Infant and young child feeding counselling: an integrated course

Trainer’s guide, second edition

Web Annex B. Supportive supervision/mentoring and monitoring
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Acknowledgements

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Thanks are due to the Bill & Melinda Gates Foundation and the Government of the Republic of Korea, for providing financial support for updates to this second edition.
Introduction

Objectives of this document

The objectives of this document are to improve the functioning of a facility’s infant and young child feeding (IYCF) programme and assist the staff implementing it, by:

1. describing an approach to moving towards progressively more intensive and effective supportive supervision/mentoring, in order to strengthen health-worker performance of IYCF support activities;
2. discussing the link between supervision or mentoring-supervision and monitoring, to improve IYCF programming; and
3. providing tools (job aids, observation checklists, monitoring tools) for use in moving gradually towards more effective supportive supervision/mentoring of health workers and monitoring of IYCF programmes.

Purpose of this document

The World Health Organization (WHO)/United Nations Children's Fund (UNICEF) training course on infant and young child feeding aims to help facility-based health workers build the knowledge and skills to provide IYCF support to help mothers/caregivers feed and care for their infants and young children according to global recommendations. To gain competence in providing this support, health workers need post-training practice in applying the knowledge and skills to perform particular tasks, and the ability to decide when it is appropriate to apply a skill. This requires more practice than can generally be obtained as part of the training during field-practice sessions. Participants can practise skills independently following the training and increase their abilities, but will also need additional and ongoing supportive supervision/mentoring, to ensure that they strengthen their performance in carrying out a task.

In this module, we will discuss the role of the mentor-supervisor in supporting enhanced or improved provider performance, and the quality of IYCF support services or activities during follow-up of training and ongoing mentoring. The supervisor, whether a generalist or a mentor, may also play a role in monitoring (by obtaining, compiling, sharing and helping to review, interpret and use data), contributing to not only improved worker performance but also to strengthened programmes and systems.

This section is presented in three parts:

1. the first part covers supportive supervision/mentoring: its objectives and the different ways in which improved health-worker performance can be supported, with a discussion of the dimensions on which supervisory systems vary, and possible models or strategies for providing mentoring;
2. the second part covers monitoring, especially the ways in which monitoring of both health-worker performance and IYCF programming can be supported and strengthened through supervision; and
3. the third part addresses “What could work in your system?” and “Where could you start?” to integrate supportive supervision/mentoring into your facility's/programme's activities.

A suggested agenda covering these three parts is provided next.
### Suggested agenda: one-day orientation on supportive supervision/mentoring and monitoring

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00–08:45</td>
<td>1. Define supportive supervision/mentoring and its components: who, why, when, where, what, how and what for</td>
</tr>
<tr>
<td>08:45–09:45</td>
<td>2. Determine what elements are needed to fill the gaps in creating an effective supportive supervision/mentoring and monitoring system</td>
</tr>
<tr>
<td>09:45–10:30</td>
<td>3. Review Job aids for IYCF health workers: IYCF counselling and group facilitation; and corresponding Supportive supervision tools for mentor-supervisors—observation checklists for performance of IYCF support activities</td>
</tr>
<tr>
<td>10:30–10:45</td>
<td><strong>TEA BREAK</strong></td>
</tr>
<tr>
<td>10:45–11:30</td>
<td>4. Help mentor-supervisors to develop the necessary skills: interpersonal communication, facilitation, analysis and problem-solving</td>
</tr>
<tr>
<td>11:30–13:00</td>
<td>5. Practise supportive supervision/mentoring (using observation checklists, providing feedback, and making decisions for quality improvement throughout the system)</td>
</tr>
<tr>
<td>13:00–14:00</td>
<td><strong>LUNCH</strong></td>
</tr>
<tr>
<td>14:00–14:30</td>
<td>6. Define the relationship between supportive supervision/mentoring and monitoring; identify reasons for monitoring and examples of measures/indicators</td>
</tr>
<tr>
<td>14:30–15:00</td>
<td>7. Review activity record forms for health workers and forms for collation of data by mentor-supervisors; practise collating data</td>
</tr>
<tr>
<td>15:00–15:15</td>
<td><strong>TEA BREAK</strong></td>
</tr>
<tr>
<td>15:15–16:00</td>
<td>8. Discuss how mentoring and monitoring data contribute to improved worker performance and strengthened services/programmes</td>
</tr>
<tr>
<td>16:00–17:00</td>
<td>9. Design “What could work?” and “Where could you start?” to help institutionalize supportive supervision/mentoring and monitoring of facility-based IYCF health workers</td>
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</tbody>
</table>
### Part 1: Supportive supervision/mentoring

<table>
<thead>
<tr>
<th>Learning objectives</th>
<th>Methodologies</th>
<th>Training aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Define supportive supervision/mentoring and its components: who, why, when, where, what, how and what for</td>
<td>• Group work: matching game</td>
<td>Seven cards, each with one of the following words: WHO, WHY, WHEN, WHERE, WHAT, HOW, WHAT for Appendix 1: Components related to supportive supervision/mentoring</td>
</tr>
<tr>
<td>2. Determine what elements are needed to fill the gaps in creating an effective supportive supervision/mentoring and monitoring system</td>
<td>• Brainstorming</td>
<td>Supportive supervision tool 1: Assessment of basic IYCF programme implementation</td>
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<td></td>
<td>• Interactive discussion</td>
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<td></td>
<td>• Buzz groups</td>
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<tr>
<td>3. Review Job aids for IYCF health workers: IYCF counselling and group facilitation; and corresponding Supportive supervision tools for mentor-supervisors – observation checklists for performance of IYCF support activities</td>
<td>• Brainstorming</td>
<td>Tool 1: IYCF support activities</td>
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<td></td>
<td>• Interactive discussion</td>
<td>Tool 2: Skills for the different IYCF support activities</td>
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<tr>
<td></td>
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<td>IYCF health-worker Job aid 1: IYCF assessment</td>
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<td></td>
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<td>IYCF health-worker Job aid 2: How to facilitate an action-oriented group</td>
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<td></td>
<td>IYCF health-worker Job aid 3: How to facilitate an IYCF support group</td>
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<td>Supportive supervision tool 4: Observation checklist for IYCF counselling</td>
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<td>Supportive supervision tool 5: Observation checklist for facilitation of an action-oriented group</td>
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<td></td>
<td></td>
<td>Supportive supervision tool 6: Observation checklist for facilitation of an IYCF support group</td>
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</table>
4. Help mentor-supervisors to develop the necessary skills: interpersonal communication, facilitation, analysis and problem-solving

- Demonstration

<table>
<thead>
<tr>
<th>Instructions for conducting a supervision visit</th>
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<tbody>
<tr>
<td>IYCF health-worker Job Aid 1: IYCF assessment</td>
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<tr>
<td>Supportive supervision tool 4: Observation checklist for IYCF counselling</td>
</tr>
<tr>
<td>(Supportive supervision tool 5: Observation checklist for facilitation of an action-oriented group)</td>
</tr>
<tr>
<td>Supportive supervision tool 6: Observation checklist for facilitation of an IYCF support group)</td>
</tr>
</tbody>
</table>

5. Practise supportive supervision/mentoring (using observation checklists, providing feedback, and making decisions for quality improvement throughout the system)

- Practice

<table>
<thead>
<tr>
<th>Case studies</th>
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<tbody>
<tr>
<td>Supportive supervision tool 4: Observation checklist for IYCF counselling</td>
</tr>
</tbody>
</table>
### Learning objective 1: Define supportive supervision/mentoring and its components: who, why, when, where, what, how and what for

**Methodology:** Group work: matching game

**Suggested time:** 45 minutes

### Instructions for activity

1. Share definition of supportive supervision/mentoring and compare with traditional supervision

2. Request seven participants to come to the front of the room; give each one a card with one of the following words: Who, Why, When, Where, What, How, What for (see [Appendix 1: Components related to supportive supervision/mentoring](#))

3. Divide the rest of the participants into seven groups. Distribute one of each of the cards that describes each of the components of supportive supervision/mentoring:
   - Who can provide it
   - Why conduct it (objectives)
   - When to conduct it
   - Where to conduct it
   - What to look for when conducting it
   - How to conduct it
   - What for: decision-making

4. Ask each group to match its card with one of the seven components (Who, Why, When, Where, What, How, What for) and describe why they have matched that content to the specific component

5. Ask other groups for feedback or additional input

6. Discuss and summarize

### Key information

What is supportive supervision/mentoring? How does it differ from traditional supervision?

**Supportive supervision/mentoring:** a collaborative effort between the mentor-supervisor and health worker to help the health worker improve their performance and confidence. Together, the health worker and mentor-supervisor define objectives. The mentor-supervisor observes the health worker's interactions with mothers/caregivers, and provides constructive feedback. The mentor-supervisor and health worker together discuss and problem-solve to identify areas of strength and address any difficulties the health worker experiences. The health worker should feel motivated by the process and encouraged to continue improving their skills.

**Traditional supervision:** often involves aspects of inspection and control, with a focus on ensuring that the health worker adheres to policies and procedures.

### Components related to supportive supervision/mentoring

**Who**

Mentor-supervisors are sometimes the trainers of the health workers. They may or may not be attached to a health facility in the area to which the provider is assigned. Other individuals who have completed the IYCF counselling training and are themselves skilled counsellors may also be trained to provide supportive supervision/mentoring.

In either case, a mentor-supervisor must have also completed training in both IYCF counselling and supportive supervision/mentoring and monitoring, which aims to build the skills of supervisors to monitor the performance and quality of the IYCF counselling skills of health workers, and to help strengthen their performance where gaps are identified.
In some systems, a mentor-supervisor will be assigned to a facility, not to an individual worker, and will provide “integrated supervision” that covers many programmes and services, including IYCF. In these instances, it will be necessary to determine whether the designated facility mentor-supervisor will be able to provide individual supervision to each worker within the time allocated for periodic supervision visits, and whether that supervisor has the knowledge and skills to assist workers in improving their IYCF support to caregivers. If resources do not permit this, alternative solutions to providing the support that will allow workers to enhance their performance will be needed.

For example: using a team approach, other individuals can also provide support to an individual worker – a peer, who can observe a worker providing IYCF support against a checklist, and provide feedback (mutual support); or a group of peers meeting with a common supervisor, who can discuss challenges, provide feedback on difficult cases, share and model approaches that have worked well.

**Why**

Supportive supervision/mentoring will:

4. enhance and extend formal training, as part of continuing education
5. motivate and support health workers to build their knowledge, skills and confidence
6. increase worker satisfaction
7. increase worker retention
8. facilitate improved quality of IYCF support activities
9. enhance client satisfaction
10. contribute to improved feeding and nutrition practices.

**When**

**Training follow-up:** all newly trained health workers should receive at least one supervisory (follow-up) visit within 1–3 months following training. This initial follow-up visit will provide the opportunity to determine whether the newly trained health workers in IYCF report they are:

- using their knowledge and skills to counsel mothers/caregivers who come to the facility
- feeling confident about what they are doing
- experiencing particular difficulties.

Ideally, the initial visit will fit into a schedule of ongoing supportive supervision/mentoring that also includes worker self-assessment of their progress in strengthening both knowledge and skills. Ongoing mentoring over time will provide opportunities for the mentor-supervisor to observe the health worker working with mothers/caregivers, compare the worker’s performance to standards that are outlined in a supervision checklist, and provide constructive feedback on both the positive points and any difficulties the health worker has experienced. Mentor-supervisors will then be able to gauge the effectiveness of the initial training, provide on-the-spot refresher training as needed, and schedule refresher training for issues that are found to be challenging for the larger group of workers.

If, however, a system of ongoing supervision or mentoring is not yet in place, all newly trained IYCF health workers should receive a minimum of two or three visits and then participate in regular meetings with other IYCF health workers, to share experiences, provide mutual support and obtain refresher training.

**Where**

Supportive supervision/mentoring should be carried out at the worker’s place of work, to observe an individual conducting (adapt these to make appropriate for the Integrated course), for instance:

- counselling sessions: in various series or at various contact points
- action-oriented groups
- support groups.

It can also be conducted during home visits, or at a convenient location for group meetings.
Part 1: Supportive supervision/mentoring

What
This is the basis for agreeing upon a standard for worker performance (the focus of supportive supervision/mentoring; this assumes a competency-based system for supportive supervision/mentoring, but doesn't necessarily require that the rating standard be “quantitative”).

The competencies to be followed up, according to the content of the training provided to the health workers are presented in the table that follows.

How
Supportive supervision/monitoring should include the following elements:

- a **supervision structure** that makes clear who mentors/supervises whom, on resourced and scheduled visits
- **Job aids** for workers that lay out a systematic process that structures the IYCF support activity, spelling out task-specific requirements and guidelines
- **self-assessment** progress forms for workers to track their progress in mastering competencies
- **peer observation and feedback**
- an **agreed process** for a formal supervision or mentoring visit
- **observation checklists** for mentor-supervisors that cover both the technical aspects of services as well as a client-centred outlook, which together result in high-quality services; if all features of a checklist are satisfactory, the worker is performing up to the expected standard
- **formats/tools** for recording and reporting data (see Part 2: Monitoring)
- follow-up or **refresher training** for health workers
- regular and scheduled opportunities to discuss, identify and resolve problems and track progress towards high performance of health workers over time (**group meetings** of health workers and supervisor).

What for
The purpose of supportive supervision/mentoring is to:

- work towards high performance of all workers over time
- contribute to strengthened programmes and systems, leading to improved IYCF practices and nutritional status in the target population.
### Competency Knowledge Skills

#### Counselling

**C1. Use LISTENING AND LEARNING SKILLS to counsel a mother or caregiver**
- List the six LISTENING AND LEARNING SKILLS
- Give an example of each skill
- Use the LISTENING AND LEARNING SKILLS appropriately when counselling a mother or caregiver on feeding an infant or young child

**C2. Use SKILLS FOR BUILDING CONFIDENCE AND GIVING SUPPORT to counsel a mother or caregiver**
- List the six SKILLS FOR BUILDING CONFIDENCE AND GIVING SUPPORT
- Give an example of each skill
- Use the SKILLS FOR BUILDING CONFIDENCE AND GIVING SUPPORT appropriately when counselling a mother or caregiver on feeding an infant or young child

#### Breastfeeding basic

**BF1. Assess a breastfeed**
- Describe the relevant anatomy and physiology of the breast and suckling action of the baby
- Explain the contents and arrangement of the breast for feeding
- Recognize signs of good and poor attachment and effective suckling, according to the JOB AID: BREASTFEED OBSERVATION

**BF2. Help a mother to position herself and her baby for breastfeeding**
- Explain THE FOUR KEY SIGNS OF GOOD POSITIONING
- Describe how a mother should support her breast for feeding
- Explain the main positions for the mother: sitting and lying down
- Explain different ways to hold the baby: underarm and across
- Recognize good and poor positioning, according to THE FOUR KEY SIGNS OF GOOD POSITIONING, in different positions

**BF3. Help a mother to attach her baby to the breast**
- Explain THE FOUR KEY SIGNS OF GOOD ATTACHMENT
- Help a mother to get her baby to attach to the breast once they are well positioned

**BF4. Explain to a mother about the optimal pattern of breastfeeding**
- Describe the physiology of breast-milk production and flow
- Describe unrestricted (or demand) feeding, and implications for the frequency and duration of breastfeeds, and using both breasts alternately
- Explain to a mother about the optimal pattern of breastfeeding and demand feeding

**BF5. Help a mother to express her breast milk by hand**
- List the situations when expressing breast milk is useful
- Describe the relevant anatomy of the breast and physiology of lactation
- Explain how to stimulate the oxytocin reflex
- Explain to a mother how to stimulate her oxytocin reflex
- Rub a mother’s back to stimulate her oxytocin reflex
- Help a mother to learn how to prepare a container for expressed breast milk
- Explain to a mother the steps of expressing breast milk by hand
- Explain how to select and prepare a container for expressed breast milk
- Explain to a mother how to select and prepare a container for expressed breast milk
- Explain how to store expressed breast milk
- Observe a mother expressing breast milk by hand, and help her if necessary

**BF6. Help a mother to cup-feed her baby**
- List the advantages of cup-feeding
- Estimate the volume of milk to give a baby according to weight
- Demonstrate to a mother how to prepare a cup hygienically for feeding
- Practise with a mother how to cup-feed her baby safely
- Describe how to prepare a cup hygienically for feeding a baby
- Explain to a mother the volume of milk to offer her baby and the minimum number of feeds in 24 hours

**BF7. Take a feeding history for an infant aged from 0 up to 6 months**
- Describe the contents and arrangement of the feeding history – 0 up to 6 months
- Take a feeding history, using the JOB AID: FEEDING HISTORY – 0 UP TO 6 MONTHS and appropriate counselling skills, according to the age of the child

**BF8. Counsel a pregnant woman about breastfeeding**
- Discuss why exclusive breastfeeding is important for the first 6 months
- List the special properties of colostrum and reasons why it is important
- Use counselling skills appropriately with a pregnant woman, to discuss the advantages of exclusive breastfeeding
- Explain to a pregnant woman how to initiate and establish breastfeeding after delivery, and the optimal breastfeeding pattern
- Apply competencies C1, C2 and BF4

**BF9. Help a mother to initiate breastfeeding**
- Discuss the importance of early contact after delivery and of the baby receiving colostrum
- Describe how health-care practices affect initiation of exclusive breastfeeding
- Help a mother to initiate skin-to-skin contact immediately after delivery and for at least 1 hour, and to recognize when her baby is ready to breastfeed
- Apply competencies C1, C2, BF2 and BF3
<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge</th>
<th>Skills</th>
</tr>
</thead>
</table>
| BF10. Support exclusive breastfeeding for the first 6 months of life | • Describe why exclusive breastfeeding is important  
• Describe the support that a mother needs to sustain exclusive breastfeeding | • Apply competencies C1, C2, BF1 to BF7 and GA1 appropriately |
| BF11. Help a mother to sustain breastfeeding up to 2 years of age or beyond | • Describe the importance of breast milk in the second year of life | • Apply competencies C1, C2, BF7 and GA1, including explaining the value of breastfeeding up to 2 years and beyond |
| BF12. Help a mother with "not enough milk" | • Describe the common reasons why a baby may have a low intake of breast milk  
• Describe the common reasons for apparent insufficiency of milk  
• List the reliable signs that a baby is not getting enough milk | • Apply competencies C1, BF1, BF7 and GA1 to decide the cause  
• Apply competencies C2 and BF2 to BF6 to overcome the difficulty, including explaining the cause of the difficulty to the mother |
| BF13. Help a mother with a baby who cries frequently | • List the causes of frequent crying  
• Describe the management of a crying baby | • Apply competencies C1, BF1, BF7 and GA1 to decide the cause  
• Apply competencies C2 and BF2 to BF4 to overcome the difficulty, including explaining the cause of the difficulty to the mother  
• Demonstrate to a mother the positions to hold and carry a colicky baby |
| BF14. Help a mother whose baby is refusing to breastfeed | • List the causes of breast refusal  
• Describe the management of breast refusal | • Apply competencies C1, BF1, BF7 and GA1 to decide the cause  
• Apply competencies C2, BF2 and BF3 to overcome the difficulty, including explaining the cause of the difficulty to the mother  
• Help a mother to use skin-to-skin contact to help her baby accept the breast again  
• Apply competencies BF5 and BF6 to maintain production of breast milk and to feed the baby meanwhile |
| BF15. Help a mother who has flat or inverted nipples | • Explain the difference between flat and inverted nipples and about protractility  
• Explain how to manage flat and inverted nipples | • Recognize flat and inverted nipples  
• Apply competencies C2, BF2, BF3, BF5 and BF6 to overcome the difficulty  
• Show a mother how to use the syringe method for the treatment of inverted nipples |
| BF16. Help a mother with engorged breasts | • Explain the differences between full and engorged breasts  
• Explain the reasons why breasts may become engorged  
• Explain how to manage breast engorgement | • Recognize the difference between full and engorged breasts  
• Apply competencies C2 and BF2 to BF5 to manage the difficulty |
| BF17. Help a mother with sore or cracked nipples | • List the causes of sore or cracked nipples  
• Describe the relevant anatomy and physiology of the breast  
• Explain how to treat Candida infection of the breast | • Recognize sore and cracked nipples  
• Recognize Candida infection of the breast  
• Apply competencies C2, BF1 to BF3, BF5 and BF6 to manage these conditions |
| BF18. Help a mother with mastitis | • Describe the difference between engorgement and mastitis  
• List the causes of a blocked milk duct  
• Explain how to treat a blocked milk duct  
• List the causes of mastitis  
• Explain how to manage mastitis, including indications for antibiotic treatment and referral  
• List the antibiotics to use for infective mastitis  
• Explain what is different when treating mastitis in a mother living with HIV following the national health authority programme | • Recognize mastitis and refer if necessary  
• Recognize a blocked milk duct  
• Manage a blocked duct appropriately  
• Manage mastitis appropriately using competencies C1, C2 and BF1 to BF6, and rest, analgesics and antibiotics if indicated. Refer to the appropriate level of care  
• Refer mastitis in a mother living with HIV to the appropriate level of care, according to the national health authority programme |
<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge</th>
<th>Skills</th>
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</thead>
<tbody>
<tr>
<td>BF19. Help a mother to breastfeed a low-birth-weight or sick baby</td>
<td>* Explain why breast milk is important for a low-birth-weight or sick baby * Describe the different ways to feed breast milk to a low-birth-weight baby * Estimate the volume of milk to offer a low-birth-weight baby, per feed and per 24 hours</td>
<td>* Help a mother to feed her low-birth-weight baby appropriately * Apply competencies, especially BF5, BF6 and GA1, to manage these infants appropriately * Explain to a mother the importance of breastfeeding during illness and recovery</td>
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</tbody>
</table>

**Breastfeeding advanced (competencies, knowledge and/or skills acquired in addition to those listed in Breastfeeding basic)**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Knowledge</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>BFA1. Assess a breastfeed</td>
<td>* Describe the physiology of the lactation hormones * Describe the suckling action of the baby when well attached and when poorly attached</td>
<td>* Recognize effective and ineffective suckling * Recognize signs of the oxytocin reflex</td>
</tr>
<tr>
<td>BFA2. Help a mother to position herself and her baby for breastfeeding</td>
<td>* Support the mother’s breast for feeding</td>
<td>* Show a mother how to hold and position her baby, by demonstrating with a doll * Help a mother to find a comfortable position for breastfeeding, sitting or lying down</td>
</tr>
<tr>
<td>BFA3. Help a mother to attach her baby to the breast</td>
<td>* Explain the common mistakes of attachment</td>
<td>* Help the mother to recognize whether the baby is well attached or not</td>
</tr>
<tr>
<td>BFA4. Take a feeding history for an infant aged from 0 up to 6 months</td>
<td>* Explain the recommendations for optimal infant feeding up to 2 years or beyond * List the advantages of exclusive breastfeeding for 6 months and the risks of not breastfeeding * List the advantages of continued breastfeeding with complementary feeding for up to 2 years or beyond * Describe the differences between breast milk and infant formula milk</td>
<td>* Talk to women individually or in groups about optimal infant feeding and the risks of unnecessary artificial feeding</td>
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<tr>
<td>BFA5. Inform women about optimal infant feeding</td>
<td>* Explain the importance of skin-to-skin contact immediately after delivery and the initiation of breastfeeding within 1 hour</td>
<td>* Discuss the importance of skin-to-skin contact immediately after delivery * Explain how a baby initiates breastfeeding within about an hour after birth, and about colostrum * Explain about good positioning and attachment and an optimal feeding pattern to establish breastfeeding * Explain about health-care practices and the help that the mother will receive after delivery * Apply competencies C1, C2 and parts of BFA2, BFA3 and BFA5</td>
</tr>
<tr>
<td>BFA6. Counsel a pregnant woman about breastfeeding</td>
<td>* Describe the procedure of putting the baby in skin-to-skin contact immediately after delivery * Describe how a baby moves to the breast and attaches by themself, and how to help the baby if needed</td>
<td>* Put a baby onto the mother’s chest prone in skin-to-skin contact immediately after delivery, for at least 1 hour undisturbed * Explain to the mother how she can gently help the baby to the breast if needed * Apply competencies C1, C2, BFA2 and BFA3</td>
</tr>
<tr>
<td>BFA7. Help a mother and baby to initiate breastfeeding within an hour after delivery</td>
<td>* Describe the concept of the SEVEN+ CONTACTS TO SUSTAIN BREASTFEEDING and the use of the JOB AID: POSTNATAL CONTACTS and the JOB AID: ONGOING CONTACTS * Describe how the child’s growth chart can help you to support breastfeeding</td>
<td>* Ensure that a mother receives postnatal help within 6 hours after delivery (in hospital) or within 24 hours (after home delivery), to ensure good attachment and feeding pattern, using the JOB AID: POSTNATAL CONTACTS * Ensure at least three additional postnatal contacts within 8 weeks, using the JOB AID: POSTNATAL CONTACTS * Apply competencies C1, C2, BFA1 to BFA4 and GA1 appropriately</td>
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### Part 1: Supportive supervision/mentoring

#### Competency Knowledge Skills

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<tr>
<th>Competency</th>
<th>Knowledge</th>
<th>Skills</th>
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</table>
| BFA9. Help a mother to continue breastfeeding up to 2 years of age or beyond | • Describe the importance of continuing breastfeeding, with complementary feeding, from the age of 6 to 24 months  
• Explain the pattern of continued breastfeeding – as often as the child wants, day and night  
• List the opportunities to support continued breastfeeding at all other contacts with the mother and child (growth monitoring, immunization, family planning) | • Explain the value of breastfeeding up to 2 years and beyond, while giving complementary foods  
• Counsel the mother about breastfeeding at all other contacts, using the \textit{Job aid: Ongoing Contacts}  
• Explain that the child should continue to breastfeed as often as they want, day and night  
• Apply competencies C1, C2, BFA4 and GA1 |

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<tr>
<th>Complementary feeding</th>
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| CF1. Teach a mother the 10 KEY MESSAGES FOR COMPLEMENTARY FEEDING | • List and explain the six Key messages about what to feed to an infant or young child to fill the nutrition gaps (\textit{KEY MESSAGES 1–6})  
• Explain when to use the \textit{Food Consistency Pictures}, and what each picture shows  
• List and explain the two Key messages about quantities of food to give to an infant or young child (\textit{KEY MESSAGES 7 and 8})  
• List and explain the Key message about how to feed an infant or young child (\textit{KEY MESSAGE 9})  
• List and explain the Key message about how to feed an infant or young child during illness (\textit{KEY MESSAGE 10}) | • Explain to a mother the six Key messages about what to feed to an infant or young child to fill the nutrition gaps (\textit{KEY MESSAGES 1–6})  
• Use the \textit{Food Consistency Pictures} appropriately during counselling  
• Explain to a mother the two Key messages about quantities of food to give to an infant or young child (\textit{KEY MESSAGES 7 and 8})  
• Explain to a mother the Key message about how to feed an infant or young child (\textit{KEY MESSAGE 9})  
• Explain to a mother the Key message about how to feed an infant or young child during illness (\textit{KEY MESSAGE 10})  
• Apply competencies C1, C2, BF7 and GA1 |
| CF2. Help mothers whose babies are aged over 6 months to give complementary feeds | • List the gaps that occur after 6 months when a child can no longer get enough nutrients from breast milk alone  
• List the foods that can fill the gaps  
• Describe how to prepare feeds hygienically  
• List recommendations for feeding a non-breastfed child, including the quantity, quality, consistency, frequency and method of feeding at different ages | • Apply competencies C1, C2, BF7 and GA1  
• Use the \textit{Job aid: Food Intake – 6 up to 24 months} to learn how a mother is feeding her infant or young child  
• Identify the gaps in the diet, using the \textit{Job aid: Food Intake – 6 up to 24 months} and the \textit{Reference tool: Food Intake – 6 up to 24 months}  
• Explain to a mother what foods to feed her child to fill the gaps, applying competency CF1  
• Demonstrate preparation of a meal for an infant or young child at different ages (8, 10, 15 months)  
• Practise with a mother how to prepare meals for her infant or young child  
• Show a mother how to prepare feeds hygienically  
• Explain to a mother how to feed a non-breastfed child |
| CF3. Help a mother with a breastfed child aged over 6 months who is not growing well | • Explain feeding during illness and recovery  
• Describe how to prepare feeds hygienically | • Apply competency BF11 to help a mother to sustain breastfeeding up to 2 years of age or beyond  
• Apply competencies C1, C2, BF7, CF1 and GA1  
• Explain to a mother how to feed her child during illness and recovery  
• Demonstrate to a mother how to prepare feeds hygienically  
• Recognize when a child needs follow-up and when a child needs referral |
| CF4. Help a mother with a non-breastfed child aged over 6 months who is not growing well | • Explain about the special attention to give to children who are not receiving breast milk  
• List the recommendations for feeding a non-breastfed child, including the quantity, quality, consistency, frequency and method of feeding  
• Explain feeding during illness and recovery  
• Describe how to prepare feeds hygienically | • Apply competencies C1, C2, BF7, CF1 and GA1  
• Explain to a mother how to feed a non-breastfed child  
• Explain to a mother how to feed her child during illness and recovery  
• Demonstrate to a mother how to prepare feeds hygienically  
• Recognize when a child needs follow-up and when a child needs referral |
### Competency Knowledge Skills

#### Growth assessment

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<tr>
<th>Competency</th>
<th>Knowledge</th>
<th>Skills</th>
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| **GA1. Plot and interpret a growth chart** | • Explain the meaning of the standard curves  
• Describe where to find the age and the weight of a child on a growth chart  
• Describe where to find the age and the length/height of a child on a growth chart | • Plot the weight of a child on a growth chart  
• Plot the length/height of a child on a growth chart  
• Interpret a child’s individual growth curve |
| **GA2. Measure weight, length and height** | • Describe how to measure weight, length and height  
• Determine when to measure length and when to measure height | • Measure the weight of a young child held by a mother and an older child alone  
• Measure length correctly  
• Measure height correctly |
| **GA3. Plot single points on various growth charts** | • Explain how to place a point on a graph combining information from two axes  
• Describe where to find the age, weight and length/height on various growth-indicator charts | • Plot weight and length/height points on weight-for-age and length/height-for-age charts  
• Plot weight points on weight-for-length/height charts |
| **GA4. Interpret single points on various indicator charts** | • Identify growth problems, based on points plotted on a single indicator chart  
• Define a growth problem, using a combination of indicator charts | • Identify children who are stunted, underweight, wasted and overweight, based on points plotted on several indicator charts |
| **GA5. Interpret growth trends using a combination of indicators** | • Interpret trends on growth charts | • Identify a child who is growing normally, has a growth problem or is at risk of a growth problem |
| **GA6. Counsel a mother whose child has undernutrition** | • Describe causes of stunting, wasting and underweight  
• Involve the mother in identifying possible causes of her child’s undernutrition  
• Find age-appropriate advice for the problem identified  
• Set goals for improving the growth of an undernourished child | • Identify the key sections of the JOB AID: INVESTIGATING CAUSES OF UNDERNUTRITION  
• Use the JOB AID: INVESTIGATING CAUSES OF UNDERNUTRITION appropriately (find the correct pages for the child’s age, complete the investigation before counselling, counsel using age-appropriate recommendations)  
• Check the mother’s understanding, using checking questions  
• Involve the mother in setting goals for improved growth |
| **GA7. Counsel a mother whose child is overweight** | • Describe causes of overweight/obesity  
• Involve the mother in identifying possible causes of her child’s overweight  
• Set goals for improving the growth of an overweight child | • Identify the key sections of the JOB AID: INVESTIGATING CAUSES OF OVERWEIGHT  
• Use the JOB AID: INVESTIGATING CAUSES OF OVERWEIGHT appropriately (find the correct pages for the child’s age, complete the investigation before counselling, counsel using age-appropriate recommendations)  
• Check the mother’s understanding, using checking questions  
• Involve the mother in setting goals for improved growth |
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<tr>
<th>Competency</th>
<th>Knowledge</th>
<th>Skills</th>
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<tbody>
<tr>
<td>HIV1. Counsel a woman living with HIV antenatally about the infant-feeding practices recommended by the national health authority</td>
<td>• Explain the risk of mother-to-child transmission (MTCT) of HIV</td>
<td>• Apply competencies C1 and C2 to counsel a woman living with HIV</td>
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<tr>
<td>HIV2. Support a mother living with HIV to feed her infant according to national health authority recommendations</td>
<td>• Explain exclusive breastfeeding followed by continued breastfeeding while starting complementary foods</td>
<td>• Apply competencies C1, C2 and BF1 to BF4 to support a mother to breastfeed exclusively and optimally</td>
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<tr>
<td>HIV3. Promote appropriate use of nationally recommended antiretroviral therapy (ART) for women living with HIV</td>
<td>• Describe the ART regimes recommended by the national health authority</td>
<td>• Help women living with HIV to follow the recommended ART regime</td>
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<tr>
<td>HIV4. Follow up the infant of a mother living with HIV who is receiving replacement feeding from 0 up to 6 months</td>
<td>• Describe hygienic preparation of feeds</td>
<td>• Apply competencies C1 and C2</td>
</tr>
<tr>
<td>HIV5. Help a mother living with HIV in the event that she needs to stop breastfeeding</td>
<td>• Describe the difficulties a mother may encounter when she tries to stop breastfeeding over a short period of time</td>
<td>• Explain to a mother how she should prepare to stop breastfeeding early</td>
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<td>• Explain how to manage engorgement and mastitis in a mother who stops breastfeeding over a short period of time</td>
<td>• Practise with a mother how to prepare replacement feeds hygenically</td>
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<td>• Show the ways to comfort a baby who is no longer breastfeeding</td>
<td>• Apply competencies BF5 and BF6</td>
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<td>• List what replacement feeds are available and how to prepare them</td>
<td>• Manage breast engorgement and mastitis in an mother living with HIV who is stopping breastfeeding (competencies BF16 and BF18)</td>
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<td>• Explain when to arrange follow-up or when to refer</td>
<td>• Explain to a mother ways to comfort a baby who is no longer breastfeeding</td>
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</table>
Learning objective 2: Determine what elements are needed to fill the gaps in creating an effective supportive supervision/mentoring and monitoring system

Methodology: Brainstorming; interactive discussion; buzz groups

Suggested time: 1 hour

Instructions for activity

1. Ask participants: What are the different ways in which worker performance can be improved? What is/are the model(s) of supervision used in this facility?

2. Present diagram: COMBINATION OF SUPERVISION APPROACHES (Fig. 1; previously drawn on a flipchart)

3. Form buzz groups of three (with neighbours) and ask them to discuss in 5 minutes the elements that are needed to create an effective supportive supervision/mentoring system in IYCF.

4. As buzz groups share their ideas, write the responses on a flipchart; fill in any gaps with discussion of the following (previously written on a flipchart) and compare with buzz groups' ideas:
   - Supportive supervision policy
   - Training
   - Supervision structure and schedule
   - Funded and reliable transport
   - Systematic process that describes all activities in a supervision visit (counselling, group facilitation, supplements used, materials)
   - Observation checklist for each IYCF activity
   - Agreed-upon mechanism for reporting to higher levels
   - Authority to mobilize support to address problems

5. Distribute and review together SUPPORTIVE SUPERVISION TOOL 1: ASSESSMENT OF BASIC IYCF PROGRAMME IMPLEMENTATION

6. Ask participants to consider what elements of IYCF supportive supervision/mentoring exist at present, and what needs strengthening

7. Discuss and summarize
Key information

Approaches to supervision

The expectations for “supervision” and characteristics of a “supervision system” vary with the reality of what is possible in different settings. Some different approaches are described next.

1. **Oversight of the facility and all its programmes**: a generalist supervisor is assigned to cover an entire facility and all health workers and programmes (falling within the jurisdiction of that facility) during a time-limited visit. Supervision visits may not be resourced, and thus take place during an “ad hoc” visit when the supervisor is able to arrange transportation.
   - The supervisor may cover an entire facility and all health workers and programmes (falling within the jurisdiction of that facility) during a time-limited visit.
   - A supervisor who covers multiple facilities and different programmes may or may not be trained in IYCF knowledge and skills.

2. **Some observation of IYCF activities**:
   - Supervision is resourced (more frequent and regular).
   - Supervision may involve a combination of record inspection and observation of health-worker performance of those carrying out IYCF support activities on the day of supervision.
   - Supervision allows the supervisor to determine whether IYCF programme activities are in place; and whether health workers are providing IYCF support with some attention to quality.

3. **Mentoring-supervision of individual workers on an ongoing basis**: there is a greater emphasis on coaching and mentoring health workers to work towards achieving competence (experience and mastery) in the knowledge and skills identified as necessary to provide good-quality services that include IYCF support.

4. **An approach used in some medical schools and teaching institutions**, where a “mentor” is a practitioner as well as a mentor. Such a “mentor” might spend one day a week in each of five facilities/health posts/communities, for example – on a regular but rotating basis.

Any of the people mentioned below could be a mentor:

- a resource person
- a practitioner (who has fewer responsibilities for their own “class” or fewer “cases”)
- a peer who is a “master craftsman” (greater experience than those whom they mentor)
- a person trained in IYCF knowledge and skills, and supervision
- a person located close to the communities/facilities for which they are a “resource”
- a person appointed for dissemination and implementation of new policies and practices (including responsibility for refresher training).

The mentor:

- can be assigned to “individual” staff or workers
- creates a collaborative learning model with the individuals for whom they are a resource; and acts as a team leader as well as a mentor for individuals (facilitates case studies where workers present a “difficult” or “interesting” case)
- encourages building of experience among peers (who can also become “mentors”)
- maintains a regular schedule of mentoring/visiting, but can also respond to referrals and requests for assistance (updates, trouble-shooting, helping to work through problems, etc. Both “push” and “pull”)
- has the flexibility to direct their own schedule (e.g. when a health worker needs additional assistance – e.g. is newly trained, experiencing difficulty with a particular client or task)
- may also serve in a monitoring role, but this is not their primary responsibility
- functions as liaison to a central/higher level (or is part of the team at higher level, but posted peripherally).
5. A combination of approaches, including a mix of worker self-assessment, mutual peer observation and feedback and mentoring from a supervisor, with periodic (regular, scheduled and planned) supervisor-led group meetings to discuss progress, mutual challenges, difficult cases and refresher training as needed.

![Fig. 1 Combination of supervision approaches](image)

**Strengthening the system: what is necessary to create an effective system of supportive supervision/mentoring?**

The following elements are frequently mentioned as necessary to an effective system of mentoring:

- **supervision policy**: a written policy that spells out requirements, roles and responsibilities, and the authority of the mentor-supervisor
- **training**: a mentor-supervisor trained in:
  - supervision skills
  - specific programme content (knowledge and skills) for which they provide mentoring
  - monitoring and use of data for making decisions to improve worker performance and IYCF programming
- **a supervision structure** that identifies (by position) the designated mentor-supervisor for each identified worker who will receive individual supervision
- **a supervision schedule** that specifies regular and scheduled visits
- **funded and reliable transport**
- **a systematic process** that describes all activities in a supervision visit
- **a checklist** of essential elements, including an observation checklist for each IYCF support activity
- **an agreed mechanism** for reporting to higher levels
- **authority to mobilize support** to address problems.
### Learning objective 3: Review Job aids for IYCF health workers: IYCF counselling and group facilitation; and corresponding Supportive supervision tools for mentor-supervisors – observation checklists for performance of IYCF support activities

**Methodology:** Brainstorming; interactive discussion  
**Suggested time:** 45 minutes

### Instructions for Activity 1

Draw on a flipchart a possible mix of IYCF activities (see pyramid)

1. For each of the first three activities on the pyramid, the health worker has a Job aid to help with implementing the activity
2. On three cards write Health-Worker Job aids 1, 2 and 3 and post on the left side of the first three boxes of the pyramid
3. Review together Tool 1: IYCF support activities, and Tool 2: Skills for the different IYCF support activities
4. Distribute and review together:
   - IYCF Health-worker Job aid 1: IYCF assessment
   - IYCF Health-worker Job aid 2: How to facilitate an action-oriented group
   - IYCF Health-worker Job aid 3: How to facilitate an IYCF support group
5. Discuss and summarize

### Instructions for Activity 2

1. Ask participants:
   - What is an observation checklist?  
   - What are the characteristics of a checklist?  
   - What types of IYCF observation checklists can we use?  
   - What results or decisions can be made from use of checklists?
2. Introduce the function of a checklist as a “memory aid” that clearly lays out what is expected of mentor-supervisors
3. On three cards write Tools 1, 2 and 3 (for mentor-supervisors) and post on the right side of the first three boxes of the pyramid
4. Distribute and review together:
   - Supportive supervision tool 4: Observation checklist for IYCF counselling  
   - Supportive supervision tool 5: Observation checklist for facilitation of an action-oriented group  
   - Supportive supervision tool 6: Observation checklist for facilitation of an IYCF support group
5. Discuss and summarize
**Key information**

**Tool 1: IYCF support activities**

Observation checklists

An observation checklist is a tool that can be used to encourage, monitor and improve the quality of work carried out by workers at any level. Checklists are linked to rapid improvements in the quality of work on key tasks, when they are intentionally used to promote improvement rather than simply monitor activities. The supportive supervisory checklists in this session are based on the job aids used by health workers as they learn to carry out individual counselling, and to facilitate action-oriented groups and IYCF support groups.

**Characteristics of checklists**

- Simple and easy to use
- Give both health workers/counsellors and mentor-supervisors clear objectives
- Help mentor-supervisors understand what they are to do and how to do it
- Can also be used by health workers as self-assessment instruments.

**Types of checklists (modified depending on the local situation)**

Checklists for individual IYCF counselling, action-oriented groups, and IYCF support groups:

- facilitate a comprehensive review of the key competencies
- help mentor-supervisors provide focused and constructive feedback
- support two-way discussions between the health worker and mentor-supervisor
- identify skills to be developed (through ‘assignments’) between visits.

Follow up by on-site or on-the-job refresher training (for individual or groups of health workers/counsellors identified as needing additional work on particular issues).
What decisions can be made from use of checklists?

Checklists can:

- help to identify areas where training has worked well and knowledge and skills are well understood
- call attention to areas of weakness where work is needed with an individual health worker
- help to identify areas of widespread weakness among several workers, which may indicate the need for refresher training for the group (or possibly revision to the initial training approach or discussion and clarification of procedures and policies)
- introduce the concept that improvement is a continuous process from which ALL can benefit
- link the use of competencies to modification and further development of quality checklists.

Note: As an individual (and/or group) achieves “competency”, move on to assess other competencies. Once a health worker (and/or group) is deemed “competent” in all competencies, use checklists on a yearly or semi-annual basis to ensure competencies and high performance are maintained. For health workers (and/or a group) who consistently fail to achieve acceptable behaviour (after X number of months), consider retraining or replacing them.
Learning objective 4: Help mentors/supervisors to develop the necessary skills: interpersonal communication, facilitation, analysis and problem-solving

Methodology: Demonstration
Suggested time: 45 minutes

Instructions for activity 1
1. Brainstorm the process of making a mentoring-supervision visit
2. List the steps on a flipchart
3. Compare the list with the INSTRUCTIONS FOR CONDUCTING A SUPERVISION VISIT (see Toolkit for supportive supervision/mentoring and monitoring)

Instructions for Activity 2
Note: Three facilitators need to prepare this demonstration in advance (“facilitator-mother”, “facilitator-counsellor” and “facilitator-mentor-supervisor”), to model supportive supervision/mentoring using a checklist and providing feedback.

1. Ask participants to follow along and complete SUPPORTIVE SUPERVISION TOOL 4: OBSERVATION CHECKLIST FOR IYCF COUNSELLING
2. The facilitator-mentor-supervisor models observation of THREE-STEP COUNSELLING between a facilitator-mother (Tamina) with a 7-month daughter (Miriam) and facilitator-counsellor, using SUPPORTIVE SUPERVISION TOOL 4: OBSERVATION CHECKLIST FOR IYCF COUNSELLING
   - Introduce yourself to the mother and explain briefly why you are there
   - Ask the mother’s permission to observe, and explain that you will not record her name, and that all her information will remain confidential
   - During the counselling session, make notes on the Observation checklist for use during the feedback to the counsellor and participants

The facilitator-mother/Tamina uses the following information in her responses:
- she breastfeeds whenever Miriam cries
- she feels she does not produce enough milk
- she gives Miriam some watery porridge twice a day (porridge is made from corn meal)
- she does not give any other milks or drinks to Miriam

3. The facilitator-counsellor conducts IYCF THREE-STEP COUNSELLING, using IYCF HEALTH-WORKER JOB AID 1: IYCF ASSESSMENT
4. The facilitator-mentor-supervisor models discussion of their observations of the counselling session, using SUPPORTIVE SUPERVISION TOOL 4: OBSERVATION CHECKLIST FOR IYCF COUNSELLING and modelling “providing feedback” to the facilitator-counsellor
5. Discuss the process of supportive supervision/mentoring and the checklist results with participants. Are there differences between the way participants and the facilitator-supervisor have marked their checklists?
6. Discuss providing feedback and making the point that the objective is to be constructive and supportive; focus on “what’s right”; use the expression “how about” with constructive comments
7. The facilitator recognizes all inputs, and/or fills in gaps
8. Discuss and summarize

Note: Depending on in-country IYCF programme design, the facilitator-mentor-supervisor can also model observation of an action-oriented group or an IYCF support group between a facilitator-counsellor and a group of mothers/fathers/caregivers, using SUPPORTIVE SUPERVISION TOOL 5: OBSERVATION CHECKLIST FOR FACILITATION OF AN ACTION-ORIENTED GROUP or SUPPORTIVE SUPERVISION TOOL 6: OBSERVATION CHECKLIST FOR FACILITATION OF AN IYCF SUPPORT GROUP.
Learning objective 5: Practise supportive supervision/mentoring (using observation checklists, providing feedback and making decisions for quality improvement throughout the system)

Methodology: Practice
Suggested time: 1½ hours

Instructions for Activity

1. Break into groups of three, with one participant acting as a mother/carer, another as the IYCF counsellor, and one participant acting as “mentor-supervisor”

2. Distribute to “supervisors” Supportive supervision tool 4: Observation checklist for IYCF counselling

3. Distribute a set of Counselling cards to each group of three

4. Practise Case study 1: Ask the “mothers/caregivers” of the working groups to gather together (choose a case study from the six different case studies listed below)

5. Read a case study to the “mothers/caregivers” ONLY, and ask them to return to their working groups. Note: The “mothers/caregivers” need to be sure that they give all the information included in their case study

6. Emphasize to participants the need to stick to the (minimal) information in the case studies and not embellish

7. The IYCF counsellor of each working group (of three) asks the “mother/father/carer” about their situation, and practises the Assess, Analyse and Act steps with Listening and learning skills and Skills for building confidence and giving support

8. In each working group, the supervisor’s task is to record the skills the counsellor used on Supportive supervision tool 4: Observation checklist for IYCF counselling

9. When the counselling session is completed, the mentor-supervisor should share their checklist and give feedback. The “mother/carer” and IYCF counsellor will also give feedback to the mentor-supervisor

10. After the case study, ask groups of three to demonstrate/discuss the following issues with the large group:
   • What should the supervisor say to the health worker when making a supportive supervisory visit (when the mentor-supervisor is observing a counselling session and using a checklist)?
   • What should be said to the mother/carer?
   • What comments should the mentor-supervisor make during the observation?
   • Where should the mentor-supervisor discuss each of the points in the checklist with the counsellor?
   • Describe the manner in which the mentor-supervisor should speak to the counsellor:
     – at the end of the session, ask the counsellor to summarize what they are doing well, and then what they can do to improve further
     – the mentor-supervisor should go over the relevant points in the checklist with the counsellor, focusing on encouraging the health worker/counsellor where they are already doing a good job, and helping the health worker/counsellor see where they need to improve
     – make the point: small changes in often-repeated tasks can cause large changes in impact
     – set an appointment for the next visit

11. The facilitator recognizes all of the inputs, and/or fills in gaps

12. Discuss and summarize

13. The participants in working groups switch roles and the above steps (4 to 11) are repeated using Case studies 2 and 3
Key information

**Practise case studies 0 up to 6 months**

**Case study 1**
You visit a new mother, Adila, who has a newborn son of low birth weight. She is breastfeeding and her mother-in-law insists that she gives water to her grandson.

**Case study 2**
Farida's baby is 4 months old and Farida thinks she does not have enough milk. Farida has been exclusively breastfeeding but is ready to start complementary foods because she doesn't think her milk is satisfying her baby. Farida and her sister are seeking your advice on what they should give to the baby.

**Case study 3**
Dafina has a 3-week-old son. She is breastfeeding exclusively and continually but her baby is not gaining weight. The baby has not been sick and appears alert.

**Practise case studies 6 up to 24 months**

**Case study 1**
You visit Meera whose baby is 6½ months old. Meera tells you that her baby is too young for foods because the baby's stomach is too small, and that she will just continue to breastfeed him until he is older. Meera's baby has been very healthy. Her husband and mother-in-law agree with her.

**Case study 2**
Savita has a 9-month-old daughter who is eating some watery porridge once a day. Savita tells you that she cannot buy other foods. Savita is still breastfeeding. Her baby had diarrhoea last week.

**Case study 3**
Aida's baby is 12 months old and Aida gives bites of adult food at mealtimes only. Aida is still breastfeeding and her baby is very healthy.
### Part 2: Monitoring

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<th>Methodologies</th>
<th>Training aids</th>
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| 6. Define the relationship between supportive supervision/mentoring and monitoring; identify reasons for monitoring and examples of indicators | • Brainstorming  
• Group work | Appendix 2: Suggested tool for data for IYCF programme planning  
Appendix 3: Examples of how to visually display routine programme-monitoring data (visual display of quantitative data) |
| 7. Review activity record forms for health workers and forms for collation of data by mentor-supervisors; practise collating data | • Interactive discussion  
• Practice in compilation of data | IYCF health-worker monitoring job aid 1: Monthly activity log for a health worker who provides IYCF support to pregnant women and mothers–children (0 up to 24 months)  
Supportive supervision monitoring tool 1: Supervisor’s log – summary of monthly activities  
Supportive supervision monitoring tool 2: Supervisor’s record for tracking individual health-worker progress  
Supportive supervision monitoring tool 3: Monthly/quarterly/period summary reporting form – supervisor’s and health worker’s activity data  
Appendix 4: Examples of completed health-worker activity logs for compilation by mentor-supervisors  
Appendix 5: Compilation answer sheet |
| 8. Discuss how mentoring and monitoring data contribute to improved worker performance and strengthened services/programmes | • Interactive discussion  
• Small groups: interpretation of data | Appendix 3: Examples of how to visually display routine programme-monitoring data (visual display of quantitative data) |
Learning objective 6: Define the relationship between supportive supervision/mentoring and monitoring; identify reasons for monitoring and examples of indicators

Methodology: Brainstorming; group work

Suggested time: 30 minutes

Instructions for Activity

1. Ask participants: What is the link between supervision, supportive supervision/mentoring and monitoring? After hearing responses, show the graphic in Fig. 2 to summarize

2. Form five groups. Ask groups to discuss the following and write on the flipchart:
   - Why monitor?
   - What to monitor?

3. Ask a different group to respond to each of the questions (other groups mention additional comments)

4. Distribute and review together Appendix 2: Suggested tool for data for IYCF programme planning and Appendix 3: Examples of how to visually display routine programme-monitoring data (visual display of quantitative data)

5. Discuss and summarize

Key information

What is the link between supervision, supportive supervision/mentoring and monitoring?

In some settings or countries, data recorded by health workers on the IYCF support activities may be obtained and compiled by mentor-supervisors during supervisory visits and submitted periodically as part of routine monitoring and reporting. Such data can help management personnel to determine whether defined targets for IYCF counselling and other IYCF support activities were met during a reporting period. The data can also help to track progress in achieving geographical and population coverage, as well as to monitor the progress of individual health workers in improving the quality of their work. Thus, mentor-supervisors can function as a key link between mentoring and monitoring activities, helping to keep the IYCF programme focused on the essential activities to achieve the desired results (see Fig. 2).

![Fig. 2 The link between mentoring and monitoring to improve the quality of services and outcomes/results](image)

The purpose of supportive supervision/mentoring is to discuss data with health workers, and use visual displays of data.
Definitions related to monitoring

What is monitoring?
Monitoring is systematic and regular collection, review and use of data to track the process of programme implementation and provide management, workers and other stakeholders with information to assess problems, make decisions to improve the situation and track progress towards achieving results (improved IYCF practice and child nutrition).

Why monitor?
Something that is monitored is more likely to be done. Monitoring and reporting on IYCF counselling (and other IYCF support activities) – and the integration and use of these data in the health management information system (HMIS) – is an important part of the institutionalization of IYCF within health systems.

Monitoring can:
- improve programme planning (adjust programme strategies – e.g. ensuring that resources are targeted to areas and groups of greatest need)
- improve programme management (provide an early indication of progress or lack of progress in programme implementation)
- inform a programme about strengths and weaknesses
- help to identify and address problem areas (sometimes called bottlenecks)
- motivate health workers to work towards (i) their own improved performance, and (ii) strengthened programmes, to support improved IYCF practices and nutrition/health status among clients and the community
- track progress in achieving outcomes.

Is monitoring the same as supervision?
- We monitor the intervention.
- We supervise an individual.

What should be monitored?
Essential activities should be monitored, to provide data for assessing the progress on implementation of programme activities (training, implementation of IYCF support activities and supportive supervision/mentoring), as well as the achievement of coverage and quality of the services delivered.

What is an indicator?
An indicator is a variable that assesses:
- one aspect of a programme
- HOW MUCH was done, HOW WELL it was done; and whether ANYONE IS BETTER OFF as a result
- the existing situation and changes or trends over time, and tracks progress towards desired results
- indicator characteristics: SMART (specific, measurable, achievable, relevant, time-bound).

Depending on objectives, some results will need to be measured using globally agreed indicator definitions.

What is a target?
A target is the statement of an objective that:
- is time-bound
- can be measured by an indicator.

Targets for results are set at baseline and measured periodically (sometimes annually; sometimes at mid-term) over the life of a programme. Incremental progress towards achieving targets on the process of activities implementation, coverage and quality can be monitored periodically (monthly, etc.).
Monitoring the process of programme implementation

Monitoring progress involves the following steps:

1. Update information on the size of the catchment population (for facility or programme) and the number of service providers. See Appendix 2: Suggested Tool for Data for IYCF Programme Planning (e.g. target number of trainings, target number of trained health workers required, etc.).

2. Set targets.

3. Display the size of the catchment population and progress towards target numbers. See Appendix 3: Examples of How to Visually Display Routine Programme-Monitoring Data (Visual Display of Quantitative Data). Either could be transferred onto flipchart paper for display on a wall and periodic updating.
Learning objective 7: Review activity record forms for health workers and forms for collation of data by mentor-supervisors; practise collating data

Methodology: Interactive discussion, practice in compilation of data

Suggested time: 30 minutes

Instructions for activity 1

1. Ask participants: What forms or tools do you use to collect data for routine programme monitoring?
2. Fill in gaps with the Key information below
3. Divide participants into four groups
4. Distribute to each group and review together the forms used in the country; alternatively you can use the forms provided in this module:
   - IYCF health-worker monitoring job aid 1: Monthly activity log for a health worker who provides IYCF support to pregnant women and mothers–children (0 up to 24 months)
   - Supportive supervision monitoring tool 1: Supervisor's log – summary of monthly activities
   - Supportive supervision monitoring tool 2: Supervisor’s record for tracking individual health-worker progress
   - Supportive supervision monitoring tool 3: Monthly/quarterly/period summary reporting form – supervisor’s and health worker’s activity data
5. For each group:
   - distribute four copies of a completed IYCF health-worker monitoring job aid 1: Monthly activity log for a health worker who provides IYCF support to pregnant women and mothers–children (0 up to 24 months). See Appendix 4: Examples of completed health-worker activity logs for compilation by mentor-supervisors
   - ask each group to compile data and enter them into Supportive supervision monitoring tool 3: Monthly/quarterly/period summary reporting form – supervisor’s and health worker’s activity data
   - ask them to share the data they have compiled and check with Appendix 5: Compilation answer sheet
6. Discuss and summarize

Key information

Tools for data collection in routine programme monitoring

- Activity logs
- Tally sheets
- Forms (record forms, referral forms)
- Registers
- Reports (periodic: monthly, quarterly, annual)
- Guidelines: to provide indicator definitions, to ensure consistency across sites)

Training in the use of tools will be required. Workers must understand the data, record all data, record data every time, and record the data in the same way every time. To do so, they will need to understand the tools used for data collection; who is responsible for collecting the data; what data should be collected and how; how and when data should be reported; and how data should be interpreted and used.
Learning objective 8: Discuss how mentoring and monitoring data contribute to improved worker performance and strengthened services/programmes

Methodology: Interactive discussion, small groups: interpretation of data

Suggested time: 45 minutes

Instructions

1. Ask participants: How can routine monitoring data be used? Fill in gaps with the Key information below
2. Divide participants into four groups

Instructions for Activity 1: Geographical coverage through mapping

1. Use Appendix 3, Example 2: Map showing supervision areas, with village size and presence/absence of trained health workers, showing:
   - facilities (catchment areas, supervision areas, programme areas) with at least one IYCF-trained health worker
   - targeted population with access (within 5 km, within 1 hour's walk) to a health facility that provides IYCF counselling
2. Discuss possible use of mapping:
   - In what ways could mapping be useful in your facility? (access to IYCF support services, discrepancies in equity, other?)
   - What would need to be done to make this possible?
3. Discuss and summarize

Instructions for Activity 2: Examine trends by creating bar charts

1. Use Appendix 3, Example 1: Bar chart showing planned versus actual counselling activities to show progress (and mastering) of competencies:
   - data from self-tracking records, peer observation and feedback, and mentor-supervisor records
   - percentage of caregivers–children with age-appropriate counselling contacts (annual compilation to determine percentage)
2. Discuss possible use of bar charts:
   - In what ways could bar charts be useful in your facility?
   - What would need to be done to make this possible?
3. Discuss and summarize

Instructions for Activity 3: Examine trends by monitoring charts tracking percentages

1. Monitoring charts tracking percentages
   - Vertical axis: percentages
   - Horizontal axis: Contact 1: pregnancy (T3), Contact 2: at delivery; Contact 3: postnatal 2–4 days; Contact 4: 14–28 days; Contact 5: between 5 and 6 months; Contact 6: around 9 months; Contact 7: around 12 months [or Horizontal axis: T3 pregnancy; birth, 1 month, 2 months, 3 months, 4 months ... 11 months and record the child's age at the time the caregiver/child received counselling, for analysis]
2. Ask participants to discuss:
   - Does “tracking of counselling contacts” act as a motivational tool for health workers?
   - Is there any evidence of a relationship (or correlation) between counselling received and IYCF behaviours (i.e. between receipt of age-appropriate counselling and age-appropriate feeding)?
3. Discuss and summarize
Instructions for Activity 4: Practise case studies

1. Distribute Case study 1 to each group. After 10 minutes ask one group to report back to the whole group and the other groups to add additional points.
2. Repeat the same process for Case studies 2 and 3.
3. Discuss and summarize.

Key information

Routine monitoring data can:

- inform the need for action (data for decision-making)
- identify problems that need attention and action
- inform and motivate those workers whom mentor-supervisors mentor
- together with facility and programme managers, mentor-supervisors and health workers, can:
  - identify areas of strengths and weakness in the IYCF system
  - identify causes of constraints (sometimes called barriers or bottlenecks)
  - develop possible solutions, adjusting the programme strategy as necessary
- inform programme impact pathway (PIP) analysis (sometimes called the “pathway to impact” or the “theory of change”)
  - start from the local conditions over which the programme has some control, and work towards identifying national or other cross-cutting constraints (e.g. absence of the Code of marketing of breast-milk substitutes).

Case study 1

Study the line chart in Fig. 3.

- The estimated number of pregnant women in the Morengo Health Facility catchment area is 340 (based on a recent census and the last demographic and health survey, 2 years ago, which indicates that the crude birth rate [births per 1000 population] in the country is 34 per year.
- Analysis of the past year’s data from the Morengo antenatal care register shows that 272 pregnant women were registered for antenatal care services (80%).
- 221 women received IYCF counselling at least once during their antenatal care visits (65%).
- 153 mothers knew about putting their newborn infants to the breast within the first hour of delivery (45%).
- 119 mothers put their neonate to their breast within the first hour after delivery (35%).

![Data on pregnant women at the Morengo Health Facility](Fig. 3)
Discuss:

1. What are potential explanations for the difference between the number of pregnant women estimated from census data and the number registered for antenatal care services?
   - How could you investigate this discrepancy further? What information might you need?

2. What are potential explanations for the difference between the number of pregnant women registered for antenatal care services and the number who received IYCF counselling at least once?
   - How could you investigate this discrepancy further? What information might you need?
   - Could you explore this relationship in your facility?
   - What actions would make this possible?

3. What are potential explanations for the difference between the number of pregnant women who received IYCF counselling at least once and the number who initiated breastfeeding within the first hour after delivery?
   - How could you investigate this discrepancy further? What information might you need?
   - Could you explore this relationship with the data you monitor in your facility?
   - What actions would make this possible?

Case study 2

Study the graph in Fig. 4. The vertical axis shows the number of pregnant women counselled for the first time at an antenatal care visit (the most recent demographic and health survey shows that the CBR is 30). What number of births (pregnant women) would you expect in the facility catchment area per year (catchment area population = 5000)? That becomes the vertical axis.

The graph shows two pieces of information:
- bar chart per month showing the number of pregnant women attending antenatal care who receive initial counselling
- line showing the cumulative total of number of pregnant women receiving at least one counselling at antenatal care.
Part 2: Monitoring

Discuss:
- What does this graph tell us?
- Is the progression of the line steady? Why might this be?
- What additional information might you want to obtain … to help you understand the patterns shown by these data?
- For what other purposes could you use this type of graph? (If you wanted to set a monthly target, how could these data be shown? Refer to Appendix 4, Example 1).

Case study 3

Study the bar chart in Fig. 5 and ascertain:
- the percentage of children aged 0–23 months identified as “growth faltering” during growth monitoring and promotion (GMP) [20%]
- the percentage of children aged 0–23 months identified as “growth faltering” during GMP and referred for IYCF counselling according to the child health card [12%]
- the percentage of children aged 0–23 months identified as “growth faltering” during GMP, referred for IYCF counselling, and who received IYCF counselling according to the child health card [8%].
Discuss:

What other analyses may be useful:

1. **Analysis of constraints/bottleneck analysis:**
   - to identify elements in the enabling environment that are causes of problems/constraints/bottlenecks
   - to develop possible solutions
   - to integrate the solutions into existing plans.

2. **Equity analysis:** to identify areas or population groups where services need attention, and to determine where to prioritize actions to strengthen programmes and improve health-worker performance:
   - geographical areas with: poor nutrition, health, water, sanitation and hygiene (WASH) status, poor IYCF practices
   - facilities/programmes with the poorest performance in delivering a package of IYCF support activities/intervention
   - where there is evidence that services are being delivered inequitably among different populations: poorer populations, marginalized groups
   - other strategies to increase equity (e.g. access to services).

3. **Are results from routine programme monitoring consistent with data from other sources?** Routine monitoring data (from tallying, records, etc.) will include errors. Part of a “plausibility analysis” should involve triangulating routine monitoring data with data from other sources.

Other sources for IYCF data include:

- health-facility surveys
- community worker surveys
- SMART surveys
- exit interviews with caregivers
- small-sample surveys (rapid surveys): using lot quality assurance sampling (LQAS), other small-sample surveys or rapid surveys.
### Part 3: What could work in your system? Where could you start?

<table>
<thead>
<tr>
<th>Learning objectives</th>
<th>Methodologies</th>
<th>Training aids</th>
</tr>
</thead>
</table>
| 9. Design “What could work?” and “Where could you start?” to help institutionalize supportive supervision/mentoring and monitoring of facility-based IYCF health workers | Group work by district or health facility | **Appendix 2:** Suggested tool for data for IYCF programme planning  
**Appendix 6:** Examples of indicators for routine IYCF programme monitoring – inputs and outputs/intermediate results  
**Appendix 7:** Addition of indicator examples – implementation of activities  
**Appendix 8:** Design plan template for supportive supervision/mentoring and monitoring of a facility-based IYCF programme |
Learning objective 9: Design “What could work?” and “Where could you start?” to help institutionalize supportive supervision/mentoring and monitoring of facility-based IYCF health workers

Methodology: Group work

Suggested time: 1 hour

Instructions for Activity

1. Divide groups by district or health facility
2. The design of “what could work” needs to answer the questions: How much and How well is the IYCF programme doing? (and eventually Is anyone better off?)
3. Ask groups to review and update (if possible) APPENDIX 2: SUGGESTED TOOL FOR DATA FOR IYCF PROGRAMME PLANNING
4. What do you think you will need to have in place – activities, coverage, quality – by when – in order to achieve your results?
5. Decide on IYCF support activities to be implemented (individual counselling [at what contact points], action-oriented group facilitation, support group facilitation)
6. Select indicators (what exists at national level, what are the gaps); see APPENDIX 6: EXAMPLES OF INDICATORS FOR ROUTINE IYCF PROGRAMME MONITORING – INPUTS AND OUTPUTS/INTERMEDIATE RESULTS
7. Review APPENDIX 7: ADDITION OF INDICATOR EXAMPLES – IMPLEMENTATION OF ACTIVITIES, which highlights (in RED) examples of indicator data that could be included in an SMS system in countries/situations where this is applicable.
8. Use/modify APPENDIX 8: DESIGN PLAN TEMPLATE FOR SUPPORTIVE SUPERVISION/MENTORING AND MONITORING OF A FACILITY-BASED IYCF PROGRAMME
9. Each group presents their design and receives feedback from the group on their model(s) for supportive supervision/mentoring and/or different ways of improving programme quality
10. Discuss and summarize

Key information

Selection of indicators

- Start with the existing (national) system. What data are already being collected? Avoiding creating parallel systems and collecting redundant information.
- Determine what data gaps exist. Identify gaps in the information necessary to determine the causes or problems or constraints (sometimes called “bottlenecks”). A few indicators may require additional data collection.
- Work (over time) to integrate missing indicators and tools into the HMIS. The process will ideally stimulate adjustment and strengthening of the HMIS and other information systems.

Data may be organized in a number of ways

- Supply side (are inputs in place? how much did we do?): are essential inputs/commodities and adequately trained human resources available; are we doing the activities we planned to do; and what percentage of planned activities is being conducted?
- Demand side (outputs – including measures of coverage and quality): geographical access to services/facilities; population coverage, including measures of initial and ongoing use of services; change in knowledge; change in target population attitudes; quality of services provided/health-worker performance
- Results: changes in feeding practice and nutritional status
Alternatively, obtain information to answer the following questions:

**Question 1: Are IYCF programme elements in place? How much are we doing? What are our policies, strategies, plans?**

- Trained workers and supervisors
- Materials
- Activities.

Use these data to determine whether the programme/facility is delivering the basic services intended, and to monitor trends (over time):

- % of health workers trained in IYCF counselling (other IYCF support activities)
- % of community workers trained
- % of trained health workers implementing IYCF support activities/providing IYCF support
- % of planned IYCF support activities implemented
- % of planned supportive supervision/mentoring activities conducted.

**Question 2: How well are we doing it?**

- Geographical coverage, access to services by skilled health workers
- Population coverage, % of caregivers counselled, % who received messages
- Fully-counselled child/number of recommended counselling contacts received
- Caregiver recall of messages/knowledge
- Caregiver attitudes changed, social norms changed, barriers overcome
- Quality of health-worker counselling and communication
- Caregiver satisfaction with counselling (or other IYCF support received)
- Supervision (or mentoring/supportive supervision) received.

Use data from routine programme monitoring and random observation of workers to improve programme management, including decisions to help improve overall worker performance. Is coverage (geographical, and population) being achieved? Is there evidence that health workers are providing IYCF support with attention to quality? Are health workers following the basic IYCF training they received? Are caregivers/clients satisfied with the services?

Use data from direct observation of individual health workers to mentor and help them improve their ability to effectively deliver IYCF support, and to monitor the quality of counselling (and other IYCF support activities) delivered.

Questions 1 and 2 and the corresponding indicators facilitate analysis of activities, coverage and quality. The next question looks at results (short- and longer-term).

**Question 3: Is anyone better off?**

- Changes in breastfeeding and complementary feeding practices
- Changes in nutritional status (e.g. stunting, anaemia, low birth weight).

**Note:** It is NOT recommended that data on IYCF practices be routinely collected for the HMIS through facility- or community-level monitoring. It is difficult and time-consuming. For example, information on the rate of exclusive breastfeeding must be obtained by asking a standardized set of questions. Asking mothers the question “Did you exclusively breastfeed for the first 6 months?” will NOT provide valid data. Rather, changes in feeding practices and nutritional status are measured at population level through periodic large-sample surveys such as the UNICEF multiple indicator cluster/demographic and health/SMART/national nutrition surveys.

- However, one indicator – “early initiation of breastfeeding (within the first hour)” – could be tallied at maternity facilities, and should be reported for every delivery facility.
- Small-scale or rapid surveys (e.g. LQAS) can play a role in monitoring the quality of nutrition programmes, and even outcomes, IF used by personnel with training.

See Appendix 6: Examples of indicators for routine IYCF programme monitoring – inputs and outputs/intermediate results and Appendix 7: Addition of indicator examples – implementation of activities.
Appendix 1: Components related to supportive supervision/mentoring

| **WHO** | • Trainers and mentor-supervisors of health workers who have completed IYCF counselling training  
|          | • A peer, for mutual support |
|          | **WHY** | • Motivate and support health workers to build their knowledge, skills and confidence  
|          |          | • Facilitate improved quality of IYCF support activities by:  
|          |          | – and setting expectations  
|          |          | – monitoring activity level, coverage and quality  
|          |          | – identifying and resolving problems  
|          |          | • Facilitate follow-up and refresher training |
|          | **WHEN** | • Set regular schedule for supportive supervision/mentoring and monitoring visits  
|          |          | • Define a reporting schedule, including information on:  
|          |          | – activities and coverage  
|          |          | – observation data on quality from supportive supervision/mentoring  
|          |          | – feedback from caregivers |
|          | **WHERE** | • At health worker’s place of work:  
|          |          | – counselling sessions  
|          |          | – action-oriented groups  
|          |          | – IYCF support groups  
|          |          | • During home visits  
|          |          | • At a convenient location for group meetings |
|          | **WHAT** | • Competencies in:  
|          |          | – LISTENING AND LEARNING SKILLS AND SKILLS FOR BUILDING CONFIDENCE AND GIVING SUPPORT  
|          |          | – IYCF THREE-STEP COUNSELLING: ASSESS, ANALYSE and ACT  
|          |          | – action-oriented group facilitation  
|          |          | – IYCF support group facilitation  
|          |          | • Competencies in the following knowledge:  
|          |          | – recommended feeding practices  
|          |          | – attachment and positioning  
|          |          | – expression of breast milk  
|          |          | – common breastfeeding difficulties: identifying and resolving them  
|          |          | – women’s nutrition  
|          |          | – feeding the sick child  
|          |          | – infant feeding in the context of HIV  
|          |          | – main issues: infant feeding in emergencies  
|          |          | – signs that a child require referral |
### HOW
- Use observation checklists during supportive supervision/mentoring and monitoring
- Work towards higher performance of all health workers over time

### WHAT FOR
- Implementation of **activities**
- **Coverage** of the target population
- **Quality** of health-worker performance
### Appendix 2: Suggested tool for data for IYCF programme planning

<table>
<thead>
<tr>
<th>District</th>
<th>Supervision area</th>
<th>Facility</th>
<th>Total Population</th>
<th>Number of children under 24 months; number aged:</th>
<th>Number of pregnant women</th>
<th>Number of health centres (or other)</th>
<th>Number of health posts (or other)</th>
<th>Number of facility workers</th>
<th>Number of community workers</th>
<th>Number of IYCF support group facilitators</th>
<th>Other volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0–5 months (same as 0 up to 6 months)</td>
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<td></td>
<td></td>
<td>6–23 months (same as 6 up to 24 months)</td>
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<td></td>
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</tbody>
</table>

Supervision area 1
- Facility 1
- Facility 2
- Facility 3

Supervision area 2
- Facility 4
- Facility 5
- Facility 6

etc.
Appendix 3: Examples of how to visually display routine programme-monitoring data (visual display of quantitative data)

Example 1: Bar chart showing planned versus actual counselling activities

For each month, plot the following:
- planned number of pregnant women who should receive an individual counselling session
- actual number of pregnant women who received counselling
- planned number of mothers/children under 24 months who should receive an individual counselling session
- actual number of mothers/children under 24 months who received counselling.

Total for the year:
- planned: 68
- actual: 42
= 62% achievement
Example 2: Map showing supervision areas, with village size and presence/absence of trained health workers
**Supportive Supervision Monitoring Tool 2: Supervisor’s Record for Tracking Individual Health-Worker Progress**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Date of visit</th>
<th>Yes</th>
<th>No</th>
<th>Comments/agreed-upon recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health-worker monthly activity log reviewed: IYCF health-worker monitoring job aid 1</td>
<td>Q1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q2</td>
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<td></td>
<td>Q3</td>
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<tr>
<td></td>
<td>Q4</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Follow-up issues identified during last supportive supervisory session</td>
<td>Q1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Q3</td>
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<tr>
<td></td>
<td>Q4</td>
<td></td>
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</tr>
</tbody>
</table>

**Skills observed**

<table>
<thead>
<tr>
<th>Individual counselling</th>
<th>Score</th>
<th>Positive aspects</th>
<th>Areas for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Three-step counselling process</td>
<td>Q1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assess</td>
<td>Q2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Analyse</td>
<td>Q3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Act</td>
<td>Q4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Management of materials: breastfeeding and complementary feeding</td>
<td>Q1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q2</td>
<td></td>
<td></td>
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<td></td>
<td>Q3</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Q4</td>
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<td>5. Communication skills</td>
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<td>Facilitation skills</td>
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<td>Prioritized actions</td>
<td>Comments/agreed-upon recommendations</td>
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<td>---------------------------------------</td>
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<tr>
<td>6. Facilitation of action-oriented group</td>
<td>Yes/No</td>
<td>Q1</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Q2</td>
<td></td>
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<tr>
<td></td>
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<td>Q3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td>7. Facilitation of an IYCF support group</td>
<td>Yes/No</td>
<td>Q1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities</th>
<th></th>
<th>Prioritized actions</th>
<th>Agreed-upon recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Prioritized action before next supervisory visit</td>
<td>Yes/No</td>
<td>Q1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td>Date of next supervisory visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of next supervisory visit</td>
<td>Q1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4: Examples of completed health-worker activity logs for compilation by mentor-supervisors

IYCF health-worker monitoring Job aid 1: Monthly activity log for a health worker who provides IYCF support to pregnant women and mothers—children (0 up to 24 months)

<table>
<thead>
<tr>
<th>District (facility, supervision area or other identifying information: adapt as appropriate): Area A</th>
<th>Name of health worker: Adila</th>
<th>Month: May 2018</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of activity</th>
<th>Individual counselling</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pregnant woman (number of women, mark with a /)</td>
<td>Child 0 up to 24 months (number of caregiver–child pairs)</td>
<td>Action-oriented group (number of groups conducted)</td>
</tr>
<tr>
<td></td>
<td>Number of women counselled for the first time</td>
<td>Number of women counselled during repeat or follow-up session</td>
<td>Number of women counselled for the first time</td>
</tr>
<tr>
<td>1 May</td>
<td>/ /</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 May</td>
<td>/</td>
<td></td>
<td></td>
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<tr>
<td>8 May</td>
<td>/</td>
<td></td>
<td></td>
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<tr>
<td>11 May</td>
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<td></td>
<td></td>
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<tr>
<td>12 May</td>
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<td></td>
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<tr>
<td>14 May</td>
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<td></td>
<td></td>
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<tr>
<td>19 May</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>22 May</td>
<td>/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 May</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>26 May</td>
<td>/ /</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total for the month: 2</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

NOTE below any issues to be discussed with the mentor-supervisor: check on when to make referrals.
# IYCF health-worker monitoring Job aid 1: Monthly activity log for a health worker who provides IYCF support to pregnant women and mothers–children (0 up to 24 months)

**District (facility, supervision area or other identifying information: adapt as appropriate): Area B**

**Name of health worker:** Farida

**Month:** May 2018

<table>
<thead>
<tr>
<th>Date of activity</th>
<th>Pregnant woman (number of women, mark with a /)</th>
<th>Child 0 up to 24 months (number of caregiver–child pairs)</th>
<th>Action-oriented group (number of groups conducted)</th>
<th>IYCF support group (number of groups facilitated)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of women counselled for the first time</td>
<td>Number of women counselled during repeat or follow-up session</td>
<td>Number of women counselled for the first time</td>
<td>Number of women counselled during repeat or follow-up session</td>
</tr>
<tr>
<td>4 May</td>
<td>1 /</td>
<td></td>
<td></td>
<td>1 /</td>
</tr>
<tr>
<td>6 May</td>
<td>/</td>
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<tr>
<td>8 May</td>
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<td>12 May</td>
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<tr>
<td>13 May</td>
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<tr>
<td>19 May</td>
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<td>21 May</td>
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<td>22 May</td>
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<tr>
<td>25 May</td>
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<tr>
<td>27 May</td>
<td>/</td>
<td></td>
<td></td>
<td>/</td>
</tr>
<tr>
<td><strong>Total for the month:</strong></td>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

NOTE below any issues to be discussed with the mentor-supervisor: check on when to make referrals.
Part 3: What could work in your system? Where could you start?

---

**IYCF health-worker monitoring Job aid 1: Monthly activity log for a health worker who provides IYCF support to pregnant women and mothers–children (0 up to 24 months)**

<table>
<thead>
<tr>
<th>District (facility, supervision area or other identifying information: adapt as appropriate): Area C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of health worker: Dafina</td>
</tr>
<tr>
<td>Month: May 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of activity</th>
<th>Individual counselling</th>
<th>Action-oriented group (number of groups conducted)</th>
<th>IYCF support group (number of groups facilitated)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pregnant woman (number of women, mark with a /)</td>
<td>Child 0 up to 24 months (number of caregiver–child pairs)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of women counselled for the first time</td>
<td>Number of women counselled during repeat or follow-up session</td>
<td>Number of women counselled during repeat or follow-up session</td>
</tr>
<tr>
<td>4 May</td>
<td>/</td>
<td></td>
<td></td>
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<tr>
<td>5 May</td>
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<td></td>
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<td>8 May</td>
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<td>12 May</td>
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<td>14 May</td>
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<td>18 May</td>
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<td>20 May</td>
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<tr>
<td>27 May</td>
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<td></td>
<td>///</td>
</tr>
<tr>
<td>Total for the month:</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

NOTE below any issues to be discussed with the mentor-supervisor: talk about breastfeeding an older child when the mother is pregnant.
IYCF health-worker monitoring Job aid 1: Monthly activity log for a health worker who provides IYCF support to pregnant women and mothers–children (0 up to 24 months)

**District (facility, supervision area or other identifying information: adapt as appropriate):** Area D

**Name of health worker:** Thomas

**Month:** May 2018

<table>
<thead>
<tr>
<th>Date of activity</th>
<th>Pregnant woman (number of women, mark with a /)</th>
<th>Child 0 up to 24 months (number of caregiver–child pairs)</th>
<th>Action-oriented group (number of groups conducted)</th>
<th>IYCF support group (number of groups facilitated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 May</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>2 May</td>
<td></td>
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<td>///</td>
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<tr>
<td>5 May</td>
<td>/</td>
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<tr>
<td>7 May</td>
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<td>12 May</td>
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<td>14 May</td>
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<td>15 May</td>
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<td>19 May</td>
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<td>21 May</td>
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<tr>
<td>23 May</td>
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<td></td>
</tr>
<tr>
<td>26 May</td>
<td></td>
<td></td>
<td>/</td>
<td></td>
</tr>
<tr>
<td><strong>Total for the month:</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
<td><strong>5</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

NOTE below any issues to be discussed with the mentor-supervisor: check on when to make referrals.
**Appendix 5: Compilation answer sheet**

**Supportive supervision monitoring tool 3: Monthly/quarterly/period summary reporting form – supervisor’s and health worker’s activity data**

**Supervision area:** A, B, C, D  
**Mentor-supervisor name:** Cecilia  
**Reporting month:** May 2018

**Instructions:** record summary data for each health worker for the reporting period (monthly/quarterly/other). Information in the row for health worker 1 should summarize: the number of pregnant women the health worker counselled for the first time; the number of pregnant women the health worker counselled on a repeat visit; the same information for counselling mother–child under 24 month pairs; the number of action-oriented groups conducted (where applicable); the number of IYCF support group sessions the health worker facilitated during the reporting period (where applicable) (from IYCF health worker monitoring job aid 1: Monthly activity log for a health worker who provides IYCF support to pregnant women and mothers–children (0 up to 24 months)); and whether the health worker received a supervision visit and was observed providing individual counselling (number or yes/no) or facilitating an action-oriented group (number or yes/no); or an IYCF support group (number or yes/no) (Supportive supervision tool 5: Observation checklist for facilitation of an action-oriented group and Supportive supervision tool 6: Observation checklist for facilitation of an IYCF support group, where applicable).

<table>
<thead>
<tr>
<th>Health worker 1</th>
<th>Health worker 2</th>
<th>Health worker 3</th>
<th>Health worker 4</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual counselling</td>
<td>Action-oriented group sessions</td>
<td>IYCF support group sessions</td>
<td>Supportive supervision, number or Y/N</td>
<td></td>
</tr>
<tr>
<td>Pregnant woman</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First visit</td>
<td>Repeat visit</td>
<td>First visit</td>
<td>Repeat visit</td>
<td>1</td>
</tr>
<tr>
<td>Child 0 up to 24 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First visit</td>
<td>Repeat visit</td>
<td>3</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

*NOTE:* Farida missed recording one support group on IYCF health-worker monitoring job aid 1: May monthly activity log.
Appendix 6: Examples of indicators for routine IYCF programme monitoring – inputs and outputs/intermediate results (Columns 1 and 2)

**Note:** All indicators should be time-bound (reflecting activity “during the reporting period”).

<table>
<thead>
<tr>
<th>Inputs and activities (policies, programme components, strategies, plans)</th>
<th>Coverage</th>
<th>Quality</th>
<th>Outcomes and impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Materials</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I1. Number of Job aids, communication tools, etc. produced; special nutrition products (e.g. MNPs) supplied</td>
<td>Geographical/spatial coverage/access to services</td>
<td>Quality of counselling and communication</td>
<td>Changes in practice</td>
</tr>
<tr>
<td></td>
<td>C1. % of programme areas (facilities, etc.) with at least one trained IYCF counsellor</td>
<td>Q1. % of counsellors/group facilitators (health workers) who met an agreed performance standard</td>
<td>• Breastfeeding</td>
</tr>
<tr>
<td></td>
<td>C2. % of target population (or households) with access (living within 5 km) to health facility providing IYCF counselling</td>
<td>Q2. % of caregivers receiving a full set of contacts</td>
<td>• Complementary feeding</td>
</tr>
<tr>
<td><strong>Training (adequately trained human resources)</strong></td>
<td></td>
<td></td>
<td>• Increased use of LAM</td>
</tr>
<tr>
<td>I2. Number/% of health workers trained in IYCF counselling (and additional IYCF support activities)</td>
<td>Target population reached/counselling</td>
<td>Knowledge/recall of messages</td>
<td>• Increased child spacing</td>
</tr>
<tr>
<td></td>
<td>C3. % of caregivers ever counselled</td>
<td>Q3. % of caregivers (e.g. exit interview) who recall messages/demonstrate knowledge of ideal practices</td>
<td>• Changes in nutritional status (e.g. stunting, anaemia, low birth weight)</td>
</tr>
<tr>
<td></td>
<td>C4. Average number of counselling contacts per targeted caregiver–child pair</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C5. % of caregiver–child pairs fully counselled (received recommended number of contacts)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IYCF support activities</td>
<td>Participation of target population in other IYCF support activities</td>
<td>Key attitudes and social norms changed/barriers overcome</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------------------------------------------------</td>
<td>------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>13. Number/% of planned activities implemented (adapt for specific IYCF support activities – e.g. counselling, action-oriented groups, support groups, cooking demonstrations, etc. – in facility or target area)</td>
<td>C6. % of caregivers who attended at least one support group meeting (adapt as appropriate to situation)</td>
<td>Q4. % of mothers denying newborn baby the first breast milk (discarding colostrum)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q5. % of neonates receiving a prelacteal feed</td>
<td></td>
</tr>
<tr>
<td>Communications</td>
<td>Receipt of complementary food supplements</td>
<td>Caregiver satisfaction: supervision</td>
<td></td>
</tr>
<tr>
<td>14. Number of community theatre events</td>
<td>C7. % of targeted children who received (specify type of special nutritional product provided as complementary food supplement)</td>
<td>Q6. % of individual supervision/mentoring visits conducted</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q7. % of group supervision/discussion sessions held</td>
<td></td>
</tr>
<tr>
<td>Supervision/mentoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Number/% of planned supervision activities conducted</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


a. Depending on the characteristics of the IYCF support system, it may or may not be possible to calculate some of these indicators from data collected during routine monitoring. For example, where health workers report monthly by documenting their activities against the list of target mother–child pairs for whom they are responsible, it will be possible to determine what percentage of target women received counselling through routine monitoring. Where mother–child pairs are not assigned to a particular health worker, a small survey (e.g. lot quality assurance sampling) could be conducted periodically (say annually, or once every 6 months) to collect coverage data on the percentage of women who have received individual counselling or participated in an IYCF support group. Exit interviews with mothers/caregivers could be used to obtain data on the percentage of targeted mothers/caregivers who can recall messages or have knowledge of ideal practices (post-counselling).
Appendix 7: Addition of indicator examples – implementation of activities

Training needs in supervision area

Note: Indicator numbers in red italics relate to the indicator examples given in Appendix 6: all of these data points could be included in an SMS system if this were applicable in the country.

- Target number of health workers trained in IYCF required in supervision area: ________________
- Number of health workers active during reporting period: ________________
- Number of active health workers trained in IYCF: ________________
- % of active health workers trained in IYCF: ____________ (Indicator 1)

Individual counselling sessions

- Number of target mothers (pregnant women and caregivers of children aged 0 to 24 months) in supervision area for the year: ________________
- Number expected to be counselled during the reporting period (e.g. if the reporting period is a quarter, the annual target would be divided by 4): ________________
- Number of newly registered mothers individually counselled (first visit during reporting period): ______ (Indicator 2)

Disaggregate:
- Number of pregnant women counselled: ______
- Number of mothers/children aged 0 to 24 months counselled: ______
- Number of previously registered mothers counselled during reporting period (next visit(s)): ______ (Indicator 3)

Action-oriented groups

- Number of action-oriented group sessions planned: ________________
- Number of action-oriented group sessions conducted: ________________
- % of planned action-oriented groups conducted: ______ (Indicator 4)

IYCF support groups

- Target number of IYCF support groups required in supervision area: ______
- Number of IYCF support groups ever formed: ________________
- % of planned IYCF support groups conducted: ________ (Indicator 5)
- % of IYCF support groups active: __________ (Indicator 6)
- Number of IYCF support group facilitators trained: ________________

Supervision

- % of IYCF health workers supervised: ________ (Indicator 7)

Disaggregate:
- Number observed during individual counselling: ______
- Number observed during action-oriented group facilitation: ______
- Number observed during IYCF support group facilitation: ______
How well did we do?

Spatial/geographical coverage of programme

- Number of communities in the supervision area: __________
- Number of communities in the supervision area with at least one trained IYCF counsellor: __________
- % of programme communities with at least one trained (and active) IYCF counsellor: __________ (Indicator 8)

Target population coverage with interventions

- % of target mothers (in the supervision area) receiving individual counselling at least once during the reporting period: __________ (Indicator 9)

This number is the aggregate of individual counselling for pregnant women, first and repeat visits, and children aged 0 up to 24 months, first and repeat visits.

Disaggregated results:

- % of pregnant women counselled at least once during the reporting period: __________
- % of mothers/caregivers of children aged 0 to 24 months counselled at least once during the reporting period: __________
- % of target mothers/caregivers (pregnant women and mothers–children aged 0–24 months) EVER counselled: this number could be tracked on a monitoring chart like the one used in an expanded programme of immunization but adapted for counselling to read: pregnant women, number with first-time visit; mothers–children aged 0 up to 6 months, mothers–children aged 6 up to 24 months, recording the number with first-time visit only. The target number for 100% coverage would be set by (i) summing the numbers of pregnant women and mothers–children aged 0 up to 6 (0–5) months and 6 up to 24 (6–23) months from census data; or (ii) by calculating the proportions of pregnant women and children aged 0 up to 6 (0–5) and 6 up to 24 (6–23) months from updated population data. If national proportions of the different age groups of children aged under 24 months are not available, children aged under 6 (0–5) months may be estimated as 10% of the total number of children aged under 5 years and children aged 6 up 24 (6–23) months as 30%.

The cumulative total would provide an estimate of the percentage of target mothers/caregivers reached at least once (in a year) with IYCF counselling. However, this is a very low standard; a first-time counselling visit when a child is 10 months of age means that the programme has pretty much missed the opportunity to impact that child's feeding practices.

As the programme matures, and if the data on first and repeat visits are well collected in the health-worker registers (IYCF health-worker monitoring job aid 1: Monthly activity log for a health worker who provides IYCF support to pregnant women and mothers–children (0 up to 24 months)), it should also be possible to analyse the proportion of mothers who received 2, 3, 4, etc. visits in a year. The target would then be the total number of pregnant women and mothers of children aged under 24 months × 4 visits in the year, divided by the reporting period (e.g. by 12 if monthly, by 4 if quarterly).

In situations where there are too few health workers trained in IYCF counselling, counselling support to pregnant women and mothers of young children should perhaps be prioritized, following women most intensively during pregnancy and through the child's first year of life. Once there are sufficient trained health workers, counselling support can be provided to all mothers–children aged up to 24 months. IYCF counselling should be provided as a minimum at these six crucial points:

1. pregnant women: counselling on feeding at least once
2. delivery (immediately after the woman brings the baby home from the hospital if institutional delivery, or support to establish breastfeeding within 1 hour if home delivery)
3. early postnatal care: at least one visit within the first week, to ensure breastfeeding is well established and to solve any problems
4. 14–28 days, to encourage exclusive breastfeeding until 6 months and solve any problems
5. 5–6 months, to ensure a successful transition to complementary feeding
6. once later during the first year, to encourage continued breastfeeding up to 2 years and to ensure complementary feeding is proceeding well.
• % of health workers who counselled at least xx% of the target number of mothers (during the reporting period and cumulative for the year): ________ (Indicator 10)

A target threshold of achievement for the percentage of target mothers counselled needs to be set – for example starting with 50% in the first year and increasing as the programme matures.

• % of target mothers/caregivers who attended at least one IYCF support group meeting: ________ (Indicator 11).

Data for this indicator would have to come from survey data, unless a programme decides to tally attendance of pregnant women and mothers of children aged under 24 months at support groups.

Quality

• % of health workers observed during individual counselling: ______________ (Indicator 12)

• % of mothers/caregivers (on exit interview) who recall a message (or have knowledge of recommended practices, or key attitudes changed, for example): ________ (Indicator 13)

• % of health workers who used two or three skills in action-oriented group facilitation: __________ (Indicator 14)

• % of health workers observed during IYCF support group facilitation: ________ (Indicator 15)

• % of health workers who managed at least four discussion points in breastfeeding, complementary feeding and women's nutrition: ____________ (Indicator 16)
Appendix 8: Design plan template for supportive supervision/mentoring and monitoring of a facility-based IYCF programme

| Catchment area information (Appendix 3) | Targets | IYCF activities | Select indicators (Appendices 6 and 7) | How much to do (Appendices 6 and 7) | How well to do it (Appendices 6 and 7) |
Notes
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