Republic of Kenya
Ministry of Health

NUTRITION MANAGEMENT IN THE COMPREHENSIVE CARE CENTRES IN KENYA:

A TRAINER'S MANUAL

The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S Agency for International Development or those of UNICEF.

FOOD AND NUTRITION TECHNICAL ASSISTANCE

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Position Statement

It is the position of the National AIDS and STI Control Programme (NASCOP) that efforts to optimize nutritional status, including medical nutrition therapy, assurance of food and nutrition security, and nutrition education are essential components of the total health care available to people with human immunodeficiency virus infection throughout the continuum of care.

Abbreviations and Acronyms

AED	Academy for Education Development
AFASS	Acceptable, Feasible, Affordable, Sustainable and Safe
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BMI	Body Mass Index
CBO	Community-Based Organisation
CCC	Comprehensive Care Centre
CDC	Centres for Disease Control and Prevention
CNP	Critical Nutrition Practices
DASCO	District AIDS and STI Coordinator
DNA	Deoxyribonucleic Acid
FANTA	Food and Nutrition Technical Assistance
FBOs	Faith-Based Organisations
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
HMIS	Health Information Management System
IMCI	Integrated Management of Childhood Illnesses
MOH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NASCOP	National AIDS and STI Control Programme
NGO	Nongovernmental Organisation
OI	Opportunistic Infection
ORS	Oral Rehydration Solution
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission of HIV
RCQHC	Regional Centre for Quality of Health Care
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VIPP	Visualization in Participatory Processes
WHO	World Health Organisation

Introduction

Managing nutrition-related complications of HIV infection and the multiple aspects of disease initiated by or surrounding HIV infection remains a challenge to patients and to people involved in HIV/AIDS prevention, care and treatment efforts. Confounding clinical issues include weight loss and wasting, drug interactions, co-infection with other infections and diseases, lipodystrophy and others. Nutrition and dietetics professionals and other health care professionals need to understand and address these multiple aspects of HIV infection and treatment in order to improve survival, body functions and overall quality of life.

Purpose and Objectives of the Trainer Manual

This manual is intended to train front-line service providers in key nutrition knowledge, messages, and skills for managing nutritional needs of people living with HIV and AIDS (PLHIV) in Kenya. The manual is intended to support the implementation of the *Kenyan National Guidelines on Nutrition and HIV/AIDS* (MOH/NASCOP 2006b), and complements *Nutrition and HIV/AIDS: A Tool Kit for Service Providers in the Comprehensive Care Centres*. The manual may also be used to improve the quality of pre-service and in-service training in nutrition and HIV/AIDS.

The objectives of the manual are:

1. To provide the methodology for imparting nutrition knowledge and skills to service providers working in the comprehensive care centres in Kenya.
2. To provide tutors/trainers with the basic content and materials needed to conduct nutrition training for service providers working in the comprehensive care centres (CCC) in Kenya.

Intended Target Group

The persons or organisations that can be trained using this manual are providers of health care services to PLHIV (e.g. doctors, clinical officers, nutrition and dietetic professionals, counsellors, nurses, social workers, pharmacists, occupational therapists, physiotherapists, home economists, and paramedics), specifically those working in the CCC.

The materials can be adapted for either in-service or pre-service training of health workers. The trainer may modify the curriculum to meet the needs of staff trained at various levels.

Prerequisites for Trainers

Trainers should have basic knowledge and skills in nutrition, including:

- Technical expertise and experience in child and maternal nutrition, especially in the context of HIV/AIDS.
- Familiarity with the local nutrition and health care system and service delivery protocols for HIV/AIDS.
- Experience using adult learning and participatory techniques for training.
- Basic knowledge and experience in nutrition and infections.

The curriculum also assumes that trainers have prerequisite knowledge of basic counselling, communication and household food security.

Recommended preparation

Many of the sessions contain suggestions for the trainer to use in the process of training. These include discussion groups, case studies and role-play exercises, which allow participants to apply the material in a simulated setting. The trainer will need to prepare all these approaches and needed materials in advance. Trainers may refer to the trainer tips on adult learning in Annex 6. Trainers are encouraged to expose learners to a real clinical setting where they can interact with people who provide some of the care and support approaches discussed in the course. Suggestions for how to prepare for these visits are also provided.

References and further reading

Most references used in this manual are taken from the Kenyan Guidelines on Nutrition and HIV/AIDS (MOH/NASCOP 2006b) and government materials such as the MOH/NASCOP Nutrition and HIV/AIDS Counselling Cards. Other references are materials from FANTA and the RCQHC. Trainers may use additional references at their disposal to improve delivery of the materials presented.

Content of the Manual

The Trainer's Manual contains the following materials:

- Example of a program (timetable for a five-day course), pre- and post-test questionnaires and post-course evaluation forms
- Information on how to prepare, plan and organise each session. This includes the purpose, learning objectives and outline of the session; preparation required before the session; estimated timing of the session (does not include field visits); and references and suggested further reading that may be useful to the trainer.
- Suggested step-by-step process for delivering the materials. The trainer is at liberty to adapt these to the local context. Suggested case studies and practical sessions, such as demonstrations for each of the sessions, are also provided.
- Annexes at the end of manual provide checklists that the trainer can use during supervision/follow-up after the training.
- The manual also comes with a copy of the *Kenyan National Guidelines on Nutrition and HIV/AIDS* (MOH/NASCOP 2006b), the *Nutrition and HIV/AIDS: Tool Kit for Service Providers in the Comprehensive Care Centres* (Tool Kit) (2007), the Nutrition and HIV/AIDS Counselling Cards (2006), and the wall charts (2006). The authors encourage the incorporation of any other local guidelines, service provider tools, and materials (e.g. job aids, health education guides, posters, maternal and child cards, health management information services [HMIS] records, charts, real case studies) that may be accessible to the trainers.

Module Outline

Learning Objectives of the Module

By the end of this training, the participants should be able to:

1. Define comprehensive care and discuss the role of nutrition care and treatment of PLHIV.
2. Be familiar with aspects of the *Kenyan Guidelines on Nutrition and HIV/AIDS* that are relevant to the CCC.
3. Carry out nutrition assessments needed for patients going through the CCC.
4. Formulate a nutritional care plan for patients going through the CCC.
5. Prepare a drug-food plan and provide other nutritional services for patients going through the CCC.
6. Collect data from patient records and present data for reporting purposes.

Estimated time: 32 hours

Sample Pre- and Post-Course Questionnaire

Please answer the following questions by indicating TRUE (T) or FALSE (F) as appropriate.

1. Malnutrition is a condition in the body brought about by inadequate or excess intake of required nutrients or malabsorption of the nutrients.	
2. Asymptomatic HIV+ patients can lose 5 percent of their normal weight.	
3. HIV/AIDS increases the risk of malnutrition through changes in food intake and/or nutrient absorption and utilization.	
4. A low haemoglobin level in the blood is referred to as anaemia.	
5. The CCC offers both inpatient and outpatient services for PLHIV.	
6. Services to prevent mother-to-child transmission of HIV through infant feeding (counselling) are offered in the CCC.	
7. Progressive muscle wasting and loss of fat under the skin give rise to the appearance of accelerated aging.	
8. All of the following are roles of a nutritionist in a CCC: weight monitoring, drug-food planning, counselling on prevention of mother-to-child transmission of HIV (PMTCT) and infant feeding, and supporting the client in nutrition goal setting.	
9. Nutrition as an essential complementary intervention to antiretroviral treatment (ART) will enhance rehabilitation, immunity and adherence to ART.	
10. Asymptomatic people living with HIV/AIDS (PLHIV) have 15–30 percent increased energy needs compared to healthy uninfected individuals of the same weight, sex and activity level.	
11. Periodic nutrition assessment is a critical nutrition practice for PLHIV.	
12. For children who are symptomatic with weight loss, energy needs increase by about 20–30 percent per day.	
13. According to WHO, there is insufficient evidence to support increased protein requirements for PLHIV over and above that of uninfected persons.	
14. WHO recommends consumption of ONE Recommended Daily Allowance of all micronutrients (vitamins and minerals) both for people infected with HIV and for people not infected if they have no pre-existing deficiencies.	
15. PLHIV should drink a lot of safe, clean water. The recommended water intake is at least 2 litres (8 250-ml glasses) per day.	
16. Health workers should counsel PLHIV to seek prompt treatment for all opportunistic infections and symptoms, especially those that may interfere with food intake.	

17. ART clients should carry out physical activity or exercises to strengthen/build muscles and increase appetite and health

18. People taking medicine, including ARVs, should be informed about drug-food interactions and side effects that can be managed by food and nutrition interventions.

19. Clients who have lost 10 percent or more of their body weight within 2 to 3 months should be referred for assessment for antiretroviral drugs (ARVs).

20. Rapid weight loss—losing more than 5 percent of usual body weight over 2–3 months—is highly associated with OIs.

21. More than a 10 percent decrease in body weight over 2 to 3 months is a criterion of wasting syndrome.

22. Loss of body weight may also be a side effect of highly active anti-retroviral therapy (HAART).

23. A body mass index (BMI) of less than 18.5 kg/m^2 indicates undernutrition and a high risk of illness.

24. BMI is recommended as a criterion for determining which PLHIV require prescriptions for supplementary food support.

25. It is recommended that PLHIV have their body composition (at least the fat mass and the body cell mass) taken at least every 6 months, and every 3 months after starting ART.

26. PLHIV on Zidovudine or Lamivudine should be referred for assessment of haemoglobin at least every 6 to 8 months.

27. All PLHIV who qualify for ARVs and have a BMI of less than 16 kg/m^2 should begin ART immediately.

28. Eating infrequent, large meals can help to manage symptoms of nausea or vomiting.

29. List the 9 Critical Nutrition Practices for people living with HIV/AIDS in Kenya (including supplementation).

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

Examples of Issues to Address during Recap

Recap is meant to help course participants review, remember and retain the material they learned previously (e.g. the previous day) and see the connection between what they have learned and what they will learn during the day's training or in their work.

Recap also may be used to resolve learning conflicts such as the following:

a. What questions or concerns do you have about the training so far (or from yesterday)?
b. How can we resolve these?
c. What insights or new knowledge have you gained that is useful to your work?
d. Which topics have not been especially relevant to your work?
e. Which topics are not being covered adequately that you think are needed to do your work?

Recap can be presented by the trainers or the trainees, preferably the latter. The session should be focussed and generally should last 5–10 minutes.

After the recap session, give a brief overview of the session(s) of that day. You may want to present the learning objectives and expected outputs at the end of the day.

Session 1: Course Introduction – CCCs in Kenya

Purpose: Participants will introduce each other and will understand the objectives and expected outputs of the course. They will also agree on the purpose of nutrition in comprehensive care and the kind of nutrition services offered in comprehensive care centres (CCCs) in Kenya.

Objectives: By the end of the session, participants should be able to:

1. Understand the workshop, participant expectations, and workshop objectives.
2. Define comprehensive care and the role of CCCs in the Kenya health care system.
3. Describe the kind of nutritional services offered in the CCC and the role of a nutritionist in the CCC.

Advance Preparation

1. Have enough materials (writing materials, pens, flip charts, marker pens, masking tape, Nutrition and HIV/AIDS Tool Kit), name tags (or alternatively a piece of masking tape on which each participant writes the name they want to be called). Make sure that the room has enough space to post the flip charts and that there is a white wall or screen for the projector/LCD. Try the overhead/computer and LCD to make sure that you know how to operate it and that the PowerPoints are projected well on the screen/wall.
2. Make a flip chart (or put it on PowerPoint) with the learning objectives of the module and the anticipated outcomes.
3. Have enough copies of the pre-test questionnaire for all participants.

Proposed Session Time*: *90 minutes

Topic 1.0: Introductions and expectations *(30 minutes)*

- Introduce the workshop: Who it is intended for and what is its purpose?
- Introduce each other:
    - Use an innovative approach for participants to introduce themselves. For example, ask one of the trainers/participants to introduce herselrf, say the name she would like to be called, where she comes from and what she does, and one thing she likes about nutrition. Then ask h to throw a ball to another participant, who then introduces himself the same way. If the ball is thrown to someone who has already been introduced, the one who threw the ball must introduce the person and then throw the ball to someone else, until everyone is introduced. Alternatively, participants can pair up and introduce each other to

the group, e.g. their names, where they come from, what they do, and something interesting such as a food, song, hobby or game they like.

- Review any logistical and housekeeping issues.
- Agree on norms (start and end times, breaks, mobile/cell phones).
- Use an innovative approach to elicit the groups' "expectations and fears." The facilitator can write the expectations on a flip chart and discuss them, identifying how they fit with the workshop objectives.
- Administer the pre-test (calculate the scores and tabulate results before the end of the day's session).
- Introduce the workshop in detail. Present the objectives and flow of the week and explain the sessions/topics to be covered and some of the methods to be used. Include time for questions and clarifications. The workshop objectives and participants' expectations should remain in view during the week.

Topic 1.1: What is comprehensive care? *(15 minutes)*

Brainstorm: Discuss these questions (you can write them on a flip chart/PowerPoint):

- What is comprehensive care in HIV/AIDS management? (Tool Kit p. 9)
- What are the advantages of a CCC?
- What services are provided in the CCC? (Tool Kit p. 9)

Topic 1.2: What kind of nutrition services are provided in the CCC and how do clients flow in the CCC? *(15 minutes)*

- Let 3–5 participants discuss the kind of services provided in the CCC/programs where they work.
- Capture the flow of clients in the CCC where they work, showing the interaction between nutrition and other services provided. (Tool Kit p. 10)
- Allow a short time to discuss the challenges:
  - ❑ Focus on the role of nutritionists and nutrition interventions in the flow.
  - ❑ Record these on a flip chart so they can be referenced later as needed.

Topic 1.3: What is the role of a nutritionist in a CCC? *(30 minutes)*

Group work: Groups of 3–4, with 2 groups at opposite sides of the room (Allow *8–10 minutes*)

- Walk in turns to a flip chart and write 2–3 roles of a nutritionist in a CCC (add to the ones not already written or improve on the ones already written).
- Then walk to the next flip chart and write 2–3 challenges nutritionists face in providing services/working in a CCC.

Plenary: (*Allow 20 minutes*)

Ask a participant to read each response. Allow time for discussion (showing how the training will address some of the challenges). (Tool Kit pp. 9-11)

- ❑ Discuss how the participants' work as nutritionists links to other services/providers (i.e., how information/data move and are used from one service provider to another; and referral systems).
- ❑ Let participants discuss what support they would need to perform these tasks effectively in a CCC, for example, to make their working sites "nutrition friendly" with relevant posters, models, demonstration foods/tools, pamphlets, counselling cards, etc.

Session 2: Overview of Nutrition and HIV/AIDS

Purpose: In this session participants will receive an overview of nutrition and the link between nutrition and HIV/AIDS.

Objectives: By the end of the session, participants should be able to:

1. Define nutrition and list the ways nutrition is important for PLHIV.
2. Discuss the relation between nutrition and HIV/AIDS.

Advance Preparation

1. Know the materials in the trainee Tool kit and if it is not available for participants, prepare handouts from it.
2. Have a copy of the Nutrition and HIV Counselling Cards (especially the content on the relation between nutrition and HIV/AIDS).
    - Review *The Cycle of Nutrition and HIV/AIDS* from the counselling cards.

***Proposed Session Time:* 2 hours**

Topic 2.1: Review the objectives of Session 2 (Listed above; use PowerPoint or flip chart.) *(5 minutes)*

Topic 2.2: The definition of nutrition and reasons good nutrition is important for PLHIV *(30 minutes)*

Facilitative PowerPoint: How do we define nutrition? Discuss 5 key aspects of the definition of nutrition.

- What factors affect the 5 aspects of nutrition among PLHIV?
- What is malnutrition, and how does it occur among PLHIV?
- Why is nutrition important for PLHIV? See counselling cards *(second of the yellow cards)*.

Five aspects of good nutrition

Food availability and access (quantity and quality)→ Household access to food in terms of production and purchase (wages); PLHIV access (e.g. access to food, food preparation) and external support; stigma issues in providing support; knowledge and attitudes concerning food for the ill; seasonality, which affects food availability and quality but also wages and care.

Food intake→ Depends, for example, on the form of the food (may need to be mashed/pureed or flavoured), frequency of eating food, support to encourage eating, illnesses or health conditions that limit intake (e.g. loss of appetite, mouth sores, constipation, vomiting and nausea, change of taste, medical regimen, depression/stresss). A balanced diet is essential, and supplements are necessary when one is unable to obtain a diet with sufficient quantities of required nutrients.

Digestion and absorption→ Affected by intolerances, diarrhoea, constipation, effect of the virus on gut integrity

Use and metabolism of the nutrients→ Affected by OIs, HIV's impact on the metabolic system, effect of drugs/ARVs and their side effects, physical exercise, use of alcohol.

Excretion→ Affected by water intake, the function of the organs, frugs/ARVs, etc.

Topic 2.2: The relation between nutrition and HIV/AIDS and the objectives of nutritional care and support for PLHIV *(85 minutes)*

Brainstorm

- Show the group *the Cycle of Relation between HIV and Nutrition* in counselling cards (*yellow code*).
- Ask "How does HIV affect nutrition?" and "How does nutrition affect HIV/AIDS?"
- Ask "What is the objective of nutritional care and support for PLHIV?" As needed, refer to responses in the counselling cards.

Session 3: Overview of the *Kenyan National Guidelines on Nutrition and HIV/AIDS*

***Purpose*:** In this session participants will receive an overview of the contents of the *Kenyan National Guidelines on Nutrition and HIV/AIDS* that relate to the management of PLHIV in comprehensive care centres.

***Objectives*:** By the end of the session, participants should be able to:

1. Explain the importance of the *Kenyan National Guidelines on Nutrition and HIV/AIDS*.
2. Explain the WHO (NASCOP) energy and nutrient intake recommendations for PLHIV.
3. Describe ways to help PLHIV meet the recommended intake levels.
4. Explain the key guidelines for PLHIV on medications as provided in the *Kenyan National Guidelines on Nutrition and HIV/AIDS*.
5. List the 9 critical nutrition practices for PLHIV in Kenya.

Advance Preparation

1. Have enough copies of the *Kenyan National Guidelines on Nutrition and HIV/AIDS* (2006) for each participant if possible, or one for each facility represented in the training.
2. Know the materials in the trainee Tool kit and if it is not available for participants, prepare handouts from it.
    - The Energy and Nutrient Requirements of PLHIV (Tool Kit pp. 17-18).
    - The 9 Critical Nutrition Practices for PLHIV in Kenya (Tool Kit p. 19).

Proposed Session Time*: *3 hours

Topic 3.1: Review the objectives of Session 3 (Listed above; use PowerPoint or flip chart.) *(5 minutes)*

Topic 3.2: Importance of guidelines on nutrition and HIV/AIDS (2006) *(25 minutes)*

Brainstorm the importance of guidelines in service provision.

- Include standardization of what needs to be done, how much, when (to whom) and the message and actions to give to clients/patients (including dosages, frequency).
- Explain how the National Guidelines can be used (Tool Kit p. 13).

- Discuss how participants will use the guidelines in the care and support of PLHIV in their work areas.

- Inform participants that during supervision the supervisors will assess the use of the guidelines and the challenges faced in using them.
- List the other materials developed by NASCOP to support implementation of the *Kenya National Guidelines on Nutrition and HIV/AIDS*.

Topic 3.3: WHO energy and nutrient intake recommendations for PLHIV *(45 minutes)*

Plenary Discussion

- Ask one participant to read the recommendation on energy for asymptomatic clients (Tool Kit pp. 17–18):
    - Indicate the quantity of energy and food needed by asymptomatic HIV-infected adults and children, including those on ARVs but without symptoms. Discuss how to estimate increased energy needs in local food equivalents.
- Ask another participant to read the recommendation for clients with symptoms and for children who are losing weight.
    - Indicate the quantity of energy and food needed by asymptomatic HIV-infected adults and children, including those on ARVs but without symptoms. Discuss how to estimate increased energy needs in local food equivalents.
- Discuss the reasons for increased energy needs of PLHIV (asymptomatic and symptomatic).
- Ask one participant to read the recommendation on fats/oils, proteins and micronutrients.
- Discuss issues related to the recommendations.

Topic 3.4: Supporting PLHIV to meet energy and nutrient needs. *(30 minutes)*

Group Work: (*15 minutes*)

- Ask the group to refer to the guidelines (and the green code of the counselling cards) to do this task.
- Ask what challenges PLHIV in the locality are most likely to face.
- Ask what support the participants give PLHIV to help them achieve sufficient energy, protein, and micronutrients? (Refer to the green code of the counselling cards.)

Presentation of the group work (*15 minutes*). Summarise this topic with the three PowerPoint slides on "Educate and Counsel PLHIV to Consume Diversified Diets".

Topic 3.5: Guidelines for PLHIV on medications *(30 minutes)*

Short Presentation: (*15 minutes*)

- Make a short PowerPoint presentation based on Chapter 7 of the Guidelines, including:
  - The important guidelines for PLHIV on medications
  - The important messages for people on micronutrient supplements and on traditional herbs

Allow plenary discussion on the presentation (allow *15 minutes*).

Topic 3.6: Orientation in the Critical Nutrition Practices (CNPs) for PLHIV *(45 minutes)*

Group Work

- Divide participants into small groups.
- Ask groups to read the CNPs on p. 19 of the Tool Kit and discuss them. Ask whether the CNPs are possible in the participants' working context. If not, why not?

The Nine Critical Nutrition Practices for PLHIV

1. Have periodic nutritional status assessments, especially weight
2. Increase energy needs according to the disease stage
3. Maintain high levels of sanitation, food hygiene, and food/water safety at all times
4. Practice positive living behaviours
5. Carry out physical activity or exercises
6. Drink plenty of clean safe water (8 glasses in a day)
7. Seek prompt treatment for all opportunistic infections and other diseases, and manage symptoms with dietary practices
8. Those on medicine, including ARVs, should manage the drug-food interactions and diet related side-effects
9. Children (below 6 months) born to HIV+ mothers and on exclusive replacement feedings should be supplemented with Vitamin A of 50,000 IU, and if not on commercial formula, put on daily multivitamins.

Session 4: *Step I. Nutrition Assessment in Comprehensive Care Centres*

Purpose: In this session, participants will learn what nutrition assessments to carry out in the CCC, including anthropometric, biochemical, clinical and dietary assessments.

Objectives: By the end of the session, participants should be able to:

1. Explain why nutrition assessment is important for PLHIV.
2. List the types of nutrition assessments carried out in the CCC and why each is necessary.
3. Carry out accurate anthropometric measurements (and know possible sources of error in taking measurements).
4. Interpret the measurements taken, using appropriate cut-off points (for children and adults).
5. Carry out dietary assessments (and know factors likely to affect food intake).

Advance Preparations

1. Read Tool Kit pp. 25–27.
2. Have a functional weighing scale and a height metre and know how to use them beforehand (if the scale is electronic, make sure it has the necessary power source).
3. Know the cut-off points of the different measurements (see Tool Kit pp. 31–35).
4. Know how to use the anthropometric charts in the Tool Kit.
5. Have a place to record measurements, copies of the tools for making 24-hour recall (see Tool Kit p. 38), the *Patient Weight Monitoring Chart* and the *Patient Nutrition Management Form* (see Tool Kit pp. 43–45).
6. Have the session objective(s) written on a flip chart or PowerPoint.

Proposed Session Time: 2 hours and 50 minutes

Brainstorm/Visualization in Participatory Processes (VIPP) Cards

Imagine a client comes into the nutrition clinic. What steps would the participants go through to provide nutritional care? Write these steps on a flip chart/board.

Make sure the key step include the following: a) greeting and nutrition assessment, b) planning or thinking of the care/support to give, c) counselling/educating, d) drug-food plan development/support, and e) plan for follow-up or referral.

Explain that you will take participants through these steps, starting with the nutrition assessment.

Topic 4.1: Review the objectives of Session 4 (Listed above; use PowerPoint or flip chart.) *(5 minutes)*

Topic 4.2 Definition and importance of a nutrition assessment for PLHIV *(15 minutes)*

Why assess?

A. Ask participants why they think nutrition assessment is important for PLHIV. Brainstorm and list reasons (see Critical Nutrition Practice #1 in the Tool Kit p. 19).

B. Using the list generated by participants, discuss the key reasons why nutrition assessment is critical for PLHIV, e.g.:

- To identify clients who need specific nutritional interventions, including dietary changes, supplements, medical treatment and referral for further assessment
- To measure changes in nutritional status
- To catch nutritional problems and infections early for quick action to prevent them from worsening

How to assess?

A. Ask participants whether and how they currently conduct nutrition assessments.

B. Using the list generated by participants, identify and define types and methods of nutrition assessment.

- Anthropometric assessment (BMI, MUAC, W/H, skinfold)
- Dietary assessment (appetite, food recall, diversity, total consumption)
- Biochemical assessment
- Clinical assessment
- Functional (handgrip)

When to assess?

A. **Discuss** the importance of doing a thorough baseline assessment, periodic follow-up assessments, and assessments triggered by specific observed problems.

Topic 4.3: Anthropometric measurement and cut-offs in the context of HIV and AIDS *(100 minutes)*

A. Explain the use of cut-off points.

- Classification of nutritional status (severity and kind)
- Triggers for specific actions (referral, treatment, services)
- Eligibility (entry and exit) for services such as food assistance

B. Provide a handout (or refer to Tool Kit pp. 31-34) with cut-off points for common anthropometric indicators.

C. Explain key cut-off points: BMI cut-offs for adult nutritional status, W/H cut-offs for children's nutritional status and MUAC cut-offs. Discuss application of these for PLHIV, e.g. using change in weight to determine the WHO stage of disease (refer to Tool kit p. 16).

D. Demonstrate measurement and calculation of key anthropometric measures using role-play and trainee comment/critique: weight, % weight change, BMI, MUAC and skinfold thickness.

E. Using tools from the Tool Kit (e.g. the child growth standards, the BMI chart, and anthropometric cut-offs) have trainees interpret measurement results.

Topic 4.4: Biochemical and clinical assessments *(20 minutes)*

A. Explain why biochemical and clinical assessments are needed and how they complement anthropometric assessment.

B. Discuss what situations should trigger certain assessments, e.g. when clients are taking certain types of medications, experiencing certain symptoms, or have been diagnosed with certain infections.

C. Using the tool from the Tool Kit (p. 35), discuss the laboratory grading of nutrition parameters using biochemical and clinical assessments. Discuss when referrals should be made to a clinician.

Topic 4.5: Dietary assessments *(30 minutes)*

A. Ask how many participants currently do dietary assessments. Ask one or two of those who do such assessment how they assess intake and what they do with the information. Building on responses, discuss methods of conducting dietary assessment:

- 24-hour recall, 7-day recall
- Food frequency
- Dietary diversity

B. Discuss how to interpret results of these assessments.

Discuss how to use the process of the assessment itself to help clients consider and identify options for improving their diets.

C. Perform a dietary assessment with a participant as an example. Interpret results and provide counselling to the participant accordingly.

D. Facilitate a brainstorming session on factors that affect dietary intake, e.g. food access, symptoms, medications, smoking, alcohol, drug abuse, food taboos, stigma, depression, preparation time, family support. For each factor, discuss ways to help clients overcome barriers to healthy intake. One way to do this is to list the factors on the board during the brainstorming and then go through each one to discuss how to work with clients to manage or overcome the barrier.

Session 5: *Step II. Preparation of the Nutritional Care Plan*

Purpose: In this step, participants will learn how to make and use a nutrition care plan during the process of nutritional care and support of PLHIV.

Objectives: By the end of the section, participants should be able to:

1. Discuss different tools for documenting the nutrition assessment and management/plan of the patient.
2. State the importance of a nutritional care plan in nutritional management of a patient in the CCC.
3. Make a nutritional care plan.

Advance preparations:

- Be familiar with the *Patient Weight Monitoring Chart* and the *Patient Nutrition Management Form* in the Tool Kit pp. 43–45.
- Have the session objective(s) written on a flip chart or PowerPoint.

Proposed Session Time: 1 hour

Topic 5.1: Review the objectives of Session 5 (Listed above; use PowerPoint or flip chart.) *(5 minutes)*

Topic 5.2: Tools used to decide on the mode of care and needed support

Brainstorm on tools participants have used to elicit information from patients, to record findings of the assessments, and to document the care provided.

Group Work (*30 minutes*)

- Refer participants to the *Weight Monitoring Chart* in the Tool Kit p. 43
- Refer also to the *Patient Evaluation and Management Form* in the Tool Kit pp. 44-45.
- Ask groups to familiarize themselves with the content of the two tools and discuss how each can be used in the CCC.
    - Discuss how each may be used to determine the intervention the patient may require.
- Present a slide showing the issues to consider when making a care plan for the client.

Note: *In planning what to do with the client, consider:*

- *Findings of the health and nutrition assessment, including the dietary and medical history*
- *The client's knowledge/experience of the clients, e.g. their needs and what they have learned in the past*
- *Any targets clients have set in the past and what they have done to meetthe targets*
- *The resources clients have*
- *Other care/support that clients can access*
- *Resources the health provider has access to*

Topic 5.3 Making a Nutritional Care Plan

This activity provides an opportunity to understand a nutritional care plan and its importance.

Plenary Group *(25 minutes)*

- Present the PowerPoint on Session 5.
- Ask one of the participants to read to the larger group the case study used in the session.
- Next ask the following questions:
  a. What nutritional problems do you think this patient has?
  b. What additional nutrition assessments would be needed and why?
  c. What nutritional care would you give this patient?

Example of a Case Study
A 46-year-old man comes to the clinic because he feels weak. This is his second visit since he learned he was HIV-positive. He is a shopkeeper. He has had watery diarrhoea on and of during the past 3 weeks; he has lost 7 kilograms over the past six months. He is now 68 kg (with a height of 180 cm). His mouth is painful, and he has difficulty swallowing. His mouth has extensive whitish exudates, and he has a very red pharynx. Examination shows a skinny, depressed and worried man.

- Show participants how a nutritional care plan consists of activities to help the client improve his/her nutritional status and symptoms.

Session 6: *Step III. Conducting a Nutrition Counselling Session*

Purpose: In this step service providers learn how to provide quality nutrition counselling that addresses key issues in nutritional care and support for PLHIV attending the CCC.

Objectives: By the end of the session, participants should be able to:

1. Define counselling and list the skills required for effective counselling.
2. List the key issues in planning a counselling session.
3. Counsel using the GATHER approach and its principles.
4. Demonstrate the use of the nutrition and HIV/AIDS counselling cards/wall charts to communicate critical nutritional messages to PLHIV in the CCC.

Advance preparations:

1. Be familiar with the GATHER approach in counselling (see box on p. 37).
2. Be familiar with how to organise a role-play (see Annex 3).
3. Have the session objective(s) written on a flip chart or PowerPoint.

Proposed Session Time: 4 hours

Topic 6.1: Review the objectives of Session 6 (Listed above; use PowerPoint or flip chart.) *(5 minutes)*

Topic 6.2: Definition of counselling and required skills *(30 minutes)*

Brainstorm participants' understanding of counselling and the difference between counselling and advice/education.

Plenary Exercise

- Ask participants to remember the last client/patient they counselled. Provide each participant with the *Checklist on Nutrition Counselling Skills*. Give them 5 minutes to assess whether they demonstrated the skills in the checklist when they were counselling.

- Jointly analyse the skills that are weakest among the participants and discuss reasons.

Brainstorm the basic counselling skills that participants need to develop. Capture these on a flip chart and post it on the wall. Compare it with the PowerPoint slides on basic communication skills.

Topic 6.3 Planning a counselling session *(10 minutes)*

- **Brainstorm** the process of preparing/planning for a counselling session. Use the guide below.

- Discuss the challenges participants face in organising an effective counselling session in a CCC.

Planning the Counselling Session

Before the counselling starts, the counsellor should:

1. *Ensure he/she has enough time to give the client.*
2. *Have a place where the client will be comfortable discussing issues and where there will be no intrusions.*
3. *Know and understand the content of the Counselling Cards.*
4. *Have the following tools/materials in place:*
   - *i) Nutrition and HIV/AIDS counselling cards*
   - *ii) Food demonstration models*
   - *iii) Functioning and accurate weighing scale*
   - *iv) Meal plan/drug-food plan*
   - *v) Guide to calorie intake showing different types of carbohydrates/starches, fruits, vegetables and proteins in the locality*
   - *vi) Handouts and references to give to clients*
   - *vii) Data/information collection forms, tally sheet, and referral forms*
   - *viii) Register or calendar to record the next appointment for a follow-up session with the client, based on own and client availability*
   - *ix) Notes on previous action(s) taken with the client if this is a follow-up visit*

Topic 6.4 GATHER approach in counselling *(45 minutes)*

Brainstorm: Ask participants what they know about GATHER as an approach for counselling. What do the initials stand for?

- Explain GATHER using the notes below. Participants can read this in the Tool Kit, pp. 53–54).

The GATHER Approach

Greet the client (and develop rapport). Provide a seat for the client and introduce yourselves. Discuss status and well-being since the last visit.

Ask how the client feels about his/her nutritional status and food intake.

- Ask about any symptoms, nutritional problems and concerns.
- Carry out a nutrition assessment, if you have not done so already. If nutritional status has been done, record and shares the results, e.g. dietary history, current weight (or BMI) or weight changes, biochemical, dietary or clinical assessments. Is the client eating enough to provide the additional energy needs? Eating a balanced diet? Drinking enough clean, safe water? Managing symptoms using dietary approaches? Adhering to drug-food plans?
- With the client, identify any nutritional needs. For example, not increasing weight adequately, not adhering to drug-food plan, needing to use dietary approaches to manage symptoms.
- Find out what the client has done in the past to address these problems. What was his/her success?

Tell the client about alternative choices to address his/her nutritional problem(s). Use the counselling cards, choosing the appropriate set of cards that relate to the problem identified above.

- Help the client set nutritional goal(s) to address the nutritional gap/problem.
- Make sure the nutritional goal/objective is specific, measurable, achievable, realistic and time-bound (SMART). An example of a SMART goal is, "I will increase my weight by 4 kilograms by the end of March".

Help the client make informed choices. With the client (and family members/caregivers), develop approaches/actions to attain the nutrition goal the client has set. As much as possible, let the client come up with choices that are practical and relevant to his/her context. Some may include:

- *Periodically monitor my weight every month to assess whether I am meeting my goal.*
- *Use the handout to manage any symptoms that may affect my nutrition/dietary intake.*
- *Increase my energy intake by a) having one extra snack every day, b) adding groundnut paste or a spoon of ghee to my evening meals, or c) changing my breakfast from a cup of tea and scones to a mug of porridge made from fermented millet/sorghum or UNIMIX.*
- *Ensure that all my drinking water (including the water I use to mix juice) is boiled (for at least 8–10 minutes, and that I wash my hands before preparing or eating food. Ensure all my fruits are well washed with clean water before I eat them.*

Explain fully the choice(s) the client has made.

- Discuss any barriers the client may have in implementing the choices he/she has made.
- Ensure the client can explain the actions he/she will take. Do demonstrations if necessary.
- Summarize what has been agreed and how it will be done (the client can do this).

Reassure and give a **R**eturn date for the next visit.

Topic 6.5 Using the counselling cards in counselling *(60 minutes)*

- Explain that the key messages in nutritional counselling for PLHIV are basically the Critical Nutrition Practices for PLHIV in Kenya.
- Recap**:** Let the participants mention/recap the 9 CNPs.

- Distribute a copy of the counselling cards to each participant.

- Discuss the following:
  - The purpose of the counselling cards (indicated in the counselling cards).
  - The use of the counselling cards, including the colour codes to categorize the key messages. Indicate that the cards in each colour code focus on different areas.
  - The key issue depicted in the illustration on each card. Emphasize that the photos are just illustrations, not necessarily what every client needs to do.
  - The content in each card and how it should be used in counselling.
  - Translation of the technical issues/terms into simple language for the client.

Demonstrate the use of the counselling cards *(45 minutes)*

Invite a co-facilitator/participant to role-play the client (an experienced counsellor in the training can demonstrate this approach). Use the notes on *Organising a Role-Play Session* (Annex 3) to organise the role-play. Ask participants to use the *Checklist on Counselling Skills and Techniques* in the Tool Kit to observe the basic counselling skills and techniques

- After the demonstration, ask participants to share their observations of the role-play

- Debrief with participants on the GATHER approach

- Demonstrate with a fellow facilitator/volunteer the use of one of the "issues" in the counselling cards using the GATHER approach

- Allow discussion following participants' observations

Topic 6.6 Practice use of the GATHER approach and basic counselling skills

Group Work *(45 minutes)*

- Divide participants into groups of 4–5. Inform them that they will practice counselling skills using the GATHER approach and the *Checklist: Counselling Skills and Techniques* in the Tool Kit pp. 51–52.
    - Instruct each group to identify a counsellor and client. The rest are observers (each group member will have an opportunity to practice as counsellor).
    - The client should take 2 minutes to express their concerns about their eating habits or nutritional status.
    - The counsellor will then practice as many components of the GATHER approach as needed, using the counselling cards or the job aids provided in the Tool Kit.
    - After the 12 minutes (2+10), stop the exercise and ask the observers to provide feedback to the counsellor in 3 minutes.
    - Repeat the exercise until everyone has had an opportunity to practice. The facilitators should go around to observe each of the groups and provide feedback if needed.

- At the end of the exercise, each group should record on a flip chart the 4–5 key points observed from their interactions that will help them (and others) to improve their counselling skills.

Session 7: Visit to a Comprehensive Care Centre

Purpose: In this session, participants will observe the operation of nutritional care in a CCC and comment on possible improvements in the system and on the content of the nutritional care aspects.

Objective: By the end of the session, participants should be able to describe the applicability of the knowledge learned in the course.

Advance preparations

1. Make an appointment with the selected CCC in advance of the visit. See the Field Visit Planning Guide below.
2. Prepare participants with instructions the day before the visit.

Proposed Session Time: 3 hours and 30 minutes

Topic 7.1: Review the objectives of Session 7 (Listed above; use PowerPoint or flip chart.) *(5 minutes)*

Topic 7.2: Provide/agree on the instructions for the field visit *(25 minutes)*

- Make field arrangements according to the Field Visit Planning Guide below.

- Discuss with trainees:
    - How many sites/departments will be visited? How long are the visits?
    - How many groups? Group leaders?
    - What should be reported? How many minutes will each group have for preparation and reporting back?

You may want to prepare a review or interview guide to indicate what trainees are expected to observe/find out. For example:

- Explain the system. How is nutrition integrated with other services?
- What nutritional care and support services/activities are provided? Why these services? What key messages are communicated?
- What are the inclusion criteria for the different services?
- Which guidelines do they use? What are the challenges of using the guidelines? How do they overcome them?

- What data are collected? How are they analysed? When and by whom? How do the data flow in the CCC? What indicators are reported? What is the CCC's reporting system?
- What are the challenges of providing nutritional services? How does the CCC address the challenges?
- What changes can be made in the CCC to improve the quality of the nutritional care and support provided?

Topic 7.3: Visit the health facility/CCC *(150 minutes)*

Topic 7.4: Feedback on the field visit *(30 minutes)*

- Ask each group to prepare a presentation of the key issues identified during the field visit.

- Allow discussion and summarise the feedback, mainly dwelling on the changes needed in the system to improve the services (e.g. client flow, follow-up, reporting).

Field Visit Planning Guide

Planning and Conducting a Field Visit	
1–4 weeks before the training	
Organise the visits(s) to a local CCC with a nutrition clinic.	• Contact the health facility manager to seek permission for the visit (a letter will be useful for this visit); give them a brief description of the training, who is being trained, objectives/goal, training agenda, when the visit would be, and length of the visit. • Contact as many members as possible of the staff the participants will interact with. • If the group is large, you may want to contact more than one CCC, if possible.
Write and send confirmation letter 1–4 weeks before the workshop.	• Write a confirmation letter reminding/informing the staff of the date of the visit, the objectives of the visit, the number of participants, the departments they will visit, what they will observe and the length of the visit.
Week of the workshop	
Develop an observation guide.	• Finalize the visit guide with participants the day before the visit and make enough copies for all participants.
Confirm the visit (the week of the visit).	• Use the telephone (or send another letter) to confirm. Also, confirm the number of participants.

Select a team leader, prepare name tags, and set a time for debriefing.	• Ensure that at least one trainer accompanies each group of participants. Groups may be encouraged to select a team leader. • Ask participants to wear their name tags. • Remind them of the return time.
At the CCC site	
Conduct the visit.	• The team leader/facilitator pays a courtesy call to the facility/CCC manager. • The team leader briefs the health care worker about the purpose of the visit and introduces the participants. The leader asks the health care worker to explain what he/she does at the clinic. • Participants ask questions/make observations as prepared in the training.
Thank the health care workers.	• Thank each health care worker at the end of each observation/discussion. • Thank the manager at the end of the visit if appropriate.
Back in the Plenary	
Debrief.	• Allow 30 minutes for debriefing. • Ask participants to discuss, among other topics, the challenges in providing nutrition in the CCC visited and options to address these challenges. • Discuss nutritional services/activities the participants feel they could take back to their facilities. • Discuss what the participants felt could be improved based on the training they have had.
A week after the field visit	
Send a thank-you note.	• Follow up with a thank-you note to the facilities/CCC that took time to meet the participants.

Adapted from Kenya Ministry of Health, *Kenya National PMTCT Training Curriculum: Trainer Manual*, Nairobi, 2005.

Session 8: *Step IV. Preparation of a Drug-Food Plan*

Purpose: In Step IV, service providers learn to prepare a drug-food plan and support clients to use it.

Objectives: By the end of the session, participants should be able to:

1. Describe the interaction between drugs and food and effects on the nutrition of PLHIV.
2. Describe the importance of a drug-food plan for someone on ARVs.
3. Make a drug-food plan.
4. Use counselling cards to support the client in preparing a drug-food plan and help them use it.

Advance preparations

1. Be familiar with the components—and the preparation—of a drug-food plan.
2. Make or have a copy of a filled drug-food plan.
3. Be familiar with the content of the red code cards in the counselling cards.
4. Have the session objective(s) written on a flip chart or PowerPoint.

Proposed Session Time: 3 hours

Topic 8.1: Review the objectives of Session 8 (Listed above; use PowerPoint or flip chart.) *(5 minutes)*

Topic 8.2: The interaction between food/nutrition and drugs *(55 minutes)*

Presentation *(15 minutes)*

- Make a short presentation on the *Interactions between Food/Nutrition and Drugs*. Use the wall charts where relevant during the presentation.

Group Work *(40 minutes)*

- Divide the participants into two groups. Ask each group to read the job aids in their folders (Tool Kit pp. 57-58) on *Counselling Clients on Food and Nutrition Implications of ARVs*.
- Ask each group to perform role-plays using the job aids.
- Allow each group *3 minutes* to state lessons learned and share them with the larger group.

Topic 8.3: Description of the importance of a drug-food plan *(30 minutes)*

Group Work

- Prepare three flip charts, each with one of the following questions:
  a. What is a drug-food plan?
  b. When is a drug-food plan needed?
  c. What are the components of a drug-food plan?

Place two sets of these questions on either side of the class/meeting place.

- Divide the class into 4–6 groups (depending on the size of the class). Then divide the groups into 2 sets. Ask one set (e.g. groups 1, 2, and 5) to go to one side of the room and the other set (e.g. groups 3, 4, and 6) go to the other side.
- Ask each group to write the answers to the questions on the flip chart. After they finish with one chart, ask them to move to the next and continue to answer the questions (allow 2 minutes at each flip chart).
- After the groups are finished, post their answers on a wall and ask a participant to read the flip charts with the various responses to the group. Allow time for discussion. Add points to each issue as appropriate (see possible responses in the PowerPoint).

Topic 8.4: Making a drug-food plan *(60 minutes)*

Group Work: Divide the participants into small groups of 5–6.

- Refer the groups to the *Example of a Drug-Food Plan* (Tool Kit p. 67) and the related pages (red code) in the counselling cards.
- Ask each group to read the job aid in the Tool Kit pp. 59-60 on *How to Prepare Drug-Food Plan/Timetable*. They also may want to refer to the wall charts for more details on the food implications of the various drugs and the use of dietary approaches to address symptoms commonly experienced by PLHIV.
- Ask 1–2 members of each group to conduct role plays on development of a drug-food plan using a blank copy of the *Example of a Drug-Food Plan* in the Tool Kit.
  - Ask each group to state 3 lessons on preparing a drug-food plan.
  - Allow each group 5–7 minutes to present.

Topic 8.5: Supporting clients to use a drug-food plan *(30 minutes)*

Group Work: Divide the participants into 2 groups.

- Ask each group to read the job aid in the folders (Tool Kit) on *Helping Clients Follow Dietary Recommendations and the Drug-Food Timetable*.
- Ask two members of the group to conduct a role play using this job aid, one as the counsellor and the other as a client.
- Ask each group to state 3 lessons the group members have learned concerning the activity.
- Allow each group 5–7 minutes to present.

Session 9: *Step V. Follow-up and Referral for Specialized Services*

Purpose: In Step V, service providers will learn to work with clients to develop a follow-up plan. The service provider will also learn to identify situations that need referral for specialized nutritional care.

Objectives: By the end of the session, participants should be able to:

1. Describe the purpose of a follow-up plan.
2. Support clients on adherence to a nutritional care plan.
3. Know when and how to refer a patient for specialized care.
4. Identify support groups in the community where clients can get support.

Advance preparations

1. Be familiar with the *Risk Assessment Form*, *Checklist for Follow-up Session* and *Example of a Referral Card* in the Tool Kit p. 77
2. Make or have a copy of a filled Referral Card.
3. Have the session objectives written on a flip chart or PowerPoint.

Proposed Session Time: 1 hour and 30 minutes

Topic 9.1: Review the objectives of Session 9 (Listed above; use either PowerPoint or flip chart.) *(5 minutes)*

Topic 9.2: Definition and purpose of follow-up *(10 minutes)*

Brainstorm on what the definition of follow-up is *(continuity of service)* what its purpose is. Purposes include to check for problems encountered in implementing changes in behaviour; modify actions/practices if needed; support adherence to drug regimens; recommend if modification of care is needed; and collect more supplies).

- When does follow-up start? (*From the agreement of a return date.*)
- When does follow-up end? (For HIV it is lifelong, unless the client is lost to follow-up, migrates to another place - in which case you refer - or dies)
- What are the different ways follow-up is done? (*Return visits, home visits, support groups, telephone, e-mail, etc.*)
- How often should follow-up be done?

Topic 9.3: Components of a follow-up visit *(15 minutes)*

Brainstorm

- Let participants share their experiences on follow-up, emphasising mainly success stories and difficulties encountered.
- Ask participants to identify four challenges from the group presentations and find feasible solutions to them.
- Summarise the key components of a follow-up visit:
    - Knowledge of the client's history (from the records).
    - An agreed nutritional target/goal to work toward before the next visit (one that contributes to the larger goal).
    - Frequency of follow-up (depends on risk level of the client—as assessed using *Risk Assessment Form* found in Tool Kit p. 76—and intensity of nutritional care needed, and integration with other services).

(See PowerPoint on key components to address during follow-up.)

Topic 9.4: Conduct role play of a follow-up session *(30 minutes)*

Role-play:

- Identify two participants (a nutritionist/counsellor and a client) to role-play a follow-up session. Inform them early to plan and practice.
- Ask the rest of the group members to be observers.
- Ask the acting counsellor and client to take two minutes to create rapport.
- Ask the counsellor to then practice as many components of a follow-up session as possible. Show the PowerPoint slide on issues that should come out in a follow-up session. (*Allow 7 minutes for this*).
- Ask the rest of the class to identify key issues arising from the role-play. At the end of the 7 minutes, stop the role-play.

- Ask the pairs to record the 2–3 key points observed from their interactions that will help them improve their counselling skills. (5 minutes)
- Allow 3–4 groups to present and ask the others to add additional points.

Topic 9.5: When and where to refer clients *(20 minutes)*

Brainstorm the definition of "referral". Capture the responses and create an understanding of what referral is and why it is necessary.

Brainstorm:

- For which conditions do you make referrals?
- Where do you refer?
- How to make a referral (e.g. tools used, feedback, follow-up to ensure referral is availed)? See the copy of a *Referral Card* in the Tool Kit p. 77.)

Topic 9.6: Key nutritional problems that require referral *(10 minutes)*

Brainstorm: What nutritional problems have you made referrals for? For example, management of severely malnourished (refer clients to guidelines in the Tool Kit); management of clients with diabetes (refer clients to guidelines in the Tool Kit); management of clients with lipodystrophy, management of clients with severe illnesses and OIs; food supplements; to access counsellor/psychologist; to access community support groups.

Session 10: Management of Severe Malnutrition in Adults

Purpose: In this session, participants will learn how to manage severe acute malnutrition in adults

Objective: By the end of the session, participants should be able to:

1. Identify and categorize severe malnutrition
2. Understand the two main phases of managing severe malnutrition: patient stabilization and management for weight catch-up
3. State the treatment protocols in each phase
4. State the admission and discharge criteria for the different phases of management
5. Identify challenges faced in managing severe malnutrition

Advance preparations:

1. Read the section on managing severely malnourished HIV+ adults in the Tool Kit pp. 65-70.
2. Know the cut-off points for severe malnutrition (see Tool kit pp. 31-34)
3. Write the session objective(s) on a flip chart or PowerPoint.

***Proposed Session Time*: 100 minutes**

Topic 10.1: Review the objectives of Session 10 (Listed above; use PowerPoint or flip chart.) *(5 minutes)*

Topic 10.2: Identifying and categorizing severe malnutrition *(20 minutes)*

Brainstorm *(10 minutes)*

What is severe malnutrition? How can one identify severe malnutrition in adults?

Presentation *(10 minutes)*

- Give a short presentation on identification of severe malnutrition in adults. Indicate the two categories of severe malnutrition in adults.

Topic 10.3: Phase 1: Management to Stabilize the Patient *(30 minutes)*

Brainstorm about what participants know about the phase of Patient Stabilization and what is involved.

- Explain the processes involved in the phase 1 using the PowerPoint or flip chart.
    - The presentation should classify management into clinical and nutritional management.
    - Present the treatment protocols in clinical management

Brainstorm and discuss participants' understanding of the criteria for transitioning from phase 1 to phase 2 of managing severe malnutrition in adults.

Topic 10.4: Phase 2: Management for Weight Catch-up *(25 minutes)*

Plenary Discussion

- Ask one participant to read aloud the section of the tool kit on nutritional management for weight catch-up (Tool Kit p. 68)
    - Discuss the kind and amount of foods for inpatient management and for outpatient management
    - Discuss the challenges faced during nutritional management of inpatients and outpatients
- Ask another participant to read the section on clinical management for weight-catch up (Tool Kit pp. 68-69)
    - Discuss the treatment protocols
    - Discuss the challenges faced during clinical management of inpatients and outpatients
- Discuss the reasons why patients with HIV may fail to respond to nutritional treatment, and some of the recommendations that can be acted upon.

Case Study *(20 minutes)*

- Share the case study in the powerpoint and in Annex 1 (Case Study 8).
- Have participants prepare and discuss responses either in the plenary or in small groups.

Session 11: Food by Prescription in the CCC

Purpose: During Session 11 participants will learn about the concept of Food by Prescription (FBP), the purpose of FBP, and key aspects in implementing food interventions in a CCC.

Objectives: By the end of the session, participants should be able to:

6. Describe FBP and its purpose.
7. Know the current entry and exit criteria for the FBP program in Kenya.
8. Identify the key support needed for clients on the FBP intervention.

Advance preparations:

4. Be familiar with the *Food by Prescription Guidelines* in the Tool Kit pp. 62–64.
5. Have the session objective(s) written on a flip chart or PowerPoint.

Proposed Session Time: 110 minutes

Topic 11.1: Review the objectives of Session 11(Listed above; use PowerPoint or flip chart.) *(5 minutes)*

Topic 11.2: Definitions and purpose of FBP *(35 minutes)*

Brainstorm: What is FBP? How is it different from conventional food supplementation programs, e.g. by WFP or by community groups?

Brainstorm:

- What to the Kenya National Guidelines recommend for food for PLHIV
- Types of foods distributed to PLHIV in Kenya, the challenges of distributing each food, and how the challenges could be addressed.

  Types of foods include fortified UNIMIX, infant formula, special corn-soy blend (CSB), (e.g. Foundation+), F100 and F75, Plumpy'nut.

Brainstorm: What is the purpose of FBP interventions in the CCC? Use the PowerPoint to fill in the responses given.

Topic 11.3: Entry and exit criteria of FBP interventions *(60 minutes)*

Distribute a handout of sample criteria used by a program in Kenya and the *Guidelines for Food by Prescription* provided in the Tool Kit.

Group Work:

- Ask participants to break into groups.
- Ask the groups to discuss the entry and exit criteria used for the PEPFAR Food by Prescription Program in Kenya for the different target groups seen in the CCC and in PMTCT clinics.
- Ask each group to identify possible challenges to using the criteria and ways to address these challenges.
- Ask each group to present in the plenary; allow time for discussion.

Topic 11.4: Integrating food/FBP with other services in a CCC *(10 minutes)*

Plenary Discussion: What challenges may be experienced in implementing food-by-prescription in your workplaces? Consider the following:

- Staff time (workload)
- Logistics management (e.g. ordering the food, keeping the paper work)
- Food security and other needs not addressed by the program
- Support from other staff in the CCC

Topic 11.5: Other support needed for FBP interventions *(10 minutes)*

Brainstorm: What other support do PLHIV on FBP interventions require? For example, nutritional education on the importance of balanced diets, increased energy intake, hygiene and sanitation, demonstration of preparation of foods, drug-food plans, guidance on incorporating the food into daily consumption as a snack or a component of the main meals.

Summarise the session to make sure that participants understand the criteria for providing food by prescription.

Session 12: Data Management and Reporting

Purpose: In this session participants will identify nutritional data to collect in the CCC and learn how to analyse, interpret, and present the data for decision-making.

Objectives: By the end of the session, participants should be able to:

1. Describe the key nutritional data collected in the CCC and their purpose.
2. Describe ethical considerations in data management.
3. Know how to analyse, interpret, present and use nutritional data collected in the CCC.
4. Know and agree on the reporting expectations of NASCOP/DASCO and the reporting system in the CCC.

Advance preparations

1. Be familiar with the *Data Management and Analysis* material in the Tool Kit pp. 47–49, especially the *Data Extraction Sheet* on p. 47.
2. Have the session objectives written on a flip chart or PowerPoint.

Proposed Session Time: 3 hours

Topic 12.1: Review the objectives of Session 12 (Listed above; use PowerPoint or flip chart.) *(5 minutes)*

Topic 12.2: Key nutritional data collected in the CCC and their purpose *(30 minutes)*

Brainstorm

- How are the data that are collected used in the facility? For example, for patient management/follow-up, accountability, advocacy, decision-making, resource allocation and monitoring stocks, research, evaluating policy and impact of services, learning.
- What nutritional data are collected in the CCCs where the participants work?
- How is the information collected and managed? Who collects it? When is it collected? How is it collected? How is it stored and analysed? Who reports on it?
- What challenges are faced in data collection and management? For example, work load, use of data collected by others, linkages, record keeping and retrieval, summarisation of the data, reporting of the data in meetings.
- Discuss how the challenges faced in collection of data can be addressed.

Topic 12.3: Ethical considerations in data collection and management *(30 minutes)*

- Ask participants to read and discuss the *Data Collection Guide* in the Tool Kit p. 39.
- **Brainstorm** some considerations in data management.
- **Discuss** why data collection is inadequate in most sites. For example: a) On the part of health workers because it increases their workload yet data are rarely used in decision-making, and health workers receive little feedback based on the data. b) On the part of clients because it requires a lot of time, and some clients think data collectors exploit them. c) Because of weak systems that generate incomplete and inaccurate data, make poor use of data, and face cultural issues in expression and professionalism.
- Allow 5–7 minutes for discussion. Emphasise how participants can improve the quality of data collected.
    - Professionalism
    - Right tools (simple, short, relevant to work including patient management)
    - Analysis and use of the data (especially in management meetings)
    - Reward system related to completeness, accuracy of the data

Topic 12.4: Acquaintance with tools used for collecting data in CCCs (*50 minutes)*

- Distribute a copy of data collection tools used in some of health facilities in Kenya, e.g. KNH, Mbagathi, Coptic, AMPATH CCCs. Let participants comment on these tools *(15 minutes)*.

Group Work *(35 minutes)*: Refer participants to the tools in the Tool Kit (e.g. *Patient Evaluation and Management Forms*, *Weight Monitoring Chart for Adults*, *Data Extraction Forms*).

- Have participants break into groups of 5–6. Ask them to review the various forms and comment on their usefulness in their workplaces.
- Let participants practice recording on and using the forms.
- Allow 5–7 minutes for discussion.

Topic 12.5: Indicators for reporting nutritional data in the CCC *(65 minutes)*

Refer the participants to the *Proposed Nutrition Indicators for the CCC* in the Tool Kit pp. 40–42. Let them read each indicator and discuss how the data can be collected and measured in the CCC. Ask participants to determine whether the tools they have can support collection of these indicators. (*30 minutes*)

Group Work *(35 minutes)*

- Present a local data set from a CCC (the data can also be developed for the exercise)
- Divide participants into three groups:
    - Group I: Assumes they work as service providers in the facility
    - Group II: Assumes they work as managers in the facility
    - Group III: Assumes they work at provincial/national level
- Ask the groups to review the data/information to identify:
    - Which indicators would be important for them to report or summarize
    - What the indicators tell them and how to use the information at their level
    - What other data would be important to interpret the information
    - How the data could be analysed and presented
- Ask the groups to discuss the challenges of analysing and presenting data in a CCC and how the challenges can be overcome.
- Allow 10 minutes for each group to present and discuss.

Session 13: Expectations after the Training

Purpose: During this session, participants will plan and conceptualize the changes they will make in their workplaces to improve the quality of nutritional care and support in the CCC, including the use of materials provided in the training and reporting to NASCOP.

Objectives: By the end of the session, participants should be able to:

1. Describe the expectations of NASCOP and the Ministry of Health regarding what to report, the format in which to report, and when.
2. Make an action plan of activities they will implement to strengthen the integration of nutrition in the care and treatment of PLHIV immediately after they return to their workplaces.

Advance preparations

1. Make enough copies of the *Simple Action Plan Matrix* and *Supervision Checklist* presented below for all participants.

Proposed Session Time: 2 hours

Topic 13.1: Review the objectives of Session 13 (Listed above; use PowerPoint or flip chart.) *(5 minutes)*

Topic 13.2: Share NASCOP/DASCO expectations *(30 minutes)*

- Ask a NASCOP or DASCO representative to share expectations of improved operation/performance in nutritional care in the CCCs.
- Share the proposed indicators for data collection (4–5 indicators to be reported).
- Share a copy of the *Supervision Checklist*.
- Allow discussion of expectations and the *Supervision Checklist*. ***(Handout)***

Topic 13.3: Developing an action plan

Group Work: *(85 minutes)*

- Have participants from the same (or related) organisation, province or district sit together to develop a 3–9-month action plan.
- Distribute the *Simple Action Plan Matrix*.
- Give the groups time to discuss activities they may undertake immediately and in the next two quarters to integrate what they have learned into the care and support of PLHIV passing through the CCC.
- Ask the groups to present their action plans in the plenary and get feedback from other participants.

Example of a Supervision Checklist

Facility Name:_____ District:_____

Supervisor: _____ Date: _____

What to assess?	y/n
1. Health unit/program offering CCC/ART services has the 2006 Kenyan Guidelines on Nutrition and HIV/AIDS.	
2. The CCC/ART centre has a staff trained in nutrition and HIV/AIDS attending in the centre every time it is operational.	
3. Service provider(s) providing nutritional education and counselling has/have undergone MOH-approved nutritional training for CCC/ART within the past 3 years.	
4. Service provider(s) providing nutritional education and counselling in the CCC/ART centre knows/know all the 9 *critical nutrition practices* for PLHIV in Kenya.	
5. The nutrition counsellor has IEC/BCC materials and locally relevant demonstration materials in the counselling room.	
6. The health unit/program offering CCC/ART has a functional weighing machine.	
7. The health unit/program offering CCC/ART has the nutrition counselling cards.	
8. Clients are provided with nutritional counselling in an area that provides for audio and visual privacy.	
9. ART clients/adults meeting specified criteria (e.g. with BMI < 18.5) are given food supplements or referred to services where they can receive food.	
10. The service provider provides nutritional counselling, setting targets and objectives with the client.	
11. The service provider provides the client with a return date and follow-up plan.	
12. The health facility orders and stocks adequate supplies of nutrition kits to last at least one month.	
13. Service providers have enough forms and registers to record nutrition assessment information before the counselling sessions begin.	
14. Nutrition data are collected routinely (data from the previous 2 weeks can be seen) and the data are compiled in a timely fashion, i.e. data from the past quarter are tabulated).	
15. The CCC site has reported the nutritional data (key variables) of the past quarter to the district and national levels.	
16. The CCC site leader knows what percentage of clients coming to the CCC in the past quarter had BMI < 18.5.	
17. The CCC has a system for using nutritional data for management and has used the data in the last quarter.	

Provisional Work Plan

SMART Objective:

Start Date:_____Indicators:_____

Activity	Persons responsible	When	Where	Resources/support	Follow-up (who and when)	Assumptions/notes

Session 14 Final Course Evaluation

Purpose: *In this session, course participants express their views on how the course can be improved in the future.*

Objectives: By the end of the session, participants should:

1. Do the post-test questionnaire.
2. Evaluate the course content, logistics and materials and suggest ways to improve them in the future.

Advance preparations:

1. Make enough copies of the *Final Course Evaluation Forms* presented in Annex 4.

Proposed Session Time: 1 hour

Activity 13.1: Review the course objectives and expected outputs (see Session 1)
(30 minutes)

- Review the learning objectives of the course.
- Facilitate discussion on the following topics:
    - Have we accomplished these objectives?
    - If not, what has not been accomplished?
    - How can we apply what we have learned?

Activity 13.2: Post-test *(15 minutes)*

- Ask participants to complete copies of the post-test individually.
- Use codes provided in the beginning on the post-test.
- Immediately correct the post-test and return both the pre- and post-test results to participants, clarifying any doubts that remain.

Activity 13.3: Participants fill out evaluation forms *(15 minutes)*

- Distribute the *Final Course Evaluation* forms (no names are required).
- Ask participants to complete and submit them.
- If time allows, review the evaluations and present results to the participants.
- Facilitate a discussion on the quality of the course, if appropriate.

Annex 1: Examples of Case Studies

Case Study 1: Mouth Lesion

A 46-year-old woman comes to the clinic because of a "lumpy" feeling she senses in the back of her mouth with her tongue; it is neither painful nor tender. She has not lost weight in the past 3 months. Her physical examination is generally good. She feels well and has no problems except for early fatigue when she walks a long distance.

1. What questions would you ask to assess the woman's nutritional situation?
2. What advice would you give her so that she maintains her weight?

Case Study 2: Weight Loss

A 46-year-old man comes to the clinic because he feels weak. He is a shopkeeper. He has had watery diarrhoea on and off in the past 3 weeks and has lost 7 kilograms over the past 6 months. His mouth is painful, and he has difficulty swallowing.

Examination shows a skinny, depressed and worried man who cannot stand without help. His mouth has extensive whitish exudates, and his pharynx is very red.

1. What nutrition assessment would you carry out on this patient?
2. Under what classification of MUAC and BMI do you think he falls and why?
3. What nutritional education would you give this patient?
4. Plan for the nutritional management and follow-up for this man.

Case Study 3: Fat Distribution

Ms. Haita has come to the clinic with an appointment complaining of losing fat from her thighs and arms and gaining fat concentrations in the stomach. She started her ARVs 12 months ago. She shows you the accompanying chart.

On examination, she has added 3 kg. in the past year.

1. What nutrition issues would you raise with Ms. Haita?
2. What nutritional education and support would you give Ms. Haita?

Ms. T Haita, 29 years

CD4 = 233
Wt = 67 kg BMI = 23.8

ARVs
Zidovudine, Lamivudine
Efavirenz

Case Study 4: Hygiene and Sanitation

Jakine is a mother of 5 children between 7 and 14 years old. She has been HIV positive for the past 5 years and lives in Suba. Her husband lives 240 km away in Nairobi, in the slums of Kibera. Jakine sells *omena* at a nearby shopping centre. Recently she visited the district hospital with complaints of sores in the mouth, cough and skin ulcers.

1. Conduct a role play of the nutrition counselling you would provide Jakine in relation to:
   - Hygiene and sanitation
   - Food and nutrition
   - Family members

Case Study 5: Complications Affecting Food Intake

Ms. Maitata is a 19-year-old with a CD4 of 50. She is not on any ARVs yet. She comes to the clinic complaining of 1 week of severe pain when she swallows. She also has had diarrhoea, nausea, and vomiting in the past 2 weeks. On assessment, Ms. Maitata has a BMI of 16.5 kg/m2. On examination, she is found to be dehydrated and has oral candidiasis.

1. Why might Ms. Maitata have these conditions: oral candidiasis, diarrhoea, nausea and vomiting?
2. How could the nausea/vomiting affect her nutrition status? What recommendations would you give her to deal with the nausea?
3. How will you deal with Ms. Maitata's dehydration in a poor economic setting?
4. What nutrients is she likely to lose, and what home remedy would you recommend for her?
5. State possible interventions to her problems.

Case Study 6: Complications, Body Composition

Mr. Maitata has known his HIV status for the past 8 years. He started HAART 4 years ago when he had a CD4 of 58. He has not had any complications. Recently he was rushed to the hospital after blacking out. On examination, his blood sugar is high and so are his cholesterol and triglyceride levels. His report shows that his CD4 count and weight have declined in the past 4 months. His appetite has been excellent.

Mr. Maitata, 64 years

Last CD4 = 820; Now =703
Last Wt=61kg; Now=57 kg
BMI Now < 18

1. What additional assessments would you want to perform on Mr. Maitata?
2. What nutritional intervention would you provide to Mr. Maitata and his family?
3. What nutritional support would you give them?
4. What are the normal levels for cholesterol and blood sugar?

Case Study 7: New ART Client

Onyango is 38 and HIV-infected. His health has declined seriously in the past months. After measuring his CD4 and viral load, the doctor informed him that he was eligible to enrol in the ART program. The doctor explained the program in detail, and Onyango agreed to enrol. After prescribing Trizivir (combination of Abacavir/Zidovudine/Lamivudine (ABC/AZT/3TC), the doctor explained how many tablets he should take per day and how often. The doctor referred him for counselling on how to manage Trizivir and food interactions.

Ask students to stage a counselling session with Onyango, who has just been prescribed Trizivir. Carry out the assessment, bearing in mind potential food and Trizivir interactions and dietary management to alleviate the side effects of the drug. This session will help Onyango maintain food intake and adhere to treatment as well as ensure drug efficacy.

Case Study 8: Severely Malnourished Adult

Lucy, a 19-year old woman who is HIV+ has been taken to the clinic by her sister because she is experiencing persistent cough and diarrhoea. Her appetite has been very low and she is very lethargic. Her nutritional assessment at the clinic shows that her BMI is < 16.0 (she is not pregnant).

1. What nutritional and clinical problems does the patient have?
2. How would you manage the patient?
3. How would you determine that the patient is ready for discharge? How would you prepare them for discharge?

Annex 2: Organising a Group Work Session

Planning the group work

1. Identify the objectives of the group work, i.e. what you want the learners to learn through working together.
2. Determine how the groups will be composed.
3. Write down the group tasks. Keep the tasks to a minimum per group session.
4. Allocate time for the group tasks - how long the task should take.
5. Plan the presentation approach for the group work.
6. Prepare any materials needed for the group work and its presentation, e.g. flip charts, VIPP cards, pens, etc.

Giving the group work/exercise

Step I: State the objectives of the group session.
Step 2: Record the task in a place participants can refer to it during the exercise as needed.
Step 3: Explain the task (methodology and steps) and the expected output of the exercise.
Step 4: Ensure participants have understood the task.
Step 5: Indicate the time allocated for the task, any recording needed, and how the presentation will be made.
Step 6: Divide the participants into working groups and have them identify a leader and a reporter.
Step 7: During the exercise, make sure each group has understood the task and produces the intended outputs.
Step 8: During the presentations, make sure group members can add to the presentation first before others ask for clarifications or ask questions.
Step 9: To conclude the presentations, ask participants to state the lessons they have learned from the exercise or the ways they can use the exercise.
Step 10: Summarise the key lessons and outputs from the group work.

Annex 3: Organising a Role-Play Session

You may use a role-play to demonstrate the implementation of a skill or help the participants demonstrate/practice the use of a skill. During a role-play participants use a skill that has been discussed in the plenary. A role-play can also be used as a "trigger" to start a discussion on a particular skill, behaviour or way of handling an issue.

Planning a role-play

1. Identify the objectives of the role-play. What is the role-play intended for? What are the participants going to demonstrate though the role-play? Why is it important?
2. Select the participants for the role-play and explain the roles they should play and what they should demonstrate.
3. Allocate time for the role-play and communicate the time limit to the actors.
4. If materials are needed for the role-play, make sure they are available.

Giving the role-play

Step I: State the objectives of the role-play. Ask the participants what they need to observe in the role-play.
Step 2: Remind the role-play group of the timeframe.
Step 3: Ask the observers to state what they have observed/learned from the role-play and whether this is what they see in their work.
Step 4: Discuss skills portrayed in the role-play.
Step 5: Discuss strengths and weaknesses in how the skills were portrayed and possible alternatives or improved approaches if needed.
Step 6: As you finish the role-play, summarise the key issues that were learned from the role-play.

You may want to repeat the role-play to help participants better comprehend the skill and the way it is performed.

Annex 4: Final Evaluation Form

(To be completed by participants)

1. Were your personal expectations met?

   If not, please specify what aspects were not met.

2. Facilitation

CRITERIA	RATING (tick one column for each statement)			
	Strongly agree	Agree	Disagree	Strongly disagree
The teaching methods/materials used in this course were appropriate to impact relevant knowledge and skills in nutrition and HIV/AIDS in the CCC.				
The course was well organised in terms of flow and logic.				
The facilitators were knowledgeable and able to communicate the topics clearly and to my satisfaction.				
The practical sessions were interesting and useful in facilitating my understanding of the topics.				
Any questions I had were adequately answered to my satisfaction.				

3. What steps would you recommend to improve the delivery of the course content?

4. What do you think about the length of the course?

   a) Just right
   b) Too short
   c) Too long

   (If you tick b or c above, please suggest an adequate length of the course in days……).

5. Course Content

CRITERIA	RATING (tick one column for each statement)			
	Strongly agree	Agree	Disagree	Strongly disagree
The course content was practical to my work and not too theoretical.				
I have acquired skills that will improve my performance and quality of work in the CCC.				
I can recommend this course to someone else working in a CCC in Kenya.				

6. Please tell us what skills, knowledge and attitudes you acquired in this course that are useful to your work.

I learned:

I realized (about myself):

I was surprised to note that:

I was disappointed that:

7. Which topics covered in this course would you have liked more information about or preferred to spend more time on?

8. Which topics covered in this course would you have liked less information about or preferred to spend less time on?

9. Please tell us ways you will use the knowledge/skills gained or materials provided during this course in your workplace.

10. What aspects and parts of the trainee Tool kit do you feel are most useful?

11. What aspects and parts of the trainee Tool Kit do you feel could be improved? How?

12. Course logistics and administration

CRITERIA	RATING (tick one column for each statement)			
	Strongly agree	Agree	Disagree	Strongly disagree
Communication about details of the course was timely and adequate.				
Logistical support (handouts, assistance with problems, communication updates on the course) was adequate.				
Course venue was appropriate.				
Teas and breaks during the course met my expectations.				

Additional comments/suggestions for improvement of logistics and administration:

Annex 5: Nutrition and HIV/AIDS: Training Curriculum Questionnaire

We would appreciate your taking a moment to evaluate our work by answering a few questions. You may return this questionnaire to **The Nutrition Manager, NASCOP office, Nairobi**.

1. **Please check the category that best describes the focus of your organisation:**
   - ☐ Academic Institution (Medical Sciences)
   - ☐ Media
   - ☐ Government Health Sector
   - ☐ Non-governmental Organisation
   - ☐ Other Government Sector (Agriculture, Education, Planning, etc.)
   - ☐ USAID Cooperative Agreement
   - ☐ Bilateral Development Partner
   - ☐ Academic Institution (nutrition, home economics, food technology)

2. **How do you rate the usefulness of the training manual on nutrition and HIV/AIDS?**

   ☐ Very useful ☐ Somewhat useful ☐ Only a little useful

   ☐ Not useful at all

Comments _____

_____

_____

_____

3. **How have you used the training manual? (You may check more than one)**
   - ☐ Passed it on to the library
   - ☐ Project/program design
   - ☐ Reference material
   - ☐ Training/workshops
   - ☐ Classroom/teaching
   - ☐ Conferences
   - ☐ Policy/guidelines development
   - ☐ Research (design or write-up)
   - ☐ Writing reports

Could you please provide specific examples?

4. Approximately how many people in your organisation have seen this manual?

5. Approximately how many have used/will use this manual?

6. What changes would make this manual more useful to you?

7. What additional Information would you like in this manual?

8. Is there any topic you feel that we should add or expound? Please list below.

Annex 6: Tips for Adult Trainers

The role of a trainer in learning

The trainer's role is to facilitate the learning experience of the adult learner. To that end, the trainer should create a climate in which participants can accomplish course outcomes and explore their life experiences to help them learn.

- Emphasise the immediate usefulness and applicability of the material. Adult learners are particularly receptive to information that will make a difference in their daily practice.
- Elicit personal experiences that are culturally sensitive and appropriate. Adult learners can bring a reservoir of experience to the course, and their contributions are an important resource for training programmes.
- Encourage group interaction and participation early in each session. During the first day or two, interact at least once with each participant and encourage participants to interact with each other.
- Make an effort to learn participants' names early and to use their names whenever possible.
- Instead of talking with other trainers during breaks, remain in the classroom and talk with participants.
- Be available after each session to answer questions and discuss concerns.
- Consult participants throughout each presentation to gauge their comprehension and attentiveness. Generally, the more conversation and noise in a room, the less the participants are focused on the material. Pay attention to non-verbal cues to gauge learners' attentiveness.
- Praise or thank participants when they perform an exercise well, participate in a group discussion, ask a question or help other participants.

Principles of adult learning

Keep the following principles in mind when working with adult learners:

- Create a supportive learning environment and establish safe training practices, e.g. make learners feel confident that their contributions will be received respectfully.
- Build trust with learners by demonstrating that you are committed to the course and willing to share your own experience.
- Provide opportunities for learners to practice what they are learning and to address feelings and ideas that arise.
- Build teamwork and a sense of group belonging by encouraging active participation.
- Be accountable: Explain how you know what you know.
- Create a culturally sensitive and respectful learning environment by becoming familiar with local customs and values.

Strategies for educating adults

Presentations and discussions

Use didactic training methods to present scientific and technical content. Avoid reading directly from the overheads or slides. Instead, supplement them with examples, practical problems and discussion.

Role-plays

Engage trainees in problem solving by having them act out situations they are likely to encounter in real life. Role-playing can be scripted or improvised.

Small group discussions

Facilitate small group discussions to foster team coherence. Such discussions give trainers an opportunity to validate or modify learner perceptions and knowledge.

- Assign a topic, issue or question that participants can address in small groups.
- Designate a leader to facilitate and summarise the group's findings.
- Consider the task objective as you determine how to constitute groups. You might divide participants according to discipline (nurses or midwives) or by region (Clinic X or Clinic Y).

  If you want the groups split up randomly, you could ask participants to count off by threes (or any small number): The first person is in group 1, the second is in group 2, the third is in group 3, the fourth is in group 1, and so on.

Storytelling

Use culturally appropriate stories from learners to illustrate critical points. Weave personal experiences into stories to convey information vividly.

Case studies

Present culturally relevant, hypothetical clinical situations. Ask learners to propose solutions.

Interactive exercises and games

Use interactive exercises to facilitate team-building and reinforce learning.

- Invite learners to consider specific topics.
- Pose questions, allowing time for learners to record their answers.
- Encourage participants to discuss their answers and exchange ideas.
- Record responses on the flip chart and encourage learners to respond to the group's feedback.

Panel discussions

Use panel discussions to help participants gain insight into the physical, emotional and financial impact of HIV/AIDS.

- Panels with persons infected or affected by HIV can be a powerful tool for influencing the attitudes and behaviours of health care workers.
- A panel of health care workers can share ideas for handling the emotional challenges of caring for patients with HIV infection.
- A panel of Ministry of Health leaders and staff member can provide information about national policies and strategies for fighting HIV/AIDS.
- A panel of non-governmental organisation (NGO) employees can share information about NGOs' role in providing support to PLHIV.

The flow of training

Flow and pacing

Pay attention to the order and flow of activities to ensure that new information is assimilated at an appropriate pace. Make sure that learners complete the course with a clear action plan for applying their knowledge.

Didactic training

Didactic training progresses from the simple to the complex. The trainer first reviews and outlines fundamental concepts to establish a shared understanding of the basics. New material is integrated gradually and illustrated with practical examples when possible.

Remember that learners can absorb and integrate only 5–6 new pieces of information at a time.

Interactive/experiential learning

In interactive or experiential learning, the trainer might start with a group activity. The learners then use this new, shared experience as a starting point for discussion.

Begin with a group activity or interaction. When the activity is over, the group should share observations about the experience and examine themes or patterns that have emerged. Focus on generalising, drawing inferences from the shared experiences and linking to practice (the "why" of learning). Training should focus on the practical application of new insights, information, and skills.

Trainer skills

Facilitating the group

A facilitator helps participants learn through individual and group discussions. As a trainer, you are the facilitator. You should be thoroughly familiar with module content. Preparation is the key to conducting a successful training course.

Complete the following before starting each session:

- Read the session objectives and teaching exercises.
- Prepare for each of the exercises.
- Obtain and organise the materials needed.
- Ensure that you understand your topic; do further reading if needed.
- Read and understand the key points at the end of each module.

Responsibilities of the facilitator include the following:

- Introduce each session and key concept.
- Lead group discussions and training exercise.
- Answer questions.
- Explain ideas and clarify issues.
- Discuss how learners can apply the information to their own work.
- Give constructive feedback.

You are encouraged to go beyond formal lecturing. It is your job to answer questions, talk with participants about exercises, lead group discussions and give participants any help they need.

Familiarity with the local cultural environment is essential to effective group facilitation.

Managing and challenging participants

Throughout training, continually assess the interpersonal dynamics of the group. Occasionally, individual participants might disrupt the learning environment. A challenging participant might be overly talkative in or dominate discussions. He or she may be disrespectful to other participants and, as a result, other participants may be hesitant to express their opinions. Depending on the situation, the trainer should address such behaviours either in public or privately. It can be helpful to remind participants of the norms established at the beginning of the programme and to reinforce the ground rules throughout the course.

Eliciting participation from all participants

HIV/AIDS is a controversial subject in many communities and is likely to prompt fervent debate. To tackle key underlying issues and foster discussion, the trainer should actively engage participants who express disparate viewpoints. In some settings, the group might accept the position or approach presented in the training. In others, the group could need additional time to reach consensus on complex issues.

Managing time

Times allocated for each session in the manual are only guidelines. All of the manual content is important, but the trainer should acknowledge the particular needs, knowledge and experience level of the group and make adjustments accordingly.

Trainer preparation checklist

Climate setting
Ensure that the physical environment is comfortable, well lit and adequately equipped. Create a psychological environment where learners feel accepted, respected and supported.

Room set-up
Because this course uses a combination of didactic, interactive and experiential techniques, the classroom should have tables and chairs that can be rearranged easily. For didactic presentations, the room should be set up so that all participants can see the slides or overhead projections. For interactive activities, more informal arrangements work best. In either case, you might need to arrive early to organise the room.

Goals and objectives
Review the course goals and objectives.

Course contents
Review existing resources to ensure you have all background material related to the course content. Although you will not be able to answer every question, try to master the curriculum content, related support materials and relevant examples.

Course materials and teaching aids
Be sure that all educational materials (overheads, flip charts and markers) are available and that equipment is in good order.

Course schedule

The course schedule is outlined in the manual. It is recommended that each training day begin with a recap of key points covered the previous day. This can be done in the first few minutes.

Annex 7: References and Further Reading

MOH (NASCOP). *Nutrition and HIV/AIDS: A Tool Kit for Service Providers in Comprehensive Care Centres*. Ministry of Health, Nairobi, Kenya, 2007

GOK (NASCOP). *Kenyan National Guidelines on Nutrition and HIV/AIDS*. Ministry of Health, Nairobi, Kenya, 2006.

Valid International. *Community-based Therapeutic Care (CTC): A field manual*. Oxford, United Kingdom, 2006.

FANTA. *HIV/AIDS: A Guide for Nutritional Care and Support*. Academy for Education Development, Washington, DC 2004

RCQHC/FANTA/LINKAGES. *Nutrition and HIV/AIDS: A Training Manual*. Regional Centre for Quality of Health Care, Makerere University, Kampala, Uganda, 2003.

WHO. *The management of Nutrition in Major Emergencies*. 2000, Geneva.

Information Resources

National AIDS and STI Control Program www.aidskenya.org

AIDS Nutrition Services Alliance (ANSA) www.aidsnutrition.org

American Foundation for AIDS Research (Am FAR) www.amfar.org

American Dietetic Association (ADA) www.eatright.org

CDC National HIV/AIDS Hotline www.cdc.gov/hiv/dhap.htm

FANTA Project HIV materials www.fantaproject.org/focus/hiv_aids.shtml

Medline Plus: Living with AIDS:
www.nlm.nih.gov/medlineplus/aidslivingwithaids.html

National Institutes of HEALTH/NIAID/Division of AIDS

www.niaid.nih.gov/about/organization/daids