

INFANT AND YOUNG CHILD FEEDING COUNSELING SUPERVISION GENERAL GUIDELINES

INTRODUCTION

Objective of the supervision visit

During the five-day course on infant and young child feeding, participants are introduced to new concepts, scientific information, key messages, and guidance on how to provide better infant and young child feeding counseling. Upon completing the course, health workers should have sound theoretical knowledge of how to address infant and young child feeding issues within various contexts. However, successful implementation of what they learned requires continuous practice. Through providing supportive supervision, you will give health workers the support and feedback they need to become experts at applying material learned during the course to their normal working situations. The objectives of the post-training follow-up supervision are to:

- Reinforce the theoretical knowledge learned in the course.
- Reinforce the counseling and practical skills learned in the course.
- Help health workers address challenges in applying concepts from the course to their work situations.

Definition of supportive supervision

Supervision often entails observing provider performance and comparing it to standards that are outlined in supervision checklists, standards of care, or other tools. It is usually a one-way process, whereby the supervisor extracts information that is put into a database or reported to authorities.

Supportive supervision, on the other hand, allows for the participation of both the supervisor and the health worker. It is a collaborative effort that involves discussion and joint problem-solving. By providing constructive feedback based on the health worker's experiences and difficulties, the supervisor gives the health worker the opportunity to improve his/her performance and gain confidence. The process should result in a better work experience for the health worker and better outcomes for women and children.

How you know if supervision is successful

Supportive supervision should result in action for continuous quality improvement. Therefore, proper recording of supervision findings and recommendations, and monitoring of follow-up actions is extremely important. At each follow-up visit, the supervisor should assess progress toward resolution of previously identified problems and look for improvement in the previous score attained by the health worker on the supervision checklist. Another aspect of successful supervision is that the health worker feels motivated by the process and encouraged to continue improving his/her skills.

FOLLOW-UP VISITS

Schedule of follow-up visits

Each participant should receive at least three follow-up visits within one year of training. The first visit should take place no more than three months after completion of the training course. The next two visits should take place within the following six months. Each visit is designed to take one full day at the



participant's work place. To increase efficiency, up to four participants can be assessed in the same day. While it is preferable to assess health workers at their normal places of work, it is acceptable to have several health workers from different facilities gather at one health center.

Preparation for follow-up visits

Before arriving for a follow-up visit, review the infant and young child feeding course pre- and post-test results of the health worker you will be supervising. If possible, bring a copy of the participant's tests with you to facilitate discussion. If this is a second or third follow-up visit, also review the action plan that was developed at the first supervision visit, as well as the supervision checklists completed during the previous follow-up visit(s). This preparation will help you target specific areas of weakness and make your follow-up visit more productive.

In addition, you should review the supervision checklists so that you are familiar with the information to be assessed. If there are particular topics with which you are less comfortable, review those sections of the training guide. Pay particular attention to topics covered on the checklist that may not have been covered thoroughly in the training course, and be sure that you are able to comfortably provide accurate information on those topics.

When you call a health center to arrange a date for supervision, it is important to emphasize that this is not an exam. Rather, it is a way for trainers to assess the training course, to reinforce skills learned during the course, and to help with situations that participants have found difficult to manage since completing the training. In addition to contacting the health worker targeted for follow-up, you should also contact the nutrition focal point at the health center as soon as possible.

Components of the supervision visit

As the visiting trainer, you should meet briefly with the facility staff to explain the purpose of the visit and the activities which will take place during the day. Introduce yourself to the nutrition focal point and encourage him/her to participate in your activities. Identify the people you are going to assess. Establish a friendly atmosphere for the visit.

In order to orient yourself to the facility, you may ask to be shown the different areas where infant and young child feeding counseling takes place, such as the antenatal ward, delivery rooms, child health units, and/or specific counseling rooms.

A supervision visit consists of several activities, including:

- Observing group health talks and providing feedback.
- Observing individual counseling sessions for at least three children and providing feedback.
- Practicing skills with the health worker through role plays.
- Developing an action plan for the health worker to continue improving his/her skills.

The order in which these activities are completed may vary, depending on the schedule of services provided at each clinic. Details on how to carry out each of these activities is provided below.

STEP 1 *Observe the group health talk and complete the supervision record*

Group health talks may happen at any number of places in a health clinic and focus on a wide variety of topics, from malaria prevention to safer sex practices. Because of the central importance of adequate

nutrition in improving maternal health, birth outcomes, and child growth, development, and survival, health talks should always include some key information on maternal nutrition and on infant and young child feeding. If you observe a group health talk that does not cover any of these topics, you should meet with staff to discuss why they are important and how they might integrate the topics into future talks. The amount of detail provided on maternal nutrition and infant and young child feeding will vary at each health talk, depending on the audience, other topics covered, and the amount of time available. Therefore, the purpose of the supervision is not to ensure that certain key messages are always covered. Rather, it is to ensure that the information given is correct and appropriate for the audience, as well as delivered in a way that it can be understood and retained.

The supervision checklist for group health talks primarily focuses on the presentation techniques and interpersonal skills that can engage clients and effectively convey important information. Proficiency in applying these skills can be rated, regardless of the topics covered. It is important that each competency listed on the checklist is evaluated. The use of each competency should be assigned one of four ratings:

- Yes, sufficient (2): This score indicates that the skill was effectively used most or all of the time. Giving this score related to a particular message indicates that the message was accurately explained with an appropriate amount of detail.
- Yes, limited (1): This score indicates that the skill was used only some of the time or that it was not used as effectively as possible. Giving this score related to a particular message indicates that the message was given but was conveyed less clearly or accurately than it should have been or without an appropriate amount of detail.
- No/Not at all (0): This score indicates that the skill was not used at all. Giving this score related to a particular message indicates that the message was not given at all, even if it would have been appropriate to give the message.
- N/A (not applicable) for this visit: By checking “N/A for this visit,” you indicate that the skill was not used or the message was not given because it was not necessary or appropriate given the particular context.

In addition to scoring each competency by checking the appropriate box, it is important to include as many comments and observations as possible. This will help you review the health worker’s strengths and weaknesses with him/her later in the day, as well as better guide the supervisor who will conduct the next follow-up visit.

Remember that this is not a test for the health worker. Rather, it will serve as a reminder to you of what skills and information were observed during a health talk. It should facilitate a conversation during which the health worker also presents what he/she perceives as strengths, weaknesses, and challenges. Be sure to mention positive findings. The supervisor and health worker should work together to identify the recommendations for improvement and suggestions for new activities that will be listed on the Group Health Talk Supervision Record. If possible, leave a copy of the Record with the health worker.

There are several weaknesses frequently identified at group health talks that the supervisor can help to address. You are likely to find that the health worker needs help with at least some of the following:

- Limiting the number of topics covered and the amount of detail provided on each topic during one health talk.
- Choosing which topics to cover and which details to provide.
- Identifying counseling cards and/or other visual job aids to best convey information.

- Ensuring that specific client concerns or questions are addressed.
- Using the group health talk as an opportunity to identify clients who might require additional services or individual counseling.
- Using the health talk as a forum for discussion and group problem-solving rather than lecture.

STEP 2 *Observe individual counseling sessions and complete the observation checklist*

Each follow-up visit should include assessment of at least three individual counseling sessions. You should identify the women/children who will receive counseling based on the skills you would most like to observe. Before choosing the clients, ask the health worker if there are any particular skills he/she would like to practice. The clients should include at least one mother with a child younger than 6 months and one with a child who is older than 6 months. If possible, also include one client who is HIV positive. Before beginning the counseling sessions, explain to the clients why you are there and ask for their permission to observe. Assure the clients that you will not record their names and that any personal information will remain confidential.

A separate Counseling Supervision Checklist should be completed for each client. The checklist is used to assess the content of the issues discussed, the interpersonal skills of the health worker, and success with helping the client set goals and make positive changes. It is important that you rate each component of the checklist as follows:

- Yes, sufficient (2): This score indicates that the skill was effectively used most or all of the time. It also indicates that the information provided was clear and accurate, as well as given in an appropriate amount of detail.
- Yes, limited (1): This score indicates that the skill was used only some of the time or that it was not used as effectively as possible. This score may also be given if information was conveyed less clearly or accurately than it should have been or without an appropriate amount of detail.
- No/Not at all (0): This score indicates that the skill was not used at all. This score may also be given when certain information was not provided even though it would have been appropriate given the client's circumstances.
- N/A for this visit: By checking "N/A for this visit," you indicate that the skill was not used or that information was not given because it was not necessary or appropriate given the particular context.

In addition to scoring each component of the checklist, it is important to include as many comments and observations as possible. This will help you review the health worker's strengths and weaknesses following the observation, as well as better guide the supervisor who will conduct the next follow-up visit.

Take steps to put the health worker at ease, and encourage him/her to work with the clients as he/she normally would in the absence of a supervisor. Remind the health worker that this is not a test but an opportunity for you to help him/her build confidence and skills to make a difficult job a little bit easier.

It is important not to interrupt the health worker during the observation, as this disrupts the flow of counseling and reminds both the health worker and the client that they are being watched. However, you should courteously interrupt if the health worker is providing incorrect information that may be harmful for the child. At the end of the counseling session, you may choose to ask the client about her experience to determine if she was satisfied with the service she received.

There are several weaknesses frequently identified during individual counseling sessions that the supervisor can help to address. First acknowledge and praise what was done right before transitioning to weaknesses. You are likely to find that the health worker needs help with at least some of the following:

- Effectively using counseling cards to convey information.
- Engaging in a discussion with a caregiver rather than giving a lecture.
- Taking a feeding history to better understand current infant and young child feeding practices, and challenges faced by the caregiver and child.
- Choosing one or two key messages rather than giving a lot of information.
- Choosing messages that are appropriate for the age of the child and difficulties faced by the mother.
- Using information contained on the child health card to help provide appropriate counseling.
- Giving praise for what a caregiver has done well.
- Using good interpersonal skills to make the caregiver feel comfortable.
- Negotiating with the caregiver for her to make a change in infant and young child feeding practices that the caregiver feels is practical and feasible.
- Giving proper referrals for other care or community support.

Immediately after each counseling session, you should review the session with the health worker. You may begin by asking the health worker's opinion of what went well and what was difficult. You should not review every individual item on the checklist with the health worker. Rather, choose no more than three challenges or problems to discuss. These should be the biggest problems that are most likely to reduce the impact of counseling on improving infant and young child feeding practices. Discuss how the health worker may improve these areas during the next counseling session. In addition, be sure to mention positive findings. During the discussion, you may add additional comments to the observation form. If possible, leave copies of all completed checklists with the health worker.

If the health worker has significantly struggled with particular skills, it is important that you give him/her additional opportunities to practice while you are there. You may choose to recruit additional clients with whom the health worker can practice these skills. Alternatively, you can engage in role plays with the health worker. If the nutrition focal point or another health worker is available, one of them may play the role of the client while you continue to observe. This has the advantage of engaging more people in discussion and activities related to infant and young child feeding.

STEP 3 *Summarize the supervision visit and develop an action plan*

After you have completed observing group health talks and individual counseling sessions, providing feedback to the health worker, and giving the health worker extra opportunities to practice weak skills, you will be ready to summarize your supervision visit and develop an action plan for improvement.

Begin by recording the scores for each of the counseling observations. Explain to the health worker that these scores provide a baseline from which to measure improvements during the next supervision visit. Remember that if you marked "N/A for this visit" for any component of the observation checklist, that item should not be included in the total recorded for "points possible." Also, take this final opportunity to ask if the health worker has any questions or concerns.

You should then work together with the health worker to develop concrete actions to improve areas of weakness over the next six months. While you should aim to find three action steps, it is acceptable to identify fewer steps if three achievable actions cannot be identified. Just as a counselor negotiates with a client to make a change in infant feeding behavior, you should negotiate with the health worker to identify actions he/she feels motivated and empowered to complete. These actions should not be dependent on others making more resources available. For example, an action should not be to begin cooking demonstrations if the clinic does not already own cooking utensils. Some potential action steps include:

- Reviewing specific sections of the infant and young child feeding participant manual.
- Finding a colleague with whom to practice using counseling cards.
- Observing a health talk or counseling sessions at a nearby health clinic.
- Implementing a system to identify at-risk clients during health talks.
- Beginning to use counseling cards or other job aids where not previously used.
- Beginning to use specific job aids, such as the feeding history form, provided in the infant and young child feeding participant manual.

For each action item chosen, agree on a date by which the action will be initiated and/or completed. Gain the support of the nutrition focal point for the action plan and time frame, and discuss ways that he/she can support the health worker in following through with the action plan. If possible, fix a date for the next supervision visit and encourage the participant and focal point to call before that date if any questions or new challenges arise.

SUMMARY: KEY ACTIONS FOR SUCCESSFUL SUPERVISION

- Be prepared—review previous tests, observation checklists, and action plans before arriving at the health center.
- Put health workers at ease by reminding them they are not being tested, praising what they do well, and problem-solving together through respectful discussion.
- Choose no more than three weaknesses to discuss following an observation.
- Write detailed comments about your observations.
- Identify realistic action items that will help the health worker improve his/her skills.

**INFANT AND YOUNG CHILD FEEDING
GROUP HEALTH TALK SUPERVISION RECORD**

Name: _____

Facility: _____ Date: _____

Name of Group Leader:	Designation:
Name of Health Facility:	Location:
Group Discussion Topic:	
Key Issues Discussed/Questions Asked:	
Unanswered Questions or More Information Needed:	
Problems/Challenges:	Possible Solutions:
Recommendations for Improvement/Suggestions for New Activities:	



INFANT AND YOUNG CHILD FEEDING COUNSELING SUPERVISION CHECKLIST

Name of Group Discussion Leader: _____ Designation: _____

Facility: _____ Date of Supervision: _____

INDICATOR	Yes: Sufficient (2)	Yes: Limited (1)	No/Not at all (0)	N/A for this visit	COMMENTS/OBSERVATIONS
<i>During the group session, did the counselor...</i>					
Speak slowly and clearly?					
Encourage participation?					
Keep the discussion focused?					
Maintain an open and nonjudgmental atmosphere?					

INDICATOR	Yes: Sufficient (2)	Yes: Limited (1)	No/Not at all (0)	N/A for this visit	COMMENTS/OBSERVATIONS
Engage in active listening (e.g., did not interrupt and paid attention to questions/comments)?					
Create a feeling of safety/comfort (i.e., put participants at ease)?					
Promote problem-solving among participants?					
Show empathy, understanding, caring?					
Use open body language (e.g., looked at participants, sat at same level, etc.)?					

INDICATOR	Yes: Sufficient (2)	Yes: Limited (1)	No/Not at all (0)	N/A for this visit	COMMENTS/OBSERVATIONS
Effectively use visual/job aids?					
Plan for follow-up of unanswered questions?					
Discuss practical solutions?					
Show responsiveness to the key topic? (include topic in comments)					
Provide accurate information?					

INDICATOR	Yes: Sufficient (2)	Yes: Limited (1)	No/Not at all (0)	N/A for this visit	COMMENTS/OBSERVATIONS
Offer referrals appropriately?					
Other					
Other					
TOTAL SCORE					