

The “C” in NACS: FANTA’s Experience Improving Counseling in the Nutrition Assessment, Counseling, and Support (NACS) Approach

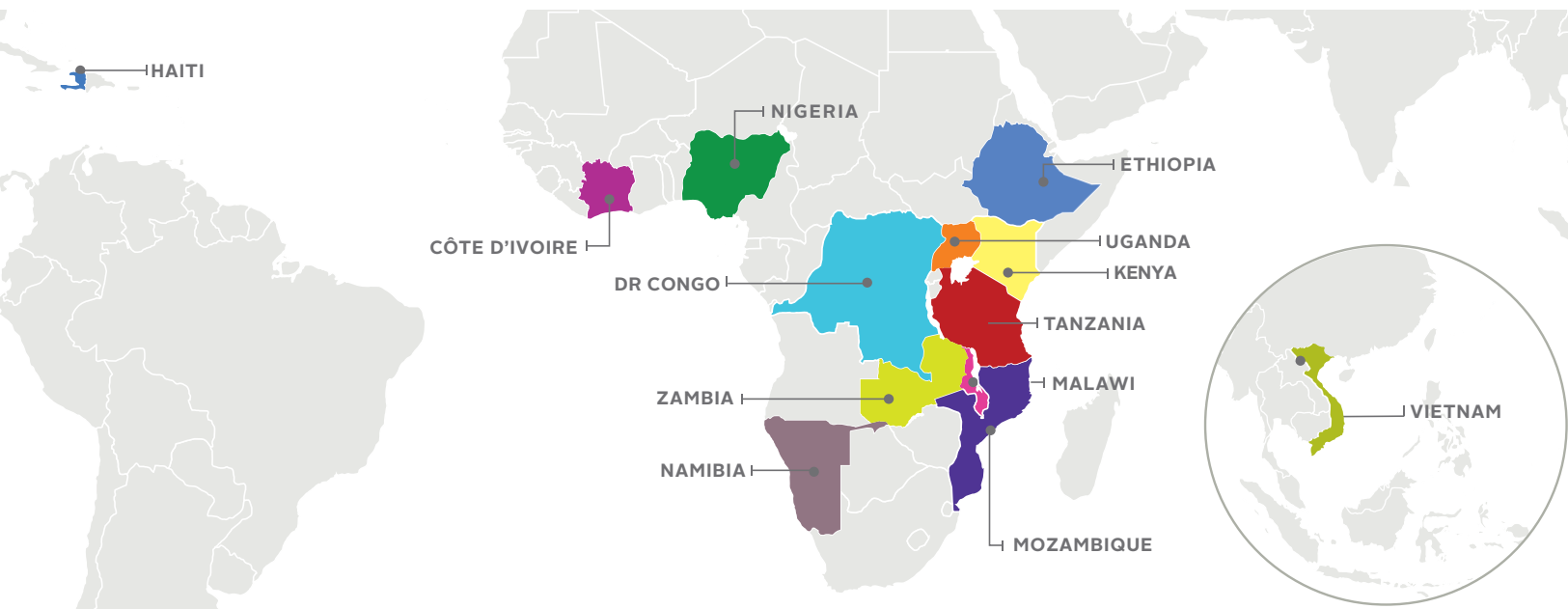
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Nutrition assessment, counseling, and support (NACS) is a client-centered programmatic approach for integrating a set of priority nutrition interventions into health care services. Since 2007, the FHI 360 Food and Nutrition Technical Assistance III Project (FANTA) has supported 13 countries to develop guidelines, tools, and systems for implementing NACS in health facilities and community services. Health staff and community health volunteers who have been trained in NACS help improve clients’ health by assessing and classifying their nutritional status and providing counseling, education, referrals, treatment, and other support to improve nutrition.

Despite great success in assessing and treating people for malnutrition, observations in health facilities reveal that counseling—the “C” in NACS—remains weak. After clients receive anthropometric, biochemical, clinical, and dietary assessment and

their nutritional status is classified, they should receive counseling to discuss their assessment results and nutrition care plan. However, counseling may be given to only those with acute malnutrition and limited to vague advice (i.e., “eat well”). Crucial opportunities are missed to help clients overcome their specific nutrition challenges, prevent undernutrition, address overweight, prevent obesity, and/or manage symptoms through diet. Critical issues linked with nutrition are also frequently neglected, especially water, sanitation, and hygiene (WASH) and adherence to drug treatment for clients living with TB or HIV.

Evidence suggests that the quality of counseling received can affect a client’s adoption of recommended behaviors (Buskens and Jaffe 2008; Bernays et al. 2016) and improve health outcomes, including nutrition (Lamstein et al.



FANTA-Supported Countries Implementing NACS

2014; Sanghvi et al. 2013) and anti-retroviral therapy (ART) adherence and retention (Tomori et al. 2014; Muhamadi et al. 2011; Govindasamy et al. 2014). Evidence also suggests that effective training and support for providers is required to ensure effective counseling practices (Dewing et al. 2015). However, the relative lack of research specifically on NACS and a call (Tang et al. 2015) for more research in this area led FANTA to invest in improving counseling through NACS training, tools, and support in several countries. This brief describes FANTA's technical assistance approach and the tools developed to enhance the impact of NACS through counseling quality improvement.

BACKGROUND

Defining the “C” in NACS

The [counseling module](#) of the NACS training curriculum uses this definition:

“Counseling is an interactive, collaborative process between a client and a trained counsellor through which the client is supported to plan appropriate actions.”

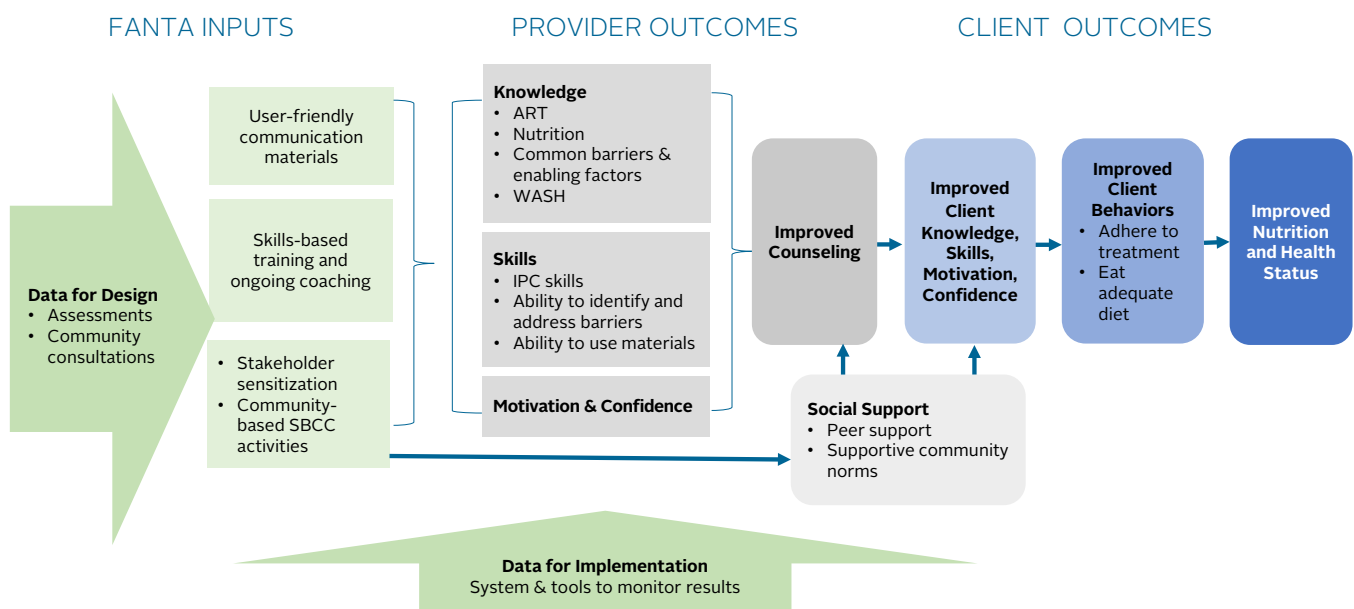
This definition supports globally accepted best practices for effective counseling in public health, captured in models such as “GALIDRAA” (Guyon et al. 2015), motivational interviewing (Miller and Rollnick 2012), and self-management support (Glasgow et al. 2006), which focus on client-centered, non-directive, empathetic techniques that use active listening and support client goal-setting and problem solving.

Despite language in training curricula calling for interactive techniques, FANTA's observations of counseling across several countries found a tendency for one-way communication, with greater focus on delivering messages than on probing to understand clients' situations so as to tailor counseling to their needs. Well-intentioned providers described their role as “telling clients what they need to do;” they also said that they supported community volunteer counselors by telling them to “just advise him, he must do X.” To activate the power of information to help clients solve their problems, the counseling must be delivered in a way that focuses on clients' needs and resources. In addition, the new information must be absorbed actively by the clients, and they must be supported to set goals that are feasible in their context. These principles of client-centered, action-empowering counseling are often promoted during training, but prove difficult to put into practice. Reasons likely include historical reliance on models of health care interaction based on authoritative advising, insufficient practice of skills during training, and a lack of ongoing coaching after training.

A theory of change for NACS counseling

FANTA developed a theory of change (Figure 1) in which evidence-based program inputs are designed to address knowledge and skills gaps and strengthen providers' capacity to deliver effective counseling, which in turn, enhances clients' effective counseling, which in turn, enhances clients'

Figure 1. Theory of Change for Improving Health through Improved Counseling and SBCC



knowledge, motivation, skills, and confidence to adopt recommended practices that contribute to health goals. Efforts to improve counseling were applied at the facility and community levels and included community engagement activities to develop social support for the aims represented in this diagram.

The following sections describe FANTA's approach to operationalizing this framework

FANTA'S APPROACH TO IMPROVING COUNSELING FOR NACS

Establish quality standards

Improving counseling requires first defining quality standards. FANTA identified key criteria for quality performance (Box 1) based on established best practices, grounded in evidence cited earlier. An observation checklist was developed for use in needs assessments, monitoring, and support. It includes specific performance indicators under each area that can be scored based on observation. Training, support, and job aids were all oriented to these core competencies.

Data for design

Effective programs are designed to fit local contexts, and any social and behavior change (SBC) intervention should be based on evidence (C-Change 2012).¹ Resources for formative research to inform program design are often limited, however. FANTA has developed efficient methods to ground interventions in the local contexts by conducting landscape analyses that include observations of counseling in facility, home, and community settings as well as community consultations. A 1-day participatory community workshop using a force field analysis methodology² garnered insights into people's nutrition experience, knowledge, practices, and values. This activity was replicated, with a focus on ART challenges, in smaller gatherings of NACS volunteers and community members, to gain a better understanding of factors

Box 1. Counseling Core Competencies

1. Demonstrate respect and empathy
2. Follow ethical standards
3. Ask open-ended questions about client's situation and practices
4. Listen actively
5. Encourage positive practices
6. Address client's concerns
7. Communicate correct information
8. Check for understanding
9. Use communication materials effectively
10. Discuss and agree on an action
11. Make appropriate referrals
12. Schedule next meeting
13. End on a positive note

affecting treatment adherence. Such consultations help identify knowledge gaps, social norms, and barriers to and motivators for behavior change, as well as generate ideas for action. For example, in Zambia, FANTA found that lack of food was viewed as a key barrier to ART adherence and that people dismissed health workers' messages about dietary diversity as unrealistic, given their limited resources and food availability. Such insights led us to coach NACS volunteers to emphasize the value of locally available, affordable foods using locally made visual aids, and to support clients to make small, feasible dietary changes. Further findings on the important role played by faith leaders who push people living with HIV to stop ART and pray for healing instead, taken

1 Kaye and Moreno-Leguizamon's literature review on nutrition education and counseling for HIV positive adults highlights the need to tailor services and support to cultural contexts and individuals' perspectives in order to be well received (Tabi and Vogel 2006; Torres et al. 2008).

2 The method is based on the principles in an approach developed by social psychologist Kurt Lewin (https://howlingpixel.com/i-en/Force-field_analysis) to identify forces that drive behavior change (often referred to in SBCC as "enabling factors") as well as restraining forces ("barriers"). It also draws on the model for community group applications in the Action Media Methodology used by the C-Change Project (<https://www.c-changeprogram.org/sites/default/files/C-Bulletin-4.pdf>).

together with findings on the importance of disclosure and social support, led NACS counselors to 1) focus on correct information about ART and 2) mobilize support from peers in the community who had direct experience with faith-healing attempts.

Improve counseling skills

Despite broad consensus on counseling best practices, and guidance that promotes skills for two-way communication, active listening, support for problem solving and action planning,³ FANTA observed persistent weaknesses in counselors' interpersonal communication (IPC) skills. Counselors tend to focus on counseling content—key messages—but neglect the delivery process. If a provider cannot communicate effectively, no matter how good the information is, it will be lost on the client and unlikely to result in behavior change. Key gaps FANTA identified:

- Counselors tend to tell clients what to do without asking probing questions first to learn about the clients' situation in order to determine priorities and tailor support.
- Clients often miss much of what health care providers say, perhaps due to boredom, confusion, or too much information, and they are not asked to restate what was discussed.

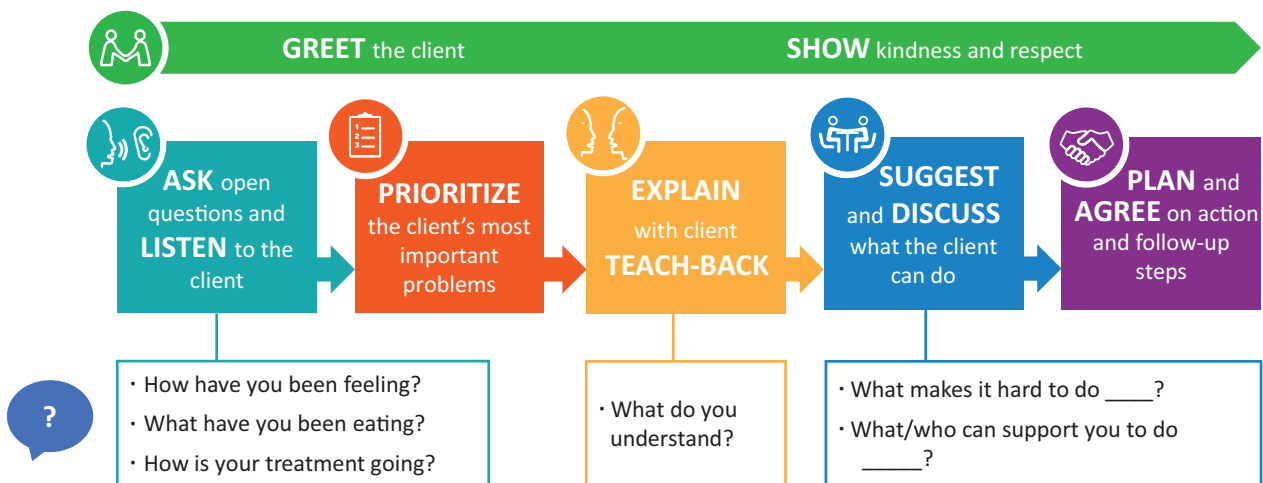
- Counselors do not engage clients in developing a plan for realistic “small, doable actions” that consider the clients' barriers and opportunities and that clients feel confident they can do.

Given these observations, FANTA developed strategies for capacity development with a focus on the following priority skills:

- **Asking questions and listening.** Effective counseling depends on asking open-ended questions that elicit details about a client's situation and listening carefully to responses, so that guidance can be tailored and can support the client's problem-solving.
- **Checking for understanding.** When a client is asked to explain or “teach back” what s/he understands in his/her own words, the counselor has a chance to correct misunderstandings and the client is more likely to retain the information.
- **Negotiating a plan for action.** Every counseling session should end with some kind of action plan—a small step that a client feels confident in taking toward solving her/his problem.

A graphic tool was developed to capture the crucial elements of effective counseling (Figure 2). Based

Figure 2. Elements of Effective Counseling



3 Guidance used by a wide range of programs globally comes from UNICEF's Infant and Young Child Feeding (IYCF) Counseling Package (https://www.unicef.org/nutrition/files/counseling_cards_Oct_2012); the ENA GALIDRAA approach to negotiation from the CORE Group's Essential Nutrition Actions and Essential Hygiene Actions Training Guide (<https://coregroup.org/resource-library/essential-nutrition-actions-and-essential-hygiene-actions-framework/>), WHO's Counselling for maternal and newborn health care: A handbook for building skills (http://www.who.int/maternal_child_adolescent/documents/9789241547628/en/), and Make Me a Change Agent: A Multisectoral SBC Resource for Community Workers and Field Staff (<https://www.fsnnetwork.org/make-me-change-agent-multisectoral-sbc-resource-community-workers-and-field-staff>).

on a wide review of existing guidance (as detailed in footnote 3), it shows the main steps in the process as well as key skills. During training and in coaching, this tool has effectively helped providers focus on and overcome common weaknesses. Used as a job aid during counseling, it guides providers with reminders in a user-friendly format. The specific content is adapted to fit local contexts. The components are:

Greet the client: Along the top of the graphic are the cross-cutting elements of rapport-building essential to forging warm and respectful interactions that fuel good communication. Despite its inclusion in training, it is not uncommon to observe providers neglecting introductions and to hear clients report harsh or disinterested treatment from their counselors.

Ask questions and listen carefully: The tool prompts counselors to ask open-ended questions during counseling about a range of issues. Examples along the bottom of the tool help identify problem areas to focus on, check the client's understanding of information presented, and explore barriers and enabling factors related to recommended practices.

Prioritize what problems to focus on: Prioritizing is an analytical skill that can be difficult to teach, but through training based on repeated practice, FANTA has helped counselors develop the ability to focus advice on the most important priority, rather than try to cover a list of recommendations. Coaching emphasizes how to use the information gained in step 1 to focus advice in step 2.

Explain and verify client understanding: Once a counselor has determined what information a client needs, during the education stage of counseling,

s/he explains relevant facts and the benefits of certain practices. Since technical information can be confusing, it is essential to ask clients to explain what they understood in their own words. The “teach back” technique helps providers to verify that clients are absorbing the message in a meaningful way.


Suggest and discuss: In the next step, the provider suggests a few possible steps that could help solve the client's problem and asks about barriers and enablers the client faces. Discussion helps the client see the benefits of a particular practice and build confidence to try it.

Plan: Before leaving, the client decides on a concrete, feasible plan for taking a small action step towards a larger goal. Writing the action step on a slip of paper for the client to take home can help him/her remember to do it.

Improve counseling content

While information alone is not enough to change behavior, it is a necessary and important part of counseling. FANTA observed in many contexts that flipcharts—the most common tool for counseling, full of pictures and key messages on improving nutrition—were not being used by providers. Most providers had never been trained to use the tools, and many said they were too big and complex. In response, FANTA improved flipchart design and began training NACS providers on their use. The flipcharts were made more user friendly by cutting unnecessary text, incorporating new graphic elements, and streamlining content to focus on specific clients or needs. Figure 3 shows the contents page of the flipchart, which helps users navigate easily to relevant sections.

Figure 3. Contents Page of the Flipchart on Nutrition Counseling for People with HIV or TB

FOR ALL CLIENTS		THEME 1: GOOD NUTRITION FOR PEOPLE LIVING WITH ILLNESS 5
		Eat to stay well, eat to get better 5
		Eat a variety of foods 7
		Keep eating when you are ill 9
		THEME 2: ADHERENCE TO TREATMENT 11
		Visit a health facility regularly 11
		Take all medications as prescribed 13
		THEME 3: PREVENTING INFECTIONS THROUGH WASH 15
		Stop the germ cycle..... 15
		Keep water and food safe..... 17
		THEME 4: POSITIVE LIVING 19
		Connect with support 19
		Take care of your body 21
FOR MOTHERS		THEME 5: MATERNAL AND CHILD NUTRITION 23
		Eat well when you are pregnant or breastfeeding 23
		Feed your baby ONLY breast milk for the first 6 months 25
		Feed your baby complementary foods beginning at 6 months and continue breastfeeding 27
		Manage infant and young child feeding while HIV positive 29
FOR SYMPTOMS		THEME 6: SYMPTOM MANAGEMENT 31
		Manage diarrhea, nausea and vomiting 31
		Manage mouth sores or thrush..... 33
		Prevent or reduce anaemia..... 35
		Manage tuberculosis 37

Community volunteers implementing NACS expressed particular difficulty in addressing the needs of clients on antiretroviral therapy (ART), which was a focus of much FANTA programming. Based on evidence showing pictorial tools can enhance client understanding and help counselors communicate better (Finocchiaro-Kessler et al. 2012), FANTA prioritized and simplified key information and presented it in new graphic formats that were integrated into flipcharts and other counseling and education tools.

To determine what information to prioritize, FANTA conducted a survey of experts⁴ and an analysis of existing technical guidance for counseling on nutrition and HIV, including key messages from several countries and the Critical Nutrition Actions (CNA), which are recommended practices for adults living with infection or chronic disease. Based on the overlap within these and the consensus among the technical experts who were consulted, FANTA identified four core needs of clients living with HIV to address in NACS counseling. FANTA designed tools

4 See Pico's "Results of the Survey to Prioritize Nutrition Counseling Messages for People Living with HIV and/or Tuberculosis in Mozambique".

and training materials to help providers address these four life-sustaining areas: adherence to medication, nutrition, WASH, and retention in care. The graphic logo (Figure 4) presents the core needs and can be printed on posters or take-home brochures to serve as a reminder. A version with key messages (Figure 5) is laminated and carried for easy reference wherever counseling is done. The question prompts in the counseling graphic presented above (Figure 2) encourage counselors to check each area to make sure nothing fundamental is overlooked.

Figure 4. Counseling Topics to Address Core Needs

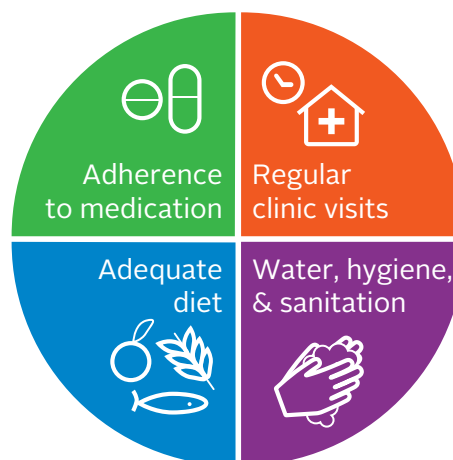
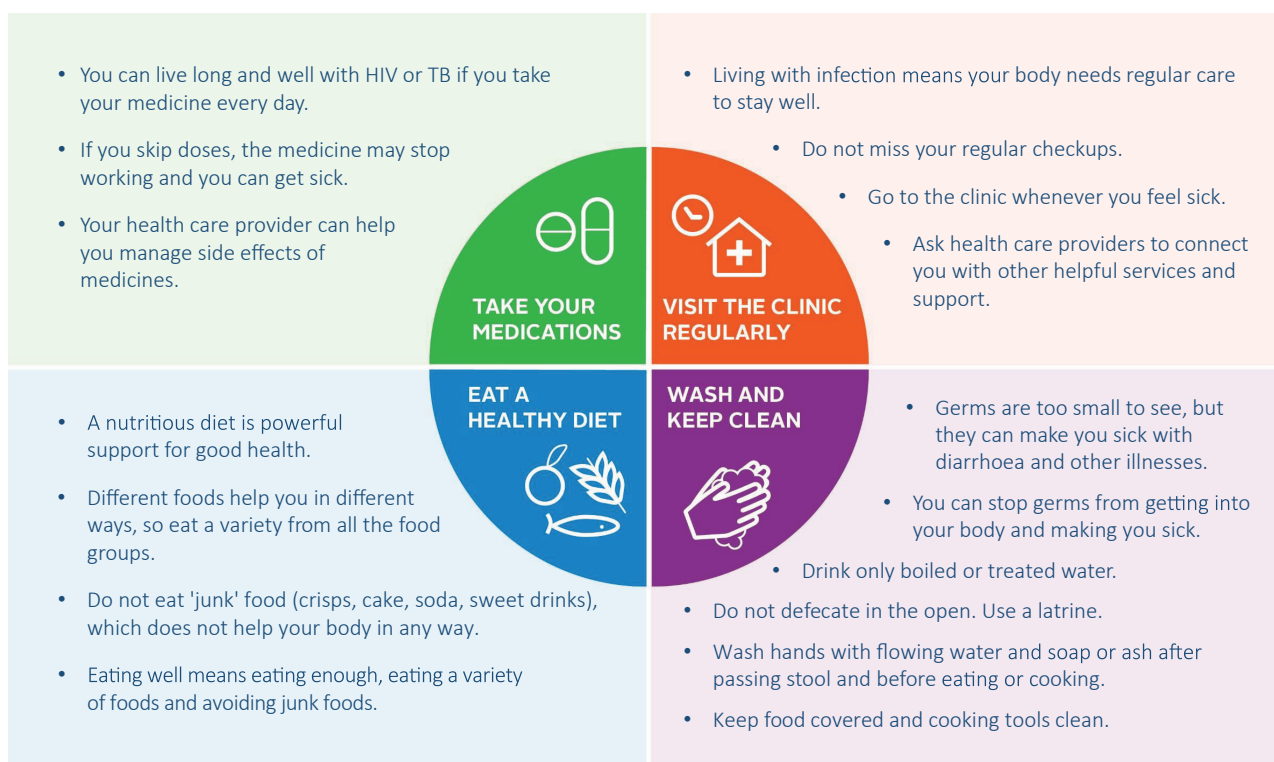


Figure 5. Core Counseling Messages



To address weak ART knowledge, identified among NACS volunteers, FANTA developed a graphic to help explain the effects of ART and drug resistance. The “ART Brick Wall” graphic (Figure 6)⁵ was developed and field-tested in Zambia. Both community volunteers and their clients preferred this graphic over a simpler version because it clarifies what happens in the body when antiretroviral doses (ARVs) are skipped and how ARVs protect the immune system. In Malawi, a cartoon was developed for local preferences, depicting ARVs as a “shield” protecting against HIV “attackers.” FANTA’s experience demonstrates that pre-testing is crucial to tailoring materials to resonate in unique settings.

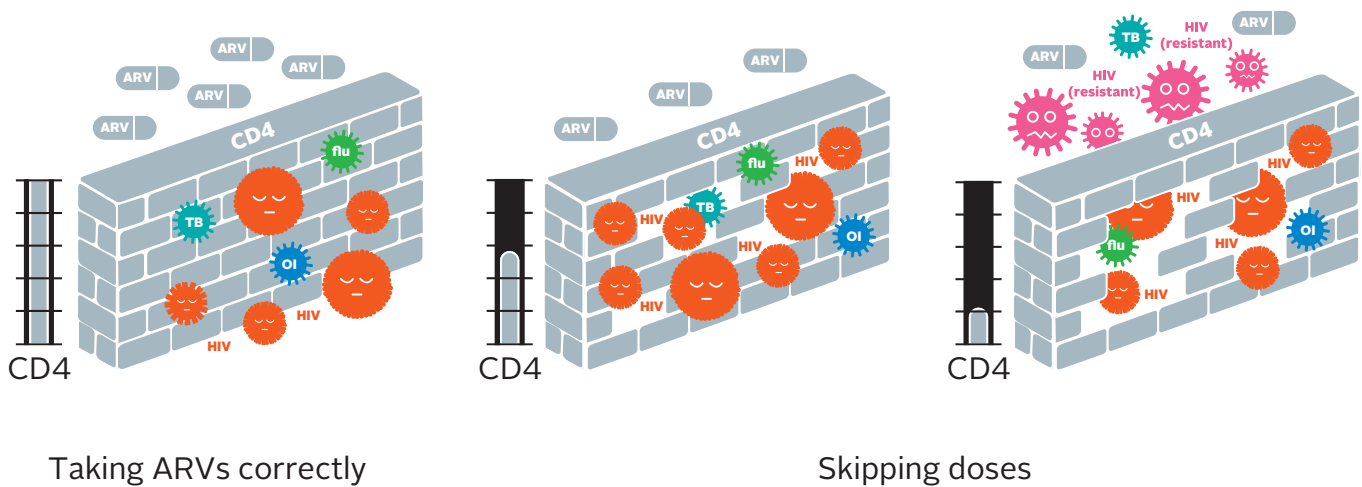
Together, these visual aids have proven effective to help engage clients in learning and discussing technical information that may be difficult to communicate, so that it can be used to support the client to adopt behavior changes.

Improve training

FANTA discovered that to strengthen knowledge and skills for client-centered, action-oriented counseling, new training approaches were needed. Typical training methods reflect the same weaknesses found in counseling: too much “telling” and not enough active engagement. Following principles of adult learning,⁶ FANTA’s approach fostered learning and skills development by having participants work with new knowledge and materials in hands-on practice. Interpersonal communication skills were not just discussed, but practiced repeatedly through role-play activities.

To ensure that counseling was tailored to a client’s situation, we fostered an appreciation of how an individual’s behaviors are influenced by many factors in his or her social context. FANTA had participants build a socio-ecological model similar to that in Figure 7 and discuss challenges of social and behavior change based on their own experience.

Figure 6. Graphic Illustrating the Action of Antiretroviral Drugs



5 This graphic was inspired by one used in a study on the application of pictorial tools to enhance the impact of counseling on ART adherence (Finocchiaro-Kessler et al. 2012).

6 Global Learning Partners “About Dialogue Education” Available at <http://www.globallearningpartners.com/about/about-dialogue-education>.

Following this sensitization, FANTA introduced key counseling skills using a variety of activities and facilitated role-plays, in which participants used the knowledge and tools introduced to practice each key skill. The method grouped participants into role-play triads (one as the “counselor,” one as the “client,” and one as the observer). Small checklists (Figures 8 and 9) were used to keep the focus on priority skills during the role-plays and to facilitate analysis afterwards. Feedback was crucial to the learning process, and always began by hearing from the “client,” to highlight the importance of clients’ perspectives.

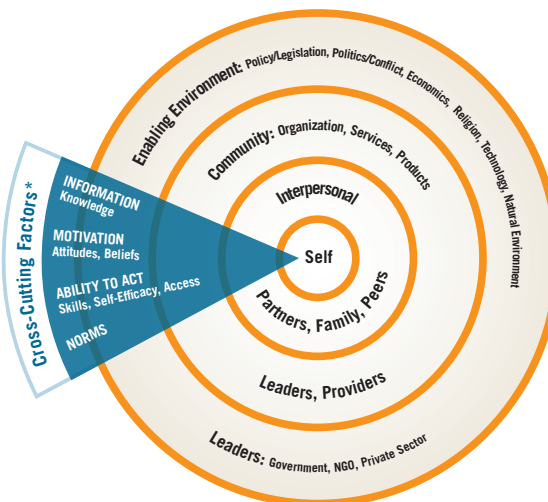
The checklist in Figure 9 was used by observers to focus on the core skills of asking questions and verifying understanding.

When practicing the asking and listening skills, the observer pulled a red card if the “counselor” jumps ahead to give advice. This was a fun and effective way to teach the importance of listening before offering information. On the final day of training, actual clients came in from the community for more realistic practice of skills. Participants learned to confront and navigate unexpected counseling challenges, and they processed the experience together after the clients left. The value of effective training is fleeting if ongoing coaching support is not available to practitioners. So, FANTA provided follow-up coaching to health workers and NACS counseling volunteers through regular monitoring visits and periodic peer-reviewed learning sessions.

Box 2. FANTA's Approach to Improving NACS Counseling

1. Establish quality standards
2. Collect data for design
3. Improve counseling skills
4. Improve counseling content
5. Improve training

Figure 7. The Socio-Ecological Model of Change



*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

Figure 8. “Client” Checklist

During this counseling session, did your counselor...	Y	N
1. Show respect and kindness.		
2. Ask questions about my situation.		
3. Listen to me.		
4. Address <u>my</u> main concerns.		
5. Discuss a plan for an action that I am confident I can do.		

Figure 9. Observer Checklist

During the counseling session...		
1. How many questions did the counselor ask about the client before s/he started to give information or advice?	# of questions	
2. How many minutes passed before the counselor began telling/advising?	# of minutes	
3. After explaining the information, did s/he check understanding (e.g., using 'teach back')?	Yes (Y)	No (N)

CONCLUSION

FANTA's work contributes to a body of guidance, training, and tools developed by program implementers to improve counseling for improved nutrition practices. While consensus exists regarding the elements of effective counseling, which have been presented in guidance, tools, and training curricula around the world for years, providers often continue to deliver “counseling” in one-way, information-heavy interactions that are not well understood or utilized by the clients. FANTA responded to the needs identified in supported countries by developing simple, user-friendly tools and training approaches based on principles of adult learning, and by providing ongoing coaching to maintain and enhance new knowledge and skills.

Results from these investments can be seen in Zambia, where an evaluation of an intervention using these approaches found improvements in both counseling skills and targeted health practices. Observations of counseling using the core skills checklist documented steady improvement over the course of 18 months at both the facility and community levels:

(18-Month Period)	Poor	Good	Excellent
Baseline	63%	25%	0%
Midline	8%	42%	17%
End line	0%	40%	60%

Additionally, both quantitative and qualitative data showed improved ART adherence and retention in clients receiving NACS counseling. In Nigeria, health staff interviewed after a NACS integration pilot in Nigeria reported benefits from using new counseling aids and more interactive communication techniques following training, citing significant improvements in peoples' knowledge and motivation to improve their diets, as well as in their own satisfaction. A common sentiment expressed among health staff was: “I have gained increased knowledge and skills, and the satisfaction of providing valuable services to satisfied clients.” In Cote D'Ivoire, the national government rolled out FANTA's skills-based counseling training approach and tools nationwide.

FANTA's experience suggests the value of investing more in the “C” in NACS. Key strategies to improve counseling are to simplify and prioritize the content and to make the process more interactive and engaging. These principles should be applied to the counseling itself as well as the tools and training for NACS service providers.

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