



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

TRAINING MANUAL FOR
COMMUNITY VOLUNTEERS

Participant Handouts

2017



Nutrition Assessment, Counselling and Support (NACS) Training Manual for Community Volunteers: Participant Handouts

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Recommended citation:

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

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Illustrations

Iain McClellan: Cover

USAID NuLife Project through University Research Co., LLC: pages 9, 10, 51–57, 59–61

Zambia National Food and Nutrition Commission. 2017. 'Eating and Living Well: Good Nutrition Makes a Difference for People Living with Illness': pages 22–24, 27–32, 34

UNICEF and University Research Co, LLC. 2012. 'Infant and Young Child Feeding: Counselling Cards for Community Workers': pages 38–40

USAID Hygiene Improvement Project: pages 19–22, 25–26

WEDC: page 18

FOREWORD

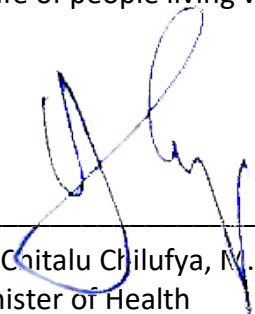
Zambia has made significant progress in reducing morbidity and mortality due to HIV and AIDS through the provision of free comprehensive HIV prevention services and antiretroviral drugs in all public health facilities. This has led to a reduction of new HIV infections from 77,500 in 2010 to approximately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

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

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

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

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

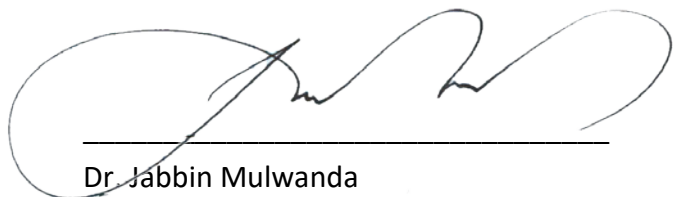


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Minister of Health

ACKNOWLEDGEMENTS

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

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



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ABBREVIATIONS AND ACRONYMS

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

NACS TRAINING MANUAL FOR COMMUNITY VOLUNTEERS

Participant Handouts

- Good nutrition helps prevent and fight illness.
- Good nutrition helps people who are ill keep healthy and active.
- Good nutrition helps medicines work better.
- Nutrition care and support can prevent people from becoming malnourished and help malnourished people get better.

People who do not eat healthy food can become malnourished (underweight or overweight). People with infections such as TB and HIV need to eat enough good food to stay strong and healthy and fight their illness, but they often lose their appetite or have symptoms such as nausea and vomiting that make it difficult to eat. They also may not have enough money to buy healthy food or energy to prepare it.

Nutrition care and support can help people who are malnourished or at risk of becoming malnourished get the treatment they need. It can help people make healthy food choices using what is available locally, prevent infection from contaminated food and water, and manage symptoms of illness and medication side effects.

This training will help community volunteers provide nutrition care and support in their communities.

LEARNING OBJECTIVES

At the end of training, you will be able to:

1. Explain why good nutrition is important.
2. Screen adults and children for malnutrition.
3. Counsel people on how to improve their diet, keep food and water safe and manage symptoms of illness and medicine side effects through diet.
4. Refer malnourished people to health facilities for treatment.
5. Refer people who are malnourished to other support in the community.
6. Identify and link clients to additional services that can support improved health and nutrition.
7. Track people who are being treated for malnutrition to make sure they follow the treatment and return for clinic visit

HANDOUT 1.1. Training Schedule

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

Sample training schedule	
Time	Topic
13:30–14:30	LUNCH
14:30–16:30	Session 10. Nutrition Counselling (cont.)
16:30–17:00	TEA BREAK
Day 4	
08:00–08:30	Recap of Day 3
08:30–10:30	Session 11: Screening for Malnutrition
10:30–11:00	BREAK
11:00–13:00	Session 11: Screening for Malnutrition (cont.)
13:00–13:30	LUNCH
13:30–15:00	Session 12. Treatment of Malnutrition
15:00–16:00	Session 13. Follow-up and Referral
16:00–16:30	BREAK
Day 5	
08:00–08:30	Recap of Day 4
08:30–10:00	Session 13. Follow-up and Referral (cont.)
10:00–10:30	BREAK
10:30–12:30	Action Plans
12:00–13:00	Session 15. Record Keeping
13:00–13:30	LUNCH
13:30–14:15	Session 15: Post-test and Final Course Evaluation
14:15–14:30	Course closing

HANDOUT 2.1. Well-nourished and Malnourished Children and Adults





There are six food groups in Zambia. Each food group contains foods that the body needs to stay strong and healthy. People should eat at least one food from each group every day. The bottom of the pyramid is wider than the top. People should eat more of the foods from the bottom group, a little less from the next group, and the least amount from the top group. The six food groups in the food pyramid, starting from the bottom, are:

1. **Fats, oils and sweets**

- These foods provide extra energy and should be eaten only in small amounts.
- Examples are margarine, butter, oil, sugar and honey.

6

2. **Milk and milk products**

- These foods make muscles and bones strong.
- Fermented foods like yogurt and *mabisi maheu* contain helpful bacteria that improve digestion.

3. **Vegetables**

- These foods contain vitamins and minerals that help resist and fight infection.

- Examples are *masuku*, tomatoes, avocados, eggplants, *impwa*, carrots, onions, peppers, *mankolombwe*, okra, *ibondwe*, pumpkin, green leafy vegetables such as spinach and cassava and pumpkin leaves, and *lumanda*.

4. **Meat, nuts and legumes**

- These foods make muscles and bones strong.
- Example from animal sources are fish, chicken, duck, *kapenta*, eggs and caterpillars.
- Examples from plant sources are beans, soya, *bambara* nuts, groundnuts, lentils, cow peas, *chikanda*, beans and *munkoyo*.

5. **Fruits**

- These foods contain vitamins and minerals that help resist and fight infection
- Examples are oranges, mangos, pawpaw, pineapples, bananas, watermelon and lemons.

6. **Cereals, roots and tubers**

- These foods provide most of the energy ('fuel') the body needs to function well.
- Examples are *nshima*, rice, bread and pasta.

Tips for people who are underweight

- Eat high-energy foods and snacks such as enriched porridge, mashed bananas, baked bananas, sweet potatoes or nuts and enrich staple foods with oil or honey.
- Add milk, cheese, butter or oil to foods.
- Fortify milk by adding 4 spoons (15 mL) of milk powder to 500 mL of milk. Stir well and keep in a cool place. Use full-fat milk powder if available instead of skimmed milk powder. Use this fortified milk in tea, on cereals and in cooking.
- Add milk powder to soup for more protein.
- Add cream, evaporated milk or yoghurt to soups, puddings, cereals, and milky drinks.
- Stir a beaten egg into hot porridge or mashed potatoes and cook for a few minutes more to cook the egg. Do not eat raw eggs.
- Put extra nut spreads, jam, butter/margarine or mayonnaise on sandwiches.
- Eat nuts as a snack and put chopped nuts or nut paste into foods.
- Eat foods rich in fat, such as avocado, fatty fish, coconut, oil and fried foods, if tolerated.
- Eat fermented and germinated (sprouted) foods.
- Sprinkle crispy fried onions or fried fatty meat on top of meals.
- Eat dried fruits such as raisins and dates as snacks (not as replacements for meals).

Tips for people who are overweight

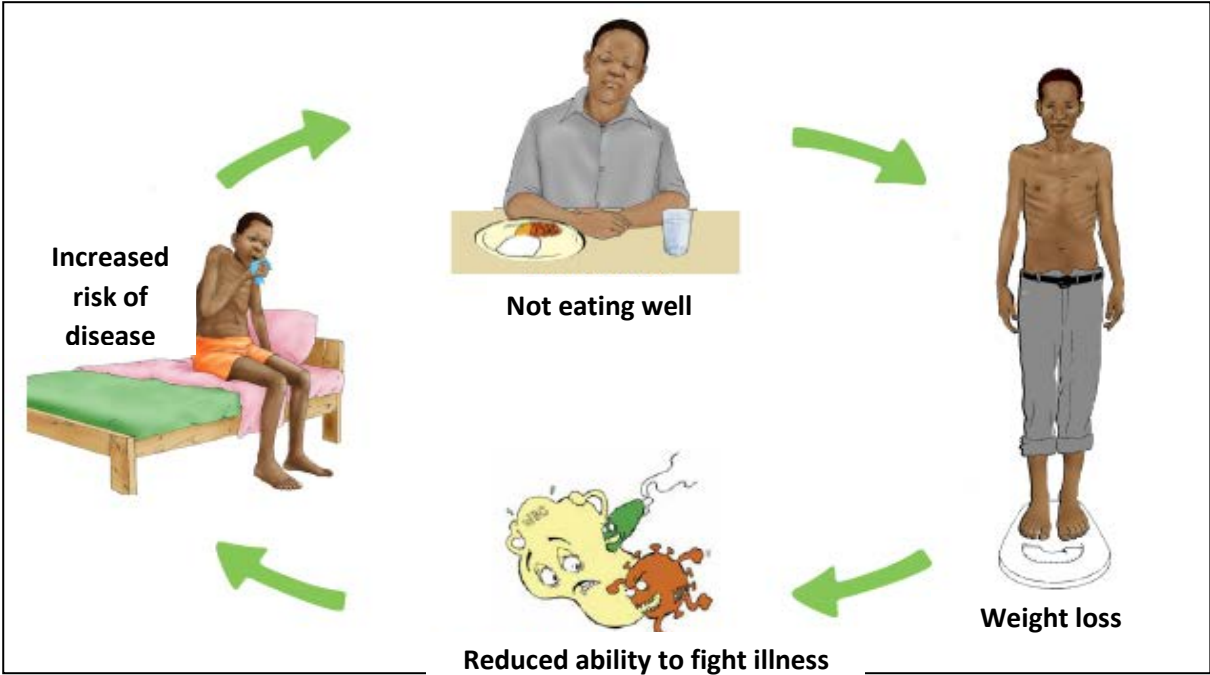
- Eat less high-fat and high-energy foods, especially sugar, alcohol and oil.
- Find ways to get more exercise.

HANDOUT 2.3. Seasonal Calendar of Local Foods

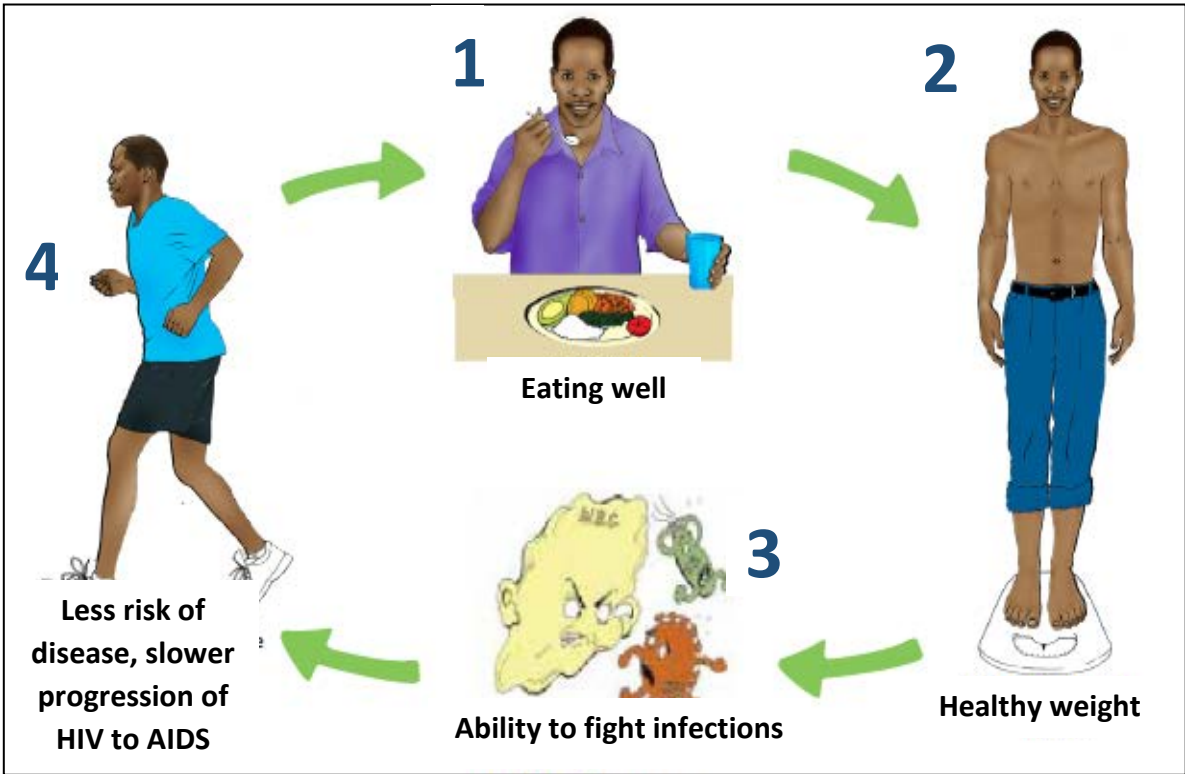
Fill in the table with foods available in your community. Use the list to help clients identify foods they can eat to maintain a healthy diet, even when they are ill.

Staples, (cereals, tubers, roots) provide energy.		Fruit protects the body against illness.		Animal source foods build the body.	
January	February	January	February	January	February
March	April	March	April	March	April
May	June	May	June	May	June
July	August	July	August	July	August
September	October	September	October	September	October
November	December	November	December	November	December
Sugars		Vegetables protect the body against illness.		Plant source foods build the body.	
		January	February	January	February
		March	April	March	April
		May	June	May	June
		July	August	July	August
		September	October	September	October
		November	December	November	December
Fats and oils		Vegetables protect the body against illness.		Plant source foods build the body.	
		January	February	January	February
		March	April	March	April
		May	June	May	June
		July	August	July	August
		September	October	September	October
		November	December	November	December

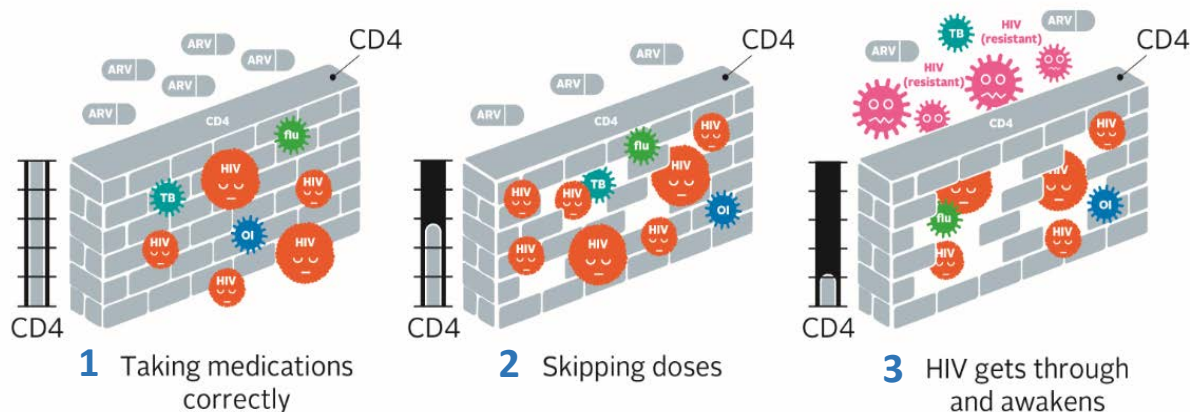
HANDOUT 3.1. Cycle of Poor Nutrition and Infection



HANDOUT 3.2. Cycle of Good Nutrition and Infection



HANDOUT 4.1. How Antiretroviral Drugs (ARVs) Work



Picture 1

- Our immune system is like a brick wall. It keeps out things that try to invade our bodies and make us sick.
- HIV attacks a type of blood cell called a CD4 cell, which helps the body fight diseases. HIV takes over CD4 cells and uses them to copy itself and keep multiplying in the body. CD4 cells invaded by HIV cannot fight infections any more.
- ARVs are like soldiers that slow down the destruction of CD4 cells and make HIV inactive.
- Taking ARVs every day on schedule keeps the immune system strong so that CD4 count stays normal (500–1,500) and other infections such as TB can't break through the wall.
- Viral load is the number of HIV virus particles in a tiny drop (millilitre) of blood. The aim of ARVs is to lower viral load to less than 50 copies of HIV in a millilitre of blood.
- So **ARVs raise CD4 count and lower viral load.**
- There is no cure for HIV, but with ARVs, a person with HIV can stay relatively healthy and symptom-free for many years.

Picture 2







- Skipping doses of ARVs reduces the number of CD4 cells and increases the viral load. The immune system gets weaker (as if bricks have fallen out of the wall and left holes).
- Viruses like HIV and other germs can get through and cause illness.
- Even if you feel fine, HIV keeps copying itself and destroying CD4 cells.
- The lower your CD4 cell count and the higher your viral load, the more likely you will get sick, because your immune system can no longer fight off infections. A person with a CD4 count below 200 has AIDS.

- This does not mean HIV is gone from the body.

Picture 3

- When HIV gets through the body's defense wall, it wakes up and become active.
- If you don't have enough ARVs in your body, HIV learns to fight the ARVs. This is called 'resistance'. The ARVs may stop working. Then you will develop AIDS and need even stronger ARVs.

HANDOUT 5.1. Important Nutrition Practices for People Who Are Ill

IMPORTANT NUTRITION PRACTICES	
1. Get weighed regularly.	
<ul style="list-style-type: none"> Get weighed every time you go to a health facility and ask to know your weight. 	
2. Eat a variety of foods from each food group, especially energy-rich foods.	
<ul style="list-style-type: none"> You have to combine foods with different nutrients to stay healthy. Try to eat three meals and two snacks a day. Eat small meals often, especially if you are sick. Add energy to food by adding groundnut paste, oil or fat, sugar or honey, or milk powder. 	
3. Drink plenty of clean and safe (boiled or treated) water.	
<ul style="list-style-type: none"> If your drinking water is not boiled or treated, you can get infections and diarrhoea that make you lose weight. Use clean (boiled or treated) water to take medicines and make food. 	
4. Avoid alcohol, smoking and junk food.	
<ul style="list-style-type: none"> Alcohol makes it difficult for the body to digest, absorb, store and use the nutrients in food and can interfere with many medications. Smoking reduces your appetite and increases your risk of cancer and respiratory infections, especially TB. Junk food such as chips, soda and sugary foods fill you up but do not contain any nutrients. Most sweetened, coloured drinks sold in shops contain water, sugar, food colour and artificial flavour. They are not fruit juice. 	
5. Keep food and water safe.	
<ul style="list-style-type: none"> To avoid infection, wash your hands with water and soap after using the toilet, after cleaning someone who has defecated and before preparing food or giving someone medications. Ready-to-eat foods from the market may contain germs that cause diarrhoea. Diarrhoea makes it difficult for your body to digest and absorb food and gets rid of needed nutrients. 	 

IMPORTANT NUTRITION PRACTICES

6. Get regular exercise.

- Exercise regularly, for example, doing household chores, gardening, and walking, if possible. Exercise strengthens and builds muscles, improves appetite, and helps you manage stress.



7. Seek treatment early for any infections.

- Go to the clinic immediately if you are ill. The longer you wait to get an illness treated, the longer it takes to recover.



8. Take medicines as directed and manage medicine side-effects through diet.



HANDOUT 5.2. Recipes for People Who Are Ill

These meals are nutritious and easy to chew and swallow.

1. Maize porridge with banana and groundnuts

Ingredients

- 2 soup spoons of mashed and toasted groundnuts
- Two large spoons of maize flour
- 2 mashed bananas
- Sugar



Preparation

Boil water and stir in the maize flour. Add sugar and mashed groundnuts.

2. Sweet potato porridge with groundnuts

Ingredients

- 3 sweet potatoes
- 1 cup toasted and mashed groundnuts

Preparation

Wash the sweet potatoes. Cook them with a little water for a short time. Mash the cooked sweet potatoes. Add the powder from the toasted and mashed groundnuts and mix well.

4. Moringa leaf porridge

Ingredients

- 3 cups of water
- 4 soup spoons of maize flour
- 4 soup spoons of sesame
- 2 soup spoons of toasted and mashed beans
- 1 soup spoon of toasted and mashed groundnuts
- 1 handful of moringa leaves.



Preparation

Boil the water, add the flour, and cook. Add sesame and/or beans. When the porridge is cooked, add the green leaves and groundnuts and cook another 2 minutes.

5. Bean soup

Ingredients

- 1 cup of beans
- 5 cups of water
- 1 soup spoon of cooking oil
- 2 cloves of garlic
- ½ onion cut into small pieces
- 7 cabbage leaves cut into small pieces
- Salt and pepper



Preparation

Cook the beans in 3 cups of water for 30 minutes. In another pot, heat the oil and fry the onion and garlic. Add to the beans and mash well. Add the remaining 2 cups of water and bring to a boil. Add the cabbage, salt, and pepper and boil for another 5 minutes.

6. Cassava or sweet potato stew

Ingredients

- 3– 4 fresh sweet potatoes or cassava pieces
- 2 cups of mashed groundnuts
- 2 cups of cooked cassava leaves
- Water
- Salt

Preparation

Strip the cassava or peel the sweet potatoes and wash in clean, boiled water. Cut into small cubes. Boil until half cooked. Put a layer of cassava or sweet potatoes in a pot and then put a layer of cooked leaves, water, and finally ground nuts. Boil for 20 minutes until the groundnuts are cooked. Mix well.

7. Cassava or pumpkin leaf stew

Ingredients

- 2 cups of mashed groundnuts
- 3 bundles of cassava leaves
- 1 onion
- 2 tomatoes
- 2 cups of water
- Salt



Preparation

Select the freshest leaves, wash them, and grind them in a pestle. Put them in a pot with a lot of water and cook for a long time. Add the onion and tomato cut into small pieces and boil together well. Add the groundnuts and boil for an additional 25 minutes. Serve with maize porridge.

8. Cabbage curry with groundnuts

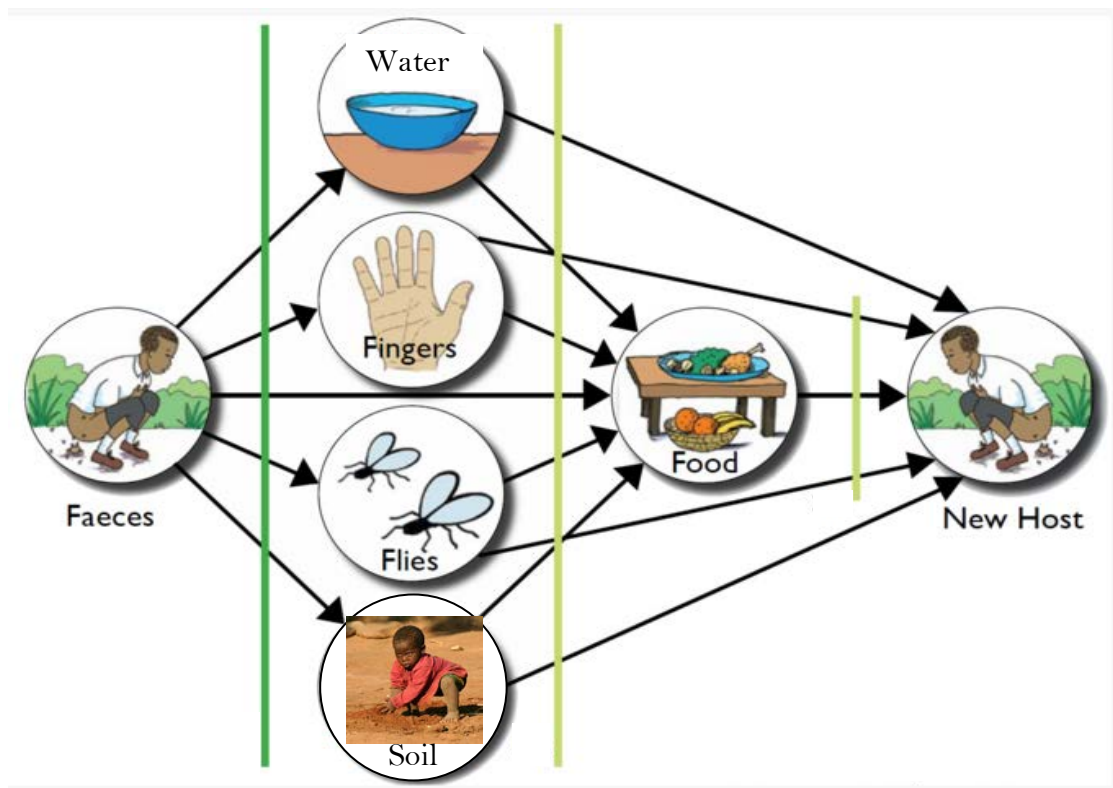
Ingredients

- 1 cup of ground nuts
- 1 cup of groundnuts
- 2 bundles of cabbage
- 2 tomatoes
- 1 medium onion

Preparation

Wash and cut the cabbage. Boil for 10 minutes. Add the onion cut into small pieces, tomatoes, and salt. Add a little bit of water and mix with the cooked leaves. Cook and serve with maize porridge or rice.

HANDOUT 6.1. How Germs Cause Disease



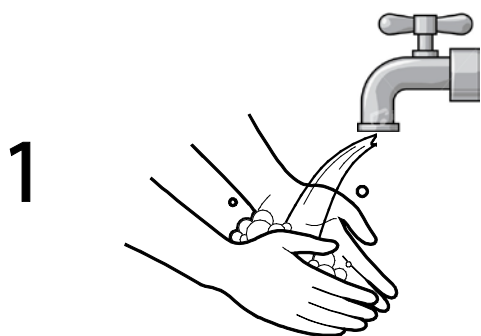
Source: Adapted from WEDC 2004

- We cannot see germs that make us sick, but they are present in many things in our daily life.
- Germs can get into the food we eat from many different sources. For example, germs are spread through soil, water, containers and cooking utensils, garbage and human waste, as well as the animals and insects that travel from that garbage/waste to our food.
- Many of the germs that cause diarrhea are found in faeces and are easily spread through water, soil, animals, human hands to the food we eat and water we drink.
- Once we ingest the food and water, the germs are in our bodies and can make us sick.
- There are ways to stop the spread of germs so they don't get into our bodies.

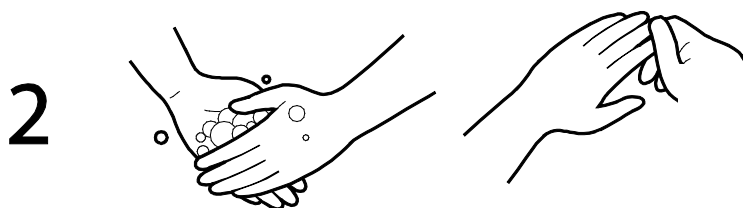
HANDOUT 6.2. Correct Handwashing

Wash hands at five critical times:

1. Before preparing food
2. Before feeding another person or eating
3. After using the toilet
4. After cleaning a baby's bottom or a sick person's faeces
5. After cleaning up blood, vomit, urine, or faeces



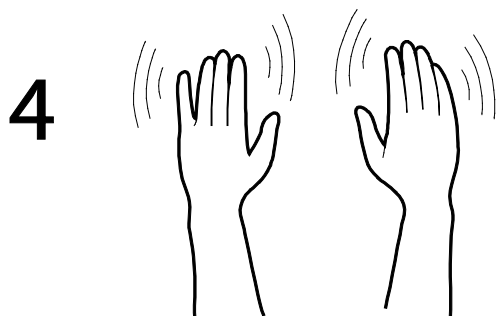
Wash hands under flowing water with soap or ash.



Work up a lather and clean under your fingernails.



Rinse off the soap or ash and germs with flowing water.



Shake off the water instead of drying hands on a cloth that may be contaminated with germs.

HANDOUT 6.3. How to Make a Home-Made Tap

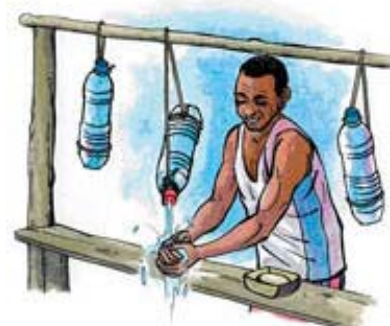
Materials

- Clean empty 3-litre or 5-litre plastic container with a cap
- Large nail
- Piece of cloth or pair of pliers
- Candle or lighter
- 1½ metres of thin rope, cut into pieces of 1 metre and ½ metre long

1. Mark a hole in the container about 12 cm below the cap.
2. Hold the nail with a cloth or pliers and heat it with a candle or lighter.
3. With the hot nail, make the hole in the container and another hole in the cap.



4. Put the longer piece of rope (1 metre) through the hole in the cap. Start by putting the end of the rope through the outside surface of the cap so that the loose end of the rope ends up on the inside of the cap.
5. Make a knot in the rope on the inside of the cap. The knot should be large enough so that it can't be pulled back through the cap. Screw the cap back on the container. The knot should now be inside the container with the remaining long, loose end of the rope hanging outside the container.
6. Fill the container with water up to the level of the hole.
7. Hang the tap near where people wash their hands often.
8. Keep the tap full of water so it is always ready to use.
9. Wash inside and outside the tap every week.



HANDOUT 6.4. Different Kinds of Home-Made Taps

Tin can

1. Make a hole on the side of a tin can near the bottom.
2. Hang the can.
3. To start the water flowing, pour a cup of water into the can.
4. To stop the water flowing, let the water run out.

Tilting can

1. Make a hole in the side of a tin can.
2. Hang the can so it tilts.
3. To start the water flowing, tilt the can.
4. To stop the water flowing, put the can upright.

Hollow tube

1. Make a hole in the side of a plastic jerry can or water bottle.
2. Insert a hollow tube (plastic straw, pen casing, papaya stem) in the hole.
3. Find something (stick or pen cap) to plug/cover the tube.
4. To start the water flowing, remove the plug/cap.
5. To stop the water flowing, plug the tube.



Screw top with hollow tube

1. Make a hole in the side of a screw top bottle.
2. Insert a tube into the hole.
3. To start the water flowing, loosen the screw top.
4. To stop the water flowing, tighten the screw top.

HANDOUT 6.5. How to Store and Serve Water

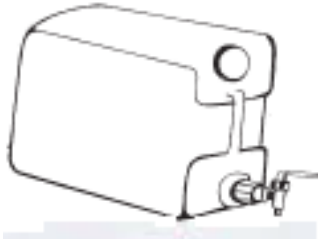


Boil water for drinking, cooking or taking medicines until large bubbles appear or treat it with chlorine.



Store the water in a container with a tight-fitting lid.

Serve the water with a clean ladle. Don't touch it with you hand or a cup, which could contaminate it again.



HANDOUT 6.6. How to Keep Water and Food Safe



- Wash your hands and utensils with soap or ash and running water before preparing food.
- Wash your food preparation area daily with soap.
- Wash dishes and pots with soap and store in a clean place, covered with a clean cloth.
- Clean utensils and cutting boards used to cut raw meat and chicken with soap and water before you use them to cut other foods. Raw meat and chicken can carry dangerous germs.
- Do not buy eggs with cracks, even if they are cheaper.
- Do not eat raw eggs or foods that contain raw eggs.
- Do not eat foods with rotten spots, mould or fungus.
- Cook meat, chicken and fish until it the juices are clear, not pink.
- Do not buy or eat food in packages whose expiry dates have passed.
- Wash vegetables and fruits in boiled or treated water if you are going to eat them raw.
- Keep animals away from food preparation areas.
- Do not leave cooked food out for more than 2 hours.
- Thoroughly reheat any cooked food before eating it.

HANDOUT 6.7. How to Dispose of Waste Safely



- Burn waste, bury it or drop it into a latrine.
- Keep latrines clean.
- Dispose of garbage away from the house and far from the water source.

HANDOUT 6.8. Diarrhoea or No Diarrhoea?

Tick YES if the picture shows a practice that can cause diarrhoea. Tick NO if the practice will not cause diarrhoea.

1.



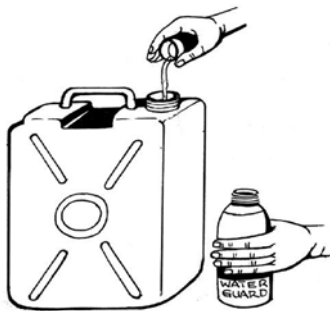
Yes
 No

2.



Yes
 No

3.



Yes
 No

4.



Yes
 No

5.



Yes

No

6.



Yes

No

7.



Yes

No

HANDOUT 7.1. How to Manage Loss of Appetite



- Eat small portions of food 5 or 6 times a day or every 2 hours.
- Have a warm drink after waking up and before going to bed.
- Grind meat and fish or cut it into smaller pieces for easier eating.
- Add spices such as garlic, ginger or curry to favourite foods or add onions and tomatoes for flavor.
- Avoid strong-smelling foods.
- Avoid alcohol because it reduces appetite.
- Take a walk. Fresh air can stimulate appetite.

HANDOUT 7.2. How to Manage Diarrhoea



- Drink plenty of fluids (boiled or treated water, rice water, soup or *chibwantu*).
- Do not drink sweetened juices, soft drinks, coffee or tea.
- Do not drink orange and lemon juice, which irritate the stomach.
- Do not eat milk products.
- Do not eat oily, fried or spicy foods.
- Do not drink very hot or cold drinks.
- Eat fermented foods (porridge or yogurt) to replace good bacteria that is lost with frequent bowel movements.
- Eat smaller portions of food such as rice, bread, potatoes or porridge.
- Eat fibre-rich foods (millet, banana, peas, and lentils) to help retain fluids.
- Drink oral rehydration solution (ORS).
- Go to a health facility if you have diarrhoea for more than 3 days.

HANDOUT 7.3. How to Manage Nausea and Vomiting



- Sip small amounts of boiled or treated water throughout the day.
- Eat soft, mashed foods in small portions often.
- Eat soups, unsweetened porridge and fruits such as bananas.
- Eat lightly salty, dry foods such as crackers to calm the stomach.
- Drink herbal teas or lemon juice in hot water.
- Do not drink coffee, tea or alcohol.
- Do not eat spicy or fatty foods.
- Avoid an empty stomach, which makes nausea worse.
- Do not lie down immediately after eating—wait at least 20 minutes.

HANDOUT 7.4. How to Manage Mouth Sores



- Go to a health facility for treatment.
- Clean your mouth with cotton and 1 small spoon of salt mixed in 1 cup of boiled or treated water or rinse your mouth with the same mixture.
- Eat smaller portions and soft, mashed foods, soups, porridge or ripe pawpaw.
- Eat fermented foods such as yogurt and sour milk.
- Eat foods prepared with garlic.
- Do not smoke or drink alcohol.
- Do not eat sugary foods—they make the yeast that causes thrush grow.
- Do not eat lemons or oranges—they can irritate mouth sores.
- Do not eat spicy, very salty or very hot food.
- Tilt your head back when eating to help with swallowing.

HANDOUT 7.5. How to Manage Anaemia



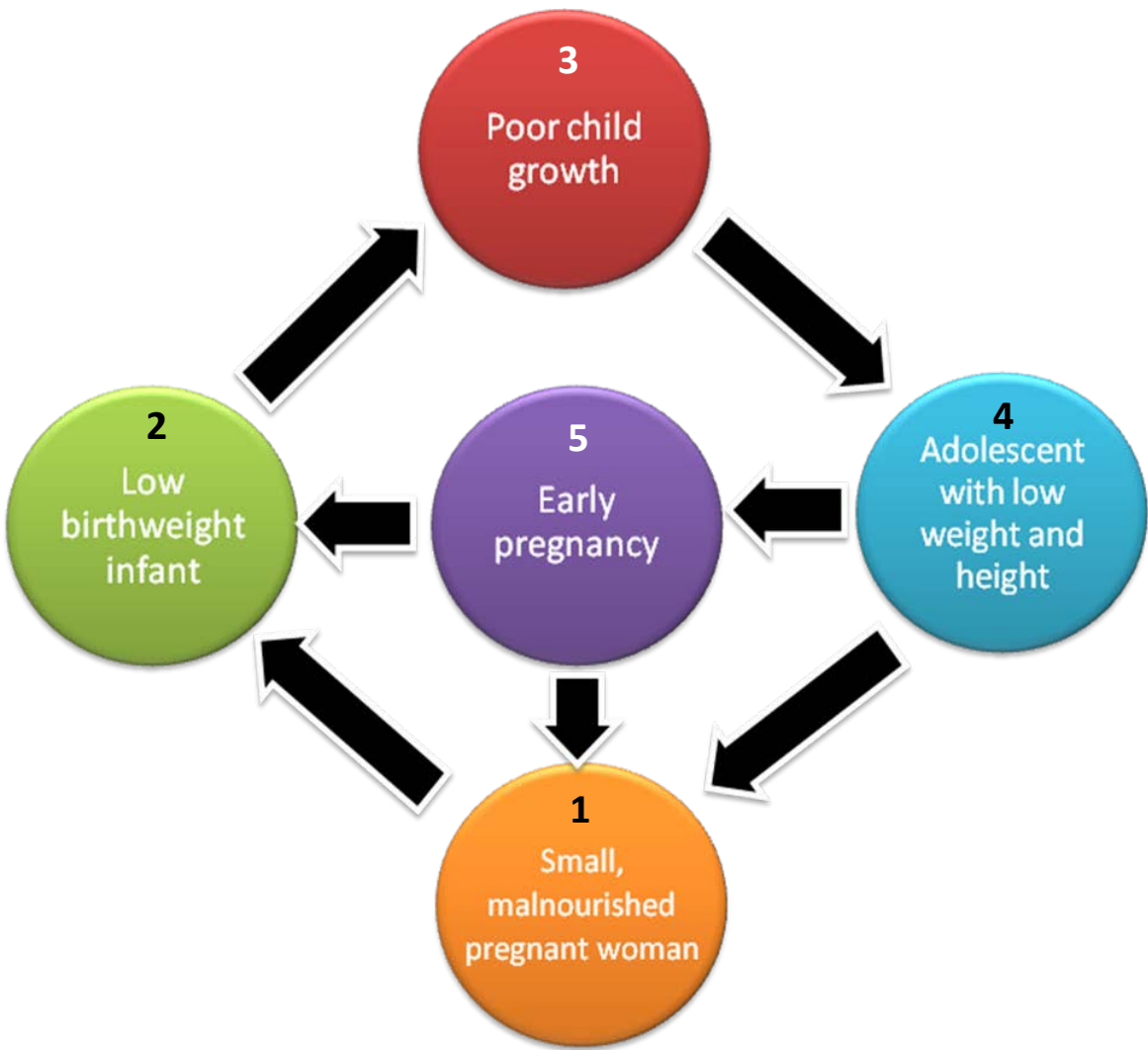
- Eat foods with a lot of iron such as fish, meat, eggs, green leafy vegetables (spinach leaves, cassava leaves, pumpkin leaves), potatoes, pumpkin, carrots, oranges, lemons and mangoes.
- Do not drink tea or coffee with meals. They make the iron in food impossible for the body to use.
- Take iron supplements from a health facility.
- Take an iron tablet daily with vitamin C-rich food (orange juice or tomatoes) to help absorption.
- Drink fluids to avoid constipation.

HANDOUT 7.6. How to Get the Best Results from Medicines



- Take medicines with or without food, according to the instructions.
- Keep the medicines where you can see them.
- Plan ahead for weekends, holidays, trips and changes in routine.
- Use cell phones or other alarms to help you remember when to take the medicines.
- Use daily or weekly pillboxes to organize the pills.
- Get help and support from family, friends or a support group.
- Try not to run out of medicines.
- If side effects are severe and make it difficult to eat, see a health care provider for advice.

HANDOUT 8.1. Cycle of Malnutrition through the Generations



HANDOUT 8.2. Good Nutrition for Pregnant and Breastfeeding Women



- Eat one extra meal a day when pregnant and two extra meals when breastfeeding.
- Eat plenty of fruits and vegetables with every meal.
- Attend antenatal care at least four times during pregnancy.
- Get weighed regularly.
- Drink plenty of boiled or treated water every day.
- Take iron/folic acid tablets to make up for the iron the body loses during pregnancy and delivery. Avoid tea or coffee because they decrease the body's ability to use iron.
- Take deworming tablets to prevent anaemia.
- Use iodised salt to protect against goiter, stillbirth and miscarriages.
- Malaria can cause fetuses to grow poorly and women to deliver too early. Sleep under an insecticide-treated bednet to prevent malaria.

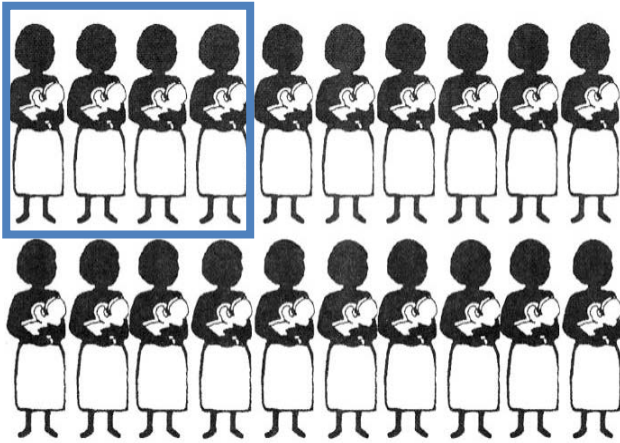
HANDOUT 8.3. Case Studies

Group 1: Sady, a sick HIV-positive pregnant woman in her seventh month of pregnancy, has lost a lot of weight. What nutrition counselling and support would you give her?

Group 2: Sihako, who is HIV positive and pregnant, has gained weight and is strong. What nutrition counselling and support would you give her?

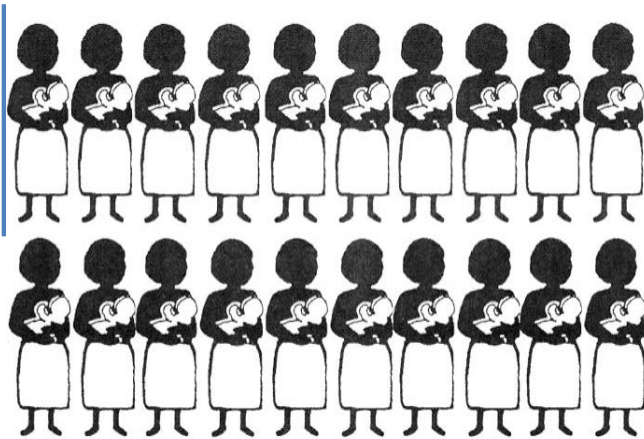
HANDOUT 8.4. HIV Transmission through Breastfeeding

1



4 out of every 20 HIV-positive mothers will pass HIV on to their babies during pregnancy and delivery if they do not take ARVs.

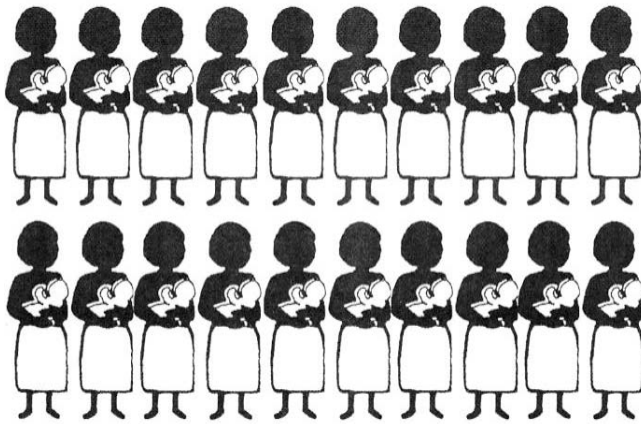
2



3 more out of every 20 HIV-positive mothers will pass HIV on to their babies during breastfeeding if they do not take ARVs.

That means that **7 out of every 20** HIV-positive mothers will pass HIV on to their babies **if they do not take ARVs.**

3



Only about 2 out of 20 HIV-positive mothers will transmit HIV to their babies during pregnancy and delivery if they take ARVs.

4



Only about 2 out of 20 HIV-positive mothers will transmit HIV to their babies during pregnancy and delivery if they take ARVs.

That means that only **3 out of every 20** HIV-positive mothers will pass HIV on to their babies **if they take ARVs.**

HANDOUT 9.1. Exclusive Breastfeeding

- Start breastfeeding very soon after delivery. Colostrum, the first watery milk that comes out the breasts, is very good for babies. It is a kind of immunization against infection.
- Position and attached your baby correctly at the breast.

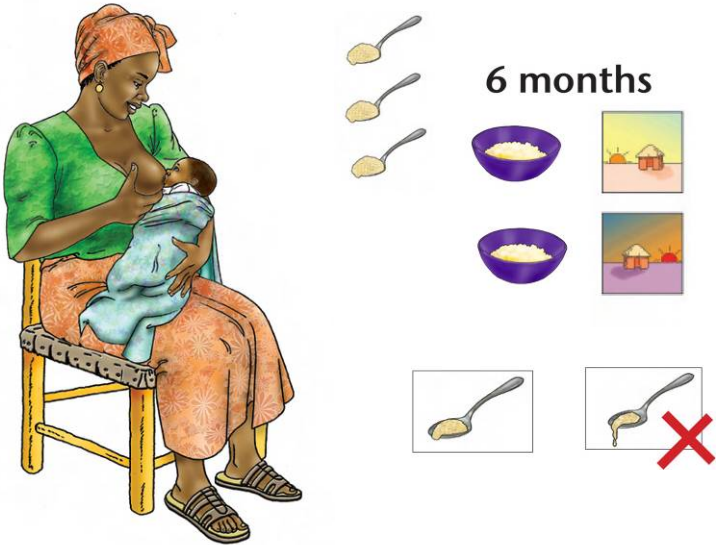


- Breastfeed as often as your baby wants, day and night.
- Finish feeding from one breast before switching to the other.
- Feed babies **ONLY** breast milk, no other food or liquids, for the first 6 months of life.



- If you are HIV positive, go to a health facility for ARVs for you and your baby.

HANDOUT 9.2. How to Feed Children Older than 6 Months



- AT 6 MONTHS**
- Continue to breastfeed as often as the infant wants, day and night.
- AND**
- Introduce 2–3 tablespoons of thick porridge or well-mashed food twice a day.



- AT 7 to 8 MONTHS**
- Continue to breastfeed as often as the infant wants, day and night.
- AND**
- Feed 2/3 cup of mashed foods 3 times a day.



AT 9 to 11 MONTHS

- Continue to breastfeed as often as the infant wants, day and night
AND
- Feed $\frac{3}{4}$ cup of mashed or finely chopped foods the baby can pick up 3 times a day
AND
- Give a snack between meals

AT 12 to 24 MONTHS

- Feed 1 cup of the same food as the family eats, chopped or mashed if necessary, 3 times a day
AND
- Give 2 snacks between meals

Feeding tips

- Do not feed children tea, coffee or sugary or coloured drinks.
- Feed children patiently, talking to them lovingly and encouraging them to eat.
- Give children plenty of clean (boiled or treated) water to drink every day.
- When children are sick, feed small meals often and give more fluids, including breast milk. After illness, give children more food more often than usual.

RECIPES FOR CHILDREN 6–24 MONTHS OLD

Maize porridge with groundnuts and egg

Ingredients

- 4½ tablespoons of thick porridge made with maize flour
- 1 tablespoon of groundnut paste
- 1 egg

Preparation

Pound groundnuts and add to the porridge. Just before serving, add the raw egg and cook for a few minutes. You can also add milk or powdered groundnuts.

Rice pudding

Ingredients

- 1 handful of rice
- 2 cups of clean water
- ½ cup of milk
- 2 teaspoons of sugar

Preparation

Add water to the rice and cook, stirring all the time to make it creamy. Beat the egg into the milk and set aside. Add the milk and egg mixture to the cooked rice and bring to a boil. Add sugar and serve warm.

Boiled egg and avocado

Ingredients

- 1 egg
- ½ avocado

Preparation

Boil the egg for a few minutes. Remove from the heat when it is fully cooked. Cool by soaking the egg in clean cold water. Peel the avocado, cut it in half, and mash half of it. Remove the shell from the egg and add the boiled egg to avocado and mash.

Banana-yoghurt mash (a good snack for children with lack of appetite or mouth sores)

Ingredients

- 3 small bananas or other fruit (e.g., mango)
- ½ cup of yoghurt
- 1–2 tablespoons of sugar

Preparation

Cut the bananas into a small dish or plate and mash. Put the yoghurt in a cup or glass and add sugar as desired. Pour the yoghurt over the bananas and mix well. Serve fresh.

HANDOUT 10.1. Definition of Counselling

Counselling is NOT:

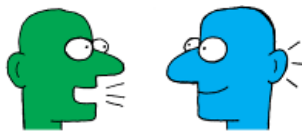
- Telling people what they should do
- Just giving information

If you want people to listen to you and do something differently, there is a better way!



To be effective, counselling must:

- Be two-way



- Relate to the real situation of clients' daily lives



- Be focused:

Less is MORE!

- Help people overcome barriers to healthy behaviours



Good counselling is:

- Listening to and understanding what clients say about their problems
- Discussing with clients ways to solve their problems
- Providing information for clients to make informed decisions
- Helping clients make action plans to solve their problems
- Identifying and connecting clients with the support they need
- Following up to evaluate progress and help clients revise the actions plans if needed

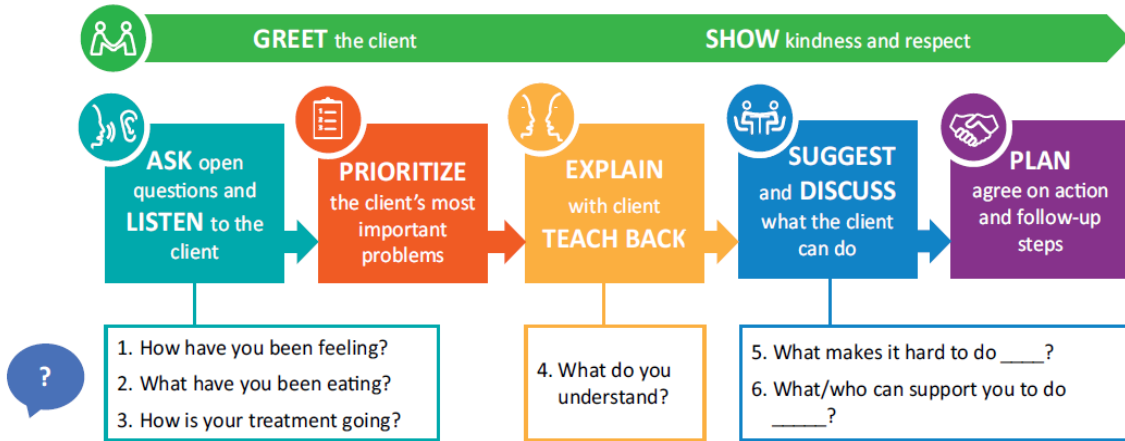
Counselling aims to increase people's confidence to try new practices.

Make clients comfortable and listen to what they say.

Keep information confidential.

Praise positive practices.

Steps in Effective Counselling and Six Critical Questions to Ask



Always counsel the client on these important needs:

HIV attacks and kills the good CD4 cells in your blood that keep your body healthy.

ARVs protect the CD4 cells and reduce the amount of HIV in your blood.

If you take ARVs, you must take them every day for the rest of your life.

If you don't take ARVs as prescribed, they may stop working, and need stronger medications.

Get your nutritional status assessed regularly at a health facility. Health care providers can identify nutrition problems early and help you manage them.

If you wait too long to get medical attention when you are sick, it takes longer to get better and treatment costs more.



People with TB or HIV need extra energy and plenty of nutritious food to keep the body healthy.

Different foods help the body in different ways.

Eating well means eating a variety of foods from each food group every day to strengthen the body's defenses.

Try not to eat foods that do not help the body, such as soft drinks, processed foods and sweets.

Diarrhoea and other sicknesses are caused by germs too small to see, often found in faeces.

Germs get into the body through our hands, food, flies and water that have touched faeces, even if we can't see any germs or faeces.

Stop germs from making you sick:

- Do not defecate in the open. Use a covered latrine.
- If bedridden, use a bedpan, clean faeces as soon as possible and dispose in the latrine.
- Wash hands with flowing water and soap or ash after defecating or cleaning faeces and before preparing food or eating.
- Keep cooked food covered. Reheat until steaming before eating.
- Wash utensils and food preparation areas with soap and water.
- Keep animals away from the cooking and eating areas

HANDOUT 10.2. Skills for Effective Counselling

Part 1. Listening and learning skills

1. Use helpful non-verbal communication.

- Most (65 percent) of what we communicate to other people comes from ‘body language’ (posture, expressions and gestures), not from words.

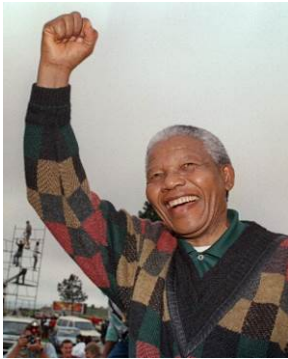


Photo: Walter Dhladhla/ AFP/Getty Images



Photo: Tubezlob and Vaikunda Raia



Photo: NBC News



Photo: Shutterstock

- Non-verbal communication can either help or hinder communication.

Non-verbal communication	That helps communication	That hinders communication
Posture	Sit with your head level with the client’s head.	Stand with your head higher than the client’s head.
Eye contact	Look at the client and pay attention while he or she talks.	Look away at something else or down at your notes.
Barriers	Sit directly in front of the client.	Sit behind a table or writing notes while you talk.
Taking time	Sit down, greet the client without hurrying, smile and wait for the client to respond.	Greet the client quickly, show impatience and look at your watch.
Touch	Gently and appropriately touch the client to show you understand.	Touch the client roughly or inappropriately.

2. *Show interest.*
 - Encourage clients to continue talking by showing that you are listening and interested in what they are saying. For example, maintain eye contact, nod and smile, saying 'I see' or 'Mmm'.
3. *Show empathy.*
 - Empathy is not the same as sympathy. When you sympathize with people, you are sorry for them, looking at their concerns from your own point of view. When you empathize, you try to understand their feelings from their point of view.
4. *Ask open-ended questions.*
 - Encourage clients to talk by asking 'How?', 'What?', 'When?', 'Where?' and 'Why?' questions instead of questions that have to be answered with 'Yes' or 'No'. For example, ask, 'What do you usually eat in the morning?' instead of 'Are you eating well?'
5. *Reflect back what clients say.*
 - Show you understand what the client said by repeating it in a slightly different way. For example: If a client says, 'I feel too weak to fetch vegetables from the garden', you could say, 'You are weak because you are ill, and that makes it difficult to do some things'.
6. *Do not judge what clients say.*
 - Accept respectfully what the client says, even if the information needs to be corrected.
 - Feeling judged makes people not want to share information.
 - Instead of asking, 'Are you feeding your baby correctly?', for example, ask, 'How are you feeding your baby?'

Part 2. Skills that build confidence and give support

1. *Recognise and praise what client are doing correctly.*
 - Don't just look for what the clients are doing wrong and try to correct them. First recognize what they are doing right and praise their good practices.
 - This helps build confidence to continue the practices and makes it easier for clients to accept suggestions later.
2. *Give practical help.*
 - Help clients walk through the steps to solve their problems. For example, if a mother says, 'I don't think I can continue breastfeeding because I am not producing enough milk', you could ask, 'Why do you think you don't have enough milk?' or 'Does your baby keep crying after feeding?' Suggest that she try breastfeeding more often because that can produce more milk.

3. *Use simple language.*

- Explain things using familiar terms. For example, instead of 'exclusive breastfeeding', say 'giving a baby breast milk only and not any other milk or food, not even water'.

4. *Give suggestions instead of commands.*

- Telling clients to do something using words such as 'must', 'should', 'always' or 'never' does not help them feel confident.
- Instead, make clients feel in control of their decisions by saying 'Have you considered . . .?', 'Would you be able to . . .?', 'Would it be possible to . . .?', 'What about trying this to see if it works for you?', 'Have you thought about doing this instead?', 'Perhaps this might work', or 'This may not suit you, but some people do it'.

Check that clients understand the information and are able and willing to apply the suggestions.

Follow up to assess how well clients implemented their plans.

HANDOUT 10.3. Counselling Checklist

Part 1. GREET/ASK/LISTEN

Listening and learning skills

For the 'observer' to answer (tick <input checked="" type="checkbox"/> the box if YES)				
Did the counsellor....		Round 1	Round 2	Round 3
1	Ask how you were feeling?			
2	Ask about your medication?			
3	Ask other relevant, probing questions?			
4	Use appropriate body language?			

For the 'client' to answer (tick <input checked="" type="checkbox"/> the box if YES)				
Did the counsellor...		Round 1	Round 2	Round 3
1	Show interest in what you said?			
2	Demonstrate respect and caring?			
3	Ask you questions about your situation?			
4	Listen attentively to you?			

Part 2. PRIORITIZE/SUGGEST/DISCUSS/PLAN

Skills that build confidence and give support

For the observer to answer (tick <input checked="" type="checkbox"/> the box if YES)				
Did the counsellor...		Round 1	Round 2	Round 3
1	Provide information on the client's main problem?			
2	Check whether the client understood the information?			
3	Discuss a plan with the client?			
4	Ask the client what might make it easy or difficult to follow the plan?			

For the 'client' to answer (tick <input checked="" type="checkbox"/> the box if YES)				
Did the counsellor...		Round 1	Round 2	Round 3
1	Address your main concern?			
2	Give you a chance to ask questions?			
3	Make sure you understood the information?			
4	Help you plan how to improve your situation?			

HANDOUT 10.4. Client Action Plan

After you discuss the client's goal and possible actions, help the client decide what practical steps to take. Ask the client to consider how easy or difficult the action is. If it is too difficult, discuss alternatives and help the client choose an action that is easier.

Give the client one copy of the plan and keep one copy in the client's file to refer to on the next visit. If you do not have a printed plan, write it on plain paper.

GOAL: I want to _____.

PLAN: To reach the goal, I will _____.

MY NEXT VISIT is on _____ at _____ o'clock.

I am being **REFERRED TO** _____.

HANDOUT 11.1. Diet Questions

Use the table below. Ask whether the client ate any of the foods in each food group the previous day. If so, tick the right-hand column.

Food group	Tick (✓)
Bread, cereals, rice, pasta and tubers	
Fruits	
Vegetables	
Meat, poultry, fish, beans, eggs and nuts	
Milk, yogurt and cheese	
Fats, oils and sweets	

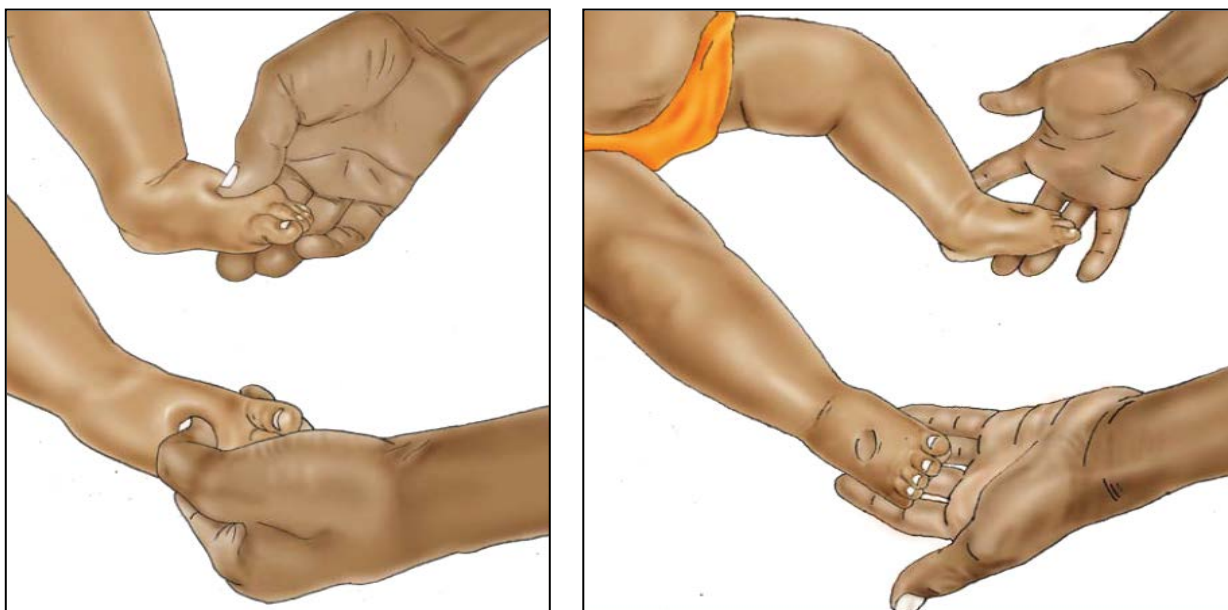
If any of the groups are not ticked, counsel to eat foods from those groups as often as possible.

HANDOUT 11.2. Bilateral Pitting Oedema

Oedema is a sign of severe acute malnutrition (SAM) if it is in either both feet or both legs.

You can tell if someone has bilateral pitting oedema by pressing with your thumbs on both feet for 3 seconds and then remove your thumbs.

If there is still a pit in the skin after you remove your thumbs, then the person has bilateral pitting oedema. This is a serious condition. Refer the person immediately to a health facility.



Grades of bilateral pitting oedema

Grade + (mild)	Both feet are swollen.
Grade ++ (moderate)	Feet, lower legs, hands and lower arms are swollen.
Grade +++ (severe)	Feet, legs, arms, hands and face are swollen

HANDOUT 11.3. How to Measure Weight

Weighing babies under 12 months using a balance beam scale

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



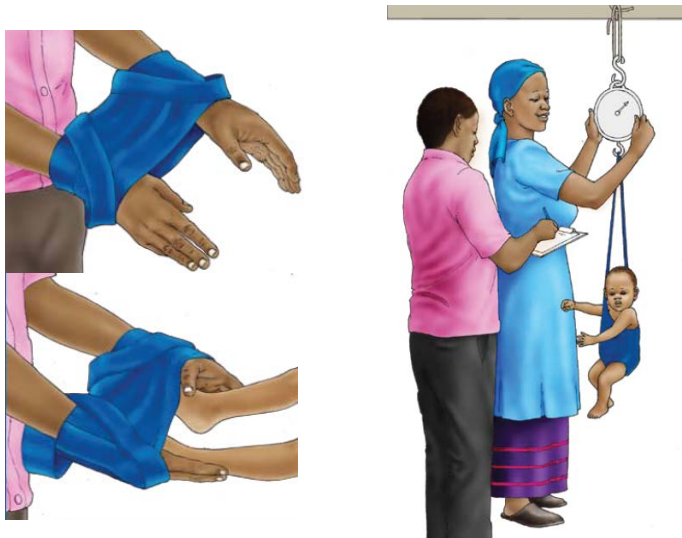
Weighing babies under 12 months using an electronic mother/baby (Seca) scale

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



Weighing children under 2 years using weighing pants

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



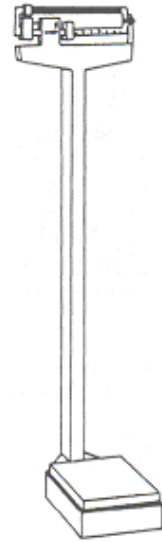
Weighing older children, adolescents and adults using an electronic (Seca) scale

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



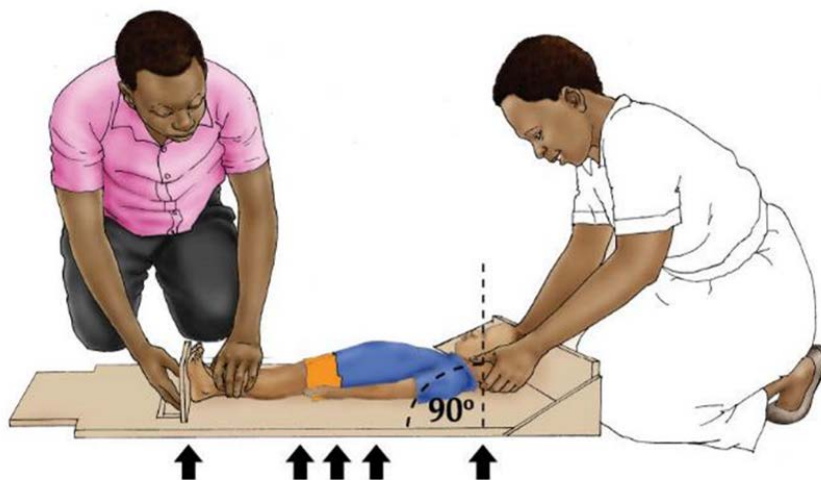
Weighing older children, adolescents and adults using a balance beam scale

1. Make sure the scale is on a flat, hard surface.
2. Slide the weights on the horizontal beam until the beam balances at zero.
3. Ask the client to remove any jacket, scarf, hat or head wrap and to remove anything from pockets.
4. Ask the client to stand still in the middle of the platform without touching anything and with body weight equally distributed on both feet.
5. Read the weight to the nearest 100 g (0.1 kg) and record it immediately.
6. Weight may change during the day by up to 2 kg. Record the time the weight was measured.
7. Two or three times a year, check the accuracy of the scales by using standard weights or get them checked by a professional dealer.



HANDOUT 11.4. How to Measure Height or Length

Measure length for children younger than 2 years or less than 87 cm long or who cannot be measured standing.

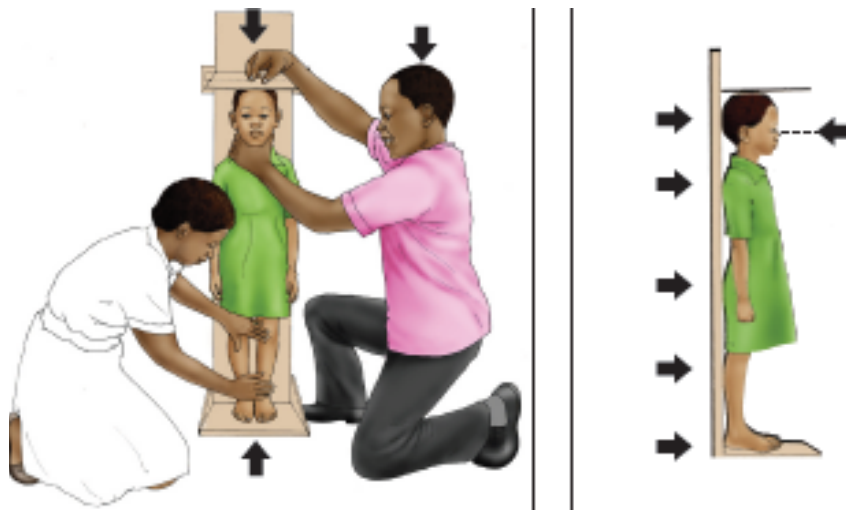


1. The length board has a headboard that does not move and a moveable footboard.
2. Place the length board on a table or the ground.
3. Make sure the zero ends of the board are at the edge of the headboard and allow the child's length to be read from the footboard.
4. Remove the child's footwear and any head covering.
5. Place the child on her/his back in the middle of the board with arms at the sides and feet pointing up. The child's heels, knees, buttocks, back of the head and shoulders should touch the board.
6. One person should gently hold the hold the child's head so her/his eyes point straight up and bring the top of the child's head to the fixed end of the board.
7. Make sure the top of the child's head touches the headboard and shoulders and buttocks touch the backboard.
8. The other person should gently hold the child's ankles or knees to keep the legs straight and against the backboard.
9. Slide the footboard against the bottom of the child's feet so that both heels touch it with the toes pointing upward. Press the footboard against the child's feet.
10. Read the measurement aloud to the nearest 0.1 cm.
11. As someone else to repeat the measurement and record it.

Measure height for children 2 years and older or 87 cm or taller and for adults.

1. Place the height board vertically on a flat surface or fasten a non-stretchable tape measure securely to a wall.
2. Ask the caregiver or client to remove the client's shoes and headwear.

3. Shoulder blades, buttocks and heels should touch the vertical surface of the board. Feet should be flat on the floor, close together and touching the back of the board. Legs and back should be straight, with arms at the sides. Shoulders should be relaxed and touching the board. The head need not touch the board.
4. Ask the client to stand straight and tall and look straight ahead.
5. Gently hold the client's head so she or he is looking straight ahead. Bring the moveable head piece to rest firmly on the top of the client's head. Ask another health worker to hold the client's feet.
6. Read the measurement aloud to the nearest 0.1 cm.
7. Ask another health care provider to repeat the measurement and record it.



HANDOUT 11.5. How to Measure MUAC



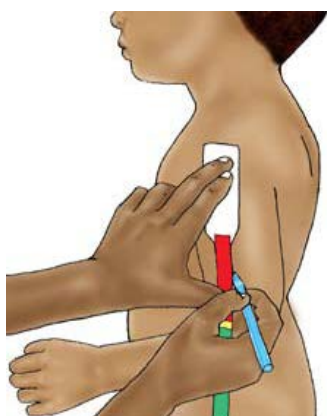
2. Bend the left arm at a 90° angle.



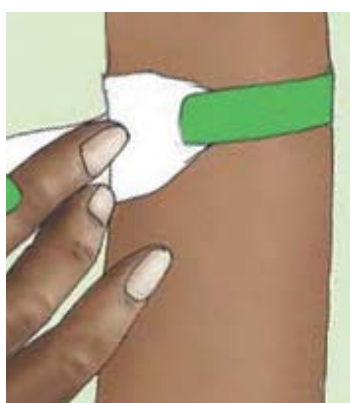
2. Find the top of the shoulder and the tip of the elbow.



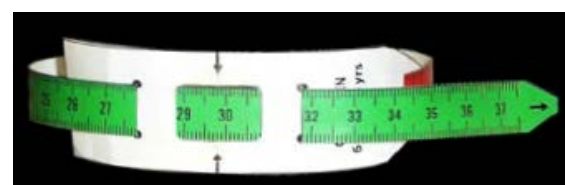
3. Keep the tape at eye level and place it at the top of the shoulder. Put your right thumb where the tape meets the tip of the elbow (end point).



4. Carefully fold the end point to the top edge of the tape. Put your left thumb where the tape folds (midpoint). Mark the midpoint on the client's arm with a finger or pen.



5. Straighten the arm and wrap the tape around the arm at the midpoint.



6. Put the end of the tape through the window and make sure it is not too tight or too loose.

7. Read the measurement in cm in the window where the arrows point inward.



8. Write the measurement and the colour.

If MUAC falls under SAM (red) or MAM (yellow), refer the client immediately to a health facility.

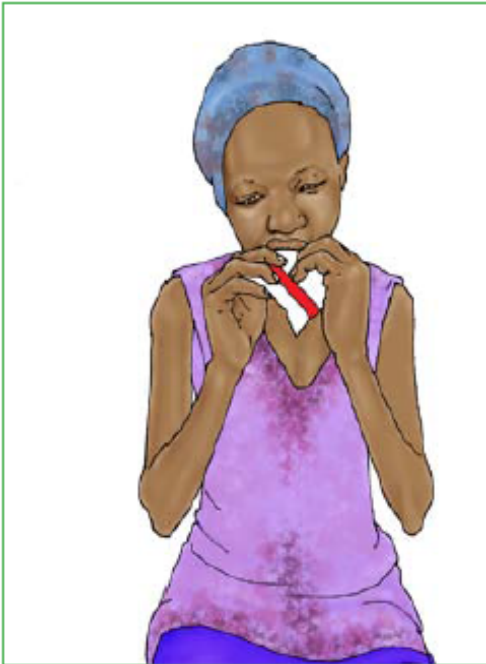
Table 1. Classification of nutritional status using MUAC

Group	Refer to a health centre if MUAC is less than:		
	Severe acute malnutrition (SAM)	Moderate acute malnutrition (MAM)	Normal nutritional status
Children 6–59 months	< 11.5 cm	≥ 11.5 to < 12.5 cm	≥ 12.5 cm
Children 5–9 years	< 13.5 cm	≥ 13.5 to < 14.5 cm	≥ 14.5 cm
Children 10–14 years	< 16.0 cm	≥ 16.0 to < 18.5 cm	≥ 18.5 cm
Adults (non-pregnant/postpartum)	< 18.5 cm	≥ 18.5 to < 21.0 cm	≥ 21 cm
Pregnant/postpartum women	< 21.0 cm	≥ 21.0 to < 23.0 cm	≥ 23.0 cm

HANDOUT 11.6. Signs of Severe Acute Malnutrition (SAM) in Children

<p>Children with <u>marasmus</u> can have:</p> <ul style="list-style-type: none"> ▪ A thin body with a face of an old person ▪ Visible bones and ribs ▪ Loose skin under the arms ▪ In severe cases, skin on the buttocks that looks like large trousers ▪ Depressed fontanel ▪ Light, weak, plain hair ▪ Stretched abdomen ▪ Expressive eyes (child) ▪ Irritability and crying 	
<p>Children with <u>kwashiorkor</u> can have:</p> <ul style="list-style-type: none"> ▪ A full round (moon) face ▪ Skin rash and/or dark or light rashes (in severe cases) ▪ Bilateral edema ▪ Severe lack of energy (doesn't cry) ▪ Loss of appetite 	
<p>Children with kwashiorkor and marasmus have:</p> <ul style="list-style-type: none"> ▪ Swelling on both feet ▪ Severe thinness 	

HANDOUT 12.1. How to Eat RUTF



↑ RUTF is for you only and should not be shared. Ensure that you complete the daily dose of RUTF as instructed by the health worker

RUTF is only for malnourished people and should not be shared with anyone else.



↑ Always drink plenty of clean water while eating RUTF. RUTF makes you thirsty and you will have to drink more than usual.

HANDOUT 12.2. How to Feed RUTF to a Child

1. If you are breastfeeding, breastfeed your child before giving RUTF.



2. RUTF is ONLY for the malnourished child. Do not share it with other children.

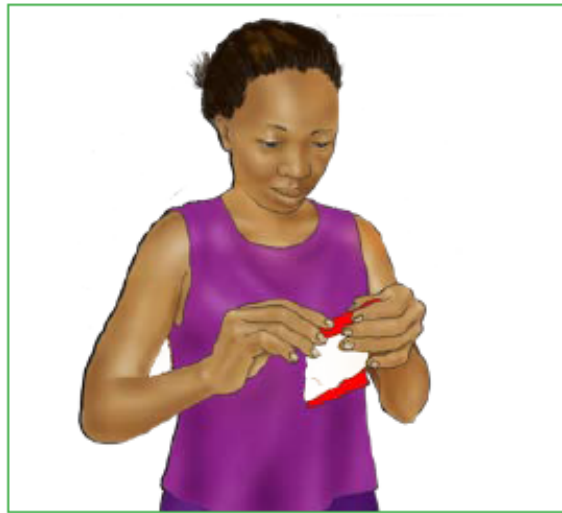


3. Give the child plenty of boiled or treated water to drink while eating RUTF.

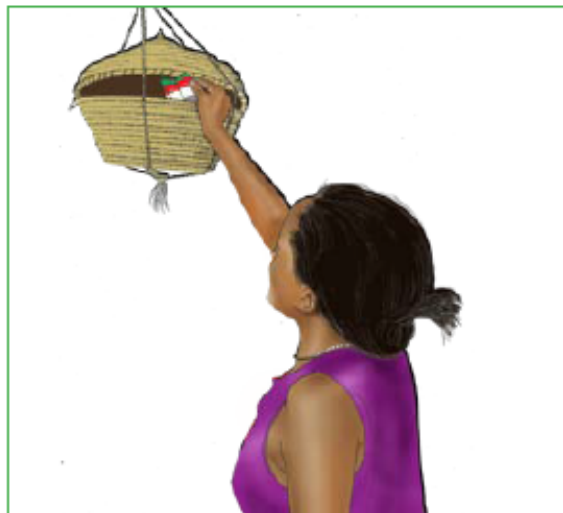


HANDOUT 12.3. How to Store RUTF and HEPS

1. If the whole packet isn't eaten, roll up the packet and put it in a plastic bag until the next dose.



2. Keep RUTF and HEPS away from people, animals and sun.



3. Throw empty packets of RUTF and HEPS in a latrine or burn them.



HANDOUT 13.1. Types of Livelihood and Food Security Support

People may need different kinds of support to help them earn money and buy enough nutritious food to remain healthy and feed their children.

- Cash grants or vouchers
- Food rations such as maize meal and oil
- Food for work or cash for work (for example, to build roads)

- Savings and lending groups
- Seeds to plant household gardens
- Seeds, tools, and fertilizer to plant crops
- Fishing nets

- Vocational training
- Income generating activities (IGAs)
- Microcredit (loans) to start business

What kinds of support are available in your community?

- Cash grants or vouchers
- Food rations such as maize meal and oil
- Food for work or cash for work (to build roads, etc.)

- Savings and lending groups
- Seeds to plant household gardens
- Seeds, tools, and fertilizer to plant crops
- Fishing nets

- Vocational training
- Income generating activities (IGAs)
- Microcredit (loans) to start business

HANDOUT 13.2. Referral Form

Part A: Clinic form (To be filled in by the referring organization/department)		
<ul style="list-style-type: none"> • <i>Referring organization/department/person:</i> Please fill out Part A and ask the client to take it to the receiving organization. • Fill out one form per service/referral. • <i>Receiving organization/department/person:</i> Please fill out Part B and either return it directly to the referring organization or ask the client to return it to the referring organization at next visit. 		
Referral no: _____ Date: _____ Time: _____		
Client name:	Date of birth:	Sex:
Referred from:	Address/phone no.:	
Contact person/referral focal point person:		
Services needed:		
Additional notes:		
Name of referring officer:	Designation:	Signature:

----- (cut here)

REFERRAL FEEDBACK FORM

Part B: (Feedback–community form) (to be filled out by the organization receiving the referred client)		
Date:	Time of arrival	Referral no.
Service(s) provided: _____		
Date and time service(s) was/were provided: _____		
<ul style="list-style-type: none"> ▪ Were services completed as requested? Yes _____ No _____ ▪ Is follow-up needed? Yes _____ No _____ ▪ Date for follow-up: _____ 		
Additional comments:		
Name of receiving/attending officer:	Designation:	Signature:

HANDOUT 13.3. Case Study

Monica Namwela, who was born on December 8, 1986, is the mother of a 3-year-old boy who is moderately malnourished. Because her husband is disabled and her family has access to less than 1 hectare of land, a community health worker at Kitwe Central Hospital refers her to the Community Welfare Assistance Committee (CWAC) on March 3, 2015 at 09:30 am (referral no. 37) to find out if she is eligible for a Food Security Pack. The community health worker's name is John Chomba, and his address is 5 Bamboo Drive, Kitwe. His telephone number is +260-445-657-976.

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

