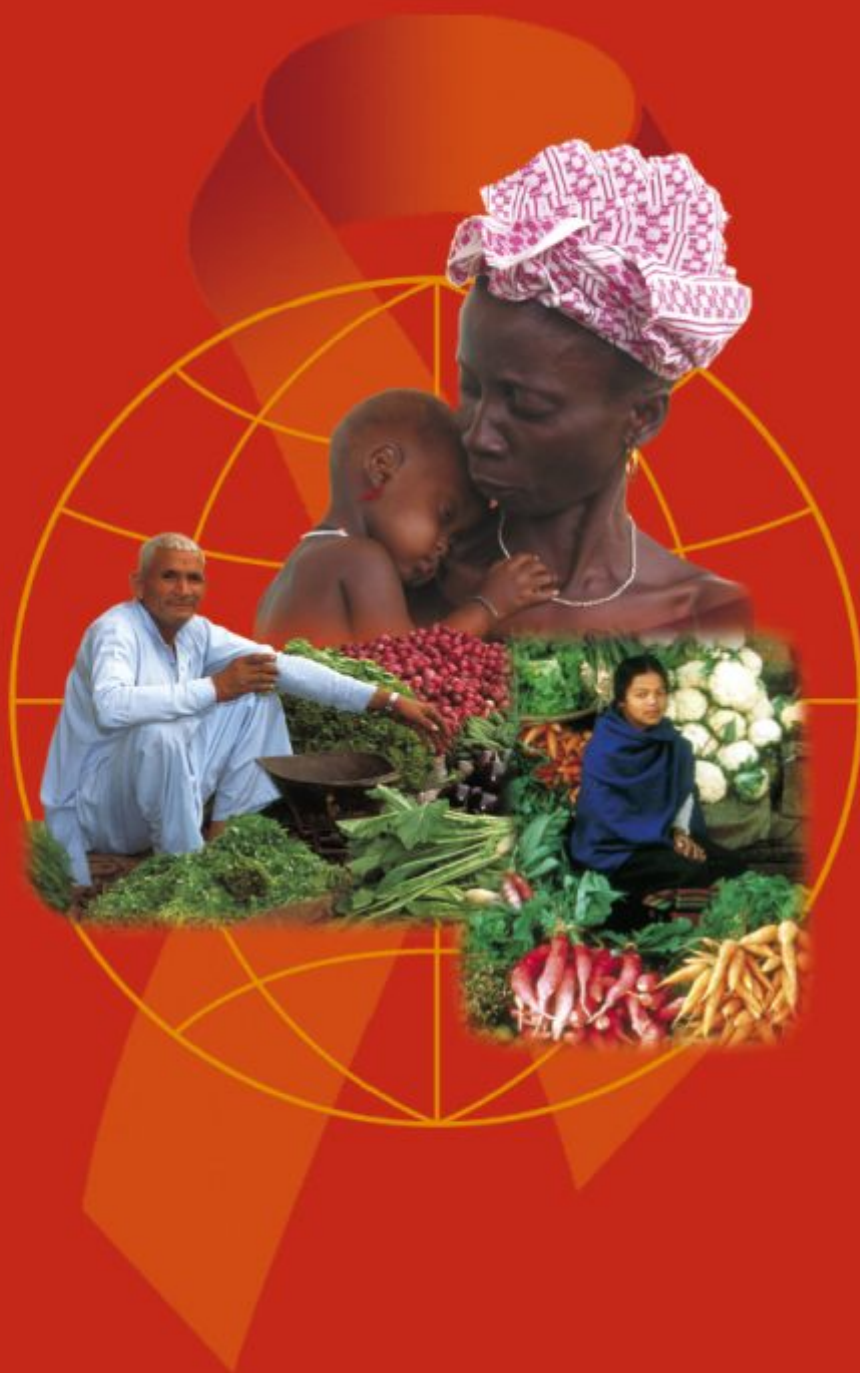


Nutritional care and support for people living with HIV / AIDS

A training course



**World Health
Organization**



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

Overhead transparencies

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for people living with HIV/AIDS
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It is expected that the material will be revised by 2015.

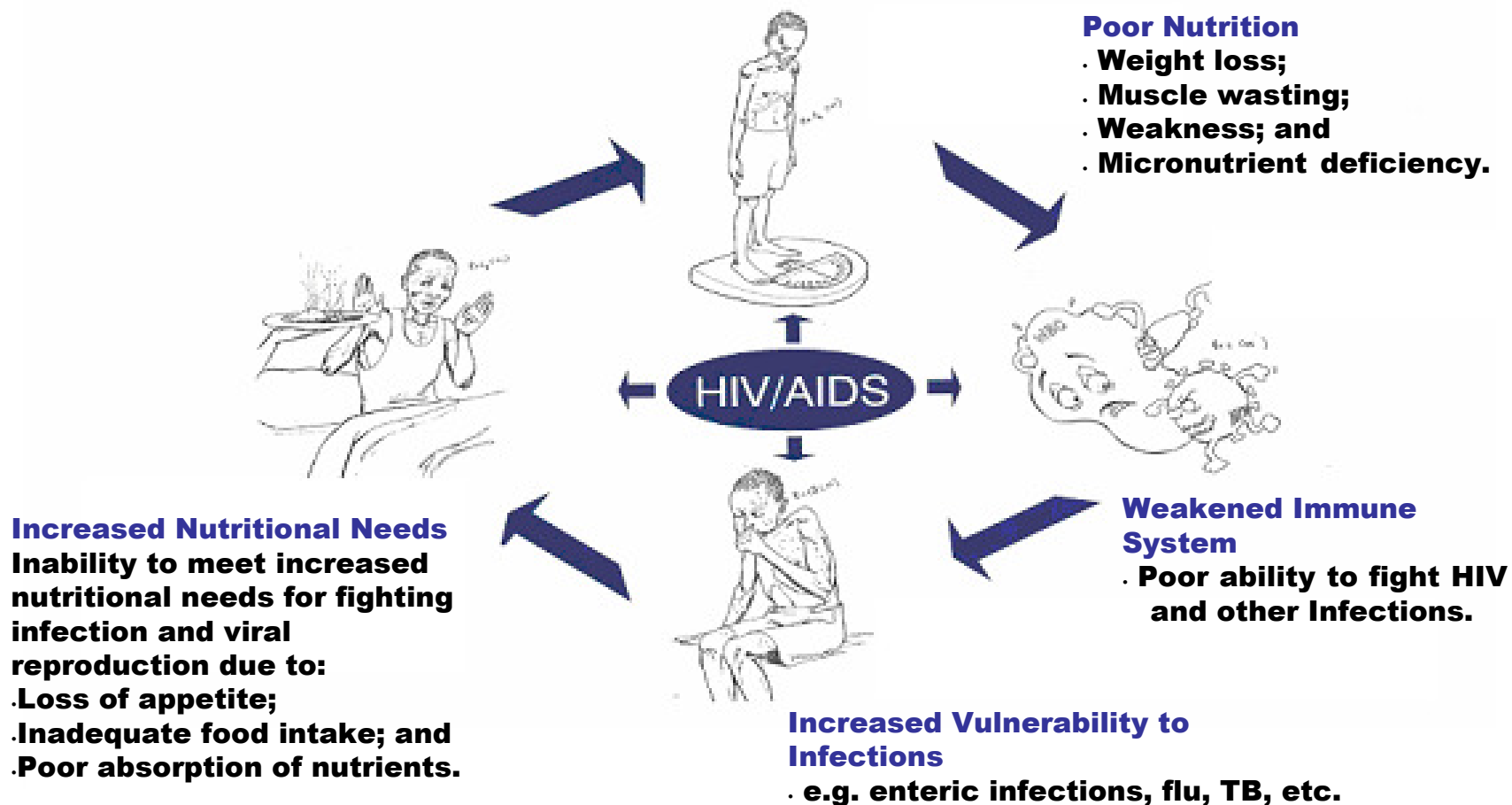
Nutritional care and support for people living with HIV/AIDS

Course aims

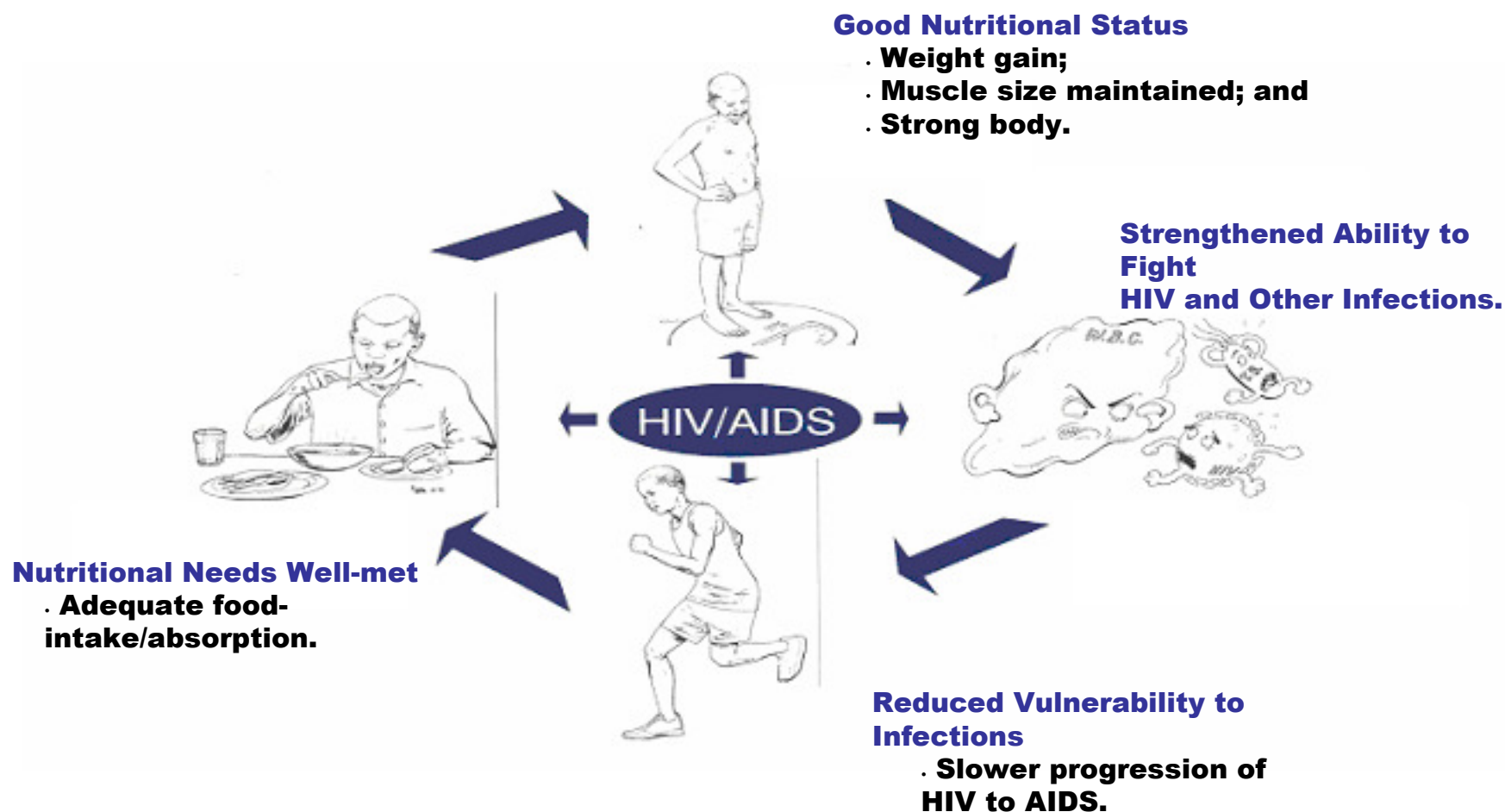
The aim of this course is to assist **community level health service providers and other extension workers** to:

- Improve their knowledge and skills on nutrition care and support for people living with HIV;
- Understand the importance of using good communication skills when providing nutrition care and support for people living with HIV; and
- Be able to effectively transfer the key nutrition messages to people with HIV, their family members and the community

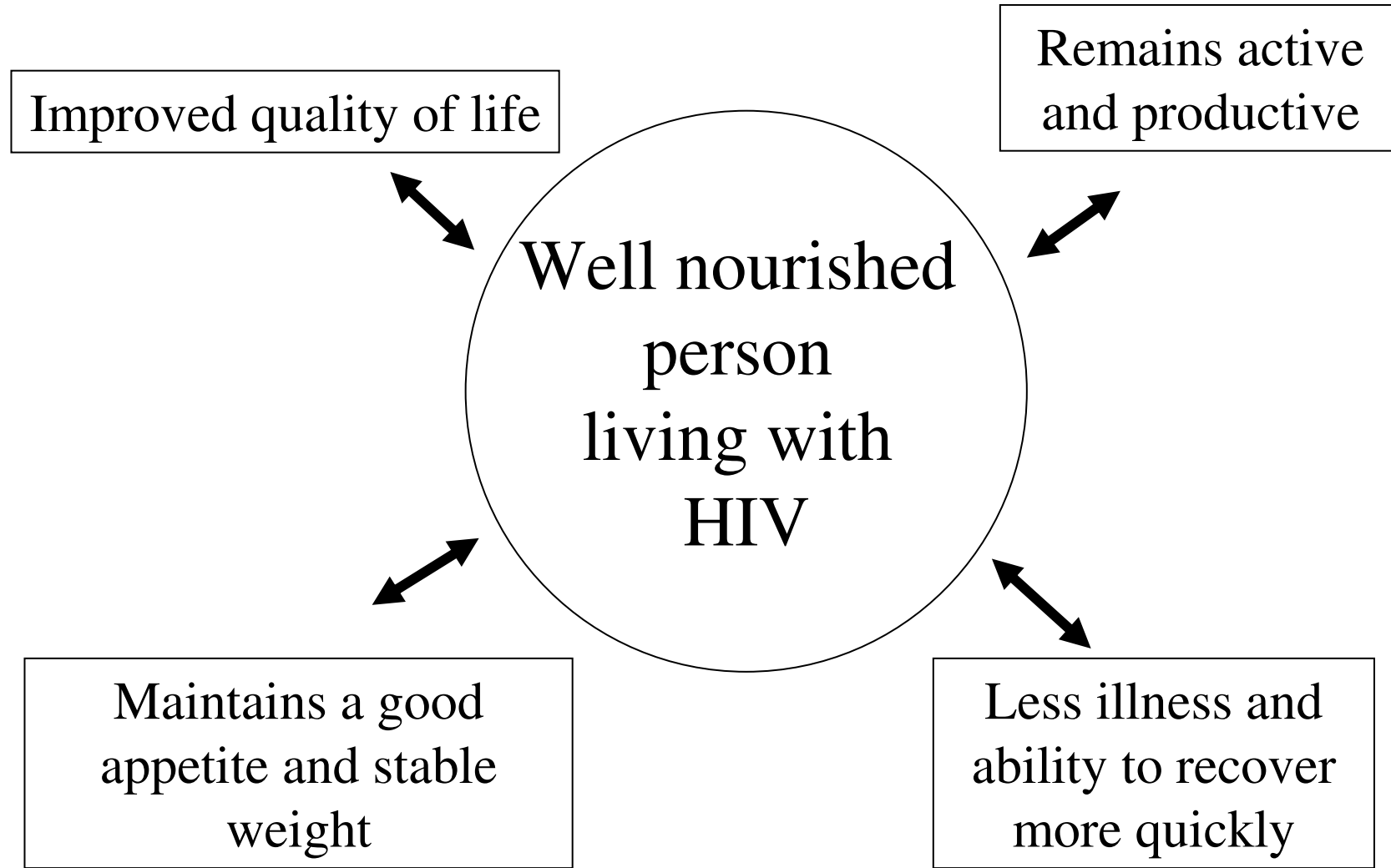
The 'Bad Cycle' of poor nutrition and HIV



The “*Good Cycle*” of good nutrition and HIV



Impact of good nutrition for people living with HIV



What good communication means ^{2/1}

- Listening to and understanding what the client is saying about his/her problem;
- Exploring with the client all the possible options available to solve a problem;
- Providing a client with the necessary information to make informed decisions;
- Evaluating with the client the options available to solve a problem
- Helping the client reach the best decision to solve the problem he/she faces;
- Providing skill-building, coaching or mentoring to ensure the client solves the problem successfully;
- Identifying the help or support needed and determining the next steps;
- Following-up with the client to evaluate how the action plan is proceeding; and
- Helping the client modify or change the action plan if necessary.

Six Listening and Learning Skills

1. Using helpful non-verbal communication;
2. Using responses/gestures which show interest;
3. Empathising;
4. Asking open-ended questions;
5. Reflecting back what the client says; and
6. Avoiding words which sound judgemental.

Six Skills for Building Confidence and Giving Support

1. Accepting what a client thinks and feels;
2. Recognising and praising what a client is doing right;
3. Giving practical help;
4. Giving a little, relevant information which can be of immediate use to the client;
5. Using simple language; and
6. Making a few suggestions, rather than giving commands.

Nutrients

Macro-nutrients: carbohydrate, protein
and fat

Micro-nutrients: vitamins and minerals

The role of food in the body

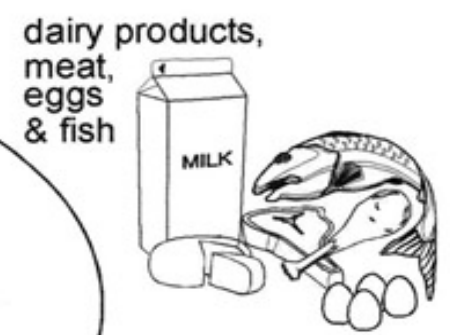
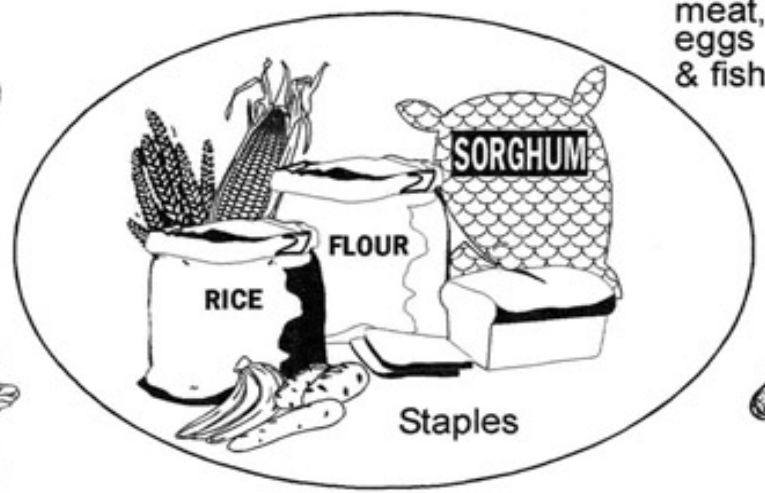
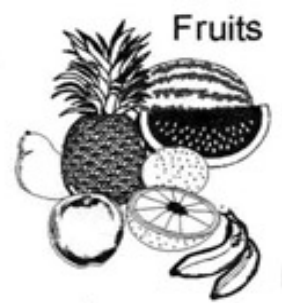
Food helps us to

Grow

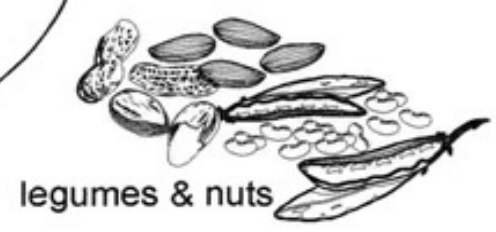
GO

GLOW

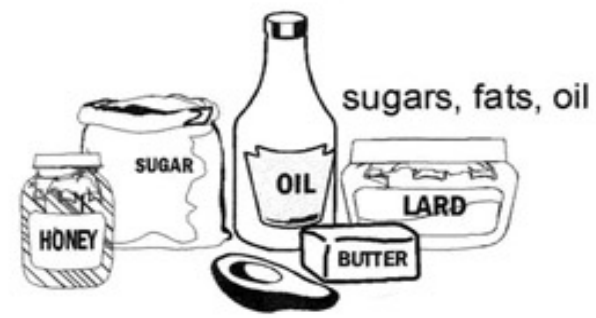
Variety of foods



Vegetables



legumes & nuts



"Eating wisely" guidelines

1. Enjoy a variety of foods.
2. Make staples or starchy foods the largest part of your meal.
3. Eat peas, beans, lentils, nuts and seeds, if possible everyday.
4. Eat animal and milk products regularly.
5. Eat a wide variety of vegetables and fruits everyday.
6. Use fats and oils as well as sugar and sugary foods regularly but in moderation.
7. Use foods that are fortified with essential nutrients, if possible.
8. Drink plenty of safe water.

Five keys to safer foods

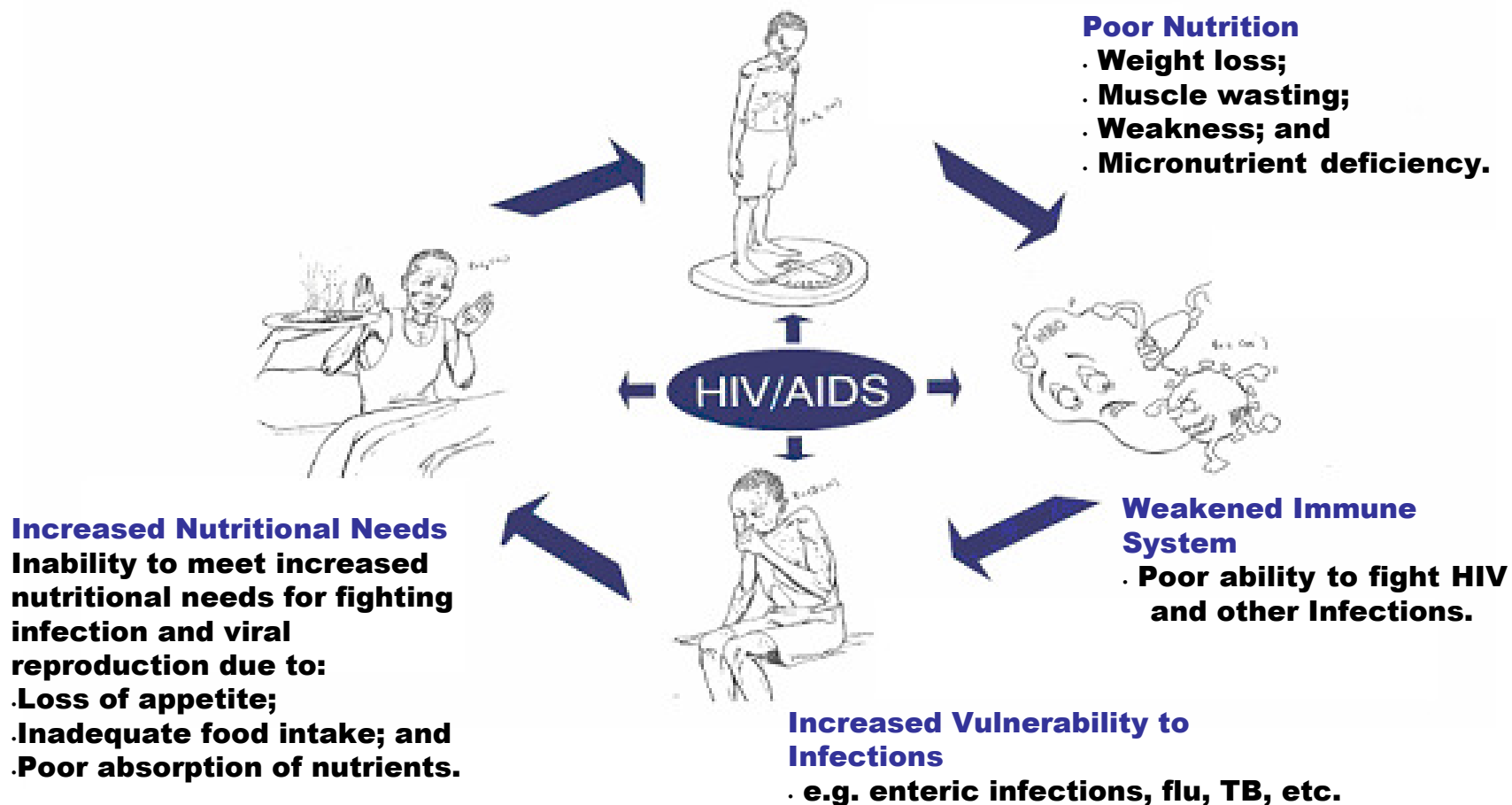
- Keep yourself, your surroundings and cooking utensils clean
- Keep raw and cooked foods separate
- Cook food thoroughly
- Keep food at safe temperatures
- Use safe water and raw materials/
ingredients

Benefits of physical activity

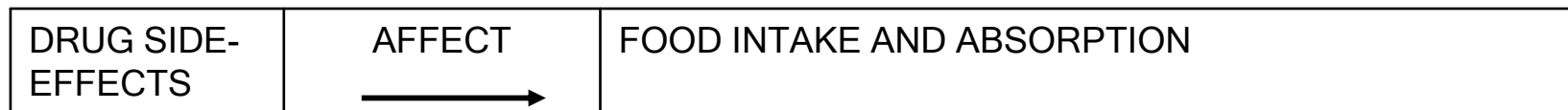
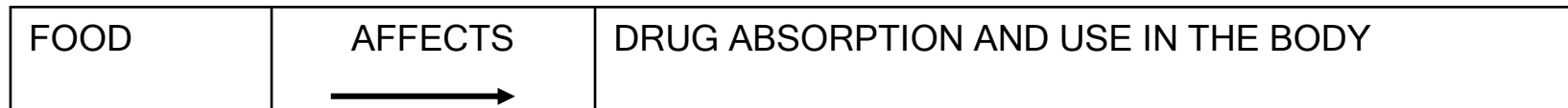
Physical activity can:

- Strengthen and build muscles;
- Strengthen bones;
- Strengthen the immune system;
- Help relieve stress;
- Increase appetite;
- Help digestion;
- Help the heart and lungs to work well; and
- Improve one's sense of well-being.

The 'Bad Cycle' of poor nutrition and HIV



Interaction between drugs, food and nutrition



Supporting the management of ARV drugs and food/nutrition interactions

- Know and understand what medication the client is taking (*see Handout 7/1*) and make the client and other treatment supporters or family members aware of their potential side-effects
- Discuss how to adjust the timing of drug and food intake as appropriate.
- Discuss how to manage the possible side-effects and difficulties that may reduce food intake.
- Identify foods to be increased, decreased or avoided, depending on their effects on drug absorption.
- Support the client to identify locally available foods that would help in healthy eating based on:
 - The ‘Eating wisely’ guidelines;
 - Drug-food interactions; and
 - The nutritional needs of the person.
- Support the client to make a drug-meal plan that will guide him/her in choosing appropriate foods for different meals.
- Follow up and assess any difficulties and support in making necessary adjustments.
- Seek help through the referral system to other programs and services that address food and nutrition issues, (e.g., nutritional counselling services, programs focused on promoting household access to food) as needed.

Variety of foods



Fruits



Vegetables



Staples

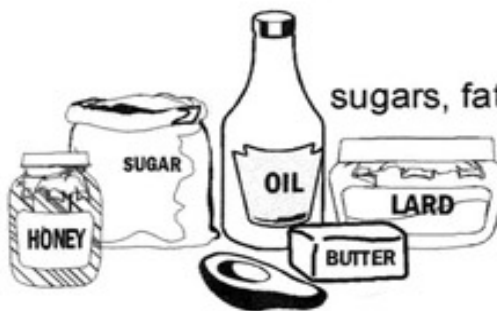
dairy products,
meat,
eggs
& fish



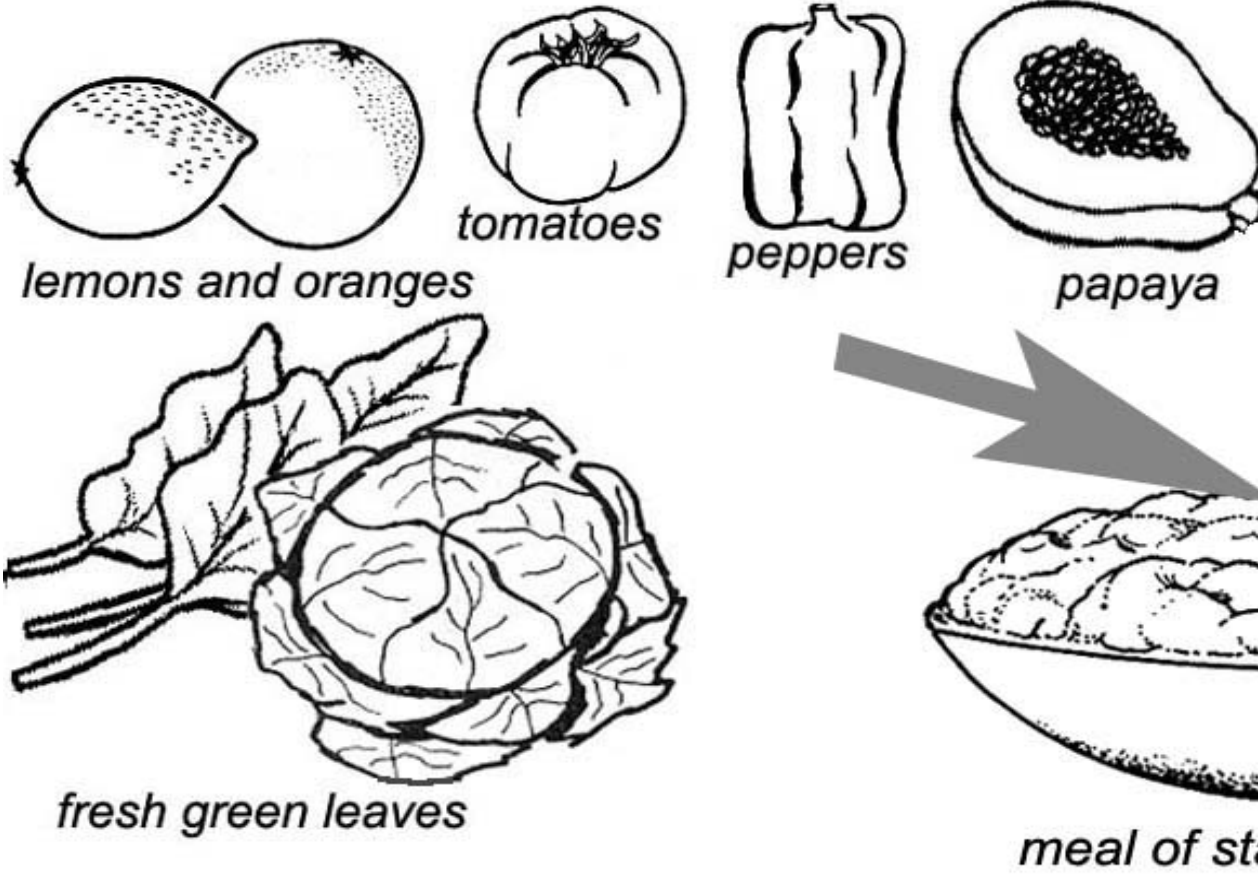
legumes & nuts



sugars, fats, oil



Increasing iron absorption



Eating vitamin C-rich vegetables and fruits with a meal helps the body to use iron

Policy of supporting breastfeeding

“As a general principle, in all populations, irrespective of HIV infection rates, breastfeeding should continue to be protected, promoted and supported.”

HIV and Infant Feeding: a policy statement,
developed collaboratively by UNAIDS, WHO and UNICEF, 1997

The United Nations Agencies' 9/2 recommendation for HIV-positive women

- The most appropriate infant feeding option for an HIV-infected mother should depend on her individual circumstances, including her health status and the local situation, but should take greater consideration of the health services available and the counselling and support she is likely to receive.
- **Exclusive breastfeeding** is recommended for HIV-infected women for the first 6 months of life unless replacement feeding is **Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS)** for them and their infants before that time.
- When **replacement feeding** is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected women is recommended.

Exclusive breastfeeding

Feeding the baby only breast milk without giving any other liquids or solids, not even water, with the exception of medically prescribed drops or syrups consisting of vitamins, mineral supplements or medicines

Replacement feeding

- Feeding a baby who is receiving no breast milk, with a diet that provides all the nutrients that the child needs until the age at which the baby can be fed foods eaten by the rest of the family.
- During the first six months of life, replacement feeding should be *only* with a suitable breast-milk substitute. After six months, the suitable breast-milk substitute should be complemented with other foods

Twenty babies of mothers with HIV



Responsive feeding

Responsive feeding includes the following:

- Feeding infants and assisting older children to eat.
- Noticing children's hunger and satiety cues or signs.
- Feeding slowly and patiently with encouragement.
- Trying different foods, textures and methods of encouragement.
- Minimising distractions.
- Ensuring that feeding times are also for learning as well as for showing love and care.

Feeding a child who is ill

- Make the child comfortable
- Be patient and feed slowly
- Feed small amounts frequently
- Give foods that the child likes
- Give a variety of foods and extra fluids
- Pay attention to the child and make feeding time pleasurable

Feeding a child during recovery

- Feed an *extra* meal
- Give an *extra* amount
- Use *extra* rich foods
- Feed with *extra* patience
- Give *extra* breastfeeds or fluids

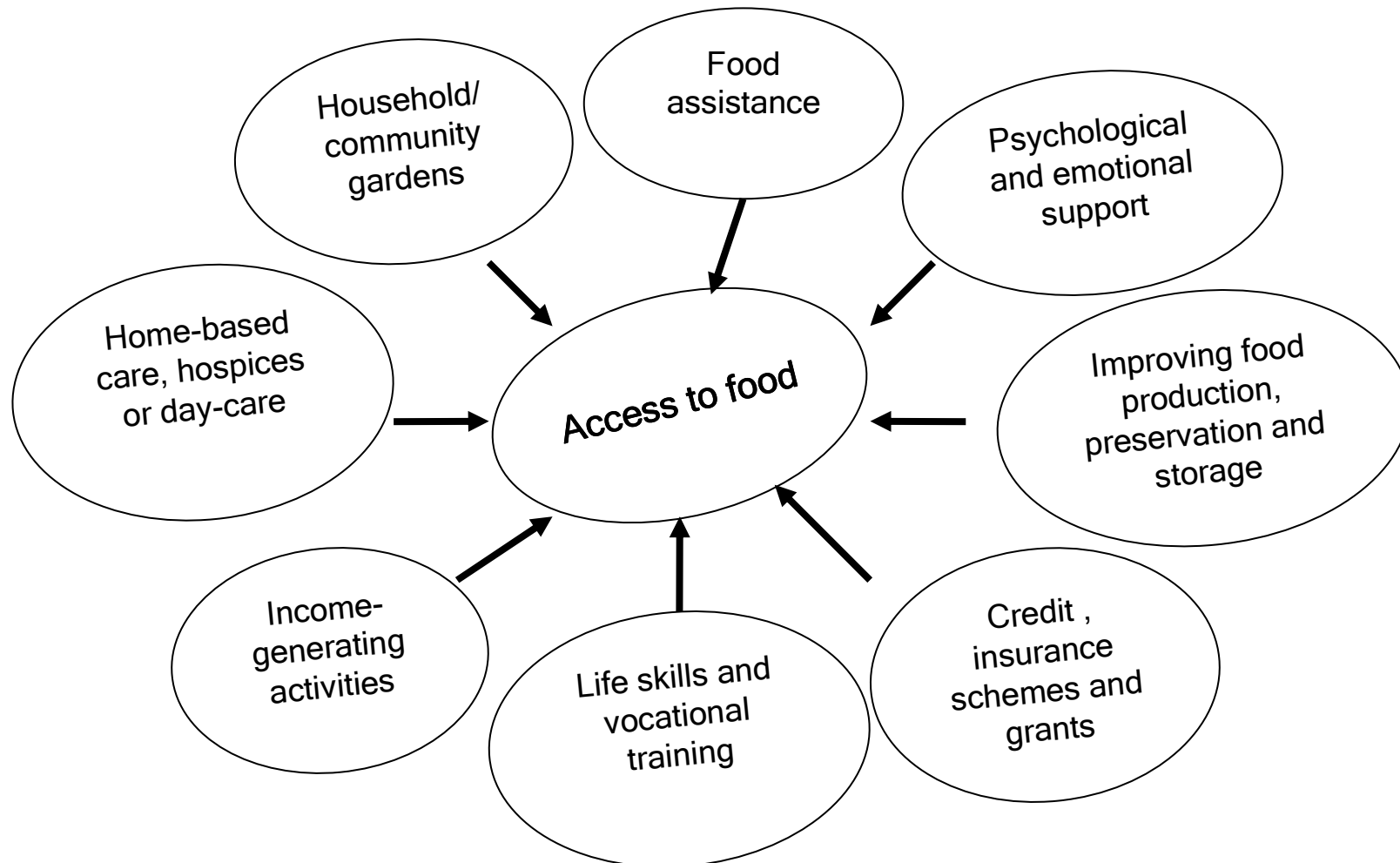
What to do to improve access to food for PLHIV and their households

Awareness-raising about the links between HIV and nutrition

Continuous discussion to identify food access problems and solutions

Referral to other support programmes

Support to improve access to food



Evaluate HIV/AIDS claims

- Safety: is the product or treatment harmful?
- Are there harmful interactions with prescribed or over-the-counter medications or foods?
- Is the use of unproven treatments delaying seeking care and treatment?
- Does the treatment work?
- Is the financial cost worth the benefit?

“Warning Flags”

- "This is *the* cure"; "it gives miracle results".
- "Do not to use any other treatments".
- "This doctor (product/treatment) is the *only* one which can help you".
- "It costs a lot of money".
- "Personal accounts are the main/most reliable source of information on results".
- "The ingredients are a secret".

Six Listening and Learning Skills

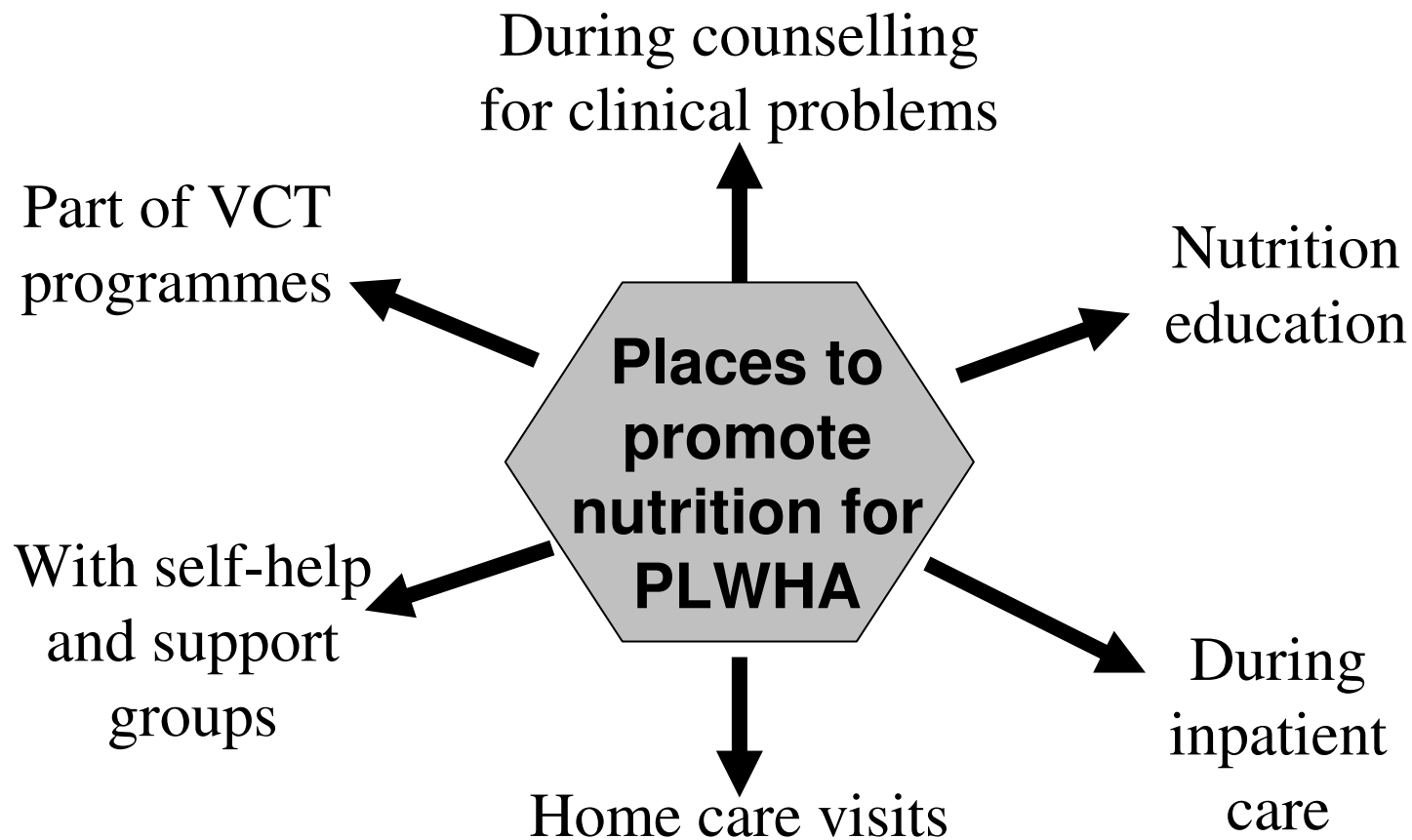
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Places to promote nutrition for PLWHA

13/1



Good nutrition is a fundamental part of caring for people living with HIV/AIDS. Good nutrition translated into a balanced diet is a positive way to respond to this illness, and it helps people live better, longer and more comfortable lives.

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

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

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