ASK** the groups to use the table to classify the nutritional status of each person they measured.
- After 10 minutes, **ASK** the groups to present their results in plenary, including the MUAC measurement and the nutritional status.
- Then **GIVE** each group a stick marked with 'S' and 'E'. **EXPLAIN** that these represent children's arms and that 'S' stands for the tip of the shoulder and 'E' stands for the tip of the elbow.
- **ASK** the groups to measure the 'children's' MUAC. **GIVE** 5 minutes for this activity. **MOVE AROUND** the groups to make sure they are measuring correctly.
- After 5 minutes, **ASK** the groups to share their results. If there are any differences in measurements or classification of nutritional status, **ASK** the groups to re-measure or look again at table 1 and correct as needed.
- **STRESS** the importance of measuring MUAC correctly so that the right people are referred to health facilities.
- **EXPLAIN** that the participants can keep the MUAC tapes to use in their communities.
- **FACILITATE** discussion about any challenges the groups found in measuring MUAC and how to address those challenges.

#### **11.10. Signs of severe malnutrition, moderate malnutrition, and overnutrition (10 minutes)**

- **REFER** participants to the second page of **Handout 11.6. Signs of SAM in Children: Marasmus and Kwashiorkor**. **ASK** them to look at the first picture number 1 and describe how the child looks. **ASK** if participants have ever seen a child who looked like this.
- Then **ASK** participants to look at picture number 2 and describe how he looks.
- **EXPLAIN** that any child with any of these signs should be referred immediately to a health facility.
- **ASK** participants to look at picture number 3 and describe how the man looks. **ASK** if participants have ever seen someone who looked like this.
- **EXPLAIN** that adults who look like this should be referred immediately to a health facility.
- Then **ASK** participants to look at picture number 4 and describe how he looks.
- **ASK** participants to look at picture number 5 and describe how the man looks. **ASK** if participants have ever seen someone who looked like this.
- **EXPLAIN** that adults who look like this should be referred to a health facility for medical assessment and counselling.
- Then **ASK** participants to look at picture number 6 and describe how he looks.

#### 11.11. Session review (10 minutes)

- **ASK** participants if any of the information in the session was unclear and **CLARIFY** as needed.
- **ASK** participants to stand up and face the back of the classroom. Then **READ** the following statements and **ASK** participants to turn back around if the answer is TRUE and stay facing the back of the classroom if the answer is FALSE:
  - ‘A child with swelling in both feet that stays pitted if you press it with your thumbs has normal nutritional status’. (**ANSWER:** FALSE. Bilateral pitting oedema is a sign of SAM.)
  - ‘A MUAC measurement of 23 cm for adults shows moderate malnutrition’. (**ANSWER:** TRUE)
  - ‘A child with bilateral pitting oedema should be referred to a health facility right away for further assessment and treatment of malnutrition’. (**ANSWER:** TRUE)

## SESSION 12. TREATMENT OF MALNUTRITION

**ESTIMATED TIME:** 1½ hours

**PURPOSE:** To give participants information on specialised food products for treating malnutrition so they can counsel clients on their purpose, use and storage

### SESSION OBJECTIVES

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

1. Explain the benefits of RUTF and HEPS in treating malnutrition.
2. Counsel clients on how to use and store RUTF and HEPS.

### TOPICS AND DURATION

- 12.1. Review (10 minutes)
- 12.2. Session objectives (5 minutes)
- 12.3. The benefits of RUTF and HEPS in treating malnutrition (30 minutes)
- 12.4. How to use and store RUTF and HEPS (30 minutes)
- 12.5. Session review (10 minutes)

### MATERIALS NEEDED

- 6 packets each of RUTF and HEPS
- Basket
- Small pieces of paper with the following information:
  - 2 years, 10 cm
  - 2 years, 13 cm
  - 3 years, 11 cm
  - 4 years, 12.5 cm
  - 9 years, 14 cm
  - 10 years, 15 cm
  - 12 years, 18 cm
  - 14 years, 17 cm
  - 15 years, 19 cm
  - 16 years, 17 cm
  - Pregnant, 20 years, 20 cm
  - Pregnant, 20 years, 22 cm
  - 40 years, 20 cm
  - 50 years, 17 cm
- Ball

- Handout 11.5. How to Measure MUAC
- Handout 12.1. How to Eat RUTF
- Handout 12.2. How to Feed RUTF to a Child
- Handout 12.3. How to Store RUTF and HEPS

## ADVANCE PREPARATION

- Write the session objectives on a flipchart.
- Prepare slips of paper with ages and MUAC measurements.

## TOPICS AND ACTIVITIES

### 12.1. Review (10 minutes)

- **REVIEW** signs of malnutrition. **COMPARE** responses with the information below and **FILL IN** gaps as needed.
  - Extreme thinness or overweight/obesity
  - Bilateral pitting oedema
  - MUAC under cutoff point for that age group
  - Hair colour changes
  - Lack of energy
  - Swollen belly
- **ASK** participants to form pairs. **PASS AROUND** the basket with pieces of paper with different ages and MUAC measurements. **ASK** each pair to use table 1 in **Handout 11.5. How to Measure MUAC** to find the nutritional status of the person on the piece of paper. **GIVE** 5 minutes for this activity.
- After 5 minutes, **ASK** each pair to read its paper and tell the nutritional status. **COMPARE** responses with the **ANSWERS** below.

Age	MUAC	Nutritional status
2 years	10 cm	SAM
2 years	13 cm	MAM
3 years	11 cm	SAM
4 years	12.5 cm	MAM
9 years	14 cm	MAM
10 years	15 cm	SAM
12 years	18 cm	MAM
14 years	17 cm	MAM
15 years	19 cm	MAM
16 years	17 cm	SAM
Pregnant, 20 years	20 cm	SAM
Pregnant, 20 years	22 cm	MAM
40 years	20 cm	MAM

50 years	17 cm	SAM
----------	-------	-----

### 12.2. Session objectives (5 minutes)

- **EXPLAIN** that this session describes products prescribed to malnourished people to treat severe acute malnutrition and moderate malnutrition. It also gives participants the information they need to counsel people on how to use and store these products.

### 12.3. The benefits of specialised food products (30 minutes)

- **ASK** participants to form six groups.
- **EXPLAIN** that specialised food products are products that are designed as medicine to treat people who are malnourished. There are different kinds of specialised food products for different kinds of malnutrition. Ready-to-use therapeutic food (called RUTF) is one type of specialised food product that is used to treat people with SAM (red on the MUAC tape).
- **GIVE** a packet of RUTF to each group.
- **EXPLAIN** that RUTF is made of peanut paste, powdered milk, oil, sugar and vitamins and minerals. It has exactly the right amount of energy and vitamins and minerals that people with SAM need to recover from malnutrition.
- **EXPLAIN** that RUTF is medicine made especially to treat malnutrition. It is not food and therefore should not be eaten by people who are not malnourished.
- **ASK** participants to open the packets and taste the RUTF. Ask them what it tastes like and whether they recognize any of the ingredients.
- Then **GIVE** a packet of HEPS to each group.
- **EXPLAIN** that HEPS is used to treat people with MAM (yellow on the MUAC tape).
- **ASK** participants to open the packets and taste the HEPS. Ask them what it tastes like and whether they recognize any of the ingredients.
- **EXPLAIN** that HEPS is made of corn, soy, powdered milk, oil, sugar and vitamins and minerals. It has exactly the right amount of energy and vitamins and minerals that people with moderate malnutrition need to recover and prevent SAM.
- **STRESS** that HEPS is only for malnourished people to eat. If it is shared with other people in the family, the malnourished people will not get better because it is a dose, just like other medicines.

## 12.5. How to use and store RUTF and HEPS (25 minutes)

- **REFER** participants to **Handout 12.1. How to Eat RUTF**. **EXPLAIN** that they can use these pictures when counselling people who have been prescribed RUTF. **ASK** a volunteer to read the text under each picture.
- **STRESS** that RUTF is only for the malnourished person to eat. If it is shared with other people in the family, the malnourished person will not get better.
- **EXPLAIN** that RUTF causes thirst, so people should drink plenty of boiled or treated water when they are eating RUTF.
- **EXPLAIN** that people should eat the whole dose prescribed by the health care provider. When the supply is finished, people should go back to the health centre to be weighed and measured again to find out if they need to keep eating RUTF.
- **REFER** participants to **Handout 12.2. How to Feed RUTF to a Child**. **EXPLAIN** that they can use these pictures when counselling people whose children have been prescribed RUTF.
- **ASK** what the first picture shows. **EXPLAIN** that mothers who are breastfeeding malnourished children should continue to breastfeed while the children are eating RUTF but should not feed the children any other food until the health care provider says the child is getting better. Mothers should breastfeed the children before feeding them the RUTF.
- **ASK** what the second picture shows. **STRESS** that RUTF is only for the malnourished child to eat. If it is shared with other people in the family, the malnourished child will not get better.
- **ASK** what the third picture shows. **EXPLAIN** that RUTF causes thirst, and children should be given plenty of boiled or treated water to drink when they are eating RUTF.
- **STRESS** that RUTF and HEPS should NOT be given to babies under 6 months old. This type of food is not appropriate for babies that age and can make them sick. Infants that age should only be breastfed.
- **EXPLAIN** that people should eat the whole dose prescribed by the health care provider. When the supply is finished, people should go back to the health centre to be weighed and measured again to find out if they need to keep eating HEPS.
- **REFER** participants to **Handout 12.3. How to Store RUTF and HEPS**.
- **ASK** what the first picture shows. **EXPLAIN** that it is important to seal up packets that are not yet empty so no germs get inside.
- **ASK** what the second picture shows. **EXPLAIN** that RUTF and HEPS should be stored where people and animals can't reach them.

- **ASK** what the third picture shows. **EXPLAIN** that RUTF should be kept out of the sun to keep it fresh.

### 12.6. Session review (10 minutes)

- **ASK** participants to stand up and form two rows facing each other. **EXPLAIN** that each row is a team.
- **ASK** the questions below about specialized food products. Participants can ask for help from others in their teams to answer the question. When the question is answered correctly, the team will get one point. The first team to get 3 points wins.
- **CORRECT** the answers and fill in gaps as needed.

## SESSION 13. FOLLOW-UP AND REFERRAL

**ESTIMATED TIME:** 2½ hours

**PURPOSE:** To give participants information about the need for follow-up and referral of malnourished people living with HIV in order to make sure that they receive the treatment and support they need

### SESSION OBJECTIVES

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

1. Follow up people who are being treated for malnutrition.
2. Refer malnourished people to health facilities for HIV testing, treatment and management of malnutrition.
3. Refer malnourished people living with HIV and OVC to livelihood and food security services that can improve health and nutrition.

### TOPICS AND DURATION

- 13.1. Session objectives (5 minutes)
- 13.2. Client follow-up (15 minutes)
- 13.3. Steps during a home visit (35 minutes)
- 13.3. Referral to treatment and other support (10 minutes)
- 13.4. Nutrition, food security and livelihoods (15 minutes)
- 13.5. Referral to livelihoods and food security support (60 minutes)
- 13.6. Session review (10 minutes)

### MATERIALS NEEDED

- Flipchart
- Markers
- **Handout 10.3. Counselling Checklist**
- **Handout 13.1. Types of Livelihood and Food Security Support**
- **Handout 13.2. Referral Form**
- **Handout 13.3. Case Study**

### ADVANCE PREPARATION

- Write the session objectives on a flipchart.
- Write the following questions on individual sheets of flipchart paper:
  1. Which services do you refer people to most often?
  2. When you refer people, how do you know they receive the services?



3. Who refers or links people to livelihood and food security or other community support?
4. What referral forms are used and who uses them?
5. What are some challenges with referrals in your community?

## TOPICS AND ACTIVITIES

### 13.1. Session objectives (5 minutes)

- **EXPLAIN** that this session explains why malnourished people need to be followed up in the community and referred to health facilities and community support to make sure they don't become malnourished again when they recover from malnutrition.

### 13.2. Client follow-up (15 minutes)

- **ASK:** 'Why is it important to follow up people who are being treated for malnutrition?' List responses on a flipchart and compare them to the information below. Fill in gaps as needed.

**Follow-up is important** to:

- Assess clients' nutritional status (e.g., find out if they are gaining weight).
  - Find out whether clients are taking their medicines as prescribed.
  - Help clients resolve any problems that keep them from taking their medicines or eating specialized food products as prescribed.
  - Make sure they are going to health facilities for follow-up visits as scheduled.
  - Check on clients' home environment to assess hygiene and sanitation issues that may need counselling.
  - Check on clients' food security situation and refer them for needed support.
- **ASK:** 'What tools and support do you need to follow up clients in the community?' **WRITE** responses on a flipchart and **FACILITATE** discussion on how district health and other officials can provide this needed support.

### 13.3. Steps during a home visit (35 minutes)

#### DEMONSTRATION AND DISCUSSION

- **ASK** participants to watch and listen as two facilitators role-play the following home visit. One facilitator should role-play the community volunteer (CV), and the other facilitator should role-play the client.

CV: Good morning, my name is \_\_\_\_\_. I work at \_\_\_\_\_ and I'm here to ask how you're doing. How are you today?

Client: *I'm not feeling very well.*

CV: What is the problem?

Client: *I have sores in my mouth, and it's difficult to eat.*

CV: Can you eat anything at all? What can you eat?

Client: *I'm only able to eat porridge*

CV: Are you feeling weak?

Client: *Yes.*

CV: Then let's see how we can help you eat better so you can feel stronger. How do you make the porridge?

Client: *I make it from maize flour and water and a little sugar.*

CV: That's very good. Do you think you could also add cooking oil and an egg to the porridge? That would give you more energy. Do you have those foods at home?

Client: *I have some oil but no eggs or groundnuts. In the garden there are pumpkins.*

CV: That's very good, because pumpkins are full of vitamins to help you fight infection. Could you add some oil and pumpkin leaves to the porridge when you cook it?

Client: *I can try to do that. But will that help the mouth sores?*

CV: It's good to eat soft foods if you have mouth sores, and the oil will help keep your lips from getting cracked. I suggest you go to the health centre and talk to the nurse. She can give you some medicine to heal the sores. You can also rinse your mouth with salt water. I'll come back in a week to see if you're feeling better.

- **ASK** participants what the community volunteer did first, second, third, and so on. **WRITE** and number each response on a flipchart.
- **REFER** participants to **Handout 10.3. Counselling Checklist** and identify which steps they saw in the role-play. **COMPARE** responses with the information below and **FILL IN** gaps as needed.
  1. Greeted the client and introduced herself
  2. Asked the client how she was feeling
  3. Asked the client about her medicines
  4. Asked the client about her situation
  5. Listened attentively to the client
  6. Provide information on the client's main problem
  7. Checked whether the client understood the information
  8. Discussed a plan with the client

9. Asked what might make the plan easy or difficult
10. Scheduled the next visit

- **ASK:** ‘What else should you do on follow-up visits?’ **COMPARE** responses with the information below and **FILL IN** gaps as needed.

#### **Follow-up visits**

- Measure and record MUAC and classify clients’ nutritional status.
  - Refer any clients with SAM, MAM or overnutrition to a health facility for further assessment.
  - Assess for and record bilateral pitting oedema. Immediately refer clients with bilateral pitting oedema to a health facility.
  - If the client is malnourished and hasn’t been tested for HIV, explain why it is important to be tested (to be assessed for eligibility for ARVs to stay healthy and avoid transmitting HIV to babies and sex partners) and refer him or her to a health facility for testing.
  - Ask whether the client has any symptoms of HIV or problems taking medicines and counsel on how to manage them through diet.
  - Ask whether the client tried the action recommended on the last visit.
  - Praise the client for trying the recommended action.
  - Ask whether the client had any problems trying the recommended action and discuss how to solve those problems.
  - Ask whether the client needs any additional services and make referrals as needed.
  - Update notes on the client.
  - Summarise what the person has agreed to do and make an appointment to follow up.
- **FACILITATE** discussion of any challenges participants may have during home visits (e.g., people not wanting to be visited because of stigma).

### **13.4. Referral to treatment and other support (10 minutes)**

- **ASK:** ‘Why might you need to refer clients to other services or support?’ **WRITE** responses on a flipchart and **COMPARE** them with the information below. **FILL IN** gaps as needed.

#### ***Reasons for referring clients to other services or support***

- Unknown HIV status
- Pregnancy
- SAM
- MAM
- Overweight or obesity
- Other serious illnesses
- Depression, isolation or mistreatment because of HIV
- Gender-based violence

- Lack of food or money to buy food

- **ASK:** 'Where could you refer people for each of these problems?' **WRITE** responses next to each of the reasons. **COMPARE** responses with the information below and **FILL IN** gaps as needed.

***Where to refer clients***

- Unknown HIV status: *Nearest health facility that provides HIV services*
- Pregnancy: *Antenatal and PMTCT clinics*
- Malnutrition: *Paediatric clinic, outpatient therapeutic programme (OTP) or ART clinic for treatment and RUTF*
- Other serious illnesses: *Nearest health facility*
- Depression, isolation or mistreatment because of HIV: *Health facility, survivor care programs, counselling, legal assistance*
- Gender-based violence: *Support group for people living with HIV, psychosocial or spiritual support, legal support*
- Lack of food or money to buy food: *Economic strengthening or food security support*

### **13.5. Nutrition, food security and livelihoods (15 minutes)**

- **EXPLAIN** that not having enough money to buy or grow nutritious food can cause malnutrition. Therefore, participants should know how to refer NACS clients to services that can help them improve their food security.
- **ASK:** 'What is food security?' **COMPARE** responses with the information below and **FILL IN** gaps as needed.

***Food security*** means always having enough safe and nutritious food for an active and healthy life. To have food security, people need to:

- Have enough good food available within their community.
- Have enough money to buy or grow nutritious food to stay healthy.
- Be able to use the nutrients in food (by good care and feeding practices, safe food preparation, a mixed (balanced) diet and fair distribution of food to all people in the household)
- Live without drought, flooding or political instability that causes food prices to rise too much.

- **ASK:** ‘How does being sick and malnourished affect people’s ability to earn and save money and eat enough nutritious food?’ Write responses on a flipchart. **COMPARE** responses with the information below and **FILL IN** gaps as needed.
  - People who are weak or sick have trouble working to earn money to buy food or have trouble growing food.
  - People may have to sell their land or other assets to pay for medical care.
  - Widows and orphans with HIV may have to leave their houses or have their land taken away from them.
  - Stigma can make it difficult for people with HIV to find work.
  - Children may have to drop out of school to take care of sick relatives or earn money for their families.
  - Stigma might make families feed people with HIV last.
- **ASK:** ‘How does being poor affect people’s health and nutrition?’ **WRITE** responses on a flipchart. **COMPARE** responses with the information below and **FILL IN** gaps as needed.
  - People might not be able to afford enough nutritious food and may become undernourished, which makes ARVs and other medicines less effective.
  - People may not have enough money to travel to health facilities for check-ups and treatment.
  - People might have to choose between spending money on food or on health care.
  - People may not have access to clean water and toilets/latrines.
  - Poverty and lack of food lead to stress and depression.
  - People might be forced to earn money in ways that increase their chance of getting HIV, such as sex work or migrating for work where they are likely to have more sexual partners.
  - People might not be able to afford condoms to prevent HIV.
  - People might not have access to safe water to avoid infection.
- **ASK:** ‘Do you know people who don’t have enough money for food or health care?’ **FACILITATE** discussion about how this affects those people’s health and nutrition.

### 13.6. Referrals to health facilities and community support services (60 minutes)

- **EXPLAIN** that in many communities the government, NGOs, churches or businesses provide support to help people who don’t have enough food.
- **ASK:** ‘Why might you want to refer someone for support to improve food security?’ **COMPARE** responses with the information below and **FILL IN** gaps as needed.

- o They're malnourished or at risk of malnutrition and can't grow or afford to buy enough nutritious food.
- o They don't have enough money to travel to a health facility or buy medicines they need.
- o They're being treated for malnutrition and may become malnourished again once they recover.
- o They're eligible for government assistance for poor and needy people.
- o Their health has improved and they're able to start working again.
- **ASK:** 'What kind of support is available in your communities for people who don't have enough money or enough food?' **LIST** responses on a flipchart. **PROMPT** for the following types of support:
  - o Government grants or cash transfers
  - o Food aid
  - o Income generating activities
  - o Savings and lending groups
  - o Microcredit
  - o Training
  - o Cash or food for work
  - o Agriculture support
  - o Home gardening support
  - o Help finding jobs
- **REFER** participants to **Handout 13.1. Types of Livelihood and Food Security Support.**
- **EXPLAIN** that there are different kinds of economic, livelihood and food security support. Not all kinds of support are well suited for all people. It depends on a household's situation.
- **ASK:** What types of livelihoods and food security support are available in your community? **ASK** participants to check the boxes next to the support provided in their communities. **FACILITATE** discussion.
- **ASK:** 'Have you ever been referred to or referred other people to any of these types of support?' **FACILITATE** discussion.
- **ASK:** 'Have you ever seen a referral directory or a list of these kinds of services?'

### **GROUP WORK**

- **ASK** participants to break into their small groups. **TAPE** up the flipchart pages with the following questions written on each:
  1. Which services do you refer clients to most often?
  2. When you refer people, how do you know they receive the services?
  3. Who refers or links people to livelihoods and food security or other community support?

4. What referral forms are used and who uses them?
  5. What are some challenges with referrals in your community?
- **ASSIGN** one question to each group.
  - **GIVE** the groups 10 minutes for this activity. At the end of 10 minutes, **ASK** each group to share its results in plenary. **INVITE** other participants to add information from their experience.
  - **ASK** the groups how referrals could be made easier and more effective. Prompt using the questions below. **WRITE** responses on a flipchart.
    - o **Tools:** What tools could make referrals easier and more effective (e.g., referral forms, service directories, client tracking forms)?
    - o **People:** Who should be involved in referrals (e.g., health facility staff, community members, government)?
    - o **Process:** How can any existing referral process be improved?
  - **REFER** the groups to **Handout 13.2. Referral Form**. **GO OVER** each row in the form. **ASK** participants why it is important to get feedback from the health facility or organization to which clients are referred. (**ANSWER:** To make sure they received the service they were referred to)
  - **REFER** participants to **Handout 13.3. Case Study**. **ASK** them to fill in Part A of the form using the information in the case study. **GIVE** 5 minutes for this activity. At the end of 5 minutes, **ASK** volunteers to share the information they wrote in the form.

### 13.7. Session review (10 minutes)

- **ASK** participants if any of the information in the session was unclear and facilitate discussion.
- **FORM** a circle with the participants and other facilitator(s).
- **THROW** the ball to a participant and ask him or her to name one kind of support malnourished people could be referred to. After the participant has answered, **ASK** him or her to throw the ball to another participant. **CONTINUE** until all types of referrals have been mentioned.

## SESSION 14. ACTION PLANS

**ESTIMATED TIME:** 1½ hours

**PURPOSE:** To help participants finish their plans to help people in their communities prevent malnutrition and get treated for malnutrition

### SESSION OBJECTIVES

By the end of the session, the participants will have:

1. Finish action plans to screen people in their communities for malnutrition, refer malnourished people for treatment and support and help people prevent malnutrition

### TOPICS AND DURATION

- 14.1. Session objectives (5 minutes)
- 14.2. Nutrition action plans (40 minutes)

### MATERIALS NEEDED

- Flipchart
- Markers
- Sample activity plan

### ADVANCE PREPARATION

- Write the session objective on a flipchart.

### TOPICS AND ACTIVITIES

#### 14.1. Session objectives (5 minutes)

- **EXPLAIN** that in this session participants will finish their plans to use the information they've learned in this course when they get back to their communities.

#### 14.2. Nutrition action plans (2¼ hours)

- **ASK** participants to form small groups from the same communities or health facility catchment areas.
- **EXPLAIN** that the groups should discuss what they can do in the next 3 months to help people in their communities improve their nutrition.
- **ASK** the groups to write down the action plans for their communities or health facility catchment areas. **GIVE** the groups 60 minutes for this activity.
- **MOVE AROUND** the groups and **OBSERVE** their work.



- After 60 minutes, **ASK** each group to present its action plan in plenary. **FACILITATE** discussion among the other participants and make suggestions as needed.
- **FACILITATE** discussion about what support participants will need to implement their action plans. **WRITE** responses on a flipchart. **EXPLAIN** that the facilitators will give this information to the district health authorities and other partners.
- **EXPLAIN** that district health or nutrition staff will visit the participants to follow up on how well they have been able to implement their actions plans.

### 14.3. Session review (10 minutes)

- **ASK** participants if they have any questions and **CLARIFY** information as needed.

## SESSION 15. POST-TEST AND FINAL COURSE EVALUATION

**ESTIMATED TIME:** 45 minutes

**PURPOSE:** To assess participants' knowledge at the end of training and participants' evaluation of the course

### SESSION OBJECTIVES

By the end of the session, the participants will have:

1. Taken a post-test
2. Evaluated the usefulness, delivery, format and content of the training
3. Received training certificates

### TOPICS AND DURATION

- 15.1. Post-test (5 minutes)
- 15.2. Final course evaluation (40 minutes)

### MATERIALS NEEDED

- Copies of **Annex 1. Pre- and Post-test** for all participants
- **Annex 2. Pre- and Post-test Answer Key** for facilitators
- 6 blank flipchart pages
- 6 markers
- Training certificates for all participants

### ADVANCE PREPARATION

- Photocopy **Annex 1. Pre- and Post-test** for each participant.
- Complete training certificates for all participants.

### TOPICS AND ACTIVITIES

#### 15.1. Session objectives (5 minutes)

- **EXPLAIN** that this is the final session of the course and that participants will take a post-test and evaluate the course.

#### 15.2. Post-test (20 minutes)

- **GIVE** each participant a copy of the post-test.
- **ASK** participants to write their numbers on the test and answer the questions as well as they can.
- **READ** the following questions aloud. **GIVE** participants about 2 minutes after each question to write their answers.

1. What is one sign of anaemia?
  2. How should a mother with HIV who is taking ARVs feed her new baby?
  3. At what age should babies start eating other foods and liquids in addition to breast milk?
  4. Telling people what to do is the best way to change their behaviour. (Tick True or False).
  5. Anyone with a MUAC measurement that falls in the yellow band is severely malnourished. (Tick True or False).
  6. What color on the MUAC tape indicates normal or good nutrition?
  7. Tick the foods and drinks that are good for a person with diarrhoea.
  8. Give one warning sign that tells you a child should be referred immediately to a health facility.
  9. Scooping water out of a container with a cup can cause diarrhoea. (Tick True or False)
  10. What is counselling?
- After 20 minutes, **COLLECT** the post-tests. One facilitator should **MARK** the tests while the other **HELPS** the participants with the final course evaluation (below). If possible, **SHARE** the results of the post-tests with the participants before they leave and **REVIEW** any information that many people did not answer correctly.

### 15.3. Final course evaluation (10 minutes)

- **ASK** participants to form their groups of four. **GIVE** each group a blank flipchart page and marker.
- **READ** the questions below aloud and **ASK** the groups to discuss and write their answers on the flipchart paper. **GIVE** the groups about 3 minutes after each question.
  1. What did you like best about the training?
  2. What did you dislike about the training?
  3. What was the most useful information or skill you learned?
  4. What parts were confusing or hard to follow?
  5. What could the facilitators do better?
  6. How will you use what you learned?
- **COLLECT** the papers and **EXPLAIN** that the facilitators will use the suggestions to improve future training.

### 15.4. Course closing (10 minutes)

- **GIVE** each participant a training certification and a t-shirt (if available).
- **THANK** the participants and **WISH** them well.

**ANNEX 1. PRE- AND POST-TEST**


1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_ 3 months \_\_\_ 4 months \_\_\_ 6 months

4. \_\_\_ True \_\_\_ False

5. \_\_\_ True \_\_\_ False

6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 

7. \_\_\_\_\_ 

\_\_\_\_\_ 

\_\_\_\_\_ 

\_\_\_\_\_ 

\_\_\_\_\_ 

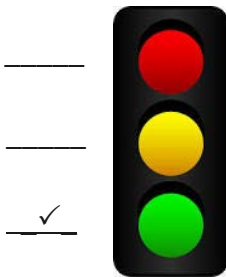
8. \_\_\_\_\_

9. \_\_\_ True \_\_\_ False

## ANNEX 2. PRE- AND POST-TEST ANSWER KEY

Each answer is worth 10 points.

1. What is one sign of anaemia? Any of the following answers are correct: Fatigue, shortness of breath, pale inside of the lower eyelids
2. How should a mother with HIV who is taking ARVs feed her new baby? Breastfeed exclusively.
3. At what age should babies start eating other foods and liquids besides breast milk?  
 3 months     4 months     6 months
4. Telling people what to do is the best way to change their behaviour.  True     False
5. An adult with MUAC under 18.5 cm is severely malnourished.     True     False
6. What color on the MUAC tape indicates good nutrition for a child?



7. What foods and drinks are good for a person with diarrhoea? *If any incorrect answers are ticked, the answer is wrong.*



8. Give one warning sign that someone should be referred immediately to a health facility. Any of the following answers are correct: Severe diarrhoea, severe vomiting, very high fever, convulsions (fits), unconsciousness, fast breathing or difficulty breathing
  
9. Scooping water out of a container with a cup can cause diarrhoea.  True  False
  
10. What is counselling? Any of the following answers are correct: Two-way communication, listening to and understanding what someone says about their problems, discussing ways people can solve their problems

## REFERENCES

- Hygiene Improvement Project. 2009. *Integrating Safe Water and Sanitation (WASH) into Home-Based Care Services in Uganda*. Washington, DC: FHI 360. Available at <http://hip.fhi360.org/file/21696/CompleteTM%20FINAL.pdf>.
- \_\_\_\_\_. 2015. *Feeding Young Children 6 to 24 Months of Age: Zambia Complementary Feeding Book*. Second edition. Lusaka, Zambia: NFNC.
- Republic of Zambia Ministry of Health (MOH). 2017. *Nutrition Guidelines for Care and Support of People with HIV*. Lusaka, Zambia: MOH.
- \_\_\_\_\_. Directorate of Clinical Care and Diagnostic Services. 2016. *Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection*. Lusaka, Zambia: MOH.
- Republic of Zambia MOH and NFNC. 2017. *Nutrition Guidelines for Care and Support of People Living with HIV and AIDS*. Lusaka.
- \_\_\_\_\_. 2016a. *Maternal, Adolescent, Infant and Young Child Nutrition (MAIYCN) Guidelines*. Lusaka, Zambia: MOH and NFNC.
- \_\_\_\_\_. 2016b. *Maternal, Infant and Young Child Nutrition Counselling Cards*. Lusaka, Zambia: MOH and NFNC.
- Republic of Uganda Ministry of Health. 2010. *Integrating Nutrition into HIV/AIDS Care and Support Programs: Job Aides for Community Volunteers*. Bethesda, MD: University Research Co., LLC.
- \_\_\_\_\_. *Integrating Nutrition into HIV/AIDS Care and Support Programs: Training of Community Volunteers*. Bethesda, MD: University Research Co., LLC.
- \_\_\_\_\_. *Integrating Nutrition into HIV/AIDS Care and Support Programs: Training References for Facilitators of Community Volunteers*. Kampala: NuLife Project.
- World Health Organization (WHO). 2016a. *Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection: Recommendations for a Public Health Approach*. Second edition. Geneva: WHO.
- \_\_\_\_\_. 2016b. *Guideline: Update on HIV and Infant Feeding: The Duration of Breastfeeding, and Support from Health Services to Improve Feeding Practices among Mothers Living with HIV*. Geneva: WHO.  
<http://apps.who.int/iris/bitstream/10665/246260/1/9789241549707-eng.pdf>
- \_\_\_\_\_. 2010. *Guidelines on HIV and Infant Feeding 2010: Principles and Recommendations for Infant Feeding in the Context of HIV and a Summary of Evidence*. Geneva: WHO.
- \_\_\_\_\_. 2009. 'Guidelines for an Integrated Approach to the Nutritional Care of HIV-Infected Children (6 Months–14 Years): Handbook, Guide for Local Adaptation, and Chart Booklet: Preliminary Version for Country Introduction'. Geneva.
- \_\_\_\_\_. 2008. *Essential Prevention and Care Interventions for Adults and Adolescents Living with HIV in Resource-Limited Settings*. Geneva: WHO.  
[http://www.who.int/entity/hiv/pub/plhiv/plhiv\\_treatment\\_care.pdf?ua=1](http://www.who.int/entity/hiv/pub/plhiv/plhiv_treatment_care.pdf?ua=1)

\_\_\_\_\_. 2007. *Growth Reference 5–19 Years: BMI-for-Age 5–19 Years*. Geneva: WHO.  
[http://www.who.int/growthref/who2007\\_bmi\\_for\\_age/en/](http://www.who.int/growthref/who2007_bmi_for_age/en/)



This training manual is made possible by the generous support of the American people through the support of the Office of Health, Infectious Disease, and Nutrition of the Bureau for Global Health of United States Agency for International Development (USAID), USAID/Zambia, and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.

