



Government of Malawi
Ministry of Health

NUTRITION CARE, SUPPORT, AND TREATMENT (NCST) FOR ADOLESCENTS AND ADULTS

Training for Facility-Based
Service Providers

PARTICIPANT'S MANUAL **Module 3: Nutrition** **Counselling and Education**



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ABBREVIATIONS AND ACRONYMS

>	greater than
≥	greater than or equal to
<	less than
AIDS	Acquired Immunodeficiency Syndrome
ANC	antenatal care
ART	antiretroviral therapy
ARV	antiretroviral drug
BMI	body mass index
BUN	blood urea nitrogen
cm	centimetre(s)
CMV	combined mineral and vitamin mix
CNA	Critical Nutrition Actions
CMAM	community-based management of acute malnutrition
CSB	corn-soya blend
dL	decilitre(s)
ES/L/FS	economic strengthening/livelihood/food security
FANTA	Food and Nutrition Technical Assistance III Project
FAO	Food and Agriculture Organization of the United Nations
g	gram(s)
Hb	haemoglobin
HIV	human immunodeficiency virus
HTS	HIV Testing Services
IU	international unit(s)
kcal	kilocalorie(s)
kg	kilogram(s)
L	litre(s)
µg	microgram(s)
mL	microlitre(s)
mg	milligram(s)
ml	millilitre(s)
mm	millimetre(s)
MOH	Ministry of Health
MUAC	mid-upper arm circumference
NCST	nutrition care, support, and treatment
OPD	outpatient department
PDSA	plan-do-study-act
PLHIV	person or people living with HIV
PMTCT	prevention of mother-to-child transmission of HIV
QA	quality assurance
QI	quality improvement
RDA	recommended daily allowance
RUTF	ready-to-use therapeutic food
TB	tuberculosis

MODULE 3

Contents and Duration



18 Hours

#	Description	Duration
3.0	Module Introduction Review of Module 1 and 2 (25 minutes) Module 3 Objectives (20 minutes)	45 minutes
3.1	Understanding Communication	1 hour
3.2	Factors that Influence Behaviour	45 minutes
3.3	Introduction to Counselling—The Art (How) and the Science (What)	45 minutes
3.4	Core Needs 1—Adequate Diet (Nutrition)	1½ hours
3.5	Developing Counselling Skills—Part 1 (Ask, Listen, Identify, and Prioritize)	3 hours
3.6	Core Needs 2—Water, Hygiene, and Sanitation (WASH)	25 minutes
3.7	Core Needs 3—Regular Clinic Visits	25 minutes
3.8	Core Needs 4—Adherence to Medication	25 minutes
3.9	Reviewing the Remaining Content of the Counselling Flipchart (Positive Living and Symptom Management)	25 minutes
3.10	Using the New NCST Flipchart	25 minutes
3.11	Developing Counselling Skills—Part 2 (Discuss, Recommend, Verify Understanding, Agree on Action Plan)	3 hours
3.12	Group Nutrition Education	1 hour
3.13	Applying Quality Improvement in Nutrition Counselling	4 hours
3.14	Discussion and Evaluation of the Module	10 minutes
Learning objectives	<p>By the end of this module, participants will be able to:</p> <ol style="list-style-type: none"> 1. Explain the meaning of ‘counselling’ and what makes it effective 2. Describe the multiple influences on nutrition-related behaviours 3. Adopt a client-centred approach to counselling that helps clients take action with available resources to overcome barriers and manage their own health 	

4. Demonstrate communication techniques needed for effective counselling
5. Use the NCST counselling flipchart to engage clients in learning and changing behaviours to achieve nutrition goals
6. Help clients overcome nutrition-related challenges, maintain a healthy weight, and manage symptoms through diet
7. Prepare and deliver an engaging nutrition education session

Reference 3.0: NCST Competencies and Standards for Nutrition Counselling and Education

Competence can be defined as the ability to apply knowledge and skills to produce a required outcome.

Competency standards define the range of skills that are needed to achieve a desired outcome.

Competency	Minimum Standards
Uses the ALIDRAA checklist to counsel a client on nutrition (ALIDRAA: Ask, listen, identify, discuss, recommend, agree, appointment)	Establish rapport with the client
	Ask questions about the client’s nutritional status, food intake, and nutrition problems and concerns
	Listen to and learn from the client
	Identify nutrition-related problems
	Discuss with the client different options to overcome a problem
	Recommend and negotiate doable actions with the client
	Agree with the client to try one or more options to overcome a problem
	Make an appointment for a follow-up visit
Conduct a nutrition education session	Plan for a nutrition education session
	Deliver a nutrition education session to adolescent and adult clients

Reference 3.1: Effective Nutrition Counselling Using ALIDRAA

- ✓ Greet the client with respect and kindness, then:
- ✓ **ASK** open-ended questions about the client’s situation, especially their food intake and nutrition concerns
- ✓ **LISTEN** and learn from the client’s responses and concerns
- ✓ **IDENTIFY** and prioritize the client’s most important nutrition-related problem
- ✓ **DISCUSS** the benefits of change and how to overcome barriers to solving problems
- ✓ **RECOMMEND** and discuss with the client doable actions
- ✓ **AGREE** on an action step and have the client explain back to you the plan
- ✓ **APPOINTMENT**: Make an appointment for a follow-up visit



Reference 3.2: Checklist for Recommended Counselling Techniques

Standard	Verification Criteria	Y/N	Comment
1. Service provider establishes rapport with client	Greets and welcomes client		
	Offers client a seat		
	Introduces oneself to client		
	Maintains eye contact when talking to client		
	Shows interest in client		
	Maintains professional conduct		
2. Asks open-ended questions about the client's situation, especially their food intake and nutrition concerns	Asks about the client's overall well-being (<i>for example, 'How have you been feeling'?</i>)		
	Asks about the client's main concerns? (<i>e.g., 'What is troubling you'?</i>)		
	Asks about diet? (<i>e.g., 'What have you been eating lately? What did you eat yesterday'?</i>)		
	Asks about adherence to medication? (<i>e.g., 'How is your ART/TB treatment going'?</i>)		
	Asks about WASH (<i>especially if client mentions diarrhoea, did provider ask about drinking water, faeces disposal, handwashing, etc.?</i>)		
3. Service provider listens and learns from the client	Uses helpful non-verbal communication (<i>e.g., makes eye contact to indicate interest and care, pays attention to the client, nods head, takes time</i>)		
	Uses encouraging words or gestures such as 'Yes' and 'Okay'		
	Reflects back on what the client says (<i>paraphrasing what was said</i>)		
	Avoids using judging words		
4. Identifies food intake problems with client	Praises and reaffirms things the client is doing right		
	Explains to the client what he/she thinks the problem might be		
	Asks the client for his/her opinions and listens to the client's reaction		
	Responds to concerns raised by the client		
5. Discusses with the client different feasible options to overcome a problem	Suggests to the client several acceptable, affordable, and feasible options to address the problem		
	Asks about barriers (<i>e.g., 'What makes it hard to do ____'?</i>) and enablers (<i>'What/who may help support you in trying to do ____'?</i>)		
	Discusses possible actions to help solve problems		
6. Recommends and negotiates doable actions with the client	Suggests technically accurate options to address the client's problem		
	Helps the client to select the change that is practical and realistic		
	Encourages rather than commands/orders changes in behaviour		
7. Service provider agrees with the client to try one or more options	Summarises the information the client has shared		
	Checks whether the client understood the important concerns and information provided on the various options 'teach back'		
	Did the client agree on a small, doable action to try?		
	Did the client rate his/her confidence as high (4 or 5) to take action?		
8. Service provider makes an appointment for a follow-up visit	Discusses appropriate follow-up visit day with the client		
	Encourages the client to adhere to the follow-up plan		
	Records the appointment date on the client health passport		

Exercise 3.1: Role Play—Asking and Listening

Case Scenarios 1–3

1. **Charity**, age 52, has diabetes. She complains of fatigue and no motivation. Her weight has increased over the past few years, and her current BMI is 31. She does not follow any specific diet, although she says her health care providers have in the past advised weight loss and exercise to improve her health status.
2. **David**, age 40, started ART 3 weeks ago. He complains of some nausea and diarrhoea. He works full time and eats little, if anything for lunch. In the morning, he normally eats a small bowl of porridge. His main meal is dinner. His BMI is 20.0.
3. **Joyce**, age 24, has not been feeling well recently and has lost about 8 kg in the past month. She has been having diarrhoea and vomiting for the past 2 weeks and feels weak and nauseated.

Observer Checklist and Client Satisfaction Tool

For the observer: Role play on ‘asking and listening’

During the counselling session:			
1	How many open-ended questions did the counsellor ask?		
	Did the counsellor:	Y	N
2	Ask about diet?		
3	Ask about medication?		
4	Ask about symptoms?		
5	Ask clarifying questions?		
6	Use reflective listening/reformulate what client said?		

For the client: ‘Satisfaction’ tool (overall)

During this session, did the counsellor:		Y	N
1	Show respect and kindness?		
2	Ask questions about my situation?		
3	Listen to me attentively?		

Exercise 3.2: Role Play—Asking, Listening, and Identify

Case Scenarios 1–4

1. Alice is 4 months pregnant. She has been feeling nauseated and has not gained weight since her first antenatal visit.
2. Chimuka lives with relatives in a place with no running water and no latrine. She’s been sick for many days with diarrhoea and vomiting. She doesn’t cook for herself.
3. Esther has a baby who is 4 months of age. She doesn’t know her HIV status. She has been told that babies need formula to grow well.
4. Francis has missed appointments to collect his ARVs, so there are times when he does not take them. He drinks a lot of alcohol.

Observer Checklist and Client Satisfaction Tool

For the observer: Role play on ‘asking, listening, and identify’

During the counselling session:

1	How many open-ended questions did the counsellor ask?		
Did the counsellor:		Y	N
2	Ask about diet?		
3	Ask about medication?		
4	Ask about symptoms?		
5	Ask clarifying questions?		
6	Use reflective listening/reformulate what client said?		
7	Identify an appropriate flipchart page to begin discussing?		

For the client: ‘Satisfaction’ tool (overall)

During this session, did the counsellor:		Y	N
1	Show respect and kindness?		
2	Ask questions about my situation?		
3	Listen to me?		
4	Address my main concerns?		
5	Give me information that I understand and can use?		
6	Discuss a plan for an action that I am confident I can do?		

Reference 3.3: Techniques and Prompts to Check for Understanding

'Ask – Tell – Ask' to engage the client actively in listening before you start to explain and to ensure that the client understands the information you gave her/him.

First, Ask for Permission. You might say:

- *'Is it ok if I share some information about the importance of eating enough green vegetables'?*
- *'I'd like to show you how to check your temperature for fever. Would this be a good time'?*
- *'There are a number of things I want to tell you about the new medication. Ready'?*

Then provide information, considering the following tips:

- Use language the patient can understand and avoid jargon.
- Share information in small bits, tailored to the patient's questions or concerns.
- Use graphics, charts, and models when possible.
- Monitor whether the patient is tracking nonverbally.
- Encourage involvement from the family/significant other.
- Give the patient handouts to take home.

Finally, Ask for Understanding. You might say:

- *'From what I have discussed, what do you feel is the most helpful information for you'?*
- *'What are the main points you got from what I explained? Just put it in your own words'.*
- *'Can you please review what you plan to do and why, based on our discussion'?*
- *'When you go home, what will you say to (someone in household) about what we talked about today and what you plan to do'?*

'Teach Back' (closing the loop): The patient 'teaches back' to you, or puts the information you explained into his/her own words. You might say:

- *'I'm not sure how clearly I explained this. Please explain what we just discussed, so I can be sure I included everything and it was clear'.*
- *'What will you tell your husband about the changes we talked about making to your diet today'?*
- *'Let's review the main side effects of your medicine. What are the two things that I asked you to watch out for and to let me know if you get them'?*
- *'Please show me how you would wash your hands, so I can be sure my instructions were clear'.*

Exercise 3.3: Role Play—Discuss, Recommend, and Verify Understanding

Case Scenarios 1–3:

1. **Festus**, a shopkeeper who is 46 years of age, comes to the clinic because he feels weak. He has had watery diarrhoea on and off for the past 3 weeks and has lost 7 kg over the past 6 months. His mouth is painful, and he has difficulty swallowing. He is a skinny, depressed, and worried man who cannot stand without help.
2. **Prudence**, age 19, comes to the clinic complaining of severe pain when she swallows. She has also had diarrhoea, nausea, and vomiting in the past 2 weeks. Her BMI is 16.5. She is dehydrated.
3. **Thabo** started ART 3 weeks ago and sometimes has nausea and diarrhoea. He works full time and eats very little, if anything, for lunch. In the morning, he normally eats a small bowl of porridge, and his main meal is dinner. His BMI is 20.0.

Other possible scenarios would be:

- A new medication is causing side effects
- Patient isn't taking medications as prescribed
- Patient isn't showing up for appointments

Observer Checklist and Client Satisfaction Tool

For the observer: Role play on 'discuss and recommend' (with 'teach back')

During the counselling session:			
1	How many questions did the counsellor ask before starting to give information or advise the client?		
	Did the counsellor:	Y	N
2	Ask questions about how the client has tried to address the main problem(s)?		
3	Engage the client actively in discussion about flipchart content?		
4	Verify the client's understanding of information presented?		
5	Discuss options before making a recommendation?		
6	Ask about barriers to the recommended practice?		

For the client: 'Satisfaction' tool (overall)

During this session, did the counsellor:		Y	N
1	Show respect and kindness?		
2	Ask questions about my situation?		
3	Listen to me?		
4	Address my main concerns?		
5	Give me information that I understand and can use?		
6	Discuss a plan for an action that I am confident I can do?		

Reference 3.4: Principles of Nutrition Education

Before the session

- Plan education sessions in advance and set clear objectives.
- Select only one or two topics to keep the session short enough to maintain clients' attention.
- Select topics that are relevant to most of the audience.
- Choose messages that are simple and timely.
- Review the topic(s) before each session and ensure that you are fully conversant in the topic area.

During the session

- Communicate clearly and use simple language.
- Use various teaching techniques, including visual and audio aids such as photographs, flipcharts, real examples, demonstrations, dramas, or songs.
- Allow adequate time for the clients to ask questions, and invite questions and comments.
- Listen carefully to the clients and engage them to find solutions to questions and issues raised.
- Present or have participants suggest practical solutions to common challenges in the local context.
- Limit the session to 15 minutes.

Exercise 3.4: Conducting Group Education

- Ask participants to break into groups of six to seven people, where:
 - Two people will serve as co-leaders to choose and present a session on one topic, using the counselling flipchart.
 - Two people will serve as observers and will complete the observation checklist form.
 - Everyone else will serve as ‘patients’ in the audience.
- Encourage participants to think of a particular role to play based on the topic chosen by the co-leaders.
- Each education session should take 10–15 minutes.
- Participants should use **Reference 3.4: Checklist for Recommended Group Education Techniques** (see below).
- Allow 15 minutes for feedback (with observers reporting first, then the audience, then group leaders).
- Ask each group to choose a representative to share their experience in a plenary and then return to the class.

Reference 3.5: Checklist for Recommended Group Education Techniques

Standard	Verification Criteria	Y/N	Poor	Average	Good	Comment
Service provider demonstrates skills for an effective health education session	Welcomes people warmly and introduce themselves?					
	Asks open-ended questions about audience members' experiences?					
	Demonstrates active listening by reflecting (<i>paraphrasing</i>) what was said?					
	Praises clients for positive efforts?					
	Allows adequate time for clients to ask questions					
	Encourages participants to offer one another suggestions to address problems?					
	Uses printed materials effectively (<i>asks people to observe and reflect on what is happening in the picture, personalize how it applies in their lives, and explain how they could take that action at home</i>)?					
	Communicates technically correct information?					
	Checks people's understanding using 'teach back' (<i>asking them to explain what they understood</i>)?					
	Ends by emphasizing a key benefit of the recommended practice and offering encouragement?					

Reference 3.6: Problem Identification Checklist for Nutrition Counselling and Education

Complete the checklist based on the current implementation of NCST counselling and education activities at the health facility.

NCST Activity	Quality Improvement Principle	Principle Met? (Yes/No)
1. Counselling	Do all eligible patients receive nutrition counselling?	
	Is there a clearly documented flow chart of work that indicates who does nutrition counselling and when?	
	Is nutrition counselling implemented as part of routine HIV and TB care for every client?	
	Is there a team to oversee implementation of nutrition counselling?	
	Are nutrition counselling data routinely recorded according to the national guidelines?	
	Is the client information from the nutrition counselling session used for decision-making at the facility level?	
2. Education	Do all eligible patients receive nutrition education?	
	Is there a clearly documented flow chart of work that indicates who does what during nutrition education and when?	
	Is nutrition education implemented as part of routine HIV and TB care for every client?	
	Is there a team to oversee implementation of nutrition education?	
	Are nutrition education data routinely recorded according to the national guidelines?	
	Are results on nutrition education used for decision-making at the facility level?	

Problem Prioritization

Determine which problem needs the most immediate attention. Prioritization should be based on the following:

- **High risk:** Could have the most negative effect if the quality is poor
- **High volume:** Occurs often and affects a large number of people
- **Problem-prone:** An activity susceptible to errors
- **Early step in care process:** Problem occurs during the first steps in providing care

Write the prioritized problem and state how it diverges from the practise(s) outlined in the national NCST guidelines or fails to meet the client's expectations.

Prioritized problem	Problem statement

Exercise 3.5: Developing an Aim Statement for Nutrition Counselling

Develop an aim statement for the problem your health facility group identified.

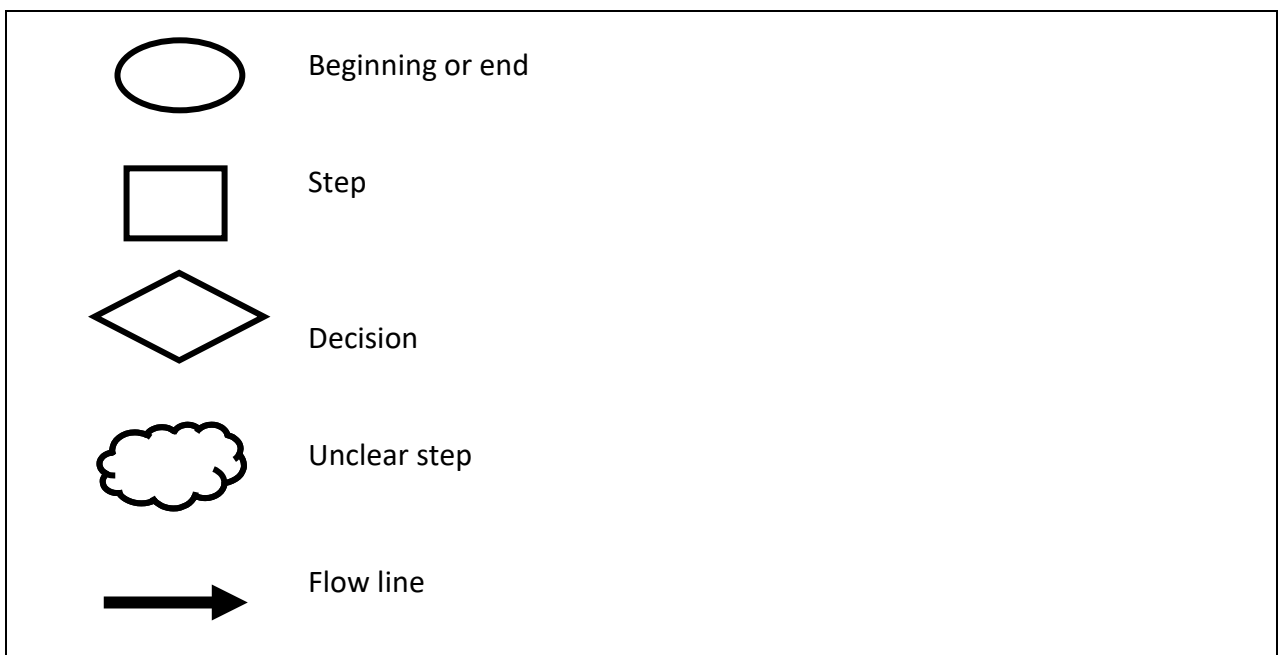
Health Facility: _____

Specific scope of goal (e.g., increasing percentage of clients who receive nutrition counselling from 25% to 90%)	
Numerical goal for outcome	
Timeframe	
How aim will be achieved	
Aim statement	

Reference 3.7: Creating a Flow Chart to Understand a System/Process

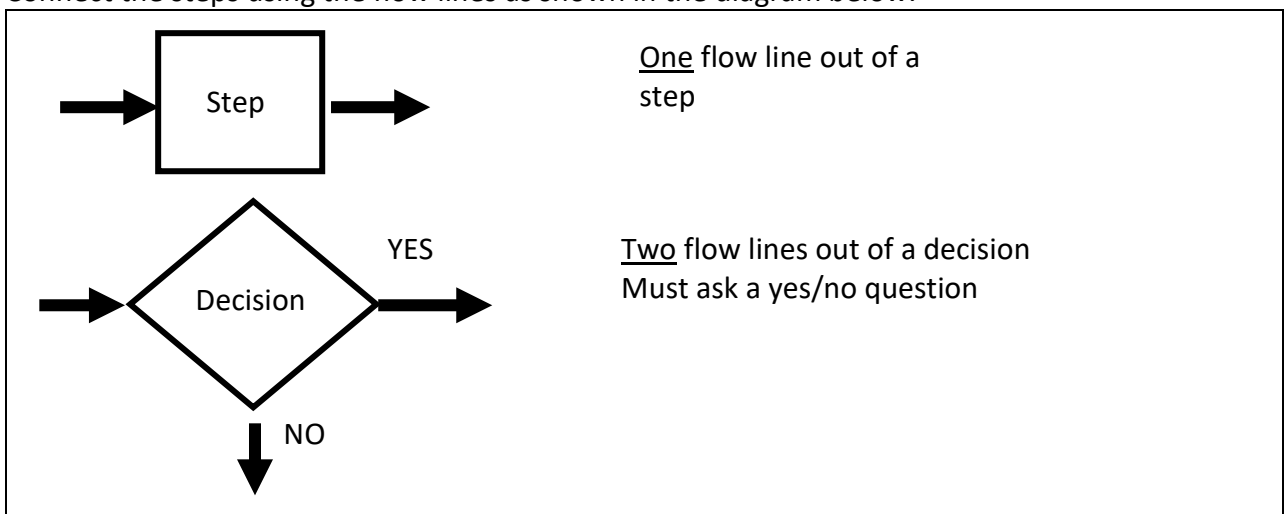
1. Decide on the beginning and end points of the process being mapped.
2. Identify the steps in the process and use the symbols below for each point in the process.
3. Using the flow lines in the diagram below, link the steps with arrows showing the direction of the steps.
4. Review the flow chart to see whether the steps are in their logical order.

Flow chart symbols



Flow lines of a flow chart

Connect the steps using the flow lines as shown in the diagram below.

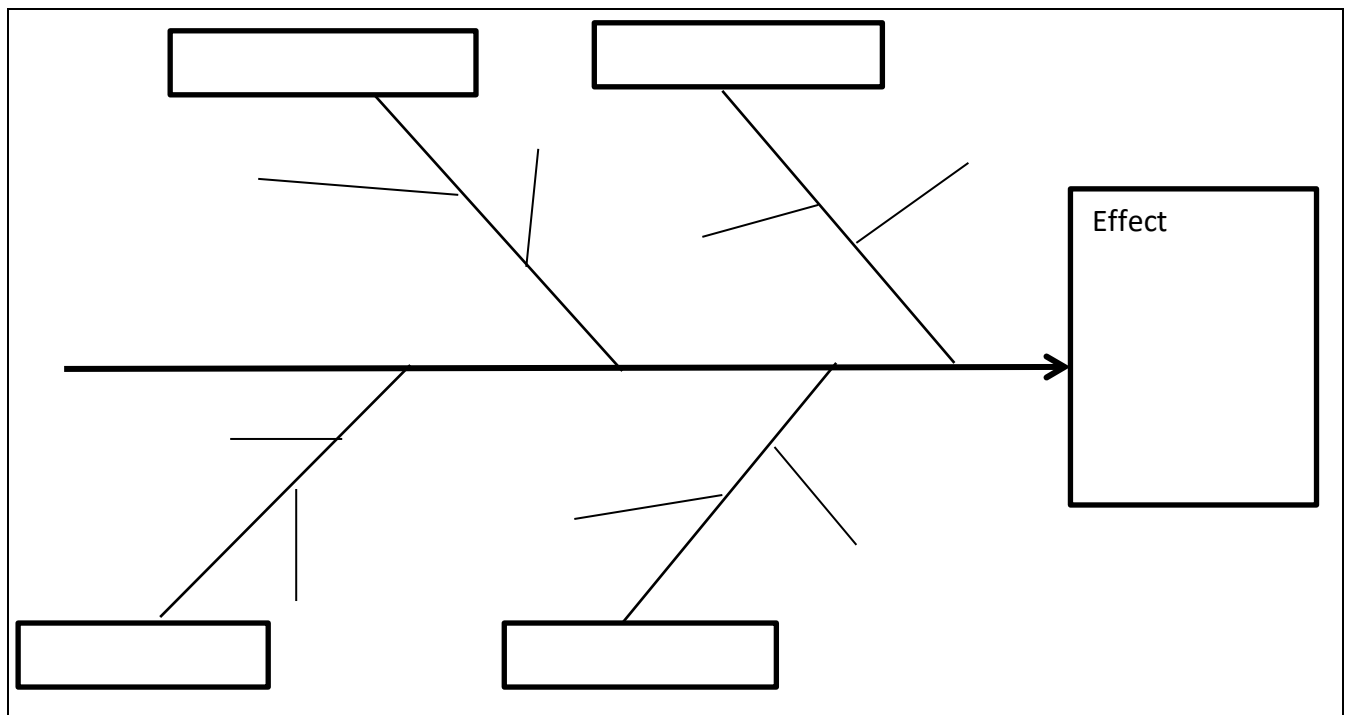


Reference 3.8: Fishbone Diagram

1. Brainstorm and list all the possible causes of the problem.
2. Write the problem (the effect) in the box at the far right of the diagram.
3. To the left of that box, draw a central line (the spine), and from this central line, draw diagonal lines (fishbones) to represent different categories for the causes of the problem (see diagram below).
4. Group the possible causes according to the relevant categories listed below and write the categories in the boxes.

Categories:

- Providers/staff
 - Policies/guidelines/protocols
 - Patients
 - Resources/equipment
 - Procedures/processes/methods
- Starting from the diagonal line under each category, draw a smaller diagonal line for each cause in the corresponding category and write the cause next to the smaller line.



Exercise 3.6: Developing Changes for Nutrition Counselling

With your health facility group, brainstorm on possible solutions to the problem. In the space below, list all the changes your group wants to try to solve the problem.

Change ideas (possible solutions)	How the change idea would be implemented

Exercise 3.7: Developing Nutrition Counselling Indicators

Develop indicators for the QI team to track to measure change. Complete the table below to guide development of the indicator.

Indicator	
Numerator	
Denominator	
Source of information	
Person responsible	
Frequency	

Examples of NCST Counselling and Education Indicators

	Counselling	Nutrition Education
Aim	All clients whose nutritional status is assessed and classified, and receive nutrition counselling	All clients attending HIV, TB, and ANC/PMTCT clinics receive nutrition education
Indicators	% who received nutrition counselling	% of clients who attended HIV, TB, ANC/PMTCT clinics and received nutrition education
Numerator	# who were counselled	# who attended HIV, TB, and ANC/PMTCT clinics and received nutrition education
Denominator	# whose nutritional status was assessed and classified	# who attended HIV, TB, ANC/PMTCT clinics

Reference 3.9: Health Facility QI Planning Guide

Make a plan for testing the first set of change ideas. Use information from previous exercises to complete the sections below.

Health Facility Name: _____

Date: _____

Improvement aim	Change ideas (solutions)	How the change idea will be implemented	Who will be responsible for implementing the change idea	Where the change idea will be implemented	When the change idea will be implemented
Indicator: Numerator: Denominator:	1.				
	2.				
	3.				
	4.				
	5.				

