

DISTRICT NUTRITION OFFICER (DNUO) GUIDE TO MONTHLY MEETINGS WITH COMMUNITY HEALTH WORKER (CHW) SUPERVISORS

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 regional staff and DNUOs as you build the capacity of CHW supervisors. In turn, supervisors will more effectively supervise 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 supervisors, you can:

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

HOW OFTEN SHOULD YOU CONDUCT SUPERVISION OF CHW SUPERVISORS? Monthly.

REVIEW THE MATERIALS DNUOS SHOULD TAKE WITH THEM TO MONTHLY MEETINGS WITH CHW SUPERVISORS:

- This guide;
- The guide to help CHW supervisors help CHWs;
- CHW supervisor job description;
- CHW job descriptions;
- 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 SUPERVISORS?

EVERY MONTH, you should ask supervisors whether they are reviewing the following with CHWs about household visits:

1. If CHWs know *how many* households they should visit every week (6 visits/week);
2. If CHWs 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.



3. Ask if CHW supervisors know whether CHWs are visiting other households (*note: no other households other than the ones listed above should be visited*);
4. Find out from CHW supervisors where CHWs have worked (geographic area);
5. If CHW supervisors are unclear on who CHWs should visit and how often, provide them guidance;
6. Ask supervisors what CHWs discuss during home visits. For each age of the child: MIYCAN: “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);
7. Ask CHW supervisors how CHWs prepare for and conduct a home visit based on the age of the child;
8. Whether CHWs are using negotiation and if so, how?
 - a. Use checklist distributed in *Mtoto Mwerevu’s* IYCF\ECD\WASH training; and
 - b. Ask supervisors to identify challenges and successes with home visits (for example, do CHWs avoid giving messages only?);
 - c. To ensure that CHW supervisors know how to negotiate, consider having two CHW supervisors demonstrate how to negotiate and give them constructive feedback.
9. Check with supervisors to make sure they have a schedule for observing each CHW as s/he conducts home visits;
10. Ask supervisors to identify challenges and successes with home visits;
11. Together with CHW supervisors, problem-solve challenges;
12. Help supervisors ensure that CHWs have all of the supplies they need (for a full list, see the CHW supervisor monthly guide);
13. Ask supervisors whether CHWs are able to connect to health facilities and how that is going;
14. Ask CHW supervisors whether CHWs have been able to complete the M&E forms correctly and have been able to resolve any challenges with data collection and filling out forms;
15. Review how CHW supervisors can use data that have been collected to improve the performance of CHWs.
 - 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 CHW supervisors use checklists for home visits to improve upon quality;
16. Ask about any other challenges supervisors face (e.g., lack of transport, challenges getting CHWs paid, low morale, etc.); help them solve these challenges.

OFTEN BUT NOT EVERY MONTH, you should:

1. Go over *Mtoto Mwerevu’s* checklist “Talking points for CHWs during community meetings” to make sure supervisors help 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. Ask if CHWs are able to connect to health facilities and how that is going;
3. Find out whether CHW supervisors understand their roles;
4. Identify what support CHW supervisors need;
5. Hear about the health and well-being of the catchment area overall; and
6. Assign new tasks, when needed.