

Strengthening Counseling Capacity through Supportive Supervision and Mentorship

Insights from USAID Advancing Nutrition Program Experiences

Introduction

Health workers need a solid foundation of technical knowledge and interpersonal skills—including problem solving, empathy, communication, and listening—to provide quality counseling and improve nutrition and child development outcomes (Packard 2018). Yet, one barrier to the provision of quality counseling is a lack of capacity strengthening for counselors and their supervisors beyond initial pre-service and in-service training. This brief shares USAID Advancing Nutrition’s experiences designing and implementing two capacity strengthening approaches—**supportive supervision** and **mentorship** to improve nutrition and nurturing care counseling. A companion brief, *Strengthening Counseling through Improved Tools for Health Workers*, shares USAID Advancing Nutrition-supported tools and experiences complementing global efforts to improve the delivery of quality nutrition and nurturing care counseling.



Counseling on infant and young child feeding and responsive care in Ghana | Photo credit: Romilla Karnati/Save the Children

Background

What is Counseling and How Does It Affect Nutrition and Child Development Outcomes?

Counseling is a key service to support and improve maternal, infant, and young child nutrition (MIYCN) and child development. A form of interpersonal communication, trained providers deliver counseling through tailored and interactive discussions that meet clients’ needs by strengthening knowledge, motivation, skills, and/or confidence. Evidence shows that counseling can support clients to improve nutrition, responsive care, and early learning behaviors to support MIYCN and child development outcomes (Sanghvi et al. 2013; UNICEF 2021; WHO, UNICEF, and World Bank Group 2018; Yousafzai et al. 2014; Goudet et al. 2018; Haroon et al. 2013).

However, ensuring the quality of counseling can be challenging. Even when health workers receive quality pre- and in-service training, it is not enough to ensure they have the capacity to provide quality counseling. Counselors need clear expectations, knowledge, skills, timely feedback, incentives and motivation, and an adequate and supportive environment to provide quality counseling (SPRING 2017a).

“Counseling is a way of working with people so that you understand their feelings and help them to develop confidence and decide what to do” (WHO and UNICEF 2020a, viii).

How Can Supportive Supervision and Mentorship Improve Counseling?

Recent studies have found that supportive supervision and mentorship are effective in reinforcing learning processes, increasing worker and manager motivation, and improving service delivery (Desta et al. 2020; Manzi et al. 2017). While traditional supervision structures usually focus on inspection and control and adherence to policies and procedures using a strict hierarchical relationship, supportive supervision and mentorship promote more collaborative relationships between supervisors/mentors and supervisees/mentees. While supportive supervision and mentorship differ slightly (see box 1), both approaches seek to improve the counselor's skills, confidence, and performance through observation, listening, two-way problem solving, and constructive feedback (USAID Advancing Nutrition 2023a).

However, while the evidence bases for implementing supportive supervision and mentorship are growing, questions remain about how to effectively implement, adapt, and scale up these approaches to different contexts (Manzi et al. 2017).

Box 1. Supportive Supervision vs. Mentorship

One of the major differences between supportive supervision and mentorship is that supportive supervision is hierarchical in nature, with the supervisor often responsible for monitoring the provider's work. Mentorship is typically a more informal relationship. Often, however, practitioners use supportive supervision to refer to a supervisor who incorporates techniques of mentorship (e.g., listening and two-way problem solving) into their usual supervision visits, and thus the lines of supportive supervision and mentorship can be blurry (USAID Advancing Nutrition 2023a).

Learning from USAID Advancing Nutrition Activities

USAID Advancing Nutrition's work designing and implementing mentorship and supportive supervision activities in Kenya, the Kyrgyz Republic, and Ghana add programmatic experiences to the current global evidence base.

Creating a Mentorship Program in Kenya to Strengthen Breastfeeding Counseling

USAID Advancing Nutrition, in collaboration with the Kenya Ministry of Health (MoH) Division of Family Health, Wellness, and Nutrition; the Baby-Friendly Hospital Initiative (BFHI) Task Force; and Mbagathi County Referral Hospital, is conducting implementation research to test the feasibility of mentorship to improve breastfeeding counseling competencies. Results will inform decisions on the feasibility of this facility-based mentorship program to support the implementation of step two of the BFHI Ten Steps (ensuring that staff have sufficient knowledge, competence, and skills to support breastfeeding) (WHO 2018; MoH 2022).

Using a co-creation process, the project worked with stakeholders supporting MIYCN in Kenya to design a [facility-based mentorship program](#) for health workers providing breastfeeding counseling. To develop the program, the project helped adapt the *Baby-Friendly Hospital Initiative (BFHI) Training Course for Maternity Staff* (WHO and UNICEF 2020a) and the *Competency Verification Toolkit: Ensuring Competency of Direct Care Providers to Implement the Baby-Friendly Hospital Initiative* (WHO and UNICEF 2020b) to the Kenyan context. The breastfeeding counseling mentorship program package includes implementation guidance, materials for training health workers to serve as mentors, job aids for mentoring, and monitoring tools. For more information on the co-creation process see *Strengthening Breastfeeding Counseling Competencies: The Design of a Facility-Based Mentorship Program in Kenya* (USAID Advancing Nutrition n.d.).

There are several preliminary lessons from the co-creation process that others designing a similar program should consider:

- Create ownership. Involve key staff and administrators at all levels of the health delivery system, including at national, county, and health facility level. For example, at the health facility level, it is important to consider how health workers will balance participating in the mentorship program with their current workloads. Engage the appropriate facility staff (i.e., nursing managers, health management team) in reviewing job descriptions, work schedules, and other responsibilities for both mentors and mentees and work with them to make any adjustments required.
- Jointly consider what resources the facility-based mentorship program will require to be successful within the health facility context. For example, implementation of the mentorship program requires printing several tools (e.g., job aids, observation tools, reporting tools); space for mentorship meetings; and may also require support to ensure mentors and mentees are able to communicate regularly. In addition, staff members need to have time to coordinate the program.
- Invest time in the planning phase. As outlined in the *Breastfeeding Counseling in Kenya: Guidance for Implementation of the Mentorship Program*, several activities must take place before the mentorship program begins to ensure buy-in from the facility, that the program is adapted to the facility context, and that mentors receive adequate support. For us, this included orientation for mentors and mentees to the program; aligning work schedules well in advance of starting mentoring to ensure mentors' and mentees' schedules align; and planning for ongoing engagement between mentors and master mentors (i.e., facilitators of the BFHI and mentor training) to receive ongoing support (MoH 2022).

Using Supportive Supervision to Improve the Quality of Nutrition Counseling in the Kyrgyz Republic

In 2015, the USAID-funded Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project worked with the Kyrgyz Republic MoH to incorporate supportive supervision into routine infant and young child feeding (IYCF) and maternal nutrition counseling services (SPRING 2017b). The project developed a training curriculum, implementation guidelines, and supervision checklist for supervisors—emphasizing core supportive supervision principles including listening, collaborative problem solving, and constructive feedback. The project then trained national and regional health managers, supervisors, and trainers. During visits, supervisors observed counseling sessions, assessed counselor performance using the checklist, and discussed how the session went—fostering dialogue and offering praise and constructive feedback as applicable. This process also included observation and support for supervisors themselves by national level experts (trained by SPRING), helping them to strengthen and hone their supportive supervision skills. Counselor assessment scores, between two rounds of supervision, showed improvement of 42 percentage points (SPRING 2017b).

Building on SPRING's efforts, in 2020, USAID Advancing Nutrition updated the existing supervision tools (e.g., incorporating more time for practice into the initial training, creating a digital version of the supervision checklist, and conducting remote monitoring visits during the COVID-19 pandemic [see box 2]). We trained a new cadre of local supervisors and supported them to conduct two rounds of supportive supervision during the four years of the project's IYCF and maternal nutrition activities. The project also coached and supported the supervisors, as done previously on SPRING. In 2022, the project continued to see improvement in services. Providers asserted that the supportive supervision helped them provide more structured counseling sessions by setting clear expectations and criteria for how to provide counseling, helped identify provider counseling issues in a timely manner, and helped address those issues through collaborative problem solving. Overall, counselor assessment scores, evaluated through supervision checklists, improved by 22 percentage points between two rounds of supervision (Aida Abdyldeeva, personal communication, March 3, 2023).

Supervisors need dedicated time to provide quality supervision. Unless the health system prioritizes supportive supervision and incorporates it into select providers' roles and responsibilities, or provides additional compensation, they will often not do it (or do it with high quality). The lack of systematic processes to integrate supportive supervision as a standard component of a supervisor's job impedes

Box 2. Does Technology Have a Role in Supportive Supervision?

USAID Advancing Nutrition in the Kyrgyz Republic explored using virtual platforms and digital tools (i.e., Zoom and WhatsApp) to provide supportive supervision to health workers providing nutrition counseling during the COVID-19 pandemic. With virtual platforms and tools, supervisors could connect with providers even when safety concerns limited travel. However, inconsistent internet connectivity disrupted supervision, and participants had mixed opinions about using the virtual platform. This experience indicates that online platforms and digital tools may be a useful approach to supportive supervision but we need more evidence on feasibility and acceptability.

the sustainability of the supervision model and puts at risk the gains made over the past 5–7 years. To address this, the project successfully advocated for the inclusion of supportive supervision within certain primary health care level job descriptions. In July 2022, under Order No. 907, the MoH created a new “clinical mentor” role, which travels across their designated region and provides supportive supervision to health workers. In addition, USAID Advancing Nutrition and *oblast* level health authorities are discussing updating the existing cadre of supervisor job descriptions to include responsibilities that help to maintain a focus on supportive supervision by these skilled

supervisors. The goal is that consistent and high-quality supportive supervision will continue to occur, and the MoH will maintain the supervision model moving forward (MoH 2020).

Strengthening Supportive Supervision for Implementation of Responsive Care and Early Learning Counseling in the Kyrgyz Republic and Ghana

Over the past several years, USAID Advancing Nutrition has developed an addendum to UNICEF's *Community Infant and Young Child Feeding Counselling (C-IYCF) Package* that focuses on responsive care and early learning (RCEL), two components of nurturing care that are often missing from nutrition programs. The *RCEL Addendum* includes training, guidance, and tools to conduct supportive supervision (with an emphasis on mentorship principles), to support quality implementation. USAID Advancing Nutrition piloted the [RCEL Addendum](#) and its supervision approach in Ghana and the Kyrgyz Republic in 2022–2023 (USAID Advancing Nutrition 2023b).

In Ghana, supervisors¹ reviewed supportive supervision and mentorship principles (e.g., dialogue, two-way problem solving) as part of the three-day RCEL facilitators training. In addition, USAID Advancing Nutrition staff reviewed and discussed the supervision checklist with supervisors on the day of the supervision visits. Counselors received one to two supportive supervision visits during the implementation period. In the Kyrgyz



Supportive supervision conducted in Jalal-Abad, Kyrgyz Republic. Photo credit: Lesley Oot/JSI

¹ In Ghana, the project worked with high-level officials within the government system to provide supervision to the counselors, so although they were a part of the existing system, they were not the counselors' direct supervisors. In the Kyrgyz Republic, we also worked with existing supervisors (typically clinical directors or family doctors), who provided supervision of their own staff, as well as some additional staff not within their own facility (and where qualified supervisors were unavailable). While supervision of their own staff is a part of their required job description, the project provided supervisors additional compensation to supervise the few counselors not under their direct purview. After passage of Order No. 907, the MoH expects all clinical directors (or other leadership positions) to conduct regular mentoring of their own designated facilities on both nutrition (e.g., IYCF and anemia) and RCEL, however financial constraints may influence implementation.

Republic, the project integrated RCEL into the existing IYCF supervision process, and conducted a one-day training for current supervisors on the new integrated IYCF/RCEL supervision tool. In the Kyrgyz Republic, the project supported two rounds of supervision over six months.

Data from the Kyrgyz Republic showed improvement in counselor assessment scores between the two rounds of supervision, although counselors were more likely to focus on familiar components of counseling, or components that they had practiced or on which they had previously received supportive supervision. Data from debrief sessions, observations of supervisory visits, and in-depth interviews with supervisors and supervisees in Ghana and the Kyrgyz Republic found—

- Supportive supervision helped identify and resolve issues, remind counselors of topics they forgot to discuss, and tailor their counseling to meet the caregivers' current needs (e.g., not discuss complementary feeding with the mother of a two-month-old). However, they felt that supportive supervision alone was not enough and practice was critical to providing quality counseling.
- Supervisors noted that health workers seemed more confident, relaxed, and knowledgeable after training and supervision and that the connection between counselors and caregivers became better, stronger, and more harmonious over time. Supervisors asserted that caregivers seemed to trust the counselors more, due to their improved skills and knowledge.
- Supportive supervision visits also allowed supervisors to recognize issues with program implementation, noting the need to provide continued training for counselors to strengthen counselors' capacity; make counseling materials more available to both counselors and caregivers; and address workload constraints—by shifting when health workers provide counseling and improving time management.

Box 3. Supervision Process in the Kyrgyz Republic

“Supervisors reported that they observe intently whether all the topics were covered during the counseling, whether the language the counselors use was intelligible, and whether all the necessary tools were used to deliver the information fully. Most respondents specifically noted that they also observe the atmosphere of the room: how counselors carry themselves, not only the accuracy of the information but also the delivery, and how caregivers feel and behave during the counseling. Supervisors think it is important to pay attention to those details as well” (Supervisor, Jalal-Abad, Kyrgyz Republic).

Conclusions and Recommendations

USAID Advancing Nutrition's experience designing and implementing supportive supervision and mentorship programs highlights the important role these approaches play in implementing quality counseling services. Done well, they can improve how health workers provide counseling services, how the counselor feels when doing their job, and help build the connection and trust between counselors and caregivers. They can improve communication, understanding, and problem solving between supervisors and supervisees, creating better relationships. Supportive supervision also helps supervisors recognize and understand the barriers their counselors face, helping them to manage issues and provide more tailored counseling, although supportive supervision alone is not enough to address all the barriers to quality counseling.

Supervisors and mentors have varying time, motivation, and capacity to provide support to counselors. Identifying supervisors and mentors who innately enjoy teaching and supporting others may be a way to create a supportive environment with engaged and motivated mentors. Furthermore, supporting local ownership and working within existing systems, contexts, and resource environments is critical to developing and sustaining these programs. However, creating scalable and sustainable programs can be challenging, as developing strong mentorship and supportive supervision programs take commitment,

planning, and funding from governments and facilities as well as time and energy from both mentors and mentees.

Overall, these experiences show that supportive supervision and mentorship can help health workers provide quality counseling, supporting caregivers to practice optimal nutrition, responsive care, and early learning behaviors. However, these approaches are just one component of successful counseling, and additional efforts to continue capacity strengthening, addressing high mentor and mentee workloads; providing counselors with the required resources (e.g., job aids, mobile funds to communicate easily); and hiring, motivating, and keeping quality supervisors/mentors are key.

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Additional Resources

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