1. Nutrition Assessment Counselling and Support (NACS) and define terms

2. Process of strengthening competence of frontline nutrition service providers

3. Strengthening nutrition in pre-service training to align with service delivery and policy priorities

4. Summary
1) What is NACS?

• Client centered nutrition assessment, counseling, and support

• Focus is to integrating a set of evidence based nutrition interventions into health care delivery

• Emphasis on effective referral and optimal coordination
NACS can be applied Throughout the Lifecycle

- Pregnancy
- Birth
- Infancy
- Childhood
- Adolescence
- Adulthood
Definition of Terms

• **Nutrition Competence**: The ability to apply knowledge and skills to produce a required nutrition outcome.

• **Nutrition Competency standards**: The range of skills needed to achieve a desired nutrition outcome or competency at different levels.

• **Frontline Nutrition Workforce**: a person or people responsible for direct delivery of nutrition services to individuals or communities on a day-to-day basis.
2) Process of Strengthening Competence of Frontline Nutrition Service Providers

Malawi Experience
Why?

1. Re-establish the national NCST (NACS) services
2. New national guidelines being developed
3. Strengthen quality of care
4. Very few nutrition service providers therefore a need to be focused on trainings and capacity development
5. Various groups of people are delivering nutrition services, hence a need to set minimum standards of delivering care
The Process

1. Drafted National Guidelines
2. Defined competencies, standards and verification criteria
3. Designed and conducted a baseline assessment
4. Analyzed results and prioritize gaps to focus on during training, developing job aids and training materials
5. Conducted classroom training sessions
6. Conducted post-training mentoring and coaching (integrated QI)
7. Conducted a post assessment to evaluate change
8. Refined guidelines, training materials, job aids and standards
Defining Competencies, Standards and Means of Verifying

Step 1:
• “what is a clinician, nurse, health surveillance assistant or expert client/volunteer required to know and do in nutrition?”

• Outlined knowledge and skills needed for the categories of staff, which were used to determine the required nutrition competencies

Step 2:
• Prioritization based on:
  1) What should the service providers know and do - bearing in mind task shifting

Step 3:
• Defined competency standards for under each required competence by identifying the minimum set of tasks a service provider needs to be able to undertake in order to perform his/her duties.

• After defining standards, a verification criteria for each standard was developed.
## Minimum NCST Competencies and standards

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Competency</th>
<th>Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition assessment and classification</td>
<td>Use anthropometry to assess &amp; classify nutritional status</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Use biochemical methods to assess &amp; classify nutritional status</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Use clinical methods to assess &amp; classify nutritional status</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Use dietary methods to assess food intake and respond to nutritional status</td>
<td>1</td>
</tr>
<tr>
<td>Nutrition counseling and education</td>
<td>Use ALIDRAA checklist to counsel a client on nutrition</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Conduct nutrition education session</td>
<td>1</td>
</tr>
<tr>
<td>Nutrition care plans and support</td>
<td>Manage a client with normal nutritional status</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Manage a client with moderate malnutrition</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Manage a client with severe malnutrition without medical complications</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Manage a client with severe malnutrition with medical complications</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Manage a client who is overweight or obese</td>
<td>4</td>
</tr>
<tr>
<td>Quality of NCST service delivery at the facility level</td>
<td>Monitor and report NCST client and facility data</td>
<td>2</td>
</tr>
</tbody>
</table>

- Derived from the national guidelines
- Based on what service providers are expected to do
- Facilitate quality of care even with task shifting
A) Knowledge & Skills in Nutrition Assessment and Classification

1. Assess if the service provider uses anthropometric methods to assess and classify nutritional status

Instructions:
- To assess # 1-5, you will ask the service provider to demonstrate how to 
  weigh, take height, and use the BMI chart to find the BMI and to take the 
  MUAC of a volunteer who will act as a client. As the client conducts the assessment, observe and tick the procedures which are done correctly.
- To assess # 5 and 6, you will ask the service provider to explain to you how to 
  calculate BMI and how to use BMI for age reference tables to look-up 
  BMI for age z-score. Listen to the service providers’ responses, compare with the procedure listed in the verification criteria below and tick those points mentioned.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Verification Criteria</th>
<th>Y/N</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Service provider weighs a client</td>
<td>Observe if the service provider performs the following when measuring weight:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activates the scale and ensures that the scale is calibrated to zero</td>
<td></td>
<td>skill</td>
</tr>
<tr>
<td></td>
<td>Ask the client to take off shoes, hats, scarves and head wraps and remove everything from pockets</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asks the client to stand straight, unassisted on the centre of the scale</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Records the weight to the nearest kg to the nearest 0.1kg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B) Knowledge & skills in Nutrition Counselling and Education

5. Uses the ALIDRAA checklist to counsel a client on nutrition

Instructions:
- In this case, a volunteer will be provided with details of nutrition problem to present with, we will then ask the service provider to use ALIDRAA checklist as a guide when providing nutrition counselling to the client. You will observe the client when they counsel, use the standards and verification criteria below to identify and tick areas done correctly.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Verification Criteria</th>
<th>Y/N</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Service provider establishes rapport with client</td>
<td>Observe if the service provider performs the following:</td>
<td></td>
<td>skill</td>
</tr>
<tr>
<td></td>
<td>Greets and welcomes client</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Offers client a seat</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introduces oneself to client</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintains eye contact when talking to client</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shows interest in client</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintains professional conduct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Asks questions on the clients nutritional status, food intake, nutrition problems and concerns</td>
<td>Observe if the service provider performs the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asks questions relevant to the topic of discussion</td>
<td></td>
<td>skill</td>
</tr>
<tr>
<td></td>
<td>Uses open-ended questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uses closed-ended questions to get basic information, such as name of client, where they come from and age</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uses a questioning style that reflects interest, concern, and care, rather than interrogation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Service provider listens and learns from the client</td>
<td>Observe if the service provider performs the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uses helpful non-verbal communication such as:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Makes eye contact to indicate interest and care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pays attention to the client</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Nods head</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Takes time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Baseline - Assessment of Competence

- Objective structured clinical examinations were used.
  - Service provider observed as they performed various nutrition tasks
  - A few knowledge questions were also asked

- Establish a baseline level of competence among service providers

- Identify training needs, availability of job aids, equipment and supplies

- Findings of the assessment were used to design training materials and job aids
Building Competencies

- Classroom trainings focusing on the gap areas
- Targeted- modular trainings for the various groups of service providers
- Post-training mentoring and coaching from the district and national levels
- Learning sessions to exchange ideas across facilities
Quality Improvement Efforts

• Alongside strengthening competence of nutrition service providers, improvement efforts were ongoing in the same facilities and communities

• QI teams were developing and testing changes to improve how care is provided to clients
Post Assessment of Competence

• Evaluate change after the capacity building activities

• The same objective structured clinical examinations were used to assess competence of service providers
  – Service provider mainly observed as they performed various nutrition tasks
  – A few knowledge questions were also asked

• Findings of the post assessment indicated improvement
Comparison of Performance between the Baseline and Post-assessment

- Use anthropometric methods: 73% (May 2014), 71% (September 2014), 72% (April 2015)
- Use biochemical methods: 44% (May 2014), 85% (September 2014), 97% (April 2015)
- Use clinical methods: 50% (May 2014), 72% (September 2014), 73% (April 2015)
- Use Dietary Methods: 4% (May 2014), 54% (September 2014), 71% (April 2015)
- 5. Use ALIDRAA to counsel: Unknown percentages
- 6. Conduct nutrition education: 69% (May 2014), 52% (September 2014), 5% (April 2015)

Baseline (May 2014)  | Post-assessment (September 2014)  | Post-assessment (April 2015)
Service Providers Performance

- **Non-health Service Providers**: Baseline (May 2014) = 10%, Post-assessment (September 2014) = 49%, Post-assessment (May 2015) = 53%
- **Junior Health Care Providers**: Baseline (May 2014) = 44%, Post-assessment (September 2014) = 61%, Post-assessment (May 2015) = 79%
- **Senior Health Care Providers**: Baseline (May 2014) = 31%, Post-assessment (September 2014) = 88%, Post-assessment (May 2015) = 82%
3) Strengthening Competence of Pre-service Training to align with Service Delivery
Why Pre-service?

• Limited or no nutritionist at forefront of service delivery

• Nutrition service providers often receive training in service

• However, a major challenge with in-service training is the high rate of staff attrition, leading to reduced quality of services and the need for frequent and repeated training.

• Service providers often perceive new skills acquired through in-service training as add-ons to their standard responsibilities

• Nutrition policies and guidance is frequently changing
Step 1: Define Core Nutrition Competencies and Standards

Step 2: Assess lecturers/tutors competence

Step 3: Map current pre-service curricula

Step 4: Recommend revisions to update nutrition in pre-service curricula

Step 5: Develop standardized resource toolkit for lecturers/tutors

Step 6: Improve competencies through training and mentoring
Example 1—Comparison of Tutor’s Knowledge by Training Program

<table>
<thead>
<tr>
<th>Topic</th>
<th>RCN/CHN</th>
<th>RGN</th>
<th>Midwifery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Nutrition</td>
<td>40%</td>
<td>57%</td>
<td>64%</td>
</tr>
<tr>
<td>Nutrition Assessment</td>
<td>47%</td>
<td>57%</td>
<td>64%</td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Inpatient Care</td>
<td>0%</td>
<td>17%</td>
<td>15%</td>
</tr>
<tr>
<td>Breastfeeding &amp; Lactation</td>
<td>23%</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>Complementary Feeding</td>
<td>56%</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>Micronutrient Deficiencies</td>
<td>42%</td>
<td>25%</td>
<td>78%</td>
</tr>
</tbody>
</table>

Legend: RCN/CHN - Red, RGN - Grey, Midwifery - Blue
Example 2– Comparison of Tutor’s Skills by Training Program

Nutrition Assessment
- RCN/CHN: 25%
- RGN: 11%
- Midwifery: 8%

Nutrition Counselling on IYCF
- RCN/CHN: 6%
- RGN: 0%
- Midwifery: 0%
Example 3– Curricula Mapping

• Nutrition teaching or reference materials are not always standardised

• Curricula are often knowledge based with limited nutrition field practice sessions

• National nutrition policies, guidelines, standards and tools are not always readily available to pre-service institutions
4) Summary

• It is important that capacity building of nutrition frontline service providers is focused, tailored and standardized to expectations

• Bridging the gap between pre-service and in-service is essential for improved quality of service delivery
This presentation is made possible by the generous support of the American people through the support of the Office of Health, Infectious Diseases and Nutrition, Bureau for Global Health, U.S. Agency for International Development (USAID), U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and USAID, under terms of Cooperative Agreement No. AID-OAA-A-12-00005, through the Food and Nutrition Technical Assistance III Project (FANTA), managed by FHI 360. The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.