

Nutrition Assessment and Counseling (NACS) for PLHIV Clients

Standard Operating Procedure (SOP)

FHI 360/FANTA III

Addis Ababa, Ethiopia

June 2015

Table of Contents

Acronyms	2
1) Purpose of the Standard Operating Procedures	3
2) Introduction to NACS.....	3
3) Rationale for NACS.....	4
4) Standards for facility based NACS services provision.....	4
4.1 General SOPs.....	4
4.1.1 Human Resources for Health	4
4.1.2 NACS Equipment	4
4.1.3 NACS job aids and guidelines.....	5
4.1.4 NACS nutrition commodities	5
4.1.5 Monitoring and Evaluation.....	6
4.2 NACS Specific SOPs.....	7
SOP 1: NACS summary.....	7
SOP 2: Assessment	8
SOP 3: Counseling	9
SOP 4: Support.....	10
SOP 5: NACS supply and commodity management.....	10
SOP 6: Referral/Linkage to economic strengthening opportunities.....	11
SSOP 7: Recording and Reporting.....	11
SOP 8: Data Quality Improvement	12
5) References	12

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ALIDRAA	Ask, Listen, Identify, Recommend, Agree and make follow up Appointments
ART	Antiretroviral Therapy
BMI	Body Mass Index
CNP	Critical Nutrition Practices
CQI	Continuous Quality Improvement
FANTA	Food and Nutrition Technical Assistances
FHI360	Family Health International 360
FN_THER	Food and Nutrition Therapeutic
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IFRR	Intra Facility Request and Reporting
MAM	Moderate Acute Malnutrition
MDT	Multi-Disciplinary Team
MUAC	Mid Upper Arm Circumference
NACS	Nutrition Assessment, Counseling and Support
OPD	Out Patient Department
PFSA	Pharmaceuticals Funding and Supply Agency
PLHIV	People Living with HIV/AIDS
RHB	Regional Health Bureau
RRF	Request and Reporting Form
RUSF	Ready to Use Supplementary Foods
RUTF	Ready to Use Therapeutic Foods
SAM	Sever Acute Malnutrition
SOP	Standard Operating procedures
USAID	United States Agency for International Development

1) Purpose of the Standard Operating Procedures

The purpose of developing this standard operating procedure (SOP) is to standardize the planning, implementation, follow up and quality improvement of nutrition assessment, counseling and support (NACS) services across health facilities providing care and support for people living with HIV (PLHIV) so that treatment outcomes and quality of life of PLHIV is improved.

There is a global direction that NACS should be considered among the standard packages of care and support for PLHIV, and it should be conducted at every setting where care and support is provided to PLHIV. Therefore, this SOP will serve as a guide in the planning, implementation and follow up of facility based NACS.

2) Introduction to NACS

Nutrition assessment, counseling and support is an essential strategy for HIV/AIDS treatment, care and support program, and is among the components of the care and support services for PLHIV. Poor nutrition in PLHIV can lower immunity, impair physical and mental development, and reduce productivity, and is a causal factor for various opportunistic infections. Thus, strengthening NACS services within the existing care and support services for PLHIV clients is important. This is because NACS includes critical holistic care that deal with medication issues, symptom management, feeding behaviors, etc. and is associated with improved treatment outcomes and quality of life among PLHIV.

NACs has three interlinked components, namely: assessment, counseling and support, which is inclusive of referrals to economic strengthening and livelihood support.

- **Nutrition assessment** is the observation and collection of information about a client's 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 education on nutrition topics can be provided in health facility waiting rooms, support group meetings, and community events.
- **Nutrition support** is the provision of specialized food products to treat acute malnutrition, micronutrient supplements to prevent or treat micronutrient deficiencies, and referral to economic strengthening and livelihood support.

Note: None of these components is sufficient on its own to prevent or treat malnutrition. Therefore, they must be considered together in the attempt to achieve the proper nutrition status of PLHIV.

3) Rationale for NACS

NACS involves a nutrition care process, which is a systematic approach to provide high-quality nutrition care for PLHIV clients. This process is important in the care and support of PLHIV 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 not treated early will have longer hospital stays, slower recovery from infection and complications, and higher morbidity and mortality;
- Detect behavioral practices related to food consumption that can increase the risk of malnutrition and infection among PLHIV clients;
- Identify and prioritize nutrition practices for counseling clients on the critical nutrition practices;
- Establish appropriate nutrition care plans, which specify nutrition goals as well as food and nutrition interventions and medical treatment to meet those goals.

4) Standards for facility based NACS services provision

The following should be in place as a standard among health facilities providing NACS services.

4.1 General SOPs

4.1.1 Human Resources for Health

There should be adequate staff trained in NACS. Provision of quality NACS services requires a well trained staff deployed at the different points of contacts for HIV/AIDS care and support services for PLHIV. There is no need to recruit additional staff for the implementation of NACS in health facilities; rather, providing basic training for those who are already work in the different care and support units is sufficient. There should be at least two staff trained on basics NACS in each outpatient department (OPD) for every health facility providing HIV/AIDS care and support.

All facilities providing HIV/AIDS care and support services should have the following professionals:

- At least one clinician trained on NACS in each ART clinic/OPD (the number will vary based on the number of OPD in the health facility),
- One logistics and/or commodities management professional in dispensary and pharmacy store trained on NACS commodity management, and
- A trained data clerk from the HMIS units.

4.1.2 NACS Equipment

Health facilities should ensure availability of adequate equipment as NACS involves assessment and/or measurement of anthropometry. The following equipment should be available as a minimum for the provision of NACS.

- Adult weight scale
- Infant/Pediatric weight scale
- Height measurement board or measuring tape or weight-height measuring scale
- Length/Measuring board for measuring children under two years of age
- MUAC tape for pediatrics and adults

4.1.3 **NACS job aids and guidelines**

Health facilities should ensure availability of NACS job aids and guidelines in units providing NACS services. Provision of quality NACS services is associated with good treatment adherence, good treatment outcomes, and improved quality of life among PLHIV. The use of job aids can lead to provision of good quality of services, as using job aids help foster the relationship between client and health care worker, and help health care providers perform their jobs following set protocols.

These include provision of complete services that a PLHIV client should receive, and provision of a consistent package of standard services across all health facilities providing care and support for PLHIV. Thus the following job aids and reference materials should be available in health facilities providing NACS services:

- Nutrition/HIV job aid (in each OPD providing NACS)
- The critical nutrition practices (CNP) counseling chart (in each OPD providing NACS)
- Clinical Nutrition Care algorithm for Children and Adults with HIV (in each OPD providing NACS)
- RUTF and RUSF fact sheet (in each OPD providing NACS and the dispensary unit)

4.1.4 **NACS nutrition commodities**

Health facilities should have adequate and safe NACS commodities for treatment of those identified with acute malnutrition. PLHIV with poor nutrition status are at a relative risk for poor progress and treatment outcomes. Research has shown that provision of specialized food products, such as Plumpy'Nut (RUTF) and Plumpy'Sup (RUSF), help PLHIV respond to treatment, gain proper weight, resist ARV side effects, and increase CD4 count. These food products are energy-dense, and vitamin-and-mineral-enriched so that they will help in the treatment and prevention of acute malnutrition among PLHIV.

Thus, health facilities providing NACS should:

- Estimate their monthly and annual requirement considering the number of PLHIV on treatment, care and support;
- Have adequate stock of the commodities;
- Consider the shelf life of 24 months while requesting and storing these commodities; and,
- Ensure that these products are being prescribed for the eligible clients only.

4.1.5 Monitoring and Evaluation

a) Recording and Reporting

There are three indicators included in the national health management information system (HMIS); and health facilities providing NACS should record and report this indicators. The indicators are:

- 1) Proportion of clinically undernourished PLHIV who received therapeutic or supplementary food
- 2) Number of clinically undernourished PLHIV that received therapeutic or supplementary food
 - Clinically undernourished PLHIV who are on ART and received therapeutic or supplementary food
 - Clinically undernourished PLHIV who are not on ART that received therapeutic or supplementary food
- 3) Number of PLHIV that were nutritionally assessed and found to be clinically undernourished

Thus, health facilities should regularly record and report NACS related activities together with other health program monthly activity reports.

b) Continuous Quality Improvement

Evidence show that continuous quality improvement (CQI) approaches and/or activities help for effective implementation of programs through identifying problems, implementing and monitoring corrective action as well as assessing effectiveness. Therefore, health facilities should make sure that CQI mechanisms are in place. This means that they should assess and improve both the determinants and the dimensions of their health facilities data quality.

Determinants of data quality

Determinants of data quality are the enabling factors to perform any data collection and reporting. Therefore, it is important to check at least in every quarter. It is measured by assessing the availability, functionality and/or lack of the following attributes:

- Trained staff to collect data from patients/clients during delivery of services
- Reference and data collection materials
- Periodic constructive feedback on progress (HMIS) reports

Dimensions of Data Quality:

Data quality has six dimensions:

- **Accuracy or validity**, which is when the data measure what they are intended to measure
- **Reliability**, which is when the data are measured and collected consistently

- **Precision**, which is when data have sufficient details
- **Completeness**, which means that data or report should include the complete list of eligible items or units to be reported, and not just a fraction of the list
- **Timeliness**, which means that data are up-to-date (current), and when the information is available on time in line with HMIS data handling deadlines
- **Integrity**, which means that the system that generated the data, protected the data from deliberate bias or manipulation for some reasons

Health facilities should ensure that their NACS data should be accurate, reliable, precise, complete, timely and not manipulated.

4.2 NACS Specific SOPs

The following technical specific SOP should be followed while providing NACS services for PLHIV at health facilities.

SOP 1: NACS summary

Assess	<ul style="list-style-type: none"> ○ Take appropriate anthropometric measurement for your client <ul style="list-style-type: none"> ▪ Adult PLHIV: <ul style="list-style-type: none"> - Measure his/her weight, height and MUAC. - Calculate BMI by dividing the weight (in kilograms) by square of the height (in meters), and compare against the standard cut off points. - If it is not possible to measure weight and height for various reasons, use MUAC - For pregnant and/or lactating mothers within six months postpartum, use MUAC ▪ Children 5-17 years: <ul style="list-style-type: none"> - Measure weight and height, and then calculate BMI - Compare the calculated BMI against BMI of reference groups, (use BMI-for-age chart) ▪ Children 0-5years: <ul style="list-style-type: none"> - Measure weight (to the nearest 0.1kg) and height/length (to the nearest 0.5cm), - Compare the measured weight and height against the reference weight for height chart. - If it is not possible to measure weight and height for various reasons, use MUAC. ○ Take your clients medical history regarding dietary practices, chronic diseases, current treatment, weight gain/loss and household food security. ○ Check for clinical signs of malnutrition, such as edema, severe wasting, extensive skin lesions ...etc. <ul style="list-style-type: none"> - Note: if bilateral edema is noted, then BMI calculation may be inaccurate, and in such cases please use MUAC. ○ Conduct hemoglobin tests for clients with sign and symptoms of anemia.
--------	--

Classify and treat	<ul style="list-style-type: none"> ○ Classify your client’s nutritional status through computing appropriate anthropometric indices and comparing against the standard cut off points, as well as conducting physical and laboratory tests. ○ Please also identify medical complications and/or dietary habits that increase the risk of diseases; and check any growth and/or weight faltering or stagnations. <ul style="list-style-type: none"> ✓ Note: please always refer the Nutrition/HIV Job aid when deciding on classifications. ○ Provide appropriate preventive or corrective nutrition care plan based on the client’s classification.
Counsel	<ul style="list-style-type: none"> ○ Based on the results of your assessment, develop nutrition care plan with your client. ○ Support your client to identify his/her preferences, solve barriers to behavior change for the dietary practices. ○ Follow the ALIDRAA steps while providing counseling to improve the quality of your counseling. <ul style="list-style-type: none"> ✓ Note: Use the CNP counseling chart during your counseling sessions. ○ Make sure you are providing follow up counseling. ○ Provide group education on key nutrition topics at waiting rooms of your health facility.
Provide support	<ul style="list-style-type: none"> ○ Provide therapeutic and supplementary foods as appropriate to treat and prevent malnutrition <ul style="list-style-type: none"> - Give RUTF for severely malnourished clients; - Give RUSF for moderately malnourished clients; and, - Provide micronutrient supplements to prevent vitamin and mineral deficiencies whenever indicated. ○ Make sure that the RUTF and RUSF prescribed are properly recorded and reported. ○ Counsel clients on misuse of NACS commodities; such as limit sharing with others, selling...etc.
Link or Refer	<ul style="list-style-type: none"> ○ Identify clients who need economic support, and refer/link them to suitable services in your catchment area (if any), ○ Document referrals, confirm the communication and provide follow up as appropriate.

SOP 2: Assessment

<ul style="list-style-type: none"> ○ Collect information about your client’s medical history, dietary patterns practices and barriers to behavior change regarding dietary practices, as well as social and economic situations such as household food security. ○ Take appropriate anthropometric measurement for your client <ul style="list-style-type: none"> ▪ Adult PLHIV: <ul style="list-style-type: none"> - Measure his/her weight, and height. - Calculate BMI by dividing the weight (in kg) by square of the height (in meter), and compare against the standard cut off points. - If it is not possible to measure weight and height for various reasons, use MUAC. - For pregnant and/or lactating mothers within six months postpartum, use MUAC. ▪ Children 5-17 years:
--

- Measure weight and height, and then calculate BMI.
- Compare the calculated BMI against BMI of reference groups, (use BMI-for-age chart).
- Children 0-5years:
 - Measure weight (to the nearest 0.1kg) and height/length (to the nearest 0.5cm),
 - Compare the measured weight and height against the reference weight for height chart.
 - Note that the weight for height chart is sex specific and make sure you are using the right one.
 - **Note:** refer the Nutrition/HIV job aid regarding how to measure height/length and MUAC as well as for the cut off points for the anthropometric indices.
- Check for clinical signs of malnutrition; such as bi-lateral edema, severe wasting, extensive skin lesions, paleness on palm and/or conjunctiva, etc.

SOP 3: Counseling

- Based on the results of nutrition assessment, negotiate with your client for nutrition care plans that specify nutrition goals and actions or treatment to meet those goals.
- Support your client to identify his/her preferences, solve barriers to behavior change for the dietary practices.
- Provide counseling on the CNP:
 - See a health care provider for periodic nutrition assessments (especially weight):
 - Increase energy intake by eating a variety of foods, especially energy- rich foods, and eating more often, especially if sick:
 - Drink plenty of clean and safe (boiled or treated) water:
 - Maintain a healthy lifestyle by avoiding alcohol, tobacco, sodas, and other colored and sweetened drinks, and do physical activity (get exercise):
 - Maintain high levels of hygiene and sanitation:
 - Seek early treatment for infections and advice on managing certain symptoms through diet: and
 - Manage food and drug interactions and side effects.
- Provide explanations for the benefits of the recommended CNPs, as well as for your client's query, if any.
- Follow the ALIDRAA (**A**sk, **L**isten, **I**dentify, **D**iscuss, **R**ecommend and negotiate for doable action, **A**gree and **A**ppoint for follow up visit) steps while providing counseling to improve the quality of your counseling.
- Make sure you are providing follow up counseling too.
- Provide group education on key nutrition topics at waiting rooms of your health facility.
 - **Note:** Use the CNP counseling chart during your counseling sessions.

SOP 4: Support

- Provide therapeutic and supplementary foods as appropriate to treat and prevent malnutrition. i.e.
 - 1) Give RUTF or RUSF as appropriate (as per the classification of nutrition status of your client).
 - For adult PLHIV with SAM: give RUTF for no less than three months; then shift to RUSF. The maximum duration of treatment should be no more than six months in total.
 - For adult PLHIV with MAM: give RUSF for a maximum duration of three months.
 - 2) Provide micronutrient supplements, if indicated, to prevent vitamin and mineral deficiencies.
- Make sure that the RUTF and RUSF prescribed are properly recorded and reported.

SOP 5: NACS supply and commodity management

- Commodity receipts:
 - When receiving commodities, inspect seal of the carton, count and check against the voucher before signing off.
 - Always consider the “First-in-First out (FIFO)” and “First expiry -First out” principles while distributing and/or using the commodity.
- Storage:
 - Make sure your storage:
 - Is protected against theft
 - Is protected against natural elements, such as rain
 - Has a strong concrete floor or packed earth to protect against rodents
 - Has complete files (such as RRF, IFRR...etc.) for record keeping
 - Has proper and adequate ventilation
 - Minimize your storage period to less than three months. Never store commodities for more than 12 months, and never let your stock level reach “0” (stock out). Take action before a stock outs occur.
- Stock keeping, ordering and reporting:
 - Use and maintain bin card and stock record card for your stock keeping and tracking your stock in the storage.
 - Always use the Internal Facility Report and Resupply form (IFRR) to report, issue and receive the nutrition commodities within your health facility.
 - Always use Report & Requisition Form (RRF) to report and order your nutrition commodities from PFSA.
- Dispensing:
 - Check if the commodity prescribed for the client is correct, and please consult the clinician who prescribed the commodity if you suspect/identify errors or irregularities
 - Counsel your client on the nutrition commodity you are providing, such as the expected benefits & action, duration and dose of treatment, storage instructions and any precautions
- Misuse:
 - Counsel your client on proper use of the nutrition commodity.
 - Record/collect information regarding misuse and try to address them with the health facility head and other concerned people.

SOP 6: Referral/Linkage to economic strengthening opportunities

- NACS aims to strengthen referrals to livelihoods and economic strengthening interventions that can help improve food security and nutritional status, thereby improving health outcomes. Such interventions include household food support, home-based care, agricultural extension services, and economic strengthening and livelihoods support.
- NACS if done correctly along with ARVs could potentially solve the underlying problems of malnutrition among PLHIV, if the person is food/economically secure.
- Thus
 - Identify your clients who are in need of economic support, and counsel them on the economic linking opportunities.
 - Note: please use the screening checklist.
 - Refer them to the suitable nearby services: such as to organizations providing income generating activities, back to work initiatives, etc.
 - Confirm the referral with a written communication.
 - Record the services referred and secured.

SOP 7: Recording and Reporting

- The current ART tally sheets and Pre-ART and ART registers are the main recording tools for NACS related data element.
 - Tally Pre-ART clients that received nutrition assessment and found to be malnourished during the reporting period on the 'Pre-ART enrollment tally sheet'.
 - Tally clients who are newly started on ART that received nutrition assessment and found to be malnourished during the reporting period on the 'ART enrollment tally sheet' as you provide them the services.
 - Tally clients who are currently on ART and that received nutrition assessment and found to be malnourished during the reporting period on the 'currently on ART tally sheet'.
- Ensure that NACS related data in HMIS reporting tools is compiled monthly at health facility level and sent to your next reporting level: woreda health office, zone health department, or RHB as per the national reporting periods.
 - Please use the national HMIS indicator definition while collecting and analyzing NACS data too.
- Health care providers in charge of providing NACS services should record data as he/she provide NACS services, and report to the HMIS officer.
- The HMIS officer should compile and report NACS data together with other HMIS data as per the national HMIS reporting period.
- Use NACS data collected monthly for learning and program improvement purposes. The routine multidisciplinary team (MDT) meeting and catchment area meeting could be opportunities for these purposes.

SOP 8: Data Quality Improvement

For improving quality of data there should be a means to assess the existing quality of data, determinants of data quality and take remedial actions based on identified gaps.

- Check the quality of your health facilities' NACS data consistently using the data quality dimensions at least once per quarter, and ensure that health facility head, NACS focal person, ART head and HMIS focal person/Data clerk involved in the data quality assessment.
- Set action plan on identified gaps, if any. The action plan should have due date, resources required and responsible person. The action plan should be in written document form, kept in the head of the health facility and shared with health facility staff too.
- To check for 'accuracy' of the data:
 - Verify the reported indicators against the recording to check the accuracy of the data reported.
 - Note: Let A = reported data; B= recorded data
 - Therefore
 - ✓ If $(A-B/A) \times 100\%$ is within a range of 5% the data reported is more accurate.
 - ✓ If the calculation is above the 5% margin it needs further assessment to identify the reason why the discrepancy occurred.
- To check the 'completeness' of the data:
 - Assess if the date for the last quarter documented report is within the recommended HMIS reporting date/period.
 - Verify if all the required NACS related indicators or data elements are reported.
- To check for 'precision' of the data:
 - Verify that all the disaggregation in the reporting format are reported.

5) References

- FANTA III (2013). Nutrition Assessment, Counseling, and Support (NACS): A User's – Module 1, 2 and 3.
- FMOH (2010). Ethiopian guide to Clinical Nutrition Care for Children and Adults with HIV.
- FBP/Save the Children. Orientation on Food by Prescription and its Logistics Requirements to Pharmacy personnel working in Healthcare Facilities. Trainers' guide.
- FMOH and FBP/Save the Children. Nutrition/HIV Job aid.
- FANTA III (2012). Defining Nutrition Assessment, Counseling, and Support (NACS).