

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

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

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

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

## **Advance Preparations**

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

**Proposed Session Time: 2 hours and 50 minutes**

## **Brainstorm/Visualization in Participatory Processes (VIPP) Cards**

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

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

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

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

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

### **Why assess?**

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

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

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

### **How to assess?**

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

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

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

### **When to assess?**

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

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

A. Explain the use of cut-off points.

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

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

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

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

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

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

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

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

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

#### **Topic 4.5: Dietary assessments** (30 minutes)

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

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

B. Discuss how to interpret results of these assessments.

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

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

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