Nutrition-Related Care and Support for People Living with HIV-AIDS

Report of an Intercountry Workshop on Training of Trainers
Jakarta, Indonesia, 3-7 October 2005

WHO Project: ICP NUT 001
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December 2006
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1. Introduction

HIV infection results in complicated nutritional issues for patients. There is, however, growing evidence that nutritional interventions influence health outcomes in HIV-infected patients. While food insecurity leading to malnutrition heightens susceptibility to HIV exposure and infection, HIV/AIDS in turn, heightens vulnerability to food insecurity and malnutrition. Currently, “good nutrition” is increasingly being recognized as a fundamental ingredient for promoting the health of people living with HIV/AIDS (PLWHA). Translating good nutrition into an appropriate, balanced, nutritious diet for the infected individuals is a positive way to respond to this condition and the illnesses associated with it. There is evidence that this helps the infected and the ill individuals lead better, longer and more comfortable lives.

In the South-East Asia Region, about 6 million people are estimated to be infected with HIV; the second highest number of cases in the world after sub-Saharan Africa. On the other hand, malnutrition prevalence is very high. About three fourth (79%) of the world’s malnourished children live in this Region, and more than 60% of the women in the reproductive age group are anaemic and suffer from chronic energy deficiency.

Recognizing the above problems, the Fifty-seventh World Health Assembly adopted a resolution (WHA 57.14), urging Member States to pursue, as a matter of priority, policies and practices that promote integration of nutrition into a comprehensive response to HIV/AIDS.

In response, WHO initiated a collaborative effort to develop approaches based on the latest available scientific evidence with respect to the macronutrient and micronutrient needs of HIV-infected people, the special nutritional needs of HIV-infected pregnant and lactating women and their children, and the nutritional needs of HIV-infected adults and children receiving anti-retroviral treatment. The evidence base was gathered with the assistance of a WHO Technical Advisory Group on Nutrition and
HIV/AIDS, and the initial findings presented and discussed during two
technical consultations concerning nutrient requirements for people living
with HIV/AIDS.

WHO’s Department of Nutrition for Health and Development (NHD-
HQ), in collaboration with the Food and Agricultural Organization (FAO)
has developed a training package (consisting of a Facilitator’s Guide,
Participant’s Guide, Director’s Guide and a collection of overhead
transparencies) to be used in the countries to better integrate nutritional
aspects into the care and treatment plan of the PLWHA through the health
care providers. The package has been field tested three times in the African
Region before being published.

It was felt that this package needs to be introduced in the South-East
Asia Region at the earliest. An intercountry workshop for training of trainers
was accordingly arranged to provide HIV/AIDS care givers with practical
knowledge about nutrition care and support for PLWHA. The training was
envisioned to enable trainers to address and include sessions on nutrition in
HIV/AIDS training programmes and to advocate for strengthening and
broadening the scope of HIV/AIDS control programmes for developing
innovative ways to address the range of challenges relating to food,
nutrition and HIV/AIDS.

The intercountry training utilized the above-mentioned package. The
facilitator’s guide consists of 11 sessions that are operationalized, using a
variety of interactive and andrological teaching methods, including
brainstorming, case studies, demonstrations, role playing and exercises. The
training also envisaged sharpening caregivers’ communication skills to
enable them to provide appropriate guidance in choosing the right foods,
and preparing them appetizingly and safely for people who are ill or with
poor appetite, and discuss how to increase access to food. The training
programme is attached as Annex 1.

2. Objectives

2.1 General objective

To provide trainers with knowledge about practical nutritional care and
communication skills for supporting people living with HIV/AIDS.
2.2 Specific objectives

- To improve the course participants’ knowledge about nutritional care and support for people living with HIV/AIDS as well as basic communication skills for effective counseling;
- To develop participants’ capacity to conduct training on HIV and nutrition in their own countries, and
- To discuss options for scaling up existing interventions for improving nutrition in the context of HIV.

3. The training process and training tools

Pre-workshop meeting – 3 October 2005: Dr Rukhsana Haider, Regional Adviser, Nutrition for Health and Development, WHO/SEARO, met with the facilitators to carry out the following tasks:

Review of the training modules: The training modules had been shared with the facilitators a few weeks before the workshop so that they could familiarize themselves with the contents. As this was the first time that these modules were to be used in SEAR, they were examined and discussed in detail, and minor modifications made.

- Whether the approach, processes, activities and discussions in the training course could assist with building up of the skills of the care givers.
- Feasibility and “doability” within the expected time allocated.
- Ease of understanding and simplicity in delivery of the messages and contents.
- Whether the stated objectives would be met.

The methods to operationalize the course were discussed and finalized. It was decided to use interactive methodologies wherever possible. In addition to the above, the following factors were kept in view:

- The need to understand the socio-economic and psychological conditions of the HIV positive persons and their families.
The level of understanding of the participants about the nutritional aspects, and the need to build it further.

To update their knowledge on the current situation regarding HIV/AIDS, the strategies to deal with it, and the current level of information available on nutrition in relation to HIV.

The need to expose the participants to the various well known, innovative and creative, strategies and methodologies [Visualisation in Participatory Process (VIPP), written exercises, brainstorming, games, role play, group work, etc.] for making the subject interesting.

The expected level of, and the need to further build facilitation/training skills of the participants.

The participants and facilitators were divided into two groups. Except for a few plenary sessions, sessions on most of the topics were conducted simultaneously in two halls so that there could be more interaction with the participants. At the same time, each trainer would be able to conduct a number of sessions which would help to build up their confidence.

4. Training of trainers

The training of trainers (TOT) workshop was conducted in Jakarta, Indonesia, from 4 to 7 October, 2005. Twenty trainers from government and non-governmental organizations from Indonesia, India, Myanmar and Thailand attended. They were trained by a team of facilitators from the same countries (as well as Nepal). A list of participants and facilitators is attached as Annex 2.

4.1 Inaugural session

Dr. Rukhsana Haider welcomed the participants to the inter-country workshop and thanked the Government of Indonesia for hosting the training. She then read out the address of Dr. Samlee Plianbangchang, Regional Director, WHO South-East Asia Region. Dr. Samlee said that HIV represents a major worldwide public health problem in developing countries. It was a matter of concern that the South-East Asia Region, with
six million people estimated to be infected with HIV, has the second highest number of cases in the world after sub-Saharan Africa.

Dr Samlee said that the training will enable trainers to address and include sessions on nutrition in HIV/AIDS training programmes. It will also enable them to advocate for strengthening and broadening the scope of HIV/AIDS control programmes for developing innovative ways to address the range of challenges relating to food, nutrition and HIV/AIDS.

Dr Nyoman Kandun, Director, Centre for Disease Control (CDC), Environmental Health, Ministry of Health, Indonesia, also welcomed the participants and informed them about the current health problems in Indonesia, such as the impact of the tsunami on people's health, malnutrition, outbreak of polio and avian influenza in humans. He reminded the audience – quoting Nelson Mandela – that HIV/AIDS needs to be seen in a broader perspective as a problem of lack of leadership. He stressed the importance of nutrition in care and management of PLWHA. He hoped that every country represented will benefit from the training.

4.2 Background and Introduction to materials, methodologies and tools

Dr. Rukhsana Haider provided the background for the training. She informed that most countries now have a well-established HIV control policy, but no country has yet incorporated the nutritional aspects that are important for PLWHA. She explained that though policies are desirable, a lot could be done even in their absence. She introduced the training materials, and explained the training methodologies.

The participants filled out a pre-workshop questionnaire. The workshop, keeping in view the content area and the “needs” of the participants was highly interactive. The plenary presentations were kept to a bare minimum with the emphasis on methods like VIPP, group discussions, brainstorming, buzz sessions, role plays, exercises etc. Scope was given to collect daily feedback and incorporate it into the future activities. Technical support was provided in small groups of 2-3 and individually. Informal discussions at lunch, tea and after the day’s work, constituted an important methodology to relate to the participants and provide one-to-one
interaction. All the facilitators met at the end of the day’s session, reviewed the progress, and charted out the next day’s course.

All the 11 sessions given in the facilitator’s guide were carried out. In addition to sessions on basic nutrition and communication skills, other topics focused on feeding of children living with HIV/AIDS, the role of medicines and myths in nutrition care, and a discussion on how to increase access to food. The understanding of the subject/issue was cross-checked by in-built mechanisms, and by formal and informal feedback that was regularly obtained.

On the last day, the participants were divided into country groups to develop the country-specific plans for carrying out training and upscale the existing programmes. The country groups presented their plans in a plenary session to all the participants.

5. Observations and recommendations

- The course was found to be useful by the participants. Many of them were counsellors and were pleasantly surprised by the “doability of the package and said it was needed.

- The trainers/counsellors and health care providers need to understand the socio-economic and psychological conditions of the large number of HIV-positive persons and their families. This aspect needs to be clearly stated and emphasized. This will help sensitize and orient the health care providers to the multifarious needs of HIV-positive persons.

- Most participants’ understanding about nutritional aspects in relation to HIV was not appropriate, and may need to be developed further.

- The countries/provinces should be supplied with guidelines regarding the selection criteria for such training. Ideally, the trainers should possess basic understanding of social, psychological and medical issues related to HIV/AIDS, and be involved in counselling. The countries/provinces need to adhere to the guidelines as far as possible.
Participants would need to update their information on the current status regarding HIV, the strategies to deal with it, and the current level of information available on nutrition in relation to HIV. Thus, supplementary presentations (not included in the package) may have to be made and technical material and studies provided. This is especially important for outlining clear-cut “dos and don’ts” for counselling related to nutrition matters.

There is a need to expose the participants to various well-known, innovative and creative strategies and methodologies (VIPP, exercises, brainstorming, games, group work, etc) for making the subject interesting.

The participants should be given repeated chances to further build their own facilitation/training skills. The participants (if previously trainers) should be involved as co-facilitators, if possible, from the afternoon of day 1 itself.

More time needs to be provided to understand and rehearse the fundamentals of counselling. Also, clearer distinctions between principles of good and effective communication and counselling need to be brought out clearly in the activities. It would be appropriate to have a session on communication skills and a separate one on counselling.

The role play scripts (for the communication and counselling sessions) need to be varied so that many more common situations could be rehearsed during the sessions.

There are many factors that influence whether a person can or cannot carry out a suggested practice (Session 2). As the factors are important and deep-rooted, there needs to be a discussion as to how the care giver can help to influence the client to adopt the suggested practice.

The package, especially the Facilitator’s Guide, needs to be revised and modified.

- The objectives of the sessions need to be clear, concise and measurable.
- The objectives and the content of the session should match.
The sessions need to have friendlier and interesting activities in addition to the role plays and case studies. It is suggested that activities like “True/False”, short debates, indoor and outdoor games, puzzles, collages, demonstrations etc. be used. Methodologies that involve creative thinking – PMI (Plus, minus, interesting) etc. may also be used.

The sessions need to have an overall design and be clearly segregated and meaningful.

The session on magic remedies and myths needs to be more focused and made more relevant. It can be made more interesting by adding real anecdotes and their negative impact on health.

The suggestion sheet of session 6 (“Weight and Activity”) needs to be incorporated into the activities of the session.

Page number 84 (Session 6) of the facilitator’s guide mentions that more protein is required. However, the current position is as follows: “Either the data are insufficient or there is no evidence to support an increase in protein and fat requirements as a consequence of HIV infection”. Thus, this needs to be rechecked.

Session 7 - “Improving food intake” – needs to re-titled and enlarged. This deals with one of the most significant and protracted areas of care and support. The issues of sore mouth, diarrhoea etc. need to be taken up separately. This session could also have some activities involving “demonstration” on “how to” and “what to” etc.

The Facilitator’s Guide at places –especially in Session 8 (Feeding a child living with HIV/AIDS) – needs to discuss the involvement of other sectors (NGOs, individuals) in the care and support areas. Some real-life examples can be collated and presented as activities and as handouts.

Session 9 (medicine, myths and magic) deals with multiple issues – including socio-cultural and religious issues. It also covers the role of traditional healers. This session evoked lots of discussion and needs to be structured in a more concrete manner. The programmatic issues and the technical issues need to be taken separately. Interesting, real-life experiences need to be collated and presented as case studies or as lessons learnt.
− Session 10 deals with improving access to food but is largely focused on dissemination of information and community efforts to improve access. It is felt that adding a section – or a separate session – on building “Life skills” of the PLWHA and their families is required. This will not only strengthen this particular chapter, but also help across the board – for dealing with magic remedies, negotiating with family members and others, dealing with stigma and managing stigma reduction, and for coping with stress and emotions. This needs to be incorporated at various places.

− Session 10 has an important and useful worksheet that has to be filled in by small groups. However, the time allocated for the session was inadequate to complete this task. It would be appropriate that the group task is discussed in the plenary. Thus, a more realistic time line needs to be provided to this and some other sessions.

➢ The HIV virus is increasingly affecting adolescents and young people and feminization of the epidemic is rapidly taking place. Distinctive sessions on “Adolescents and Nutrition” and “Young Women and Nutrition” in the context of HIV need to be added. Assistance from relevant departments may be sought to incorporate these meaningfully.

6. Concluding session

Dr. Frits de Haan, on behalf of the WHO Representative, thanked the Government of Indonesia for hosting this training course. He expressed his satisfaction about the course, methodology and the interest shown by the participants.

Two participants expressed their sentiments on behalf of the group and thanked the facilitators for their untiring efforts.

Dr. Frits and Dr. Rukhsana distributed certificates to the participants and the resource persons.
Annex 1

Programme

Schedule for Training of Trainers (3-7 October 2005)

3 October 2005 – Pre-workshop meeting

- Review of training modules
- Methods to operationalize the course.

Day 1: 4 October 2005

08.30 – 09.00 Registration of Participants
09.00 – 10.00 Inaugural Session
- Welcome and Training Objectives
- Inaugural Address by Regional Director
- WHO South East Asia Region (read by RA-NHD)
- Remarks by DG of CDC & EH
- Introduction of Facilitators and Participants
10.00 – 10.30 Group Photograph, followed by Tea/Coffee Break
10.30 – 11.00 Introduction to the Training Materials and Tools
11.00 – 11.30 Nutrition and HIV/AIDS (In 2 Rooms)
11.30 – 12.30 Introduction to Communication Skills
13.30 – 14.00 Communication Skills (contd…)
14.00 – 15.00 Eating Wisely
15.30 – 16.30 Eating Wisely (contd…)
16.30 – 17.00 Facilitators meeting
Day 2: 5 October 2005

08.30 – 09.00  Review of previous day
09.00 – 09.30  HIV Update (In 2 Rooms)
09.30 – 10.15  Nutrition During Pregnancy and Breastfeeding
10.30 – 11.15  Nutrition During Pregnancy and Breastfeeding (contd…)
11.15 – 12.15  HIV and Infant Feeding
13.00 – 14.30  Weight and Activity
14.45 – 15.30  Improving Food Intake
15.30 – 16.00  Facilitators meeting

Day 3: 6 October 2005

08.30 – 09.00  Review of previous day
09.00 – 09.45  Feeding A Child Living with HIV/AIDS
09.45 – 10.30  Medicine, Myths and Magic
10.45 – 11.45  Improving Access to Food
11.45 – 12.15  Introduction to Field Visit (To Community Based NGO working with PLWHA (in plenary)
13.00 – 16.30  Field Visit and Discussion
16.30 – 17.00  Facilitators meeting

Day 4: 7 October 2005

08.30 – 10.00  Planning by Country team and Presentation
10.30 – 11.30  Training Course Review & Feedback
11.30 – 12.00  Closing Session and Certificate Distribution
Facilitators with the WHO Staff
Annex 2

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Annex 3

Technical sessions

Session 1 - Nutrition and HIV/AIDS

Dr. San San Myint facilitated this session in the plenary. She highlighted the impact of HIV/AIDS on the nutritional status of the affected person, the reduction of food intake due to infection/sores in the mouth, and how lower nutrient absorption due to diarrhoea leads to malnutrition. Dr. San San explained how proper nutrition helps the PLWHA to fight opportunistic infections, have less frequent illnesses and recover faster from infections, maintain appetite and stable weight, leading to better quality of life, and remain active and productive. She also explained the concept of “Eating Wisely to help Stay Healthy Longer” and why it is imperative that a counsellor should have sufficient knowledge about nutrition and be a skilled communicator.

Key point - Eating wisely helps you to stay healthy longer.

Session 2 - Introduction to communication skills

The participants were divided into two groups.

(1) Participants from Myanmar and Indonesia - facilitated by Dr. Patanjali Nayar, Dr. San San Myint and Dr. Anita.

(2) Participants from India, Nepal, Thailand and Indonesia - facilitated by Dr. Utami, Dr. Karuna Onta and Dr. Nipunporn.

The session utilized brainstorming, OHP transparencies, using the case study of “Suzi and Sam”, and role plays by the participants, followed by a short discussion. The facilitators provided appropriate feedback to the participants. The session brought out the importance of Communication Skills using a counselling approach to gather information, offer suggestions and arrange a follow up. It was emphasized that it is important to assist the client to explore options but the final choice should be left to the clients themselves. Some of the main points emphasized were:
importance of “need-based” information vis-a-vis unsolicited advice.

factors that are important in adopting and carrying out a suggested practice.

process of counselling to start with greetings, making the client comfortable, taking up the fundamental matters first, assisting the clients with their need for information and discussing how to fulfill their need.

understanding and utilizing the counselling skills process for observing the client, asking open-ended questions, reflecting and responding by paraphrasing, clarifying the answers, accepting what the client says, being non-judgmental and praising good practices.

communicating skill component of listening actively, being empathetic, building respect, trust and support by verbal and non-verbal mechanisms (body language, eye contact and simple language) and creating a relaxed environment.

utilizing communication skills to gather information, praise the good practices and gently suggest change if needed.

checking the understanding level of the client (asking to repeat).

Key point - When you listen and talk about food and eating, and communicate about “Eating wisely”, you show that you care about the person.

Session 3 - Eating wisely

This session attempted to build the core information regarding food and its role, the variety, frequency, quality and quantity of food/meals, the factors that influence food choices and other related issues. The session started with a “health talk” (involving the participants), on healthy eating that focused on food rather than nutrients. This emphasized and made clear to the participants that, though the care giver may like to focus on recommended nutrients, the client can only procure food that is locally and easily available. She/he needs assistance to make the right decisions about food – i.e “eating wisely”. The talk was followed by role plays and group
activity involving work sheets provided in the package. The following points were highlighted:

- Food is required for Growing (become bigger), Going (routine and daily activities) and Glowing (beauty, strong, healthy).
- **Aim to eat a wide variety of foods** that contain the macro nutrients (carbohydrate, protein, fats) and micro nutrients (mineral, vitamin) in adequate quantities.
- Locally available foods - rice, meat, fish, milk, fruit and vegetables can very well meet the nutrition related demands of the positive/sick clients.
- The concept that Eating Wisely helps to stay healthy longer.
- Food Choices in families are usually based on (a) kind of food that is available and is inexpensive; (b) time, equipment, and energy required to prepare and cook food; (c) knowledge of nutrition value of food, (d) culture, habit, family and other people including mother in law's preferences and believes; (d) hunger and appetite of the clientpatient.
- It is important to gather information, reflect and respect the client’s ideas, provide suggestions, check understanding and plan for follow up.

The participants were divided into groups and asked to discuss the following:

- Food availability in the community and the family of PLWHA in various countries/provinces
- Time, energy and equipment required to prepare food by the family of PLWHA and the impact on family finances, activities and energies
- Role of culture, habit, family preference and beliefs about food to be consumed by family of PLWHA in their communities
- Amount of food depends on individual needs, and food choice depends on culture and family knowledge.

The groups then presented their findings followed by a short discussion. This was followed by a presentation by Dr. Paul Matulessey, a
participant who had substantial experience in counselling on nutrition problems of PLWHA. According to him, the clients and their family members usually enquire about food – quantity, frequency and quality - to be taken when they suffer weight loss usually related to diarrhoea and prolonged fever. The counsellor can respond by explaining a menu that contains fruit juices and tempe, the local fermented soybean. The counsellor can offer several menus related to the level of the disease e.g. menu A/ B for early level of HIV/AIDS, C for medium level and D for advanced level or the terminal level of HIV/AIDS respectively.

Day 2 - Recap and introduction to the second day’s agenda:

Dr. Rukhsana Haider facilitated the plenary session by carrying out a rapid “recap” of the previous day’s work. The participants expressed their opinions and valuable feedback on the training methodology. The “key points” were once again revised. This also provided participants with an opportunity to articulate their experiences and impressions. Dr. Haider then outlined the day’s agenda and reminded the participants that the training modules are mainly basic and for more technical knowledge, the participants should refer to the additional material provided along with the training modules.

HIV/AIDS: Its determinants and impact in South-East Asia
(with special reference to nutrition)

In his presentation, Dr. Patanjali Nayar informed the participants about the epidemiological trends in HIV/AIDS. He also shared some research findings related to nutrition status and HIV/AIDS. The following points were highlighted:

- In the South-East Asia Region, India has the highest proportion (79 %), followed by Thailand (11 %), Myanmar (7 %) and Indonesia (2 %), of PLWHA among the 11 Member countries in the Region.

- Although many countries, such as Bangladesh and some provinces/states in India have low prevalence, they are at high risk for HIV transmission, due to the existing and increasing intravenous drug users, female sex workers and men having sex with men, coexisting poverty, migrants and marginalized people.
In relation to nutrition, HIV affects health, nutrition and economic status. HIV mainly occurs in malnourished individuals.

The HIV/AIDS epidemic has had a devastating impact on the health, nutrition, food security and overall socio-economic development in affected countries.

HIV-related infections, such as TB and diarrhoea, not only have nutritional status as a significant determinant of their incidence and severity, but also have severe nutritional consequences that precipitate appetite and weight loss, and wasting.

Dr. Nayar also presented the conclusions from the technical consultation (Nutrient requirements for People living with HIV/AIDS held in Geneva in May 2003). Based on increased resting energy expenditure (REE) observed in HIV-infected adults:

- Energy requirements are likely to increase by 10% to maintain body weight and physical activity in asymptomatic HIV-infected adults, and growth in asymptomatic children.
- During symptomatic HIV, and subsequently during AIDS, energy requirements increase by approximately 20% to 30% to maintain adult body weight.
- Energy intakes need to be increased by 50% to 100% over normal requirements in children experiencing weight loss.

Other points were:

- Low blood levels and decreased dietary intakes of some micronutrients are associated with faster HIV disease progression and mortality, and increased risk of HIV transmission.
- There is some evidence that supplements of B-complex, Vit C and E can improve immune status, prevent childhood diarrhoea, and improve pregnancy outcomes.
- At the same time, there is some evidence that supplements of vitamin A, zinc and iron can produce adverse outcomes in HIV infected populations.
Session 4 – Nutrition during pregnancy and breastfeeding

This session dealt in depth with nutrition-related issues of pregnant women who are HIV positive, and “eating wisely” for women who are breastfeeding. Brainstorming and group discussions were utilized to facilitate the session. Two participants in each group co-facilitated the session. The following points emerged from the discussions:

- Special attention should be given to nutrition of pregnant women, including food supplements.
- A pregnant woman who is HIV positive or sick should eat a variety of foods, to obtain the necessary macronutrients and micronutrients. Eating non-vegetarian food can supply most of the needed ingredients.
- All pregnant women should eat wisely for themselves and their babies’ health.
- Pregnant and HIV-positive women should consult doctors if they are using antiretroviral drugs.

**Key point – All pregnant women need to eat wisely for their health and their baby’s health.**

The groups discussed the foods that should be consumed in large quantities and those that should be avoided. The following were presented through the group work:

- Food not to be eaten during pregnancy: chilli, pineapple, banana
- Food to be eaten during pregnancy: coconut water, green bean, fish, vegetables.
- Food not to be eaten during breastfeeding: red chilli, durian, certain fish
- Food to be eaten during breastfeeding: katuk leaf, liver, peanut.

Session 5: HIV AND INFANT FEEDING
This session covered the various infant feeding decisions for women who are HIV-infected, including transition to complementary feeding. The participants were exposed to the UNAIDS/WHO/UNICEF policy of supporting breastfeeding that states “As a general principle, in all populations, irrespective of HIV infection rates, breastfeeding should continue to be protected, promoted and supported”.

**Key point – Discuss infant feeding with a trained health worker to help you make a wise decision.**

It was emphasized that if a woman is HIV-negative or does not know her status, she should be encouraged to breastfeed. The discussions also highlighted that the risk of HIV transmission through breastfeeding is about 5%-20%. The significance of “replacement feeding” was discussed in detail. Replacement feeding, whenever it is begun, needs to be acceptable, feasible, affordable, sustainable and safe, otherwise either the baby will have diarrhoea or the mother will revert to breast feeding/mixed feeding. These criteria are a must and a counsellor should be able to discuss them before hand with the mother who intends to start replacement feeding. Mixed feeding should be strongly discouraged – either the mother should practice exclusive breastfeeding, or strict replacement feeding (i.e. without giving any breast milk to the infant). The other options of giving heat-treated breast milk or breast milk from an HIV-negative woman were also discussed. The role of antiretroviral therapy (ART) and the crucial support that a counsellor can offer were discussed in detail. The participants were provided some details of the WHO/UNICEF/UNAIDS “HIV and Infant feeding Counselling” training course.

The participants role played the story of “Sam and Suzi” to explore options for difficult social situations related with breastfeeding. The role of other “decision makers” like mother-in-laws was explored, and rehearsals of feasible communication strategies were carried out.

**Session 6: Weight and activity**

Weight loss is a dramatic and significant symptom in the natural history of the disease. PLWHA tend to lose weight, associated with decreased immunity and quality of life. Four participants independently carried out the activities related to this session. The points highlighted were:
PLWHA should not wait until weight loss becomes significant, but should attempt to maintain body weight.

Various methods to prevent weight loss and increase energy intake through enriching foods were discussed.

For food enrichment: the role of fat, eggs, cheese, butter, yoghurt, peanut sauce, coconut etc. was discussed. The role of physical activity in not only maintaining appetite, but also in promoting immunity and general health was brought out.

Reasons for loss of appetite and various practical, doable strategies to deal with it were discussed. For example, preparing favourite foods, having small but frequent meals, high energy foods, good taste, attractive presentation of food, and comfortable surroundings could help improve appetite.

The participants rehearsed their communicating and counselling skills in the context of weight loss and eating wisely. In addition, the following key messages were discussed:

- When symptoms start, try to increase energy intake to reduce weight loss.
- Physical activity helps you feel better.

**Session 7: Improving food intake**

This session dealt with the practical aspects related to care and support of PLWHA as it related to maintaining and improving food intake in the presence of sore mouth and throat, nausea and vomiting, change in taste, diarrhoea and other difficulties related to appetite and eating. The following issues emerged from the discussions and the role plays:

- HIV/AIDS leads to malnutrition due to psychological distress, sicknesses related to HIV, side effect of drugs, fatigue and insufficiency of money

- Some difficulties that lead to malnutrition are: sore mouth and throat, change in taste, nausea and vomiting, and diarrhoea.
It is important to remind the client about the key points in “Eating Wisely to Stay Healthy Longer” and “Aim To Eat a Wide Variety of Foods”.

A sore mouth and throat can be tackled by improving oral hygiene, and by giving fruit juices and soft food,

Easy to digest soft food, small and frequent meals can help maintain intake in presence of nausea and vomiting

Soft watery food, fruit juice, more water and mineral (ORS) are recommended during diarrhoea

Food safety is of paramount importance. Raw food, cooking vessels and cooked food and serving dishes should be kept clean. Safe water should be used for cooking.

Key point – Eat wisely during illness and when recovering from an illness.

Four participants facilitated the session by carrying out specific activities. The session evoked considerable discussion and a number of doable suggestions. It was suggested that the timing of the session needs to be revised to give more time for discussion.

Day 3, Recap of the previous day

Dr. Haider and Dr. Nayar reviewed the proceedings of the previous day. The participants, by utilizing the VIPP cards, provided their feedback. Most of them were very appreciative of the participatory methodology and the personal attention being provided to each participant. Dr. Haider narrated the finer points related to the organization of such training and requested them to keep these points in view while organizing country level training. Some queries on the usefulness of breastfeeding for infants of mothers with HIV/AIDS, compared to replacement feeding, especially if the mother has ART were clarified.

Session 8: Feeding a child living with HIV/AIDS

Children are increasingly becoming infected with HIV and their nutrition needs remain in the background. This session brought out the nutritional concerns of children living with HIV/AIDS and explored options for feeding
a child who is ill or recovering. The session clearly brought out that a child needs to be fed during illness and during recovery. While feeding children, the care givers must respond to the cues and signals provided by the child and feed him/her with care and patience.

The participants, while facilitating and through discussions and role plays, were able to effectively underscore that it is not only what food is given that matters, but also how the food is given, and the overall care of the child. They reiterated the key points (aim to eat a variety of food; when symptoms start, try to increase energy intake to reduce weight loss) and discussed the concept of “responsive feeding” in detail to provide nutrition to a child who is ill. Strategies to supplement nutrition – how to give extra feeds: attractive and tasty foods, enriched food, giving what food the child likes etc. were discussed. The importance of communicating with the parents and caregiver about the nutrition problem of the child and its management were emphasized.

**Key point – Feed the child more during illness and during recovery**

As often the mother of the child could herself be infected or sick, strategies to increase her intake were also discussed. Many participants discussed their experiences and narrated the difficulties that such families face. The role of NGOs and “good samaritans” and multi-sectoral involvement to assist such families was discussed. Four participants took up the responsibility of conducting the session.

**Session 9: Medicine, myths and magic**

**Key point – Do not believe everything you hear. Discuss the benefits and the risks.**

Along with a paucity of appropriate, accurate and useful information related to HIV and nutrition, a lot of myths and misconceptions also circulate in the community. Though some traditional remedies are useful, some unscrupulous elements exploit - PLWHA by claiming access to magic remedies. The session helped the participants evaluate various traditional remedies and sift out the useful from the useless. Local alternative medicines (eucalyptus oil, herbs, wild leaves, coin rubbing) and their utility were discussed.
They were sensitized to the key message to be given to the PLWHA and family members: “Do not believe everything you hear. Discuss the benefits and the risks.” Evaluating its worth, cost effectiveness, safety etc. would be important. They could be helpful, neutral, harmful or have some unknown effects.

The discussion was animated and examples of various traditional remedies were cited. Scientific articles, detailing the usefulness of some of the traditional remedies were shared with the group. “Warning flags” that are related to so-called miracle remedies were discussed.

The positive role that traditional healers, registered medical practitioners etc. can play in promoting nutritional aspects were noted. The groups felt that as they are popular and service a number of clients, they should be integrated with the HIV programme. Four participants took up the facilitation tasks for this particular session and activities.

**Session 10: Improving food access**

The relationship between HIV, nutrition, poverty and development is well known. This session explored the relationship between HIV and household food security and brought out how access to food can be improved for households affected by HIV/AIDS. In-depth discussions took place on the factors that impact household food security i.e. produce or acquire food, store, process, and preserve the food, and share food among household members. It also dealt with mechanisms available in the community for nutritional support, type of support required, and type of services and organizations that might exist at the community level. Building synergy between the various organizations and their role clarification were also discussed. The key message “Use what you have and seek help for eating wisely” was clearly understood.

The barriers that might prevent a person or a family from obtaining assistance from such support mechanisms were brought out and their socio-politico origins were traced. The question of building “life skills” of the PLWHA and their families was discussed as an useful adjuvant required to access such services. Many participants felt that “access may not turn into utilization” unless the PLWHA also possesses the requisite skills.

The discussion ended by recalling all the training topics in counselling nutrition to PLWHA to be developed, starting from
- assisting persons in eating wisely
- assisting pregnant and breastfeeding women
- assisting families with a sick child
- supporting economically broken families

Field visit to PLWHA Care Organization, Yayasan Pelita Ilmu (Science Candle Foundation)

A field visit to an organization that provides care and support to PLWHA was organized in the afternoon. The group visited the PLWHA Care Organization, Yayasan Pelita Ilmu (Science Candle Foundation) in Jl. Kebon Baru IV, Tebet, Jakarta. Mr. Husein Habsy, the Vice Director of the foundation, received the participants and the resource persons. He informed the group that their programme started in 1989 and currently, is technically and financially assisted by the Government Health services and by various NGOs working in the fields of prevention, counselling, blood testing, treatment and community support for PLWHA. The visitors were shown the service centres for counselling and testing services, community support facilities and the library.

The participants, through interpreters, interacted with four PLWHAs. The young ladies (Ms. Vivi and friends, aged between 20 and 30 years) narrated their circumstances, family lives and travails since they became HIV positive. Despite the difficult circumstances and stigma and discrimination from various agencies, they still had smiles on their faces and hope in their eyes. The participants were struck by the dignified attitude of these young ladies in their brief interaction with the group. They were categorical in attributing their transformation to the care and support that they had received from the NGO. They narrated how they were assisted by the NGO in coming to terms with their situation, getting support to solve their problems and finding some useful vocations for themselves.

The group was also informed about the nutritional aid that the NGO receives from various international agencies. The “cook” of the NGO discussed various recipes – tasty and appetizing – that he makes from the bland looking mixture. The handicrafts made by the inmates were displayed.
Recap of day three

Dr. Nayar and Dr. Haider took a feedback from the participants regarding the various activities of day three. Most participants found these very useful. The interactive and friendly training methodology was praised by the participants.

The field visit to the care home had impressed the participants. The role of the community in providing nutrition-related interventions was discussed.

Session 11: course review and training planning by country teams

Dr. Haider reiterated the objectives of the workshop and requested comments from the participants regarding the course. The participants unanimously felt that the course was very useful. They also provided a few suggestions (incorporated below) to improve the course.

The key messages from the various sessions – especially related to communication- were emphasised. All participants felt that the training objectives had been completely achieved. They were confident about carrying out such training in their respective countries. They also shared ideas as to how they would use the course material in their jobs.

The participants were divided into country-specific groups and requested to finalize their plans to promote nutrition interventions for PLWHA, families, the community, and caregivers in each participating country. They were asked to incorporate the following areas while drawing up their plans:

- Counselling and Clinical care
- Nutrition Education
- Patient Care
- Care for the care giver
- Home Visits
- Self-help and support groups
➢ As part of VCT programmes
Annex 4

Country action plans

Indonesia

<table>
<thead>
<tr>
<th>Activities</th>
<th>Coordinator</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>nutrition issues.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ Continue existing planned training on CST, VCT, PMTCT with allocation</td>
<td>MoH and HIV/AIDS Sub-directorate &amp; Family Health</td>
<td>2005 – 2006</td>
</tr>
<tr>
<td>of additional time for nutrition issues.</td>
<td>Sub-directorate</td>
<td></td>
</tr>
<tr>
<td>➢ Advocacy with government services and PLWHA supporting organizations for</td>
<td>MoH and National HIV/AIDS Control Committee</td>
<td>start in 2006</td>
</tr>
<tr>
<td>additional allocation in HIV/AIDS control programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ Campaign on nutrition support to communities and PLWHA families</td>
<td>MoH and its Health Promotion Division</td>
<td>start in 2006</td>
</tr>
</tbody>
</table>

Activities will be financed by the government, the Global Fund, NGOs and international donor organizations.
### India

<table>
<thead>
<tr>
<th>Level and Activities</th>
<th>Target Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal level be involved in sensitizing and training for nutrition issues in HIV/AIDS control</td>
<td>Students, MDs, Nurses, Social workers, Government and NGOs workers,</td>
</tr>
<tr>
<td>Community level, involved in providing nutrition issues</td>
<td>VCT and ART counselling, and IEC to PLWHA families, NGO programme coordinator</td>
</tr>
<tr>
<td>National level, involved in advocating additional nutrition issues in HIV/AIDS control programme</td>
<td>Government, NACO, Local NGOs, International donor organizations</td>
</tr>
</tbody>
</table>

The activities will be financed by the government, the Global Fund, NGOs and international donor organizations.

### Myanmar

<table>
<thead>
<tr>
<th>Level</th>
<th>Activities</th>
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</thead>
<tbody>
<tr>
<td>National</td>
<td>Convincing national authority on the need for nutrition support in HIV/AIDS control</td>
</tr>
<tr>
<td>Department of Health</td>
<td>Identifying existing training, Find support, Develop new training material (integrating nutrition topics), Translating modules in to local language; Conduct training</td>
</tr>
<tr>
<td>Community Training Implementation</td>
<td>Health Centres on home basic care, Midwives and Solidarity Association, Community Nutrition Centres, Red Cross units</td>
</tr>
<tr>
<td>Individual level</td>
<td>Personal and family counselling</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Through reports, check list and field visits</td>
</tr>
</tbody>
</table>
Thailand

<table>
<thead>
<tr>
<th>Level</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>➢ Develop new revised training plan integrating nutrition support in HIV/AIDS control</td>
</tr>
<tr>
<td></td>
<td>➢ Training of Trainers (TOT) on the new revised training</td>
</tr>
<tr>
<td></td>
<td>➢ Monitoring and evaluation</td>
</tr>
<tr>
<td>Province and District</td>
<td>➢ Training for implementation in target groups and for NGOs</td>
</tr>
<tr>
<td></td>
<td>➢ Monitoring and evaluation</td>
</tr>
<tr>
<td>Community</td>
<td>➢ Provide community counselling in coordination with NGOs to community target groups</td>
</tr>
<tr>
<td></td>
<td>➢ Parents and caregivers,</td>
</tr>
<tr>
<td></td>
<td>➢ Family of children with HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>➢ PLWHA leaders’ groups and networks</td>
</tr>
</tbody>
</table>

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