

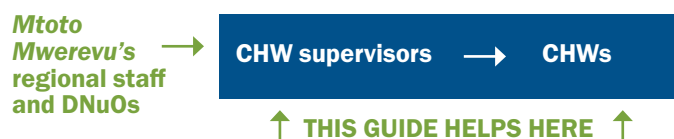
COMMUNITY HEALTH WORKER (CHW) SUPERVISORS' GUIDE TO MONTHLY MEETINGS WITH CHWS

WHAT IS SUPPORTIVE SUPERVISION?

It is a process of guiding, monitoring, and coaching workers to promote compliance with standards and assure delivery of quality activities. During supervisory visits, you work as a team to meet common goals and objectives.

WHO SHOULD USE THIS GUIDE?

Mtoto Mwerevu CHW supervisors as you build the capacity of CHWs. See below:



A separate guide will help CHW supervisors help CHWs.

WHY IS SUPPORTIVE SUPERVISION IMPORTANT?

Mtoto Mwerevu can't succeed without it. When you hold regular, effective meetings with CHWs, you can:

- Give them the emotional and other support they need to face challenges on their own;
- Help CHWs to better understand their roles;
- Give CHWs the knowledge and skills they need to do their jobs effectively; and
- Motivate them.

HOW OFTEN SHOULD YOU MEET WITH CHWS? Monthly.

MATERIALS TO TAKE WITH YOU TO MONTHLY MEETINGS WITH CHWS:

- This guide;
- The list of CHWs' roles and responsibilities;
- Job aids and checklists for home visits and support groups distributed in IYCF/ECD/WASH training;
- M&E reports on programme coverage; and
- Anything else you think would be appropriate.

WHAT SHOULD HAPPEN WHEN YOU MEET WITH CHWS? EVERY MONTH

1. If they know *how many* households they should visit every week (6 visits every week);
2. If they know *which* households should be visited. The following households should be visited:
 - a. With at least one child < 5 years of age who is *mildly or moderately* malnourished;
 - b. Participating in TASAF or who are very poor but not participating in TASAF;
 - c. With mothers in their first pregnancy;
 - d. With children 3-9 months old; and
 - e. Experiencing challenges with breastfeeding, complementary feeding, WASH or ECD.

Note: Most of these households will need to be visited two times (sometimes more). This is how negotiation is used in home visits;

Other questions:

 - f. Ask if CHWs are visiting other households (note: *no other households other than the ones listed above should be visited*);

- g. Find out where CHWs have worked (geographic area); and
 - h. If CHWs are unclear on who should be visited and how often, provide them guidance. Please take advantage of the very next opportunity you meet with CHWs (for example, when you pay them);
3. *What CHWs discuss during home visits. For each age of the child: Maternal, Infant, Young Child, and Adolescent Nutrition (MIYCAN), WASH, ECD (and women's workload); the focus should not only be on MIYCAN but also other topics, especially WASH and ECD);*

Conduct role plays, depending on the age of the child:

1. Get volunteers from the group for the role play to act the part of CHW, mother or father, and child;
2. Select one age group (pregnant or breastfeeding mother, child < 6 months old, children 6-11 months, children 12-24 months old) for the role play (the role play should include age-appropriate complementary feeding, WASH, and ECD practices);
3. Ask the volunteer to act as if he or she is conducting a home visit;
4. At the end of the role play, ask for comments, first from the CHW conducting the role play, then from the mother or father, then from the CHWs observing the role play:
 - a. What went well? What needs improvement?
5. Review all steps of negotiation and give concrete examples of how the CHW performed each step;
6. Provide any final input on the role play;

Ask:

1. Whether CHWs are using negotiation and if so, how?
 - a. Use checklist distributed in Mtoto Mwerevu's training for IYCF, ECD, WASH, and maternal health to check the quality of the role play; and
2. Ask supervisors to identify challenges and successes with home visits (for example, do CHWs avoid giving too many messages?).

For monitoring and evaluation, you should:

1. Collect M&E forms, including household visit forms; and
2. Ask about challenges CHWs face when completing necessary forms.

For other issues, you should:

1. Help the CHW prepare what he or she needs to do that day;
 - a. Home visits. CHWs should:
 - i. Know the age of the child;
 - ii. Revise the 8 steps for negotiation;
 - iii. Understand which job aids will be used that day;
 - iv. Identify which counseling cards will be used that day will be used that day;
 - v. Have form #3 (home visit form);
 - b. Community meetings. CHWs should be able to:
 - i. Determine the best meetings to visit;
 - ii. Know how to get permission to present during the meeting;
 - iii. Choose the most relevant topic for the group visited/type of meeting;
 - iv. Understand talking points for CHWs during community meetings;
 - v. Commit the group to an action (telling their neighbours about nutrition, WASH, and ECD; trying a new practice they've learned about today; etc.);
2. Ensure that CHWs have all of the supplies they need:
 - a. Counseling cards;
 - b. Bags;
 - c. Fliers (if copies are available): Maternal nutrition, infant and young child feeding, breast and complementary feeding, early childhood development 0-3 and 3-8 years old;
 - d. Job aids:
 - i. One page sheet on the 8 steps of negotiation;
 - ii. Job aids for mothers and children 0-5, 6-11, and 12-23 months of age;
 - iii. Job aids for conducting home visits;
 - e. Talking points for CHWs during community meetings;
 - f. Data collection forms and counter books;
3. Review how CHWs can use data that have been collected to improve performance.
 - a. Household level
 - i. Number of households visited and which groups are being visited (are priority households targeted?; see home visit form #3);

- ii. Topics discussed during household visits, according to the needs of the household and community (are some topics like WASH and ECD not covered?; see home visit form #3);
 - iii. Households that might need special attention (e.g., households with more than one child less than two years old);
 - iv. Households that need second visits as part of negotiation;
 - v. Whether families that need referrals to health facilities get them and whether families actually go to the health facilities; and
 - vi. Whether CHWs use job aids for home visits to improve upon quality.
4. Ask about any other challenges CHWs face (e.g., lack of transport, challenges paying CHWs including unknown payment schedule and late payment, low morale, etc.); ask for their proposed solutions to those challenges and help CHWs problem-solve.
 5. Make sure CHWs get paid.

OFTEN BUT NOT EVERY MONTH:

For health facilities, you should ask:

1. If CHWs are able to connect to health facilities and how that is going;
2. If CHWs understand their roles in connecting community members to health facilities;
3. What support CHWs need; and
4. Review roles and responsibilities for CHWs.

General:

1. Go over *Mtoto Mwerevu's* checklist "Talking points for CHWs during community meetings" to make sure that CHWs meet with community groups and discuss appropriate topics; Groups CHWs should consider approaching about nutrition, ECD, and WASH include TASAF, religious groups, unions, credit associations, self-help groups for women and men, Ward Development Committees, etc.;
2. Hear about the health and well-being of the catchment area overall; and
3. Assign new tasks, when needed.