



## Defining Nutrition Assessment, Counseling, and Support (NACS)

July 2012

The nutrition assessment, counseling, and support (NACS) approach aims to improve the nutritional status of individuals and populations by integrating nutrition into policies, programs, and the health service delivery infrastructure. The NACS approach strengthens the capacity of facility- and community-based health care providers to deliver nutrition-specific services while linking clients to nutrition-sensitive interventions provided by the health, agriculture, food security, social protection, education, and rural development sectors.

The NACS approach also strengthens the broader health system by building technical capacity that can be applied to other nutrition interventions, identifying referral pathways, establishing protocols for supervision and commodity management, improving client flow within health services, and improving data management.

Most of the experience with this approach has come from work with people living with HIV (PLHIV), but lessons from this experience are being adapted and extended to standardized case management for malnourished people with other infectious diseases and non-communicable diseases.

The components of NACS and how they work together are described in the following sections.

### NUTRITION ASSESSMENT

Good nutrition care starts with good assessment (measurement and classification) of nutritional status. Nutrition assessment is a critical first step in improving and maintaining nutritional status. NACS aims to establish routine nutrition assessment as an integral component of both facility- and community-based screening, care, and support.

Nutrition assessment can:

- Identify medical complications that affect nutritional status
- Track growth and weight trends
- Detect diet habits that make it difficult to improve health or that increase the risk of disease
- Inform nutrition messages and counseling
- Establish a framework for an individual nutrition care plan, which specifies nutrition goals and interventions, feasible changes in behavior, and practices to meet those goals

NACS embraces and addresses the extreme vulnerability of mothers and infants during the 1,000 days between conception and a child's second birthday. Nutrition action and investment during this period can have the largest positive impact on child nutrition.

At the health facility level, nutrition assessment is usually part of broader clinical assessment by health care providers. At the community level, screening should identify people that are malnourished or at risk of malnutrition for reasons that include food insecurity and poor water, sanitation, and hygiene (WASH) and refer them for a more in-depth assessment and support.

## NUTRITION COUNSELING

Nutrition counseling is an interactive process between a client and a trained counselor that uses information from nutrition assessments to prioritize actions to improve nutritional status. Counseling helps identify client preferences, barriers to behavior change, and possible solutions to overcome those barriers. With this information, the client and care provider jointly plan a feasible course of action to support healthy practices. The care provider may use job aids to select appropriate messages and guide counseling sessions. Group education on key nutrition topics can be provided in health facility waiting rooms or for community groups using various print and audiovisual media.

## NUTRITION SUPPORT

Nutrition support includes:

- Therapeutic and supplementary foods to treat clinical malnutrition
- Complementary food supplements for children 6–23 months old to prevent malnutrition
- Micronutrient supplements to prevent vitamin and mineral deficiencies
- Point-of-use water purification products to prevent water-borne disease

Some aspects of nutrition support, such as prescription of therapeutic and supplementary foods, can be provided only by trained facility-based health care providers, but all aspects can be promoted and supported at the community level.

## REFERRAL

The NACS approach also aims to strengthen referrals to nutrition-sensitive interventions that can help improve food security and nutritional status, thereby improving health outcomes. Such interventions include household food support, home-based care, agricultural extension services, and economic strengthening and livelihood support.

Figure 1 is a suggested bidirectional referral system to link NACS clients to community-based economic strengthening, livelihoods, and food security support. Because health facility staff are not usually equipped

Figure 1. Suggested NACS Referral System



Source: Livelihood and Food Security Technical Assistance Project (LIFT).

to identify appropriate livelihood services or track referral outcomes, the referral model proposes a community intermediary—a government agency or a nongovernmental or community-based organization such as a home-based care program or PLHIV support group—to coordinate the referral process. The intermediary can assess food security and economic vulnerability, refer clients to appropriate support services, manage referral feedback, and evaluate the uptake and effectiveness of the services.

## COMPLEMENTARITY OF NACS COMPONENTS

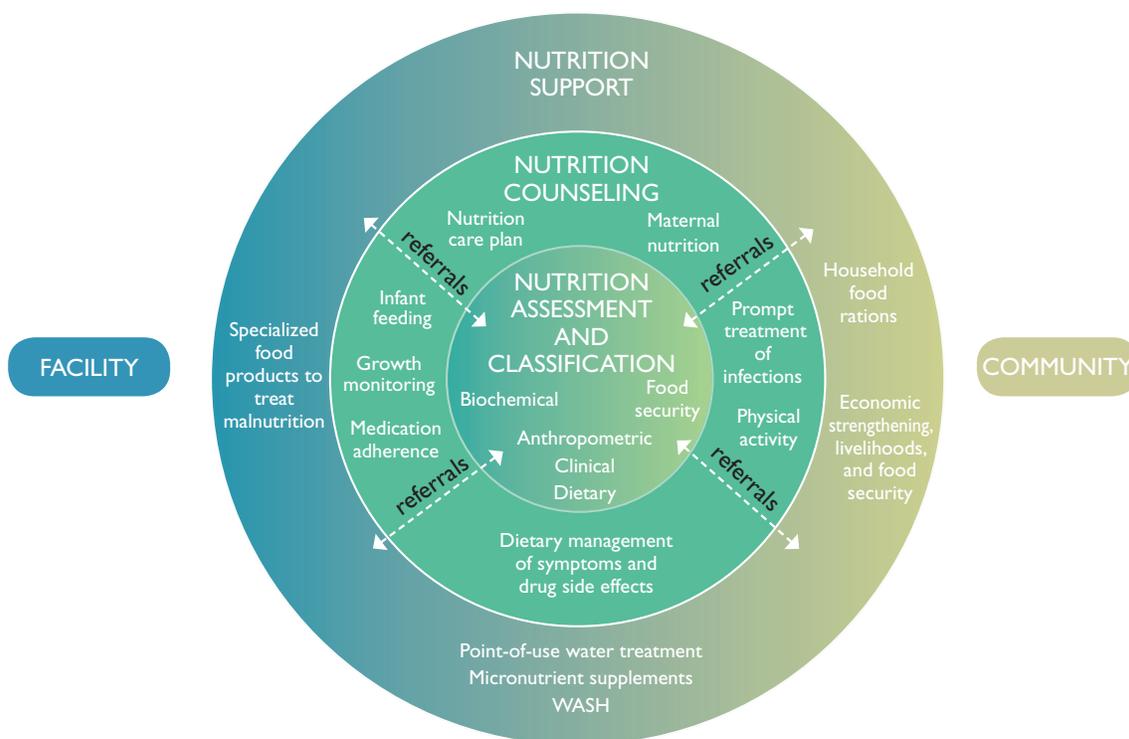
Nutrition assessment, nutrition counseling, and nutrition support reinforce and build on each other to improve health outcomes. No component of NACS should be addressed without the others. Health care providers need to know clients’ nutritional status to counsel them on how to maintain healthy weight, manage common clinical symptoms, and avoid or treat infections and to refer them for needed medical care or social support.

Many health care facilities provide some type of nutrition assessment, for example, weighing children and pregnant women or monitoring child growth, but sometimes this information is only recorded or reported. Assessment should be taken to the next step to classify clients’ nutritional status and counsel them on how to maintain or improve their health and nutrition.

However, malnourished clients that do not have adequate access to nutritious food need more than nutrition counseling. They need support at various levels targeted to their specific needs to improve their nutritional status. Such support includes interventions to treat malnutrition, make drinking water safe, address micronutrient deficiencies, or improve individual and household food consumption.

Figure 2 shows the interaction among the three NACS components, as well as the role that health facilities and communities play in NACS.

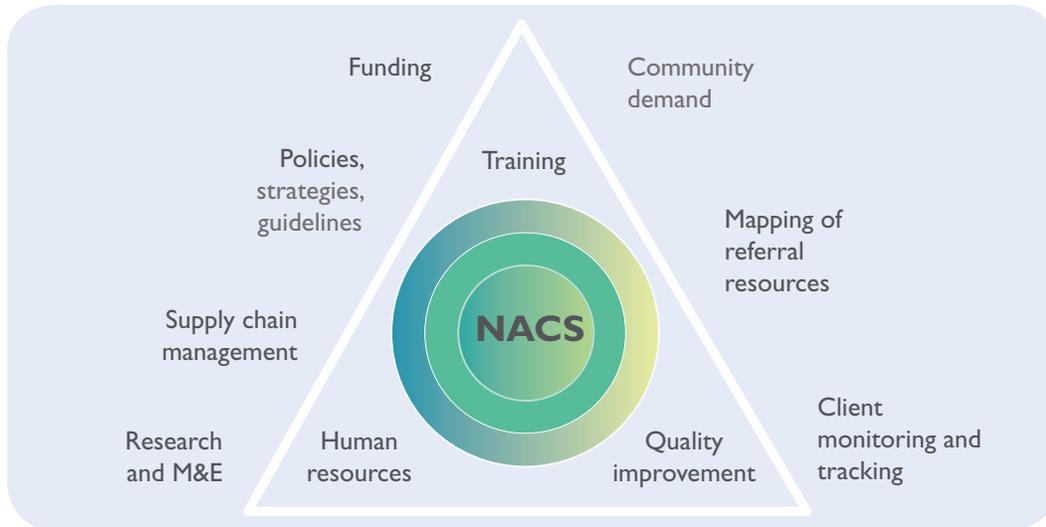
Figure 2. Complementarity of NACS Components at the Facility and Community Levels



## THE ENABLING ENVIRONMENT FOR NACS

The enabling environment for NACS includes program financing, global guidance, national policies and strategies, human resources, and partnerships and synergies with other programs, as well as the infrastructural support necessary to provide and access NACS services (Figure 3). Quality improvement is an essential element to improve the efficiency and effectiveness of health care delivery processes and systems, as well as the performance of health workers in delivering NACS services.

Figure 3. The Enabling Environment for NACS



Many countries have developed context-specific NACS guidelines, training materials, and job aids that can be adapted elsewhere. Global NACS guidance is also being developed to help program planners and implementers design and implement programs and allocate resources to integrate NACS into health care and community services beyond the HIV context. The guidance will cover the components of NACS, assessment of needs and opportunities for integrating NACS, elements of an enabling environment, budgeting and costing, capacity strengthening, assessment and counseling tools, references, and experience from various countries to highlight challenges and promising practices.

### ABOUT FANTA

FANTA works to improve and strengthen nutrition and food security policies, strategies, programs, and systems through technical support to the U.S. Agency for International Development (USAID) and its partners, including host country governments, international organizations, and nongovernmental organization implementing partners. FANTA aims to improve the health and well-being of vulnerable groups through technical support in the areas of maternal and child health and nutrition in development and emergency contexts, HIV and other infectious diseases, food security and livelihood strengthening, agriculture and nutrition linkages, and emergency assistance in nutrition crises. FANTA develops and adapts approaches to support the design and implementation of country-level programs, while building on field experience to improve and expand the evidence base, methods, and global standards for nutrition and food security programming. The project, managed by FHI 360 and funded by USAID, is a 5-year cooperative agreement.

Food and Nutrition  
Technical Assistance III Project  
FANTA  
FHI 360  
1825 Connecticut Ave., NW  
Washington, DC 20009  
Tel: 202-884-8000  
Fax: 202-884-8432  
fantamail@fhi360.org  
www.fantaproject.org

This publication is made possible by the generous support of the American people through the support of the Office of HIV/AIDS and the Office of Health, Infectious Diseases, and Nutrition, Bureau for Global Health, U.S. Agency for International Development (USAID), under terms of Cooperative Agreement No. AID-OAA-A-12-00005, through the Food and Nutrition Technical Assistance III Project (FANTA), managed by FHI 360.

The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.

### Recommended citation:

FANTA. 2012. *Defining Nutrition Assessment, Counseling, and Support (NACS)*. Technical Note No. 13. Washington, DC: FHI 360/FANTA.

**fhi360**  
THE SCIENCE OF IMPROVING LIVES