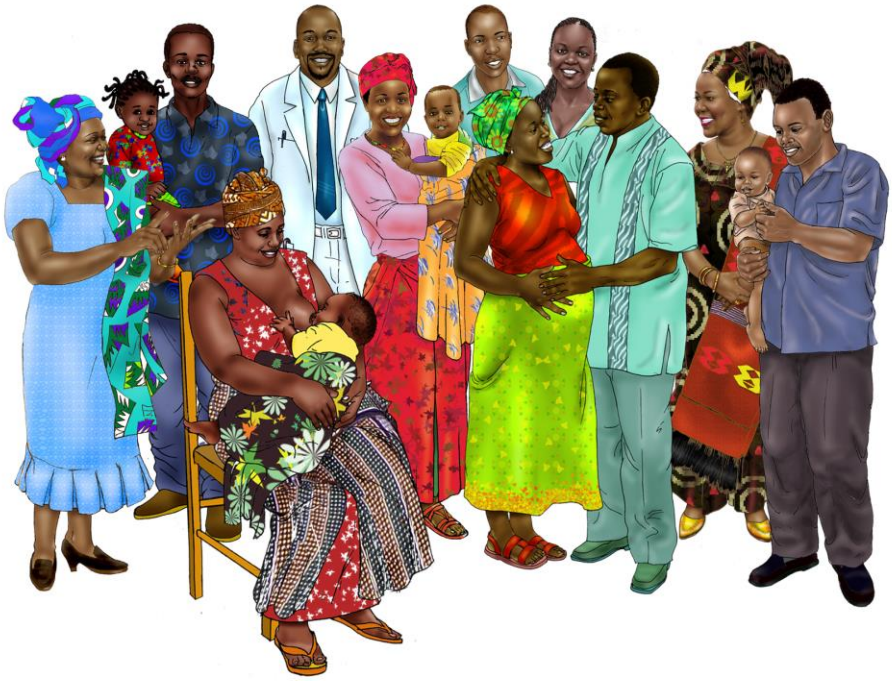
United Republic of Tanzania

Ministry of Health, Community Development, Gender, Elderly and Children



Nutrition Assessment, Counselling and Support (NACS)

IMPLEMENTATION GUIDE

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2016

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Foreword

Nutrition has a wide-ranging influence on health. Malnutrition in pregnant and lactating women can lead to irreversible life-long consequences for their infants. Nutrition deficiencies during the first 1,000 days (from pregnancy to a child's second birthday) are associated with significant morbidity and mortality and delayed mental and motor development. Over the long term, these deficiencies can impair immunity, intellectual performance, reproductive outcomes, productivity and overall health status during adolescence and adulthood.

The Tanzanian diet is largely based on cereals, starchy roots and pulses, despite the wide variety of food grown in the country. Rapid urbanisation and imported foods have contributed to higher cereal prices, adding to the economic burden of a large proportion of the population. Various national programmes have been implemented to combat malnutrition and micronutrient deficiencies, but under-nutrition is still found in all age groups. The 2014 Tanzania National Nutrition Survey found that 34.7 percent of children under 5 were chronically malnourished (stunted) as a result of factors including maternal malnutrition, inadequate infant feeding and poor hygiene and sanitation. Rising consumption of energy-dense and processed foods and inactive urban lifestyles have increased the prevalence of overweight and obesity.

Malnutrition is closely associated with chronic diseases such as tuberculosis and HIV, significant burdens on health care systems in sub-Saharan Africa. Adult HIV prevalence in Tanzania decreased from 7.0 percent in 2004 to 5.1 percent in 2013, but the number of malnourished people living with HIV remains high.

Nutrition is a potential causal factor and an aid to treatment in most illnesses. Health care providers need knowledge and skills to help clients improve their nutritional status, manage symptoms and avoid infections. Nutrition assessment, counselling and support (NACS) should be a routine component of prevention, care and treatment of acute malnutrition in all health care services. To strengthen the continuum of care between health facilities and communities, community workers play an important role in identifying, referring and following up people who are malnourished or at risk of malnutrition in their communities.

This *Implementation Guide* is an essential step toward the integration of nutrition services into the continuum of care using the NACS approach for improved health care delivery and client outcomes.

Dr. Mpoki Ulisubisya
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Acknowledgements

The *NACS Implementation Guide* is part of a set of materials on nutrition assessment, counselling and support (NACS) that is a key component of the commitment of the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) to build the capacity of health care providers and health facility managers to integrate quality nutrition services into routine prevention, care and treatment.

The Tanzania Food and Nutrition Centre (TFNC) has been at the forefront of the development of these materials. The following people in particular contributed their valuable time and expertise to design and refine the NACS package:

- Dr. Joyceline E. Kaganda, Acting Managing Director, TFNC
- Harriet Lutale, National Coordinator, Community-Based Health Care, MOHCDGEC
- Francis Modaha, Senior Research Officer, Food Science, TFNC
- Gelagister Gwarasa, Research Officer, Nutrition Training, TFNC
- Hamida Mbilikila, Research Officer, Nutrition Training, Clinician, TFNC
- Luitfrid Nnally, Nutritionist, TFNC
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- Wendy Hammond, Project Manager, FHI 360/FANTA
- Tumaini Charles, Technical Advisor, FHI 360/FANTA

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The Ministry would like to acknowledge the use of graphics from the USAID-supported NuLife (Food and Nutrition Interventions) Project in Uganda, managed by the University Research Co., LLC.

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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
BMI	Body mass index
CNA	Critical Nutrition Action(s)
CSB	Corn-soy blend
CTC	Care and treatment clinic
FBF	Fortified blended food
FBO	Faith-based organisation
GFATM	Global Fund to Fights AIDS, Tuberculosis and Malaria
HBC	Home-based care
HIV	Human immunodeficiency virus
IP	Implementing Partner
IYCF	Infant and young child feeding
LGA	Local government authority
M&E	Monitoring and evaluation
MAM	Moderate acute malnutrition
MOHCDGEC	Minister of Health, Community Development, Gender, Elderly and Children
MSD	Medical Stores Department
MUAC	Mid-upper arm circumference
MVC	Most vulnerable child(ren)
NACS	Nutrition assessment, counselling and support
NGO	Nongovernmental organisation
OPD	Outpatient department
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMTCT	Prevention of mother-to-child transmission of HIV
RCH	Reproductive and child health
RUSF	Ready-to-use supplementary food
RUTF	Ready-to-use therapeutic food
SAM	Severe acute malnutrition
TB	Tuberculosis
TFNC	Tanzania Food and Nutrition Centre

TOT	Training of trainers
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WHO	World Health Organisation
WHZ	Weight-for-height z-score

Introduction

The purpose of this **Implementation Guide** is to help Implementing Partners (IPs) integrate **N**utrition **A**ssessment, **C**ounselling and **S**upport (NACS) into routine health care and community services.

NACS is not a programme, but an approach to integrate nutrition interventions into the national health care system and community services. This approach includes nutrition assessment, counselling and prescription of specialised food products for acutely malnourished clients; provision of micronutrient supplements and point-of-use water purification products; and referral to further medical investigation and management, home-based care and other social services and food security and economic strengthening support to maintain improved nutritional status.

NACS services target:

1. All malnourished adults and children
2. All pregnant women and women up to 6 months post-partum regardless of nutritional status
3. People with chronic infectious diseases

Service providers can implement NACS through the following entry points:

- Reproductive and child health (RCH)/antenatal care (ANC)/prevention of mother-to-child transmission of HIV (PMTCT) services
- Outpatient departments (OPDs)
- Care and treatment clinics (CTCs)
- Tuberculosis (TB)/HIV clinics
- Inpatient wards
- Home-based care (HBC) programmes
- Programmes for most vulnerable children (MVC)

Table 1 outlines the NACS services supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

Table 1. NACS overview

Beneficiaries	Adolescents and adults		Women who are pregnant and up to 6 months post-partum	Children
Entry point	Hospital, health centre, dispensary, community		RCH clinic	Hospital, clinic, community
Entry criteria	**Clinical malnutrition**		All regardless of nutritional status	All regardless of nutritional status
	Severe acute malnutrition (SAM)	Moderate acute malnutrition (MAM)		
Assessment tool	Body mass index (BMI) BMI-for-age (12–18 years) Mid-upper arm circumference (MUAC)	BMI BMI-for-age MUAC	MUAC (recorded on ANC card)	Growth monitoring and promotion (0–59 months) (recorded on RCH Card No. 1) Weight-for-height z-score (WHZ) (6–59 months) MUAC BMI-for-age (5–11 years)
Counselling	Critical Nutrition Actions (CNA)	CNA	Infant and young child feeding (IYCF) CNA	CNA and IYCF for caregivers
Specialised food products	Ready-to-use therapeutic food (RUTF): F-75, F-100, Plumpy'Nut	Supplementary food: Fortified blended food (FBF), e.g., corn-soy blend (CSB) or ready-to-use supplementary food (RUSF)	RUTF for SAM or FBF or RUSF for MAM	RUTF for SAM or FBF or RUSF for MAM

Implementers can obtain NACS guidelines, training materials, job aids, monitoring and evaluation (M&E) forms and planning tools from the NACS Technical Team, whose members are listed below.

1. **TFNC** (the Tanzania Food and Nutrition Centre) is the parastatal authority for nutrition in Tanzania.

2. **FANTA** (USAID-funded Food and Nutrition Technical Assistance III Project) works to improve nutrition and food security policies, strategies and programmes through technical support to USAID and its partners, including governments and implementing partners.

Contact the NACS Technical Team through the following address:

Tanzania Food and Nutrition Centre
Telephone: (+255) 022 2118137/9
Email: info@lishe.org

Tanzania NACS Materials

Table 2 lists materials available from the NACS Technical Team.

Table 2. NACS materials

Title	Purpose and Content	User
NACS Implementation Guide	To guide implementers in integrating nutrition into existing health services using the NACS approach, including step-by-step guidance on planning, costing, training, supportive supervision, monitoring and reporting ***Content*** ▪ Overview of NACS ▪ Steps to integrate NACS into health care services ▪ Recommended NACS staffing and job descriptions ▪ NACS planning guide and checklists ▪ NACS training course director's guide ▪ Guide to follow-up supervision of trained health care providers ▪ Supplies and equipment list ▪ NACS monitoring and reporting forms ▪ Overview of linking facility- and community-based services	IP manager and NACS focal person
The Role of Local Government Authorities in Integrating Nutrition into Health Services in Tanzania **(NACS Sensitisation PowerPoint)**	A slide presentation for local government authorities (LGAs) and managers of health facilities and community organisations to explain the importance of NACS (to improve the effectiveness of health care services and reduce expenditures on inpatient treatment of chronic malnutrition) ***Content*** ▪ Overview of NACS ▪ Overview of NACS training cascade ▪ Overview of NACS monitoring and reporting ▪ Roles of LGAs and health facility managers in creating an enabling environment for NACS ▪ Purpose of and eligibility criteria for specialised food products	LGAs and health facility in-charges

Table 2. NACS materials

Title	Purpose and Content	User
NACS Facilitator's Guide for Training Health Facility-Based Service Providers **(in English)**	Information needed to lead NACS training for facility-based health care providers ***Content*** ▪ Sample timetable ▪ Pre- and post-tests ▪ Daily and final evaluation forms for participants ▪ Detailed instructions for teaching each module ▪ Suggestions for preparing for site practice visits ▪ Five modules that can be taught separately or combined into a 5-day course 1. Overview of Nutrition 2. Nutrition Assessment, Classification and Care Plans 3. Nutrition Education, Counselling and Referral 4. Nutrition Support 5. NACS Monitoring and Reporting	Trainers and course directors
NACS Participant Workbook for Training Health Facility-Based Service Providers **(in English)**	Worksheets and case studies for practice of nutrition assessment and counselling, prescription of specialised food products, and completion of monitoring and reporting forms	Facility-based NACS training participants
NACS: Mwongozo wa Mwezeshaji kwa Mafunzo kwa Watoa Huduma katika Ngazi ya Jamii **(Facilitator's Guide)** ***NACS: Kitabu cha Mazoezi cha Mshiriki kwa Mafunzo kwa Watoa Huduma katika Ngazi ya Jamii*** **(Participant Handouts) (in Swahili)**	Information needed to lead NACS training for community workers ***Content*** ▪ Sample timetable ▪ Pre- and post-tests ▪ Final evaluation form for participants ▪ Detailed instructions for teaching each module ▪ Five modules that can be taught separately or combined into a 3-day course 1. Overview of Nutrition 2. Nutrition Assessment and Classification 3. Nutrition for Specific Groups 4. Nutrition Education and Counselling 5. NACS Follow-up, Referral and Recording	Trainers, course directors, and community NACS training participants

Table 2. NACS materials

Title	Purpose and Content	User
NACS job aids and wall charts (in English)	Laminated counselling cards, job aids and wall charts to guide nutrition assessment and counselling and management of acutely malnourished clients ***Content*** ▪ Guides for anthropometric assessment ▪ World Health Organisation (WHO) child growth standards ▪ Counselling guide on improving nutritional status through diet ▪ Entry, prescription and exit criteria for specialised food products	Health care providers
***NACS Reference Manual for Health Facility-Based Service Providers* (in English)**	Detailed NACS technical information to refer to in the workplace ***Content*** ▪ Critical Nutrition Actions with messages and explanations ▪ Anthropometric guides ▪ Nutrition Care Plans ▪ Counselling techniques ▪ Algorithms for managing malnutrition ▪ Tips for linking with community support services	Health care providers and health facility managers

Roles of Partners and Implementers

NACS **partners** include the U.S. Agency for International Development (USAID); the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); the Food and Nutrition Technical Assistance III Project (FANTA), managed by FHI 360; the Global Fund to Fights AIDS, Tuberculosis and Malaria (GFATM); the World Health Organisation (WHO); and UNICEF.

The roles of these partners are described below.

- USAID and PEPFAR: Funding, coordination of PEFPAR Partners, support for procurement of supplies, monitoring
- FHI 360/FANTA: Technical and financial support
- GFATM, WHO and UNICEF: Global guidance, funding and harmonization of indicators

NACS **implementers** include the Government of the United Republic of Tanzania at various levels and PEPFAR Partners. The roles of these partners are described below.

- **MOHCDGEC:** Incorporation of nutrition into national policies, guidelines and training curricula
- **TFNC:** Coordination of NACS implementation, development of NACS training materials, NACS capacity building of Regional and District Health Management Teams and service providers and monitoring and reporting on NACS indicators
- **Local government authorities (LGAs):** Allocation of human and financial resources for NACS
- **Regional and Council Health Management Teams:** Coordination of NACS partners in their regions and districts, technical support and oversight of NACS implementation, reporting on NACS indicators to the national level and supportive supervision of facility-based health care providers trained in NACS
- **PEPFAR Partners:** Support for NACS capacity building of LGAs, facility-based health care providers and community workers (e.g., support for printing of materials and training), organisation of training, quality improvement, monitoring and reporting
- **Health facilities:** Implementation of NACS and reporting on NACS indicators
- **Community-based organisations (CBOs) and faith-based organisations (FBOs):** Support for community workers to conduct nutrition assessment, referral and follow-up; reporting on NACS indicators

NACS Implementation Steps

The steps in NACS decision-making, costing, training, supportive supervision, and monitoring and reporting are listed below and described in detail in the sections that follow.

Step 1	Identify NACS focal persons and target sites.
Step 2	Schedule a NACS action planning session.
Step 3	Select people to be trained as NACS trainers.
Step 4	Hold a NACS sensitisation meeting with authorities.
Step 5	Cascade training to health facilities and communities.
Step 6	Procure and manage NACS supplies and equipment.
Step 7	Monitor NACS indicators and report results to the MOHCDGEC.
Step 8	Do continual quality improvement, including refresher training and mentoring of trained service providers.
Step 9	Strengthen the continuum of care by linking NACS clients to economic strengthening, livelihoods, food security and other support in the community.

Step 1	Identify NACS focal persons and target sites.

Each implementer should designate the Regional Nutrition Officer and District Nutrition Officer as **NACS focal persons** to oversee and ensure the quality of NACS integration into routine health facility-based and community services in the region and districts. In addition, each implementer should designate a NACS focal person at the health facility level.

The NACS focal person should have the following qualifications:

- Experience with health care management
- Skills in training, monitoring, reporting, mentoring and supportive supervision

The responsibilities of the NACS focal person include:

- Coordinating NACS training of trainers and roll-out of NACS training to facility-based health care providers and community service providers
- Including NACS supplies, equipment, training and supportive supervision in annual regional and district work plans and budgets
- Facilitating an enabling environment for NACS services (distributing supplies and equipment)
- Mentoring and providing supportive supervision of health care providers and community service providers trained in NACS
- Ensuring compliance with national guidelines and accurate and timely reporting on NACS indicators

To reach all groups vulnerable to malnutrition, NACS should be integrated into all health facility and community services. Begin by prioritizing **sites** with the following characteristics:

<u>Health facilities</u>

- High prevalence of malnutrition
- High prevalence of chronic infectious diseases
- Regional food insecurity
- Facility-perceived need
- Capacity and willingness to integrate NACS into existing health services

<u>Communities</u>

- High prevalence of malnutrition
- Large numbers of vulnerable households
- Active community-based organisations
- Capacity and willingness to identify and refer malnourished people for care and treatment

Step 2	Schedule a NACS action planning session.

Implementers should contact the NACS Technical Team to schedule 1-day consultations with implementers to facilitate the development of a NACS action plan. They should gather background demographic and epidemiological information from their districts or regions. Each NACS action plan should contain the following information:

1. **Assumptions.** Annex 1 allows planners to define parameters when planning integration of NACS into health care services.

2. **Training plan.** Plan how many people to train as NACS trainers and how many health care providers and/or community service providers these trainers will train and retrain in NACS.

Training step	Year 1 total	Dates
Training of trainers (TOT)		
Number of NACS focal persons to be trained as NACS trainers		
Transfer training		
Number of facility-based health care providers to train in NACS		
Number of community service providers to train in NACS		
Total		
Refresher training		
Number of facility-based health care providers to retrain in NACS		
Number of community service providers to retrain in NACS		

3. **Mentoring and supportive supervision plan.** Plan how many times a year you will conduct mentoring and supportive supervision of providers trained in NACS and how many sites you will cover.

Mentoring and supportive supervision	Year 1 total	Dates
Number of sites		
Number of facility-based health care providers to mentor and supervise		
Number of community service providers to mentor and supervise		
Total		

After the initial action planning session, the NACS Technical Team is available for consultation based on need.

Step 3	Select people to be trained as NACS trainers.

TFNC provides training of NACS trainers at regional and district levels. Implementers can contact the NACS team through the TFNC Managing Director at info@lishe.org to request facilitation of a NACS TOT.

This training takes 6 days, including 4 days in the classroom, 1 day for a field visit practical session and 1 day for practice training.

The TOT facilitators are National NACS Trainers. The maximum number of participants in a TOT is 25. There should be at least 4 facilitators for this course.

TFNC will contact regional and district authorities to ask them to select candidates for the TOT, release them to attend the TOT and give them permission to roll out future NACS training.

Criteria for selection of participants for a NACS TOT include:

For facility-based training

- Training as a nutritionist, practicing clinician, nurse or food scientist
- Experience with the health service delivery system
- Good communication skills
- Training experience
- Familiarity with adult learning methods desirable
- Counselling skills desirable
- Proficiency in English and Swahili

For community-based training

- Knowledge of community entry protocols
- Experience in a nutrition-related area (e.g., health, nutrition, water and sanitation, food security, income generation, village savings groups, gender-based violence, community groups)
- Good communication skills
- Training experience
- Familiarity with adult learning methods
- Counselling skills
- Proficiency in Swahili

The trained trainers then train service providers in the region/district and provide on-the-job refresher training as needed.

Annex 2 is a Guide for NACS Training Coordinators.

Step 4	Hold a NACS sensitisation meeting with authorities.

Implementers should organise a sensitisation meeting with authorities in the area (region, district or community) where NACS services are planned. The aim of this session is to explain the NACS approach, request support and discuss roles in NACS implementation.

Implementers can contact the NACS team through the TFNC Managing Director at info@lishe.org to request a NACS sensitisation session package. This session takes approximately 3 hours. Table 3 lists potential participants in a NACS sensitisation session, with space to write the positions and number of people to invite.

Table 3. Participants in a NACS sensitisation meeting

☑	No.	Position/title
Regional Health Management Team (RHMT)		
		Regional Medical Officer (RMO)
		Regional Nutrition Officer (RNUO)
		Regional Cold Chain Officer (RCCO)
		Regional Dental Surgeon (RDS)
		Regional Health Secretary (RHS)
		Regional Health Officer (RHO)
		Regional Laboratory Technician (RLT)
		Regional Nursing Officer (RNO)
		Regional Pharmacist (RP)
		Regional Reproductive and Child Health Coordinator (RRCH-CO)
		Regional PMTCT Officer/Manager
		Health facility in-charges
Local government authorities (LGAs)		
		District Executive Director (DED)
		District Commissioner (DC)
		District Council Chairperson (DCC)
Council/District Health Management Team (CHMT/DHMT)		
		District Medical Officer (DMO)
		District Nursing Officer (DNO)
		District Nutrition Officer (DNUO)
		District Health Officer (DHO)

		District Cold Chain Officer (DCCO)
		District Dental Surgeon (DDS)
		District Health Secretary (DHS)
		District Laboratory Technician (DLT)
		District Nursing Officer (DNO)
		District Pharmacist (DP)
		District Reproductive and Child Health Coordinator (DRCH-CO)
		District PMTCT Officer/Manager
		District RCH Coordinator (D-RCH)
		District Community Development Officer
		District/Council Multisectoral AIDS Committee (CMAC) Member
		Health facility in-charges
Community leaders and community service organisations		
		Village leaders
		Religious leaders and faith-based organisations (FBOs)
		Other influential people (e.g., traditional leaders, political leaders, businesspeople)
		Leaders of community-based organisations and community service organisations
		Community health workers
		Leaders of women's and other support groups
		Traditional healers and traditional birth attendants
		Community-owned resource persons (CORPs)
		Health facility in-charges
		Extension workers (e.g., health, education, community development, agriculture, water and sanitation)

Step 5	Cascade training to health facilities and communities.

The steps in the NACS training cascade are listed below.

1. For **facility-based NACS training**, the TOTs will train a maximum of 25 NACS heath care providers from the region per course. There should be at least three national facilitators from TFNC for this training. The training uses the 5-day NACS course for facility-based providers plus 1 day for practice of facilitation skills.

2. For **community NACS training**, the TOTs will train a maximum of 24 participants from the region per course. There should be at least two national facilitators for this training. The training uses the 4-day NACS course for community-based providers.

Implementers are responsible for the cost of roll-out NACS training, supportive supervision and refresher training of service providers.

Select facility-based NACS training participants according to the following criteria:

- Training as a nutritionist, clinician, nurse or pharmacist working in reproductive and child health (RCH) services, outpatient departments (OPDs), medical wards, paediatric wards and clinics, care and treatment clinics (CTCs) for people with HIV and TB/HIV clinics
- Data clerk (for Modules 4 and 5)
- Storekeeper (for Modules 4 and 5)

Select community-based NACS training participants according to the following criteria:

- Extension workers
- Ward Executive Officer, District/Council/Ward Most Vulnerable Children (MVC) Committee members, District/Council/Ward Social Welfare Worker, District/Council Para-Social Welfare Officer, home visit volunteers, Ward Multi-sectoral AIDS Committee (WMAC) member
- Community health workers
- Programme officers at the community level
- M&E focal persons

Annex 2 is a Guide for NACS Training Coordinators.

Step 6	**Procure and manage NACS supplies and equipment.**

The Tanzania Medical Stores Department (MSD) purchases medical supplies and specialized food products and distributes them all over the country. MSD also distributes supplies purchased by different partners.

NACS supplies and equipment include anthropometric equipment, stationery, M&E tools, specialised food products and storage pallets.

The implementer will cover the cost of supplies and equipment.

1. Procurement

The plan is for MSD to procure and distribute NACS equipment and supplies using the 'pull' system, in which health facilities order needed supplies through the government system. Currently, equipment and supplies are procured by different partners and distributed either by MSD or partners.

NACS supplies and equipment are listed below.

a. Anthropometric equipment[1]

Child length/height boards (UNICEF Supply Catalogue no. S0114530, US$164.65 for two boards). These are for measuring children under 2 years of age lying down (recumbent) and older children standing up.

Infant spring-type scale (UNICEF Supply Catalogue no. SO145555, US$12.99). The Salter scale is for weighing children up to 25 kg in 100 gram increments with easy reset-to-zero function. The upper hook is for fixation and the lower hook for attaching weighing trousers or a sling. It comes with a carry bag.

Weighing trousers (UNICEF Supply Catalogue no. SO1890000, US$12.33 for pack of 5). For use with spring-type scales for weighing children 6–24 months of age and up to 25 kg, the trousers come with a carry bag.

Sling (UNICEF Supply Catalogue no. SO557200, US$2.41). For use with spring-type scales for weighing children 6–24 months of age and up to 25 kg, the sling comes with a carry bag.

[1] Prices as of 2016 from UNICEF Supply Catalogue, https://supply.unicef.org/unicef_b2c/app/displayApp/(layout=7.0-12_1_66_67_115&carea=%24ROOT)/.do?rf=y

Portable baby/child/adult length-height measuring system (UNICEF Supply Catalogue no. SO114520, US$158.33). This includes a plastic measuring board to measure length for infants up to 120 cm long and a height measuring board to measure height for children 24 months and older and adults. It comes with a carry bag.

Infant clinic beam type scale (UNICEF Supply Catalogue no. SO145520, US$82.83). This is a beam-type mechanical scale for infants weighing up to 16 kg, with 10 g precision, easy zero adjustment and stabilising mechanism. It comes with a splash-proof cover and a 36-month warranty.

Electronic mother/child weighing scale (UNICEF Supply Catalogue no. SO141021, US$129.17). This scale for weighing adults and children up to 150 kg comes with a carry bag and 6 alkaline AA batteries (approximately 3,000 measurements per battery set). A power plug is not supplied.

Adult mechanical weighing scale (UNICEF Supply Catalogue no. SO140500, US$144.49). This is a beam-type scale for weighing adults up to 180 kg with 100 g precision. It comes with a hand pole, easy zero adjustment and stabilising mechanism, but no height measuring rod is included.

Mid-upper arm circumference (MUAC) tapes for children 6–59 months (UNICEF Supply Catalogue no. SO145620, US$3.59 for pack of 50). The cutoff point on the tape is 11.5 cm.

MUAC tapes for adults (UNICEF Supply Catalogue no. SO145630, US$8.52 for pack of 50). These tapes have no colour code. They are graduated with 1 mm precision and range up to 50 cm.

MUAC tapes from Ry-Park Services, Kenya (Industrial Area, Enterprise Road, P.O. Box 187-00515, Nairobi, Kenya, tel: +254 020 2304674, email: info@ryparkservices.com). This set includes 4 colour-coded, matt laminated tapes for children 0–5/6 years, children 5–10 years, children and adolescents 10–17 years and adults. Contact the manufacturer for prices.

BMI wheels. The wheel is two sided with BMI on one side and BMI-for-age on the other. Directions are included. Contact FHI 360/FANTA (http://www.fantaproject.org/contact) for ordering information.

b. Supplies

- Two food storage pallets, wooden, @37,000 TSH
- Specialised food products
  - **Ready-to-use therapeutic food (RUTF).** Energy-dense fortified food formulations to treat severe acute malnutrition (SAM) in inpatient and outpatient care
    - F-75 therapeutic milk for inpatient treatment of SAM, phase 1 (stabilisation) (UNICEF Supply Catalogue no. S0000208, US$61.51 for 120 sachets). Mix with .5 L of boiled, cooled water to make about .6 L of F-75 providing 75 kcal/100 ml.
    - F-100 therapeutic milk for inpatient treatment of SAM, phase 2 (rehabilitation) (UNICEF Supply Catalogue no. S0000209, US$59.20 for 90 sachets). Mix with .5 L of boiled, cooled water to make about .6 L of F-100 providing 100–110 kcal/100 ml.
    - Therapeutic spread (UNICEF Supply Catalogue no. S000240, US$54 for a carton of 150 92 g sachets, each providing 520–550 kcal)
  - **Supplementary food.** Prescribed to moderately malnourished people to eat in addition to the normal diet to compensate for nutritional deficiencies. Examples are fortified blended food (FBF) and ready-to-use supplementary food (RUSF).
    - Supercereal (CSB+) (UNICEF Supply Catalogue no. S0000294, US$15.16 for a 25 kg bag). This FBF is for treatment of MAM in children over 2 years and adults. Mix 40 g of CSB+ with 250 g of water and cook 5–10 minutes as porridge.
    - Supercereal Plus (CSB++) (UNICEF Supply Catalogue no. S0000295, US$1.97 for a 1.5 kg bag). This FBF is for treatment of MAM in children 6–24 months. Mix 40 g of CSB++ with 250 g of water and cook 5–10 minutes as porridge.
    - Plumpy'Sup supplementary spread (UNICEF Supply Catalogue no. S0000244, US$36.78 for a carton of 150 92 g sachets). This RUSF is for treatment of MAM in children 6 months and over.

2. Distribution of equipment and supplies

MSD is responsible for distributing equipment and supplies to district pharmacies, which in turn distribute them to health facilities.

3. Storage of supplies

Specialised food products should be stored according to the specifications below.

a. The storage site should be dry, cool, clean, well lit, well ventilated and secure against theft.

b. The space should be large enough to store needed commodities.

c. The space should be fumigated regularly to control pests (insects, rodents, birds, bats and snakes).

d. There should be adequate drainage, with no stagnant water and no leaks in the walls or roof.

e. Clean the storage space at least every week.

f. Store all specialised food products on standard pallets (measuring 1.5 m x 1.5 m, kept at least 10 cm off the ground and stacked no higher than 2.5 m) or on shelves.

g. Store the products away from equipment, chemical, medicines and other supplies if possible.

h. Store the products with arrows pointing up and the expiry dates and product names clearly visible.

i. Only authorised people should have access to the storeroom.

j. Train the staff person designated to handle specialised food products in issuing and receiving, storing and handling the commodities as well as hygiene and sanitation.

k. Store new stock in back of old stock.

l. Use first expired-first out (FEFO) procedure to issue the commodities to users. Never issue or use expired products.

4. Quality assurance along the supply chain

Quality assurance of products and supplies aims to ensure that products comply with specifications, standards, shelf-life tests and customer requirements. Quality assurance of specialised food products employs methods for testing raw materials, processing, and finished products to ensure that the products meet content requirements and minimise the chances of end product rejection and losses. All NACS commodities should comply with national quality assurance standards and legal requirements.

This section outlines standards for handling of specialised food products to minimise losses and the risk of microbiological, physical and chemical contamination.

a. Receiving supplies

When specialised food products arrive at the warehouse or health facility, the person in charge of receiving them should:

1. Inspect the **Delivery Note or Dispatch Note** to make sure it matches the supplies received. Record any damaged or missing supplies on the Delivery Note or Dispatch Note.

2. Check the expiry date to make sure the items have not expired and will not expire within 3 months of the date they are received. Check the batch numbers on the supplies. Sign the Delivery Note. Keep one copy in the file and send another copy back with the transporter.

3. Enter the goods received in good condition on a **Goods Received Note**. The Goods Received Note should stay at the warehouse or health facility. It is an auditable document.

b. Recording stock

Fill out a **Stock Record Card** every time specialised food products are received at the health facility. Fill out separate stock cards for RUTF and FBF or RUSF. Enter only one transaction on each line. This card shows what supplies are received and what supplies are issued each day. It should stay with the supplies on the shelf in the store room or pharmacy. Update this card every time specialised food products are dispensed.

STOCK RECORD CARD

UNIT OF ISSUE	MAXIMUM STOCK		MINIMUM STOCK		LOCATION	
92 g sachet						
DATE	SUPPLIER	REFERENCE NUMBER	QTY RECEIVED	QTY ISSUED	BALANCE	SIGNATURE
5 July 2013	*MSL*	*94939*	*150*	*25*	*125*	

When both sides of the Stock Record Card are full, attach a new one to the top of the old one. Write 'B/F' for 'balance brought forward' on the first line. Write the quantity brought forward from the old card in the first Quantity Received space in the new card. At the end of each month, skip a line, leave it blank, and start recording the next month's transactions on the next line.

Update Stock Record Cards every time supplies are issued (or once a month). Check them regularly to make sure the information on the cards matches the actual supplies in the store room. If not, report the difference to the in-charge.

c. Prescribing and dispensing specialised food products

Health care providers should fill out a new **Specialised Food Product Prescription Form** every time they prescribe specialised food products for a malnourished client.

Clients should take the prescription forms to the dispenser to collect specialised food products. The dispenser and client should both sign the form when the specialised food products are dispensed. The dispenser should keep all the prescription forms in a box file. These forms should be used to complete the **Daily Specialised Food Product Dispensing Register** and for future audit.

The dispenser should give each malnourished client a **Ration Card** with the kind and amount of products prescribed and dispensed.

Clients should bring back their Ration Cards on every visit for the dispenser to update. When clients are discharged, the Ration Cards should be attached to their files in the health facility.

d. Reordering specialised food products

The in-charge or pharmacist should use the **Monthly Specialised Food Product Report and Request Form** to order supplies. The in-charge should sign the completed form or voucher and give it to the District Nutrition Officer for counter-signature.

e. Disposing of empty or damaged specialised food product packets

Specialised food products are packaged in non-biodegradable plastic that will pollute the environment. Counsel clients to take empty specialised food product packages, as well as damaged or expired specialised food products, back to the health facility for safe disposal and NOT to burn them or throw them away.

Step 7	Monitor NACS indicators and report results to the MOHCDGEC.

Each health facility is expected to report NACS results monthly, using the information from the Monthly Summary Form for NACS Services. Below are examples of indicators that can be monitored to track trends in malnutrition rates and service delivery outcomes.

No.	Indicator
Disaggregate by age (< 18, 18+), sex, pregnancy/post-partum and HIV status.	
1.	# and % of clients that received nutrition assessment – **Numerator:** # of clients that received nutrition assessment – **Denominator:** # of clients that visited the health facility
2.	# and % of clients that received nutrition counselling – **Numerator:** # of clients that were identified as malnourished – **Denominator:** # of clients that received nutrition counselling
3.	# and % of clients that were identified as malnourished (disaggregated by SAM, MAM or overweight/obese) – **Numerator:** # of clients that were identified as malnourished – **Denominator:** # of clients that received nutrition assessment
4.	# and % of each group with acute malnutrition – **Numerator:** # of each group that were identified as acutely malnourished – **Denominator:** # of each group that received nutrition assessment
5.	# and % of malnourished clients that received specialised food products – **Numerator**: # of clients that received specialised food products – **Denominator:** # of clients that were identified as malnourished
6.	# and % of clients that transitioned from SAM to MAM – **Numerator:** # of clients that transitioned from SAM to MAM – **Denominator:** # of clients that were identified as severely malnourished
7.	# and % of clients that graduated from MAM to normal nutritional status – **Numerator:** # of clients that graduated from MAM to normal nutritional status – **Denominator:** # of clients that were identified with MAM

NACS M&E Forms

Below is a list of NACS M&E forms for facility-based NACS services. The forms are copied on the following pages.

Facility-based NACS M&E forms			
Form	**Who should complete it?**	**To whom should it be submitted?**	**How often?**
1. Nutrition Assessment and Management Form	Facility-based health care provider	In-charge	Each assessment
2. Daily Register of NACS Clients	Facility-based health care provider	In-charge	Daily
3. NACS Prescription Form	Facility-based health care provider	Client (to give to pharmacist)	After each assessment
4. Daily Specialised Food Product Dispensing Register	Facility-based health care provider	In-charge	After dispensing
5. Monthly Summary Form for NACS Services	Nutrition focal person or District Nutrition Officer (DNuO)	DNuO	Monthly
6. Monthly Specialised Food Product Report and Request Form	Pharmacist or dispenser	Pharmacist (to submit to MOHCDGEC/TFNC)	Monthly
7. NACS Referral Form	Facility-based health care provider or community worker	Facility-based health care provider or community worker	Each assessment

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NACS Record No. **[__][__][__][__]**

Nutrition Assessment and Management Form

Region _____ District_____ Facility name_____ Facility code _____

Entry point into NACS (tick one☑): ☐RCH ☐PMTCT ☐MCH ☐CTC ☐TB/DOTS ☐MVC ☐Other_____

Client number[1] **_____ Sex** (*tick one*☑): ☐M ☐F

HIV status (*tick one* ☑): ☐HIV positive ☐HIV negative ☐Unknown HIV status ☐HIV-exposed child (status unknown) ☐HIV+ pregnant ☐ HIV+ up to 6 months post-partum

Age (years) _____ Age group (*tick one*☑): ☐0–6 months ☐7–11 months ☐12–23 months ☐24–59 months ☐5–14 years ☐15–17 years ☐18+ years

Transferred/referred to _____ Date ___/___/___

If specialised food products were prescribed: Date of entry ___/___/___ Date of exit ___/___/___ Number of weeks on treatment

Visit no.	Date (dd/mm/yy)	Bilateral pitting oedema? (Y/N)	Medical complications? (Y/N)	Appetite? (Y/N)	Length/height (cm)	Weight (kg)	MUAC (cm)	WHZ	BMI or BMI-for-age	Pregnant? (tick ☑ if yes)	Counselled on diet? (tick ☑if yes)	Counselled on IYCF (tick ☑if yes)	Nutritional status					Amount of specialised food product given				Follow-up status (tick ☑ appropriate)					
													SAM inpatient	SAM outpatient	MAM	Normal	Overweight/obese	F-75 (packets)	F-100 (packets)	RUTF (packets)	FBF (Bags)	Linked to community service	Treatment failure[2]	Graduated[3]	Missed appointment (> 2 weeks)	Lost to follow-up[4]	Died
1																											
2																											
3																											
4																											
5																											
6																											
7																											
8																											
9																											
10																											

[1] Use CTC number; if client is referred from another service, use that service's file number. [2] Client's condition deteriorated, requiring medical transfer. [3]Client reached target weight, WHZ, BMI or MUAC. [4]Client did not return for three consecutive visits.

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Daily Register of NACS Clients

No.	Client no.[1]	Date (dd/mm/yy)	Type of visit (tick ☑ appropriate)			Sex	Age group (tick ☑ appropriate)							Pregnant? (Y/N)	Up to 6 months post-partum? (Y/N)	Bilateral pitting oedema? (Y/N)	WHZ	BMI or BMI-for-age	MUAC	Counselled on diet? (Y/N)	Counselled on IYCF? (Y/N)	HIV status (tick ☑ appropriate)			Nutritional status (tick ☑ appropriate)					Amount of specialised food product given				Follow-up status (tick ☑ appropriate)						Next appoint-ment date (dd/mm/yy)
			N[2]	R[3]	T[4]	M/F	0–6 months	7–11 months	12–23 months	24–59 months	5–14 years	15–17 years	18+ years									+[5]	–[6]	E[7] or U[8]	SAM inpatient	SAM outpatient	MAM	Normal	Overweight/obese	F-75 (packet)	F-100 (packet)	RUTF (packet)	FBF (bags) or RUSF	Transferred out	Treatment failuer[9]	Graduated[10]	Missed appointment (> 2 weeks)	Lost to follow-up[11]	Died	
Total new																																								
Total returning																																								
Total transferred in																																								

[1]Use CTC number. If client is referred from another service, use that service's file number. [2]New [3]Returning [4]Transferred in [5]HIV positive [6]HIV negative [7]Exposed child [8]Unknown status [9]Client's condition deteriorated, requiring medical transfer [10]Client reached target weight, WHZ, BMI, BMI-for-age or MUAC. [11]Client missed more than three consecutive visits.

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Date: [__][__]/[__][__] Year 20[__][__]

NACS Prescription Form

Site name _____

Specialised food products											
Client category	**Reason** *(Tick as appropriate)* ☑		**No. of units of specialised food products *prescribed***				**No. of days**	**No. of units of specialised food products *dispensed***			
	SAM	**MAM**	**F-75 102.5 g)**	**F-100 (114 g)**	**RUTF (92 g)**	**FBF (4.5 kg) or RUSF (92 g)**		**F-75 (102.5 g)**	**F-100 (114 g)**	**RUTF (92 g)**	**FBF (4.5 kg) or RUSF (92 g)**
0–6 months											
7–11 months											
12–23 months											
24–59 months											
5–< 15 years											
15–< 18 years											
18+ years											
Pregnant/≤ 6 months post-partum											

Water purification product	
☐ **No access to clean and safe drinking water**	**Water purifying treatment (WaterGuard, Pur, etc.)** ☐ **1 bottle (150 ml)** ☐ **2 bottles (300 ml)**
Prescriber: Name _____ Signature _____ Date: _____	
Dispenser: Name _____ Signature _____ Date: _____	

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Date: [__][__]/[__][__] Year 20[__][__]

Daily Specialised Food Product Dispensing Register

Region_____ District_____ Facility name_____ Facility code _____

Type of facility *(circle)*: **Gov't/NGO/FBO/private)**

Dispensing point (tick one ☑): ☐Pharmacy (preferred) ☐CTC ☐RCH ☐PMTCT ☐TB/DOTS ☐Other_____

No.	Name/client ID	Number of units dispensed				Signature	
		F-75 (102.5 g packets)	F-100 (114 g packets)	RUTF (92 g packets)	FBF (4.5 kg bags) or RUTF (92 g sachets)	Dispenser	Client
Page total							

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NACS Record No. [__][__][__][__]

Monthly Summary Form for NACS Services

Region _____ **District**_____ **Facility name**_____ **Facility code** _____

Type of service *(tick one √):* ☐RCH ☐PMTCT ☐CTC ☐Inpatient ☐OPD ☐TB/DOTS ☐MVC ☐Other_____

Client category	Sex	Number of clients			Number of clients by nutritional and HIV status on entry																	Number of clients receiving specialised food products, by product						Number of clients exiting, by reason				
						HIV status					HIV status					HIV status					HIV status												
		Assessed	Counselled on diet	Counselled on IYCF	SAM	+[1]	–[2]	E[3]	U[4]	MAM	+[1]	–[2]	E[3]	U[4]	Normal	+[1]	–[2]	E[3]	U[4]	Overweight/obese	+[1]	–[2]	E[3]	U[4]	F-75	F-100	New RUTF	Continuing RUTF	New FBF or RUSF	Continuing	Treatment failure[5]	Graduated[6]	Missed	Lost to follow-up[7]	Died
0–6 months	F																																
	M																																
7–11 months	F																																
	M																																
12–23 months	F																																
	M																																
24–59 months	F																																
	M																																
5–14 years	F																																
	M																																
15–17 years	F																																
	M																																
18+ years	F																																
	M																																
Pregnant	F																																
≤ 6 mos. post-partum	F																																
Total # of clients during the month	F																																
	M																																

Specialised food products dispensed during the month: 1. Total no. of 102.5 g packets of F-75 ____ 2. Total no. of 114 g packets of F-100 ____ 3. Total no. of 92 g packets of RUTF ____ 4. Total no. of cartons of RUTF (1 carton = 150 packets) ____ 5. Total no. of 4.5 kg bags of FBF or 92 g packets of RUSF____ 6. Total no. of boxes of FBF (1 box contains 45 packets of 300 g each) or cartons of RUSF (1 carton = 150 packets) ____

Name of person reporting _____ Position _____ Date _____ Signature_____ Telephone _____ Remarks

[1]HIV positive [2]HIV negative [3]HIV exposed [4]Status unknown [5]Condition deteriorated, requiring medical transfer [6]Client reached target weight, WHZ, BMI or MUAC [7]Client did not return for 3 consecutive visits

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Reporting period: Month [ ][ ] Year 20[ ][ ]

Monthly Specialised Food Product Report and Request Form

Region_____ **District**_____ **Facility name**_____ **Code** _____

MSD product code	Product	Unit	Total no. of clients receiving specialised food products during the month	Balance at beginning of month	Additional specialised food products received this month		Total in store this month *(A + B)*	Amount dispensed this month		Loss/ wastage*	Total dispensed + losses *(D + E)*	Ending balance (closing stock) *(C - F)*	Maximum stock quantity *(D x 2)*	Client needs for the site *(D x 3)*	Quantity requested *(I - G)* **Max: 2 Min: 1**
				A	From MSD	From other sites	C	To clients	To other sites	E	F	G	H	I	J
					B			D							
	F-75	102.5 g packet													
	F-100	114 g packet													
	RUTF	92 g packet													
	FBF	4.5 kg bag													
	RUSF	92 g packet													

Remarks_____

_____

*Provide information on food losses (damaged, missing, theft, rodents or expired).

Prepared by (name) _____ **Signature**_____ **Date** _____ **Telephone** _____

Submitted by (name) _____ **Signature**_____ **Date** _____ **Telephone** _____

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Health Facility NACS Client Referral Form

- *Health facility/department: Fill out Part A and ask the client to take it to the receiving organization.*
- *Fill out one form per service/referral.*
- *Receiving organization/department: Fill out Part B and ask the client to return it to the referring organization on the next health facility visit.*

Part A. To be completed by the referring health facility

Referral no._____ Date _____

Client name _____	Date of birth or age _____	Sex _____

Referred from: Facility name _____

Department _____ Telephone _____

Service(s) needed:

Additional notes:

Name of person making the referral _____

Designation _____ Signature _____

Part B. To be completed by the receiving organisation

Services provided:

Organization _____ Tel. _____ Date _____

Name _____ Signature _____

NACS M&E Forms, continued

Below is a list of NACS M&E forms for community-based NACS services. The forms are copied on the following pages.

Community NACS M&E forms			
Form	**Who should complete it?**	**To whom should it be submitted?**	**How often?**
1. Client Referral Form (*Fomu ya Rufaa ya Mteja ya Mtoa Huduma katika Ngazi ya Jamii*)	Community worker/service provider at health facility	Identified referral points	After assessment
2. Monthly Report Form (*Ripoti ya Kila Mwezi ya Mtoa Huduma Katika Ngazi ya Jamii*)	Community worker/service provider at health facility	Identified referral points	After assessment

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FOMU YA RUFAA YA MTEJA
ya Mtoa Huduma katika Ngazi ya Jamii

Jaza fomu hii kwa kila mlengwa aliyegundulika kuwa na utapiamlo na aliyepatiwa rufaa.

Jina kamili _____ Jinsi (Me/Ke)_____

Umri/tarehe ya kuzaliwa _____ Hali ya ndoa _____

Kazi anayofanya _____

Halmashauri _____ Kijiji _____ Kitongoji/mtaa_____

Jina la balozi au m/kiti wa kitongoji/mtaa _____

Rufaa kwenda _____

Sababu za rufaa: (✓Weka alama ya katika kisanduku husika.)

1. Huduma za kuinua kipato (IGAs)		8. Huduma ya msaada wa chakula	
2. Huduma ya matibabu		9. Kliniki ya kutolea dawa za kupunguza makali ya UKIMWI	
3. Huduma katika serikali za mitaa		10. Malezi ya kambo	
4. Huduma za kisaikoljia na unasihi		11. Huduma za kiroho	
5. Huduma ya elimu		12. Huduma kwa yatima	
6. Huduma ya wagonjwa majumbani		13. Ushauri na Upimaji wa Hiari wa VVU	
7. Huduma za kisheria		14. Ushauri kwa makundi rika	

Jina kamili la anayetoa rufaa _____ Sahihi_____

Cheo _____ Namba ya simu: _____

Tafadhali mtoa huduma mrejeshee mteja sehemu hii ya fomu ili arudishe kwa aliyempa rufaa.

Maelezo ya huduma/matibabu aliyopatiwa kwenye kituo cha rufaa

_____

Jina la mteja _____Namba ya usajili ya mteja _____

Sababu ya rufaa _____

Huduma iliyotolewa _____

Maelezo mengine/ushauri _____

Jina la aliyetoa huduma _____ Cheo _____

Sahihi _____Tarehe na muhuri _____

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RIPOTI YA KILA MWEZI
ya Mtoa Huduma katika Ngazi ya Jamii

Mwezi wa _____ Mwaka wa _____

Idadi ya watu walio tathminiwa	Idadi ya watu wenye utapiamlo	Idadi ya watu waliopata elimu ya lishe	Idadi ya watu waliopewa rufaa	
			Kituo cha kutolea huduma ya afya	Huduma nyingine

Tarehe _____

Jini kamili la anayetoa rufaa _____

Sahihi_____

Namba ya simu _____

Step 8	**Do continual quality improvement, including supervision, mentoring and refresher training of trained service providers.**

Implementers should work with the District/Council and LGA to ensure a regular schedule of supportive supervision and mentoring of health care providers trained in NACS.

The NACS Site Quality Checklist below can be used to assess both the readiness of health facility and community sites to implement NACS, as well as progress in established sites.

NACS Site Quality Checklist

No.	Component	Yes	No
Equipment and materials			
1.	The site has at least one functioning scale for adults that measures weight in kg.		
2.	The site has at least one functioning scale for adults that measures weight in kg to the nearest 100 g.		
3.	The site has at least one functioning scale for children that measures weight in kg to the nearest 100 g.		
4.	The site has at least one height/length board that measures in cm to the nearest cm.		
5.	The site has a set of four mid-upper arm circumference (MUAC) tapes that measure to the nearest cm for different groups.		
6.	The site has copies of algorithms/guidelines for managing malnutrition in adults and children.		
7.	The site has at least one set of NACS job aids.		
8.	The site has at least one copy of the *NACS Reference Manual*.		
9.	The site has NACS M&E forms.		
10.	The site has a chart with body mass index (BMI) cutoffs for adults.		
11.	The site has a chart or wheel with BMI-for-age cutoffs for children and adolescents.		
12.	The site has a chart with weight-for-height z-score (WHZ) cutoffs according to the 2006 WHO child growth standards.		
13.	The site has utensils (e.g., bowls, serving spoons, pan, cooker) to demonstrate the use and preparation of specialised food products.		
Nutrition assessment and classification			
14.	At least two health care providers on staff are trained in NACS.		
15.	Every adult and adolescent coming to the site for the first time is weighed to the nearest 100 g and measured to the nearest cm, with BMI calculated.		

No.	Component	Yes	No
16.	MUAC is measured for pregnant or lactating women (up to 6 months post-partum) or clients whose weight or height cannot be measured.		
17.	Every child < 15 coming to the site for the first time is weighed to the nearest 100 g and measured to the nearest cm and has weight-for-height (WHZ) calculated and/or MUAC measured to the nearest cm.		
18.	Age, sex, HIV status, anthropometric measurements and nutritional status are recorded on the Nutrition Assessment and Management Forms for all clients.		
19.	Every client is assessed on each clinical visit for critical symptoms (e.g., severe dehydration, severe anaemia, diarrhoea, vomiting, oral sores or thrush, anorexia, tuberculosis, or other opportunistic infections) that may affect nutritional status.		
Nutrition Care Plans			
20.	Every client receives a Nutrition Care Plan based on nutritional status and health condition.		
Every client (or caregiver of children) is counselled on the need to:			
21.	a. Be weighed regularly.		
22.	b. Eat a varied and balanced diet.		
23.	c. Maintain good sanitation and hygiene.		
24.	d. Drink plenty of clean and safe water.		
25.	e. Maintain a healthy lifestyle to prevent stress and depression.		
26.	f. Get physical activity.		
27.	g. Manage diet-related symptoms.		
28.	h. Manage drug-food interactions.		
29.	Mothers who chose to breastfeed are counselled to breastfeed their HIV-infected and HIV-exposed infants exclusively for the first 6 months of life, introduce appropriate complementary foods thereafter, continue breastfeeding for the first 12 months of life, and stop breastfeeding only when they can feed their infants a nutritionally adequate and safe diet without breast milk. Mothers are encouraged to breastfeed exclusively for the first 6 months of life unless they can provide a replacement diet which is acceptable, feasible, affordable, sustainable and safe.		
Nutrition support			
30.	Every acutely malnourished client who qualifies for specialised food products receives an explanation of the entry and exit criteria, the purpose of the specialised food products, and how to prepare, eat, and store them.		
31.	Entry and exit criteria for specialised food products are posted where health care providers and clients can see them clearly.		

No.	Component	Yes	No
32.	Every client who qualifies for specialised food products is weighed on each visit, and the weight is recorded on the client record form.		
33.	Every severely malnourished client is given an appetite test before being prescribed RUTF.		
34.	Health care providers inform clients that specialised food products are not suitable as food for infants < 6 months of age.		
Stock management and record keeping			
35.	The site has access to adequate and appropriate space to store specialised food products and related commodities.		
36.	The site has enough specialised food products to last for 3 months.		
37.	The site in-charge or NACS focal person compiles and submits the Monthly Summary Form for NACS Services and Monthly Specialised Food Product Report and Request Form according to the agreed schedule.		
38.	Health care providers fill out the Daily Register of NACS Clients each day from the Nutrition Assessment and Management Forms filled out during the day.		
39.	Health care providers fill out the Daily Specialised Food Product Dispensing Register each day from the NACS Prescription Forms filled out during the day.		
40.	'First to expire, first out' procedures and stock management are used for food and other commodities.		
41.	Specialised food products are ordered in advance to avoid stock-outs.		

Supervisors should discuss with health facility in-charges and health care providers that implement NACS any 'No' answers in the NACS Site Quality Checklist. Discuss why the activity is not done and how it could be included in the future. The facility will have an opportunity to review progress on the next visit.

Implementers should work with the District/Council and LGA to ensure a regular schedule of refresher training. The modules in the **Facilitator's Guide** can be used for refresher training as needed.

Step 9	**Strengthen the continuum of care by linking NACS clients to community economic strengthening, livelihoods, food security and other support in the community.**

People who are ill often need psychosocial, economic, legal and other support in addition to medical treatment. Food-insecure NACS clients may relapse into malnutrition after treatment unless they receive support to improve their access to nutritious food.

To ensure continuum of care of NACS clients, strong referral linkages are needed between health facilities and community-based services to give clients access to support that address the underlying causes of malnutrition. This requires knowledge of available support and effective referrals between health facilities and these opportunities. Below are steps suggested to link NACS clients systematically with high-quality, context-appropriate services that improve economic resilience and lead to better health.

1. **Map** the types of services available in the catchment community to which clients can be linked or referred, including their geographic location and their eligibility criteria. This could be done in a meeting of stakeholders. The mapping should identify:

    - Predominant livelihoods and household characteristics
    - Self-sufficiency in basic foodstuffs
    - Food distribution sites or other food support
    - Income-generating activities (IGAs) for vulnerable households
    - Support for agricultural activities
    - Local government authority focal points
    - Services for MVC

2. Establish a **referral system** between NACS sites and available community support services that includes the following elements:

    a. An **organisation or entity** (a unit in a health facility or a community-based IP) **to coordinate the referral network**, including managing the referrals database, updating the service directory, tracking referral outcomes and ensuring the quality of the system

    b. A **designated referral person in each organisation** to process referrals, ensure follow-up of referred clients, and attend network meetings

    c. **A directory of services** available in the health facility catchment area, including the names of service providers, types of service provided, eligibility criteria for services, referral contact persons and location of the services

    d. A standardized **referral form** (card or piece of paper) to document referrals (see page 31)

    e. A **feedback loop to track referrals** from the point of initiation to the point of delivery and back to point of initiation to ensure that clients received the services

TFNC has developed a food security assessment tool based on household and community vulnerability and can provide a copy of this tool to assess household and community food security.

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Annex 1. NACS Planning

Planners can calculate the number of clients targeted for NACS services according to health facility client load and prevalence of malnutrition. The prevalence of malnutrition is calculated by measuring the presence of malnutrition in a sample of the population selected randomly, then dividing the number of people with that form of malnutrition by the number of people in whom it was measured. Prevalence is often expressed as a percentage.

$$\frac{\text{Number of people with malnutrition}}{\text{Number of people measured}} \times 100 = \text{prevalence (\%)}$$

Based on experience from other countries, about 5–8 percent of health facility clients are severely malnourished, 20 percent of adult clients are moderately malnourished, and 50 percent of child clients are moderately malnourished.[2]

Averages for estimating specialised food product needs:

- Severely malnourished adults: 2 months of 276 g/day of RUTF + 400 g/day of FBF, followed by 4 months of 400 g/day of FBF
- Moderately malnourished adults: 3 months of 400 g/day of FBF
- Severely malnourished children: 3 months of 200 kcal/g/day of RUTF (average 276 g/day of RUTF), followed by 3 months of 92 g/day RUTF + average of 100 g/day of FBF
- Moderately malnourished children: 3 months of 92 g/day RUTF + average of 100 g/day of FBF

Table 4 shows a sample calculation of the amount of specialised food products needed for a client population of 17,500 adolescents and adults and 1,750 children for 1 year.

Table 5 lists assumptions for NACS planning that implementers can tailor to their programme needs by filling in the 'User value' column.

[2] These figures can be revised based on rates of malnutrition among these beneficiary groups in Tanzania once data are available.

Table 4. Quantities of specialised food products needed for 1 year

Client group	Target beneficiaries of nutrition assessment and counselling	Target beneficiaries for nutrition support	RUTF (MT)*	FBF (MT)*
Adolescents and adults	All	1,400 severely malnourished	23	101
		3,500 moderately malnourished	_	126
Total adolescents and adults	**17,500**	**4,900**	**23**	**227**
Children	All children (assessment) All caregivers (counselling)	438 severely malnourished	15	3
		875 moderately malnourished	7	8
Total children	**1,750**	**1,313**	**22**	**11**
Total	***19,250***	***6,213***	***45***	***238***

*Includes 10% wastage; 1 kg = 0.001 MT

Table 5. Assumptions for NACS planning

Activity	Variable	Unit			Default value	User value (optional)
General						
	Hours in a workday	hours	per	day	8	
	Days in a working year	days	per	year	260	
	Days in a work month	days	per	month	20	
Service Delivery						
	Adult MUAC tapes	tapes	per	site	5	
	Adult scale (with batteries if electronic)	scales	per	site	1	
	Adult height measuring instrument	boards	per	site	1	
	BMI wheels or charts	wheels/charts	per	site	1	
	WHZ charts	charts	per	site	1	
	Child MUAC tapes	tapes	per	site	5	
	Child scale	scales	per	site	1	
	Child length boards/height measuring instrument	boards	per	site	1	
	Infant scale	scales	per	site	1	
	Food demonstration equipment (bowls, spoons, pan)	set	per	site	1	
	Storage pallets	pallets	per	site	2	
	Average length of life (in years) of:					
	Adult MUAC tapes	years			0.5	
	Adult scales	years			5	
	Adult height measuring instrument	years			5	
	BMI wheels or charts	years			1	
	Child MUAC tapes	years			0.5	
	Child scales	years			3	
	Child length boards/height measuring instrument	years			3	
	Infant scales	years			3	
	Food demonstration equipment	years			3	
	Storage pallets	years			10	

Activity	Variable	Unit			Default value	User value (optional)
Supplies						
	Set of basic supplies	set	per	site	1	
	NACS Implementation Guide	guides	per	site	2	
	NACS Reference Manual	manuals	per	site	2	
	NACS job aids	books	per	site	2	
	Nutrition counselling materials	set	per	site	1	
	Nutrition Assessment and Management Form	pads	per	site	3	
	Daily Register of NACS Clients	registers	per	site	3	
	Specialised Food Product Prescription Form	pads	per	site	3	
	Daily SFP Dispensing Register	pads	per	site	3	
	Monthly Summary Form for NACS Services	pads	per	site	3	
	Monthly SFP Report and Request Form	forms	per	site	3	
Training						
	Number of facilitators per course	facilitators	per	course	3	
	Maximum number of participants	providers	per	site	25	
	Length of course	days	per	course	5	
	Number of staff to train/year in each new district	providers	per	site	3	
	Number of staff to train/year in each current district	providers	per	site	3	
	Number of staff to train/year at regional level	staff	per	region	4	
	Maximum number of participants for regional course	trainees	per	class	20	
	Training materials					
	NACS Training *Facilitator's Guide*	books	per	course	2	
	NACS Training PowerPoint	PowerPoint	per	course	1	
	NACS Training *Participant Workbook*	books	per	course	28	
	NACS *Reference Manual*	books	per	course	28	
	NACS Job Aids	books	per	course	28	

Activity	Variable	Unit			Default value	User value (optional)
Logistics						
	Commodity management guide	guides	per	site	1	
	Stock control forms for regular reporting	pads	per	site	12	
	Storeroom guards	guards	per	store	1	
	People to unload supplies from vehicles and stock shelves	people	per	site	1	
	Transport vehicle	years	per	vehicle	10	
	Size of storage area	m^2	per	store	2	
	Maximum height of stored specialised food products	m			2	
Management/Supervision/Coaching						
Supervision of health care providers						
	Number of annual supervisory visits from MOHCDGEC	visits	per	site	4	
	Number of annual supervisory visits from the district or ward level	visits	per	site	4	
	Number of annual supervisory visits from programme staff	visits	per	site	6	
	Time on external supervision at each new site	hours	per	visit	2	
	Time on external supervision at each established site	hours	per	visit	1	
	Time on in-charge supervision at each new site	hours	per	month	8	
	Time on in-charge supervision at each established site	hours	per	month	4	
	Number of supervisory checklists	checklist	per	visit	1	
Management at district level						
	Full-time equivalent (FTE)		per	year	0.05	
	Fixed time spent on management at new Area HQ	FTE	per	year	0.05	
	Amount of clerical support per day of management time	hours	per	day	1.5	
	Number of management documentation packages	package	per	Area HQ	1	
	Number of days for annual quality improvement learning session	days	per	year	2	

Activity	Variable	Unit			Default value	User value (optional)
Programme Management						
	Fixed time spent on management at country or HQ level	FTE	per	year	0.1	
	Number of managerial visits per new district	visits	per	year	4	
	Amount of clerical support per day of management	hours	per	day	1.5	
	Number of management documentation packages	package	per	country	2	
Start-up						
Budget and work plan						
	Number of persons	persons			5	
	Amount of time of key advisor/expert	person-months			3	
	Number of half-day meetings	meetings			6	
NACS logistics system						
	Amount of time of key advisor/expert	person-months			3	
	Number of half-day meetings of the advisory group	meetings			4	
	Person-days of per diem	person-days			5	

Other commodities provided	Unit		Location	Amount of units	Length of life (years)
e.g., water purification products	*system*	*per*	*Site*	*1*	*5*
		per			
		per			
		per			
		per			
		per			

Annex 2. Guide for NACS Training Coordinators

Training coordinators may be NACS focal persons or others responsible for managing NACS training. This section contains information needed to train NACS trainers and roll out training to service providers in the regions/districts.

The training coordinator has the following responsibilities:

1. Organise and plan the course.
2. Make logistical arrangements.
3. Select the participants for roll-out training.
4. Invite the participants.
5. Coordinate and assist the trainers during the roll-out training.
6. Ensure the course runs according to the timetable.
7. Conduct the opening and closing sessions.
8. Organise follow-up of participants in their workplaces after training.

Modular Format

The course for facility-based providers is divided into five independent modules that can be taught separately or be combined into a 5-day package, as needed. The modules are listed below.

Module	Topic
1	Overview of Nutrition
2	Nutrition Assessment, Classification and Care Plans
3	Nutrition Education, Counselling and Referrals
4	Nutrition Support
5	NACS Monitoring and Reporting

1. Before the Training of Trainers (TOT)

☐ 1. Schedule the training and invite the participants.

☐ 2. Book the venue and confirm the booking. The training site should have:

- A large room that can seat all participants and facilitators
- Small tables and chairs for group work
- Arrangements for tea breaks/lunch
- Wall space to post large sheets of flipchart paper

- Proximity to at least one health care facility for the field visit

☐ 3. Book and confirm lodging for the trainers and participants.

☐ 4. Visit the sites chosen for the practice visits. The sites should have enough clients for each participant to work with at least one. Talk to the in-charge to explain the training and ask whether participants can visit the site and work with clients. If the in-charge agrees, check the number of clients that could be seen on an average day. Ask what times of day are best for the visit. Ask the staff whether they are willing to share their experience, prepare clients and introduce the participants to the clients.

☐ 5. Confirm the visit in writing before the course.

☐ 6. Decide the dates for the training.

☐ 7. Contact the NACS Technical Team for a list of facilitators with NACS training experience. There should be at least **4 facilitators for 25–30 participants**. Confirm the facilitators' availability to know how many participants to invite.

☐ 8. Work with the district/council, local government authorities (LGAs), and health care facilities to identify training participants. The NACS training course is aimed at clinicians, nurses, nutritionists, and pharmacists working in RCH services, outpatient departments (OPD), paediatric wards and clinics, care and treatment clinics (CTCs), and TB/HIV clinics.

☐ 9. Ask the LGA to send a letter to each participant explaining the objectives of the course, the training venue and dates, the expected arrival and departure times, and arrangements for accommodation, meals, and per diem if applicable.

☐ 10. Make enough copies (double-sided, if possible) of the NACS course materials listed below for each facilitator and participant.

Course materials for the facility-based NACS training:

- *Facilitator's Guide*
  - ☐ One copy for each facilitator
  - ☐ One copy of Annex 1. Pre-test for each participant
  - ☐ One copy of Annex 3. Module Evaluation Forms for each participant
  - ☐ One copy of Annex 5. Final Course Evaluation Form for each participant
- *Reference Manual*
  - ☐ One copy for each facilitator and participant
- *Participant Workbook*
  - ☐ One copy for each facilitator and participant

- *NACS Job Aids*

  ☐ One copy for each facilitator and participant

- *Management of Acute Malnutrition: National Guidelines* (2009)

  ☐ One copy for each facilitator and participant

- *National Guidelines on Nutrition Care and Support for People Living with HIV/AIDS* (2016)

  ☐ One copy for each facilitator and participant

- *National Guidelines for the Management of HIV and AIDS* (2008)

  ☐ One copy for each facilitator and participant

- Other relevant national guidelines, tools and job aids, health education guides, maternal and child health cards, and social and behaviour change communication (SBCC) materials

  ☐ One copy for each facilitator and participant

☐ 11. Obtain the supplies and equipment listed below.

☐ NACS training PowerPoint on a CD

☐ Flipcharts and stands

☐ Marker pens

☐ LCD projector and computer or overhead projector and transparencies

☐ Masking tape

☐ Name tags for participants

☐ Writing pads or notebooks for facilitators and participants

☐ Pens and pencils for all participants

☐ Paper for printing or photocopying

☐ 900 index cards (300 yellow, 300 green, and 300 pink)

☐ 10 packets each of ready-to-use therapeutic food (RUTF) and fortified blended food (FBF) used in Tanzania

☐ Enough water and cooking utensils (for example, at least 2 small cooking pans, a cooker, stirring spoons, 28 small spoons, and small cups) to prepare and taste the FBF

☐ At least 6 long surge protector extension cords

- ☐ At least 2 functioning scales (1 for adults and 1 for children)
- ☐ At least 2 height boards
- ☐ At least 2 length boards for children
- ☐ The following mid-upper arm circumference (MUAC) tapes for each participant and facilitator
  - 6–59 months
  - 5–9 years
  - 10–14 years
  - Older adolescents and adults

☐ 12. Send materials, equipment, and supplies to the course site.

☐ 13. Confirm that the implementing partner (IP) has sent travel authorisations to participants.

☐ 14. Plan and confirm transport for participants to and from the training site and to field visit sites.

☐ 15. Make arrangements for lunch and refreshments (coffee, tea, and snacks) during the training.

☐ 16. Design and print course completion certificates for all participants.

☐ 17. Confirm arrangements with the IP for secretarial services including typing, printing, and photocopying services during the course.

☐ 18. Arrange with the IP a time to pay per diem and travel/lodging that does not take time from the course.

☐ 19. Ensure that funds are available to cover the following costs:

- ☐ Participants' travel and per diem
- ☐ Facilitators' travel and per diem and special compensation if required
- ☐ Payment for clerical support staff if needed
- ☐ Travel to and from the training site
- ☐ Stationery, equipment, and items for demonstrations
- ☐ Refreshments
- ☐ Accommodation and meals (if not covered by per diem)

☐ Photocopying and printing costs during training

☐ 20. Arrive at the training site 1 day before the training to ensure arrangements are in place.

2. During the TOT

☐ 1. Explain the course structure and timetable.

☐ 2. Explain the following training principles:

- The training is performance based and teaches participants tasks they are expected to do on the job.
- Active participation increases learning and keeps participants interested and alert.
- Participants learn how to do a task better if they practise it rather than hear about it.
- Immediate feedback increases learning.

☐ 3. Give all participants copies of course materials if these were not distributed earlier. Ask them to write their names on their materials. Explain the objective of each of the materials and go over the table of contents and timetable.

☐ 4. Ask participants to identify the different training methods used in the course. Write their responses on the board or flipchart and fill in gaps using the list below.

1. Presentation in lecture form with slides
3. Facilitation of small group work
4. Facilitation of group discussion in plenary
5. Demonstration of counselling skills in a role-play
6. Facilitation of practical sessions
7. Feedback on written exercises and practical sessions

Demonstrate appropriate behaviour for each of the training methods used in the course: giving a presentation, using the PowerPoint (referring to the bullet points, not reading the slides), leading a discussion, facilitating group work, and conducting a practical session.

☐ 5. Encourage discussion of your own technique after you have demonstrated a session. Show that you welcome suggestions about how to conduct the session better.

3. During the supervised transfer training

☐ 1. Go through each of the training module topics and ask each facilitator to choose those he or she feels most comfortable training on based on his/her expertise and experience.

☐ 2. Then ask each facilitator to practice as many of the training methods listed above as possible for his/her chosen modules, keeping to the suggested time limit.

☐ 3. After each practice module, demonstrate giving feedback by either praising a facilitator for a correct answer or performance or helping a facilitator who gives a wrong answer to think of a better one.

☐ 4. Ask the other facilitators to first praise what the presenter did well and then suggest what could be done differently. The table below suggests some skills for discussion. If a facilitator finds it difficult to teach a session because of lack of confidence or background, discuss his or her performance privately and not with the whole group. It might also be useful to help him or her prepare for the next session to develop more confidence.

Skill	Yes	No	Suggestions for improvement
Did the facilitator's movements and speech help the presentation?			
Did the facilitator involve the participants (in this case, the course director and other facilitators) in discussion and answer questions clearly?			
Did the facilitator explain points clearly using the visual aids as needed?			
Did the facilitator use the *Facilitator's Guide* and other materials accurately?			
Did the facilitator cover all the main points?			
Did the facilitator keep to the time allocated?			

☐ 5. Explain that trainers should not tell participants the correct answers too quickly. Instead, they should help participants think of appropriate answers.

☐ 6. Demonstrate speaking quietly when giving feedback to avoid disturbing people who are still working or letting other participants overhear the answers.

☐ 7. Discuss difficulties the trainers had doing the exercises and discuss how they can help participants who have similar difficulties.

☐ 8. Discuss how to handle questions from participants that are irrelevant to the topic or divert attention from the main topic. Suggest that the trainers either ask to continue the discussion during free time or explain if a question will be answered later in the course. Suggest that if they are unsure about the answer to a question, they can offer to ask someone else and then come back later with an explanation.

☐ 9. Meet with the trainers at the end of each day for 30–45 minutes to review the day's training and plan the following day. Begin by praising what they did well. Then ask each trainer to explain any problems he or she had with the training content, methods, or timing

☐10. Thank the trainers for their work. Encourage them to continue working hard during the roll-out training and promise to help them in any way they need.

4. During the training of service providers

☐ 1. Arrive at the training site 1 day beforehand to ensure arrangements are in place.

☐ 2. Check that the projector, extension cords, and other equipment are in place and functioning.

☐ 3. Be present throughout the course to support trainers and participants as needed.

☐ 4. Go over the daily evaluation forms to identify topics the participants did not understand and other comments to improve subsequent training.

5. After the training of service providers

☐ 1. With the IP NACS focal person, review the results of participant evaluations and discuss how to improve the course in the future.

6. Follow-up of trained service providers

Each IP should follow up trained service providers on the job 1–3 months after training to:

- Assess and reinforce the theoretical knowledge learned in the course.
- Assess and reinforce the counselling and practical skills learned in the course.
- Identify problems service providers face in their workplaces that affect implementation of NACS.

- Improve the quality of NACS services.

Follow-up visits should take 1 working day. No more than four service providers should be assessed during each visit.

NACS training is based on a set of competencies (expected performance standards) that participants are expected to learn during the course. Competency requires knowledge of what to do and when to do it as well as the skills to do it well. The training gives participants sound theoretical knowledge and a chance to practise nutrition assessment and counselling in different situations, but they need time to apply this knowledge and these skills in their workplaces before they become competent.

Competencies expected of NACS training participants

The table below reflects the content of the 5-day NACS training course for facility-based providers and the knowledge and skills participants are expected to demonstrate in their workplaces. The table is divided into four columns: topic, type of provider, knowledge and skills. The competencies needed most often in the workplace are listed at the beginning of the table. The later competencies depend on these. For example, to classify a client's nutritional status, a provider needs the basic competencies of clinical and anthropometric assessment. To develop a nutrition care plan for a client, a provider needs the basic competency of classification of nutritional status.

NACS competencies			
Topic	**Provider**	**Knowledge**	**Skills**
Module 1. Overview of Nutrition			
Importance of nutrition in care and treatment	Nurses Clinicians Nutritionists	• Importance of integrating nutrition into health care services	• Explain the importance of nutrition for good health.
Nutrition definitions	Nurses Clinicians Nutritionists	• Basic nutrition terms	• Define basic nutrition terms.
Causes of malnutrition	Nurses Clinicians Nutritionists	• Conceptual framework of malnutrition	• Describe the immediate and underlying causes of malnutrition.
Signs of malnutrition	Nurses Clinicians Nutritionists	• Signs of malnutrition	• Recognise the signs of malnutrition in children, adults, pregnant women and people with HIV.
Consequences of malnutrition	Nurses Clinicians Nutritionists	• Consequences of malnutrition	• Describe what can happen to someone who is malnourished without nutrition interventions. • Describe the consequences of malnutrition for people with HIV.
Nutritional requirements	Nurses Clinicians Nutritionists	• Macronutrient and micronutrient requirements of children, adults (including pregnant and post-partum women) and people living with HIV	• Explain the energy and protein requirements for different age groups. • Explain the additional energy and nutrient requirements of people living with HIV.
Critical Nutrition Actions (CNA)	Nurses Clinicians Nutritionists	• Eight Critical Nutrition Actions, messages and explanations • Approaches to preventing and managing malnutrition	• List the Critical Nutrition Actions and explain the reasons for the messages for each action. • Counsel clients on how to prevent and manage malnutrition.
Nutrition issues for people with TB and HIV	Nurses Clinicians Nutritionists	• Effect of TB on nutritional status • Interaction between TB and HIV • Relationship between nutrition and HIV	• Explain the interaction between TB and nutrition. • Explain the interaction between HIV and nutrition. • Explain the importance of nutrition interventions to improve immunity and nutritional status.

NACS competencies			
Topic	**Provider**	**Knowledge**	**Skills**
Module 2. Nutrition Assessment, Classification and Care Plans			
Clinical assessment	Nurses Clinicians Nutritionists	• Signs of malnutrition • Diagnosis of medical complications • Bilateral pitting oedema as a sign of severe acute malnutrition (SAM)	• Take a client's dietary history. • Check a client for signs of severe wasting. • Check a child's growth curve on the growth chart. • Interpret client biochemical information. • Diagnose and treat a client's medical complications or refer for treatment. • Assess a child or adult for bilateral pitting oedema.
Anthropometric assessment	Nurses Clinicians Nutritionists	• Appropriate anthropometric measurement tools for different groups	• Measure weight and height accurately. • Measure mid-upper arm circumference (MUAC) accurately. • Find body mass index (BMI) using weight and height measurements. • Find weight-for-height (WHZ) using weight and height measurements.
Diet history	Nurses Clinicians Nutritionists	• Diet history methods	• Assess a client's food access and intake. • Counsel the client based on the results.
Classification of nutritional status	Nurses Clinicians Nutritionists	• MUAC cutoffs for SAM, MAM and normal nutritional status for different age groups • BMI cutoffs for different age groups • WHZ cutoffs for children	• Classify a client's nutritional status correctly based on anthropometric measurements.

NACS competencies			
Topic	**Provider**	**Knowledge**	**Skills**
Managing malnutrition	Nurses Clinicians Nutritionists	• Algorithm for managing malnutrition in adults • Algorithm for managing malnutrition in children	• Identify and follow the appropriate nutrition care plan for a client based on nutritional status. • Refer a client with medical complications for further assessment and management. • Give an appetite test to acutely malnourished clients who qualify for RUTF. • Refer a client to relevant community services and programme for further support.
Module 3. Nutrition Education, Counselling and Referral			
Definition of counselling and required skills	Nurses Clinicians Nutritionists	• Difference between advice, education and counselling	• Differentiate between advice, education and counselling. • Define counselling as non-judgemental, empathetic communication between a client and a provider to help a client make a choice or solve a problem.
Planning a counselling session	Nurses Clinicians Nutritionists	• Planning a counselling session	• Prepare for a counselling session by considering time, venue and materials.
Counselling skills	Nurses Clinicians Nutritionists	• Skills needed to counsel effectively	• Apply effective counselling skills with clients.
Nutrition counselling using the GATHER approach	Nurses Clinicians Nutritionists	• GATHER steps in counselling • Checklist of counselling techniques	• Use the GATHER steps when counselling a client. • Assess counselling using the checklist.

NACS competencies			
Topic	**Provider**	**Knowledge**	**Skills**
Counselling on the Critical Nutrition Actions	Nurses Clinicians Nutritionists	• Food groups and a balanced diet • Food and water safety and hygiene • Dietary management of common conditions and HIV-related symptoms • Management of food-drug interactions and drug side-effects	• Counsel clients on the importance of a balanced and varied diet and how to plan meals to include all food groups. • Counsel clients on the importance of food and water safety and how to maintain it. • Counsel clients on how to manage common health conditions through diet. • Counsel people with HIV on the dietary management of HIV-related symptoms, food-drug interactions and drug side-effects.
Nutrition education	Nurses Clinicians Nutritionists	• Nutrition education topics	• Deliver a nutrition education session using relevant materials.
Linking clinic and community services	Nurses Clinicians Nutritionists	• Channels of community outreach • Community case finding • Importance of linking NACS clients with community services and programmes • Constraints that keep clients from accessing NACS services	• Identify community outreach channels and services. • Refer clients to appropriate community services. • Accept clients referred from community services and programmes. • Report client status back to community providers.
Module 4. Nutrition Support			
Importance of nutrition therapy for malnourished clients	Nurses Clinicians Nutritionists Pharmacists	• Need for nutrition therapy for people with acute malnutrition	• Describe the purpose of nutrition therapy and supplementation for clients with acute malnutrition.
Types and purpose of specialised food products to treat acute malnutrition	Nurses Clinicians Nutritionists Pharmacists	• Specialised food products to treat acute malnutrition (therapeutic and supplementary foods)	• Define ‘specialised food products’. • Define ‘therapeutic foods’. • Define ‘ready-to-use therapeutic food (RUTF)’ and ‘fortified blended food (FBF)’. • Identify specialised food products used in Tanzania.

NACS competencies			
Topic	**Provider**	**Knowledge**	**Skills**
Client enrolment and exit criteria for specialised food products	Nurses Clinicians Nutritionists Pharmacists	• Enrolment and exit criteria for treatment with specialised food products	• Indicate anthropometric and medical criteria that qualify clients for specialised food products.
Appetite test	Nurses Clinicians Nutritionists	• Reason for appetite tests for acutely malnourished clients • Steps in conducting an appetite test	• Conduct an appetite test with an acutely malnourished child or adult.
Preparation and tasting of specialised food products	Nurses Clinicians Nutritionists	• Nutrient content of RUTF and FBF • Instructions for clients to prepare and consume specialised food products	• Demonstrate preparation of FBF. • Explain to clients how to prepare and use RUTF and FBF. • Explain to clients that specialised food products are medicine that should not be shared with other family members.
Management of clients on specialised food products	Nurses Clinicians Nutritionists Pharmacists	• Appropriate kind and amount of specialised food products based on nutritional status • Client enrolment and exit procedures • Clinical and community referral services and procedures for clients on specialised food products	• Prescribe the appropriate kind and amount of specialised food products based on nutritional status. • Manage clients on specialised food products, including counselling and follow-up. • Correctly complete specialised food product registers and forms.
Ordering, receiving, storing and reporting on specialised food products	Nurses Clinicians Nutritionists Pharmacists	• Procedures for handling NACS commodities • NACS reporting requirements	• Estimate required types and amounts of specialised food products needed each month. • Order specialised food products. • Complete specialised food product reporting forms accurately. • Submit completed reporting forms according to schedule.
Module 5. NACS Monitoring and Reporting			

NACS competencies			
Topic	**Provider**	**Knowledge**	**Skills**
Purposes of collecting nutrition information on clients	Nurses Clinicians Nutritionists Pharmacists	• Importance of regular monitoring of nutritional status • Uses of NACS information for client and facility management	• Explain the importance of recording and monitoring nutritional status of clients.
Reporting NACS data	Nurses Clinicians Nutritionists Pharmacists	• NACS reporting data required by government and donors • Confidentiality of client information	• Complete required NACS reporting forms accurately. • Submit completed reporting forms according to schedule.
Quality requirements for NACS services	Nurses Clinicians Nutritionists Pharmacists	• Quality requirements for NACS services	• Identify the requirements of functional NACS services. • Assess the quality of NACS services in the workplace.
Client follow-up	Nurses Clinicians Nutritionists	• Importance of regular follow-up of client nutritional status • Client follow-up methods	• Follow-up clients regularly to monitor their adherence to NACS recommendations.
Site practice visit	Nurses Clinicians Nutritionists	• Nutrition assessment, counselling and support, including for people living with HIV	• Demonstrate nutrition assessment and counselling, including for people living with HIV. • Describe positive NACS practices observed in the site. • Identify problems in applying nutrition assessment and counselling skills learned in training. • Cite constraints to implementing NACS in the practice site visited.

Below are steps for follow-up visits to service providers trained in NACS.

☐ 1. Contact the managers of health facilities with service providers trained in NACS to ask for permission for the trained service providers to be excused from their regular duties for the assessment.

☐ 2. Explain that you will give feedback from the assessment to the health facility manager and to TFNC with suggestions on how to strengthen the capacity of the service providers if needed.

☐ 3. Start the follow-up visit by introducing yourself to the health facility in-charge and other relevant staff. Explain the purpose of the visit and the activities that will take place during the day. Establish a friendly atmosphere for the visit.

☐ 4. Identify the service providers you will assess. Ask whether the staff have observed any differences in the way these service providers are working since the NACS training and whether they have been able to apply what they learned in their busy schedules.

☐ 5. Ask to see areas where NACS activities might take place, for example, the outpatient department and counselling room. Identify a quiet area to meet with the health care providers after the assessment.

☐ 6. Introduce yourself to the trained service providers. Emphasise that your visit is not an exam, but a way to assess the training and help with any situations the providers may have found difficult since the training.

☐ 7. Identify clients and caregivers who may be able to take part in the assessment and introduce yourself to them. Explain how the assessment will be done and reassure them that the assessment is a way to improve services in the facility, not to judge them in any way.

☐ 8. Ask to see data collection forms filled out by the service providers and the facility managers.

☐ 9. Choose the competencies you will assess for each service provider. You could do this by asking the providers which skills they found difficult to learn or feel unsure of or which situations they have found difficult to manage.

☐ 10. If possible, assess each health care worker on one competency for nutrition assessment, one competency for nutrition counselling, one competency for management of specialised food products and one competency for NACS monitoring and reporting.

☐ 11. Take the provider(s) to a suitable client or caregiver and explain what you would like them to do. For example, 'I would like you to show me how you would measure this child's MUAC'.

☐ 12. Fill in the follow-up assessment form on the end of this list for each competency assessed. Note any conditions in the facility that affect NACS implementation.

☐ 13. When providers have completed an activity, ask how they felt they did and ask the others to give feedback, starting with praise for things done well and then making suggestions for improvement. You can also ask questions from the knowledge section of the competencies table, for example, 'What treatment should this child receive based on his MUAC measurement?'

☐ 14. Then give your own feedback by praising things the provider did well and suggesting how to improve. If necessary, demonstrate the correct procedure.

☐ 15. Discuss with the providers what support they need to improve their performance.

☐ 16. Give a date for the next follow-up visit.

☐ 17. After the follow-up visit, meet with the facility manager and, if possible, with district officials to discuss the findings and any actions needed.

Follow-up visit assessment form

Overall integration of NACS services:	
Client comments:	
Data collection and reporting:	
COMPETENCIES OF TRAINED PROVIDERS	
Knowledge	Assessment
Skills	Assessment
Additional notes:	
Provider's name: Date of assessment: Health facility: Signature of assessor:	