
**NUTRITION ASSESSMENT, COUNSELING,
AND SUPPORT (NACS) TRAINING
STANDARD OPERATING PROCEDURE (SOP)**

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ALIDRAA	ask, listen, identify, discuss, recommend, agree, and make a follow-up appointment
ART	antiretroviral therapy
BMI	body mass index
CNP	critical nutrition practices
CTS	clinical teaching skills
FANTA	Food and Nutrition Technical Assistance III Project
FMOH	Federal Ministry of Health, Ethiopia
HIV	human immunodeficiency viruses
HMIS	health management information system
MUAC	mid-upper arm circumference
NACS	nutrition assessment, counseling, and support
PLHIV	people living with HIV
RHB	Regional Health Bureau
SOP	standard operating procedures
TOT	training of trainers
USAID	United States Agency for International Development

INTRODUCTION

The purpose of these nutrition assessment, counseling, and support (NACS) standard operation procedures (SOP) is to standardize the planning, implementation and evaluation of NACS in-service training organized by the Federal Ministry of Health (FMOH), Regional Health Bureaus (RHBs), local training institutes/universities, and/or partners in Ethiopia.

NACS services are part of the standard package of care and support (FMOH, 2014) for people living with HIV (PLHIV) and NACS should be provided in every HIV/AIDS care and support setting. Health care providers in charge of the HIV/AIDS care and support program should be trained in NACS.

The SOP will help to ensure that health care providers in charge of HIV and AIDS care and support services receive appropriate in-service training to provide quality NACS services for PLHIV in Ethiopia. It outlines the processes that must be followed for planning, conducting and monitoring NACS in-service training and includes definitions of key terms and course contents for in-service training.

ORGANIZATION OF THE NACS IN-SERVICE TRAINING SOP

This SOP contains four sections:

- Section one: describes what NACS is and includes related definitions.
- Section two: describes the rationale for NACS services for PLHIV.
- Section three: describes the rationale for NACS in-service training.
- Section four: describes the standards for NACS in-service training.

OBJECTIVES OF THE NACS IN-SERVICE TRAINING SOP

The primary objective of this SOP is to standardize the planning, conducting and monitoring of NACS in-service training for partners, government agencies and local training institutes responsible for provision of NACS services.

The specific objectives are to:

- Ensure NACS in-service trainings are consistent with the national protocols to maintain quality
- Ensure that standardized processes are used to conduct NACS in-service training across all regions and among all stakeholders

SECTION ONE: WHAT IS NACS?

NACS is considered an essential component of Ethiopia’s HIV/AIDS care and support program because poor nutrition can lower immunity, impair physical and mental development, reduce productivity, and be a causal factor for various opportunistic infections in PLHIV (FMOH, 2010). NACS is designed to strengthen nutrition services across a continuum of care that includes nutrition assessment, prevention and treatment of malnutrition, and community follow-up with clients over time (FANTA, 2015).

Better integration of NACS into existing HIV care and support services can help improve comprehensive care, symptom management, treatment outcomes and quality of life among PLHIV.

NACS consists of three interlinked components—assessment, counseling, and support—and includes referrals to economic strengthening and livelihood support (FANTA, 2012).

- **Nutrition assessment** involves observation of a client and collection of information about his or her medical history, dietary patterns, anthropometric measurements, clinical and biochemical characteristics, and social and economic situation. Good nutrition starts with good assessment, and the results of the assessment enable health care providers to classify clients’ nutritional status and choose appropriate interventions.
- **Nutrition counseling** is an interactive process between a client and a health care provider to interpret the results of nutrition assessment. It helps identify client preferences, barriers to behavior change, and ways to address those barriers. With this information, the client and health care provider can jointly plan a feasible course of action to support healthy practices. Group nutrition counseling, or providing education on nutrition topics to groups, can be done in health facility waiting rooms and at support group meetings and community events.
- **Nutrition support** is the provision of specialized food products to treat acute malnutrition and/or micronutrient supplements to prevent or treat micronutrient deficiencies, as well as referral to economic strengthening and livelihood support.

None of these components is sufficient to prevent or treat malnutrition alone. Rather, all three components need to be considered to achieve the proper nutrition status of PLHIV.

SECTION TWO: RATIONALE FOR NACS SERVICES FOR PLHIV

NACS involves a nutrition care process, which is a systematic approach to provide high-quality nutrition care for PLHIV (FANTA, 2012). This process is important in the care and support of these clients because it helps:

- Identify people at risk of malnutrition for early intervention or referral before they become malnourished
- Identify acutely malnourished clients for treatment. Malnourished people who are treated early have shorter hospital stays, quicker recovery from infection and complications, and lower morbidity and mortality
- Detect behavioral practices related to food consumption that can increase the risk of malnutrition
- Identify and prioritize critical nutrition practices for counseling clients
- Establish appropriate nutrition care plans that specify nutrition goals as well as food and nutrition interventions and medical treatment to meet those goals

SECTION THREE: RATIONALE FOR NACS IN-SERVICE TRAINING

In addition to pre-service and service training, in-service training programs (e.g., courses, workshops, updates, and seminars) furnish service providers with the knowledge and skills they need to deliver high quality services (Sullivan, et al., 1998).

In-service training helps ensure that the health professionals that provide clinical services receive the most up-to-date knowledge and skills, according to the latest scientific information and practices.

In particular, NACS in-service training helps equip health care providers with skills needed to provide clinical nutrition care for PLHIV (FMOH, 2010). Providing NACS in-service training for health care providers in charge of HIV/AIDS care and support contributes to a good quality of life and the delivery of quality services for PLHIV.

SECTION FOUR: STANDARDS FOR NACS IN-SERVICE TRAINING

SOP 1: NACS In-Service Trainees

- *Eligible trainees:*
 - *Current health care providers* who provide or supervise HIV and AIDS care and support services.
 - *New staff:* basic NACS training is mandatory before new staff can begin providing NACS services for PLHIVs. Preference should be given to staff who have received or are receiving comprehensive HIV/AIDS care and support training.
 - *Newly recruited staff:* health care providers who have been newly recruited to the HIV and AIDS care and support program or services areas should be considered for the NACS in-service training.
- *Number of trainees per course:* The preferred range is 25–30 trainees per course. NACS training sessions should be limited to no more than 30 trainees per session.
- *Gender equity:* a reasonable proportion of male to female participants should be invited to ensure gender equity among the training sessions.

SOP 2: NACS In-Service Training Facilitators

Potential NACS in-service training facilitators should:

- Be clinicians (nurses, health officers and/or physicians)
- Have extensive experience and expertise in nutrition programming, counseling, and adult learning/training principles
- Have basic knowledge of HIV and AIDS
- Have basic knowledge of nutrition
- Be familiar with the Ethiopian health system and guidelines for nutrition and HIV/AIDS programs
- Have been trained as a NACS trainer
- Have previous training experience

At least two NACS trainers/facilitators should be assigned per class of 25-30 participants to ensure adequate support is available during demonstrations, group discussions, and role-plays.

SOP 3: Planning for NACS In-Service Training

A considerable amount of time and attention to detail should be invested in planning for NACS in-service training. Planning should start at least six months prior to the training date with the identification of trainers and trainees and the preparation of the venue (classroom and clinical facilities), course content, logistics, and materials and equipment needed for learning activity (Sullivan, et al., 1998).

Time before the training	Detailed activities
6 months	<ul style="list-style-type: none"> • Confirm training site (classroom & clinical facilities) • Meet with focal person/head at the clinical training site/area • Select and confirm trainers/facilitators
3 months	<ul style="list-style-type: none"> • Select and notify trainees/participants • Initiate administrative activities, including ordering learning materials and equipment • Reconfirm trainers/facilitators • Confirm arrangements to receive participants at the clinical training facility
1 month	<ul style="list-style-type: none"> • Review training materials, prepare for each session and share copies with facilitators • Duplicate materials to be distributed to the trainees • Prepare and arrange audiovisuals (slides, flipcharts, etc.) • Visit classroom and clinical training site and confirm arrangements • Finalize administrative arrangements, including receipt of learning materials and equipment.
1 week	<ul style="list-style-type: none"> • Review final list of participants and assemble learning materials • Prepare statements of qualification or participation • Reconfirm availability of clients at clinical training site • Meet with trainers/facilitators to review individual roles and responsibilities
1 to 2 days	<ul style="list-style-type: none"> • Prepare classroom facility and check audiovisual equipment and other learning aids • Check with trainers to be sure that no other arrangements need to be made

Source: Adapted from (Sullivan, et al., 1998)

SOP 4: NACS In-Service Training Materials

Item	Amount required
Manuals	
• NACS trainee manuals	One per trainee
• NACS trainers' manuals	One per facilitator
• Clinical teaching skills (CTS) manuals (ToT)	One per trainee
Registers	
• Antiretroviral therapy (ART) register	One copy per trainee
• Pre-ART register	One copy per trainee
Charts	
• Critical nutrition practices (CNP) counseling chart	One per two trainees
• Nutrition/HIV job aid	One per two trainees
Tally sheets	
• New on ART enrollment tally sheet	One per trainee
• Currently on ART tally sheet	One per trainee
• Pre-ART tally sheet	One per trainee
Pre and post tests	
• NACS pre-test	One per trainee
• NACS post-test	One per trainee
• CTS pre-test (TOT)	One per trainee
• CTS post-test (TOT)	One per trainee
Equipment	
• Length board	2 per class
• Mid-upper arm circumference (MUAC) tape - adult	2 per class
• MUAC tape - child	2 per class
• Weight scale - adult	2 per class
• Weight scale -infant	2 per class
Miscellaneous	
• NACS commodity fact sheet	One per trainee
• Health management information system (HMIS) monthly reporting template	One per trainee
• Stationary materials as appropriate (notebooks, pens, flipcharts, markers, etc.)	As needed

SOP 5: NACS In-Service Training Course Contents

The NACS in-service training should at a minimum cover the following sessions:

- **Basics of nutrition:** This session should define some common nutrition terms, including: food, nutrition, calories, macronutrients, and micronutrients. It should also explain average daily calorie requirements and common micronutrient needs by age and physiological condition, as well as the importance of dietary diversity and its role in promoting good health.
- **Nutrition and HIV interactions:** This session should describe the effect of malnutrition on HIV infection and the effect of HIV infection on nutritional status. It should also discuss the importance of good nutrition in PLHIV and the National Nutrition Program's approach to nutrition and HIV.
- **Locally available foods and their estimated calorie content:** This session should enable the trainees to list foods that are available in their geographical area, and identify the corresponding food groups. It should also help them to estimate the amount of calories in common local foods and meals.
- **Nutrition assessment and classification of PLHIV:** This session should define and explain the components of NACS, how to assess and classify the nutritional status of PLHIV, and how to assess health conditions that may affect the nutritional status and nutrition care and support of PLHIV.
- **Nutrition care plans A, B, and C (adults and children):** This session should discuss the details of the different nutrition care plans, as well as the criteria for transitioning from one care plan to another, which are based on nutrition support services outcomes.
- **Critical nutrition practices:** This session should define the seven critical nutrition practices, as well as explain and demonstrate the critical nutrition practices and their corresponding key messages.
- **Communication skills and counseling steps:** This session should help trainees strengthen their listening and probing skills; differentiate among counselling, teaching/guidance, and giving advice; and learn the goals of counselling, as well as the steps used in counselling.
- **Monitoring and evaluation:** This session should define monitoring and evaluation concepts and explain the data sources, analysis, and interpretation of the NACS indicator in the HMIS. It should also explain the process by which information is communicated from health facilities to the central level.
- **Logistics management:** This session should familiarize trainees on how to manage, dispense and record the use of NACS commodities in health facilities to maximize proper utilization and minimize loss, as well as strengthen the link between health workers and pharmacists (dispensary).
- **Field practice:** This practical session should enable participants to practice clinical nutrition management of PLHIV in the field.

SOP 6: NACS In-Service Training Sample Two-Day Schedule

Duration: NACS in-service training can be given in two days as stand-alone training or embedded into comprehensive HIV and AIDS training.

Day One: _____

Allocated time	Session	Topic	Facilitator	Moderator
8:30–9:00 am	Session 1	Introduction, expectations, objectives, ground rules, administrative issues, and pre-test		
9:00–10:30 am	Session 2	Nutrition and HIV Interactions and nutrition basics		
		Locally available foods and their calorie content		
10:30–11:00 am	Health break			
11:00–12:30 pm	Session 4	Nutrition assessment and classification of PLHIV (adults and children)		
12:30–1:30pm	Lunch			
1:30–3:30 pm	Session 6	Nutrition care plans (care plans A, B, and C) for adults and children		
3:30–4:00 pm	Health break			
4:00–5:00 pm	Session 6	Nutrition care plans (care plans A, B, and C) for adults and children (continued)		
5:00–5:15 pm	Session 8	Introduction to field practice		
5:15–5:30 pm	Daily evaluation			

Day Two: _____

Allocated time	Session	Topic	Facilitator	Moderator
8:30–10:30am		Field practice		
10:30–11:00 am	Health break			
11:00–12:30 pm	Session 6	Feedback from the field practice		
12:30–1:30 pm	Lunch			
1:30–2:30 pm	Session 5	Critical nutrition practices and communication skills and counselling steps: ask, listen, identify, discuss, recommend, agree, and make a follow-up appointment (ALIDRA)		
2:30–3:30 pm	Session 12	Monitoring and evaluation		
3:30–4:00 pm	Health break			
4:00–4:45 pm	Session 11	Logistics and nutrition support (therapeutic and supplementary feedings)		
4:45–5:30 pm	Session 13	Course evaluation and post-test		

SOP 7: NACS in-service training approach

NACS in-service training should follow the principles of adult learning. NACS in-service training facilitators should use a participatory approach through such methods as plenary discussions, group work and presentations, role plays, and the likes so that it enables the trainees learn new knowledge and skills, as well as experiences from other participants that enables them carry out NACS services.

Facilitators should ensure that NACS trainings are:

- **Relevant and practical:** Facilitators should ensure that the trainees understand the training is relevant to their work before the course begins. Adult trainees are interested and participate more in trainings they assume is relevant and practical to what they are doing.
- **Self-directed:** NACS trainings sessions should direct trainees to their own learning. Facilitators must actively involve trainees participate in the learning process, rather than supplying them with facts. Facilitators should ensure trainees assume responsibility for their learning and engage in discussions, presentations and group-based tasks.
- **Problem oriented:** Facilitators should use examples and problem solving activities to help trainees see the connection between classroom theories and practical application of NACS. Adults are problem-oriented and want to apply what they've learned.
- **Trainee centered.** Adults learn best through visual, auditory or kinesthetic and/or a combination of these learning styles. Therefore, NACS training facilitators should consider applying each of this styles during NACS trainings so that the trainees get the chance to learn, categorize, and process new content (ADAYANA, n.d.).

SOP 8: Field practice for NACS in-service training

The trainees should conduct field practice at a nearby health facility. Health facility with relatively higher caseload to should be identified in advance to ensure the trainees practice well and acquire the necessary skills on NACS.

Before the field visit:

- The facilitator should give instruction on the site visit before the day of the visit.
- Prepare transportation as required.
- Ensure the identified health facility is ready to accommodate the visit.

During the visit:

- The participants should be divided into pairs: one person does a nutrition assessment and the other person gives feedback after the assessment.
- The participants should change roles until each participant has done an assessment for both adults and children.

After the visit:

- When the trainees return to their training room, each pair of participants summarize their experience.
- Participants should then receive feedback, and the larger group can discuss and summarize the main points.

SOP 9: Monitoring NACS In-Service Training

- **Basics NACS training evaluation:** basic NACS in-service trainees should receive pre- and post-tests to assess if they have acquired the necessary NACS knowledge and skills.
- **NACS TOT evaluation:** TOT trainees should score 80% or above to be certified as NACS trainers. Those who fail to score above 80% on the post-test should not be certified during the training. However, they can be given an extra one to two months for further reading and preparation, as well as partner with an experienced and certified colleague or supervisor for necessary support. After the preparatory period, they should again be given the post-test and score 80% or above to be certified as NACS trainers.
- **Training evaluation:** the trainees should be requested to evaluate anonymously the training venue, timing, preparation, materials, facilitation and overall objectives on a five-point scale that ranges from strongly agree to strongly disagree (see sample on the following page). A session in which 80% or more of the trainees agree or strongly agree with the statement “I feel the training achieved its overall objective of strengthening the capacity of trainees to provide nutrition assessment, counseling, and support for PLHIV” can be considered a good training.

Sample Training Evaluation Form

Code: _____

Instruction: Please use tick [V] marks to indicate your level of agreement with each of the following statements.

Statement	Strongly disagree	Disagree	Neither agree/Nor disagree	Agree	Strongly agree
It is easy to travel to the training venue.					
The training venue is conducive to learning and skills practice.					
Enough time is allotted to cover all the topics in the training.					
Time is well-managed during the training.					
I am satisfied with the meals and tea/coffee offered during the training.					
The training materials are useful and easy to understand/use.					
I am satisfied with the training facilitations.					
I feel enough time is allocated for theoretical sessions.					
I feel enough time is allocated for field practice.					
I gained adequate knowledge from this training regarding nutrition assessment, counseling and support for PLHIV.					
I am confident that I will be able to provide high quality nutrition assessment, counseling and support services for PLHIV.					
I feel the training achieved its overall objective of strengthening the capacity of trainees to provide nutrition assessment, counseling and support for PLHIV.					

Additional comments:

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