MODULE 3.
Nutrition Counseling

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Based on the results of nutrition assessment, health care providers can negotiate nutrition care plans with clients that specify nutrition goals and actions or treatment to meet those goals. They can then counsel individual clients on how to improve their diets to gain or lose weight, strengthen immunity to infection, and manage common conditions and medication side effects. Counselors should explain the reasons for their advice and the benefits of the recommended actions.

Nutrition counseling can be provided by nurses, nutritionists, or designated counselors. If facility-based health care providers have limited time or training in counseling, task shifting should be considered to train mid-level health workers or community health workers to provide nutrition counseling.

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The Essential Nutrition Actions (ENA) are seven affordable and effective clinic and community interventions to improve the nutritional status of women and children. This framework for nutrition programming focuses on six contact points: prenatal visits, delivery, post-partum care, immunization, sick-child visits, and well-child visits.

Based on the widespread adoption of the ENA, in the early 2000s, nutritionists developed a set of Critical Nutrition Actions (CNA) for people living with HIV (PLHIV). These actions, shown in box 1, are applicable to clients with any infectious or chronic disease.

**BOX 1. Critical Nutrition Actions**

1. Get weighed regularly and have weight recorded.
2. Eat a variety of foods and increase your intake of nutritious foods.
3. Drink plenty of boiled or treated water.
4. Avoid habits that can lead to poor nutrition and poor health.
5. Maintain good hygiene and sanitation.
6. Get exercise whenever physically possible.
7. Prevent infections and seek early treatment of infections and advice on managing symptoms through diet.
8. Take medicines as prescribed and seek advice on how to manage drug side effects and drug-food interactions through diet.

Each of these actions is explained on the next page.

1. Get weighed regularly and have weight recorded.

Regular weight monitoring can identify nutrition problems for treatment and assess the effectiveness of nutrition interventions. Unintentional weight loss of more than 6 kg in 2 or 3 months indicates poor health or eating habits (or fast progression of HIV to AIDS in PLHIV). Ideally, clients should be weighed on every visit. Symptomatic PLHIV should be weighed at least every 2 months, and asymptomatic PLHIV every 3 months. Weight should be recorded in clinic records and on cards given to clients to take home.

2. Eat a variety of foods and increase your intake of nutritious foods.

Many diets are overbalanced in carbohydrates and do not contain adequate protein and micronutrients to meet requirements. Health care providers may be reluctant to advise people with limited resources to eat the recommended three meals and two snacks a day or foods they may not be able to afford, but they can recommend eating locally available and affordable foods from each food group to vary the diet and increase energy consumption. Eating a variety of foods (especially energy-rich foods) more often is especially important for people who are ill because infections can affect digestion and absorption of nutrients. The digestibility of some foods can be improved by germination or fermentation (this may require demonstration).

PLHIV with no AIDS symptoms need 10 percent more energy (equivalent to one snack) per day than the recommended daily allowance for HIV-negative healthy people of the same age, sex, physical activity level, and physiological state (e.g., pregnancy). PLHIV with AIDS symptoms need 20 percent more energy (equivalent to two snacks) per day than the recommended daily allowance for HIV-negative people. Symptomatic, HIV-infected children with declining or faltering weight need 50 to 100 percent more energy than HIV-negative children of the same age and sex.

3. Drink plenty of boiled or treated water.

The body needs water to remove toxins, including those caused by infection or medicines. Drinking unsafe water can cause infections such as diarrhea. All water used to drink, swallow medicines, and prepare juices should be filtered and boiled or treated with a point-of-use water treatment product, which could be in the form of a solution, tablet, or powder.

4. Avoid habits that can lead to poor nutrition and poor health.

Alcohol interferes with nutrient digestion, absorption, storage, and utilization and can limit the effectiveness of some drugs. Smoking interferes with appetite and increases the risk of cancer and respiratory infections, particularly tuberculosis. Junk food has little nutritional value, can be harmful to health, and is a poor use of limited income. Stress and depression can interfere with appetite and reduce food intake. Too little sleep can affect appetite and recovery from illness.

5. Maintain good hygiene and sanitation.

Food- or water-borne infections such as diarrhea affect digestion and absorption of food and remove essential nutrients from the body. Clients should be counseled that correct handwashing means washing hands under flowing water with soap or ash and air drying them (shaking off the water) instead of drying them on a possibly contaminated cloth. Hands should be washed after using the toilet and before handling or preparing food or feeding a child. Ready-to-eat foods may be contaminated by preparation or handling in unhygienic environments and should be avoided when possible. Parasites such as hookworm can increase the risk of infection and lead to nutritional deficiencies. In hookworm-endemic areas, people should be dewormed every 6 months with an appropriate broad spectrum antihelminthic.
6 Get exercise whenever physically possible.

Regular physical activity and exercise build and strengthen muscles, increase appetite, help manage stress, and improve health and alertness. Clients should be counseled to exercise regularly as much as possible, depending on their physical condition. This can mean walking, climbing stairs, or doing household chores.

7 Prevent infections and seek early treatment of infections and advice on managing symptoms through diet.

Illness affects the intake, digestion, absorption, and utilization of food, and poor nutrition reduces the body’s ability to fight infection. Clients should be counseled on how to manage symptoms of illness through diet.

8 Take medicines as prescribed and seek advice on how to manage drug side effects and drug-food interactions through diet.

Not adhering to prescribed drug regimens may cause drug resistance and possibly require stronger drugs. Counselors should work with clients to plan how to manage drug side effects and design a drug-food schedule with times to take medicines in relation to meals. They should also explain that some traditional medicines can interfere with the effectiveness of other drugs, produce side effects, or be ineffective themselves (despite claims).

Infant and young child feeding counseling

Infant and young child feeding (IYCF) counseling targets caregivers of children 0–24 months of age to reduce child morbidity, stunting, and mortality. Wherever children are malnourished, poor feeding practices are likely.

Breastfeeding is the most effective preventive public health intervention for child survival and can reduce child mortality by 13 percent. Breast milk provides all the food and water an infant needs for the first 6 months of life. It is completely hygienic and contains antibodies that protect infants from disease. Its composition adjusts to serve the special needs of pre-term infants, newborns, and older infants. Breast milk includes fatty acids not found in formula or animal milks that are important in brain development. Breastfeeding also promotes bonding and psychosocial stimulation. An infant who is exclusively breastfed has lower risks of illness and death from diarrhea disease and pneumonia, reduced incidence of allergies and otitis media (ear infections), and in later life, reduce incidence of some chronic diseases.

For mothers, early initiation of breastfeeding helps contract the uterus and expel the placenta and reduces postpartum bleeding. Exclusive breastfeeding delays the return of the menstrual cycle, helping mothers recover iron stores and acting as a natural form of birth spacing. Women who breastfeed also have lower rates of premenopausal breast and ovarian cancers.

The 2003 World Health Organization (WHO)/UNICEF Global Strategy for Infant and Young Child Feeding calls for giving caregivers “access to objective, consistent, and
complete information, free from commercial influence. Specifically, they need to know about the recommended period of exclusive and continued breastfeeding, timing of introduction of complementary food, what types of food to give, how much and how often, and how often to feed these foods safely.4

In food-secure areas, the primary intervention to prevent stunting among children under 2 years of age is promotion of key complementary feeding practices.

Starting at 6 months old, infants should be offered semi-solid foods and gradually introduced to the regular family diet, with continued breastfeeding until they are around 2 years of age.

Infant feeding recommendations for HIV-positive mothers

In 2006 WHO recommended that mothers with HIV choose between 1) exclusive breastfeeding for 6 months or 2) exclusive formula feeding for 6 months if replacement feeding was acceptable, feasible, affordable, sustainable and safe (AFASS).5 Mothers who chose EBF were advised to continue breastfeeding until they could provide a safe and adequate replacement diet. In 2010 WHO updated its recommendations based on the impact of antiretroviral drugs (ARVs) on reducing the risk of mother-to-child transmission. Guidelines now recommend that national authorities endorse either avoidance of all breastfeeding or exclusive breastfeeding for 6 months while taking ARVs, whichever strategy is likely to give infants the greatest chance of HIV-free survival.

Water, sanitation, and hygiene (WASH) counseling

Globally, diarrheal disease is the second largest cause of illness and death in children under 5. WHO estimates that 85 to 90 percent of diarrheal illnesses in developing countries can be attributed to unsafe water and inadequate sanitation and hygiene practices.6 Food- and water-borne illnesses can result in dehydration and death if not treated. The impact on older children and adults may have been underestimated.7 Older children, the elderly, and people with compromised immune systems (such as PLHIV) are especially vulnerable to food- and water-borne bacteria, viruses, and parasites.

WASH, diarrhea, and undernutrition interact in a vicious cycle. People with diarrhea eat less and are less able to absorb nutrients from food. Malnourished people are more susceptible to diarrhea when they are exposed to fecal material from the environment.

Many life-threatening opportunistic infections in PLHIV are caused by exposure to unsafe drinking water, inadequate sanitation, and poor hygiene. Diarrhea affects most PLHIV and causes significant morbidity and mortality, especially in HIV-positive children. Diarrhea can interfere with and compromise the absorption of ARVs and even contribute to ARV resistance.8

WHO’s 2010 publication, How to Integrate Water, Sanitation and Hygiene into HIV Programmes, contains useful suggestions about priority WASH practices for PLHIV, integrating WASH into national policies and programs, program approaches for WASH-HIV integration, and a list of illustrative indicators to measure integration.
A significant proportion of diarrheal diseases could be prevented by integrating treatment and safe storage of drinking water, handwashing with soap, and sanitation promotion into NACS. WASH interventions are central to the U.S. President’s Emergency Plan for AIDS Relief’s (PEPFAR) Adult and Pediatric Basic Preventive Care Packages. AIDSTAR-One’s 2010 training manual, *Improving the Lives of People Living with HIV (PLHIV) through WASH: Water Sanitation and Hygiene*, provides a 3- or 4-day curriculum on WASH approaches and improving WASH systems in health facilities.

No water or food is 100 percent safe at all times for all people, but the risk of water- and food-borne illness can be reduced by following a few simple rules.

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**Treat drinking water and store it safely.**

Simple, low-cost household water treatment methods can improve water quality and reduce diarrheal disease. Point-of-use technologies for treating water in the home include chlorination, filtering, proper boiling, and solar ultraviolet water disinfection (SODIS) using health and ultraviolet radiation. Some countries distribute basic care packages that include a water container, hypochlorite solution, a treated bednet for malaria prevention, and a bar of soap. This package could also include information on how and when to wash hands, how to build a water-saving handwashing device called a “tippy tap,” how to build a latrine, and how to manage feces safely.

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