



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT,
GENDER, ELDERLY AND CHILDREN

THE NATIONAL GUIDELINES FOR SUPPORTIVE SUPERVISION OF MOST VULNERABLE CHILDREN PROGRAMS

Dodoma.
MARCH, 2021





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Dodoma, March 2021

TABLE OF CONTENTS

FOREWORD	iii
ABBREVIATIONS	iv
KEY TERMS AND CONCEPTS	v
SECTION ONE	1
1.0 BACKGROUND	1
1.1 <i>National MVC Program Context</i>	1
1.2 <i>Supportive Supervision Overview</i>	2
1.3 <i>Rationale and Scope of the National Guidelines for Supportive Supervision of MVC Programs</i>	2
1.4 <i>Goal and Objectives of the National Supportive Supervision Guidelines for MVC Programs</i>	2
1.5 <i>Target Audience and Users</i>	3
1.6 <i>Areas for supervisions</i>	4
1.7 <i>Process for Developing the National Guidelines for Supportive Supervision of MVC Programs</i>	4
1.8 <i>Layout of the National Guidelines for Supportive Supervision of MVC Programs</i>	4
SECTION TWO	5
2.0 IMPLEMENTATION OF SUPPORTIVE SUPERVISION	5
2.1 <i>Introduction</i>	5
2.2 <i>Composition of the Supportive Supervision Team</i>	5
2.3 <i>Functions of Supportive Supervision Team Members</i>	6
2.4 <i>Guiding Principles for Supportive Supervision</i>	6
2.5 <i>Planning for Supportive Supervision</i>	6
2.6 <i>Steps to Conduct Supportive Supervision</i>	7
SECTION THREE	13
3.0 COORDINATION AND TASKS ARRANGEMENTS AMONG STAKEHOLDERS	13
3.1 <i>Coordination</i>	13
3.2 <i>Tasks in Implementing Supportive Supervision</i>	13
4.0 CONCLUSION	16
ANNEXES 17	
ANNEX 1: SUPPORTIVE SUPERVISION TOOL TO BE USED AT THE REGIONAL LEVEL	17
ANNEX 2: SUPPORTIVE SUPERVISION TOOL TO BE USED AT COUNCIL LEVEL	22
ANNEX 3: SUPPORTIVE SUPERVISION TOOL TO BE USED AT THE WARD LEVEL	29
ANNEX 4: SUPPORTIVE SUPERVISION TOOL TO BE USED AT THE VILLAGE/MTAA LEVEL	34
ANNEX 5: SUPPORTIVE SUPERVISION TOOL TO BE USED WHEN INTERVIEWING CCWS ..	40
ANNEX 6: CHECKLIST TO BE USED WHEN VISITING MVC HOUSEHOLDS	45
ANNEX 7: SUPPORTIVE SUPERVISION TOOL TO BE USED AT HEALTH CENTERS	50
ANNEX 8: SUPPORTIVE SUPERVISION TOOL TO BE USED AT SCHOOLS	53
ANNEX 9: SUPPORTIVE SUPERVISION TOOL TO BE USED AT VOCATION TRAINING/APPRENTICESHIP CENTERS	58
REFERENCES	68

FOREWORD

Children comprise half of the population of Tanzania Mainland. The number of children who suffer multiple severe deprivations of the basic needs is high and that the scale of abuse against children, including neglect and exploitation has increased over the years. There are an estimated 6.2 million Most Vulnerable Children (MVC) in Tanzania.

All children need care, support and protection. However MVC suffer from lack of basic needs, care and protection. Out of this recognition the Government is implementing various programs to help MVC. Among other things effective implementation of MVC programs will need to have in place robust system of monitoring from the National level to the villages.

The Ministry of health, Community Development, Gender, Elderly and Children (MoHCDGEC), which is responsible for social wellbeing and development of all children in Tanzania Mainland, has developed the National Guidelines for Supportive Supervision of MVC Programs. These guidelines aim at making early diagnosis and immediately rectification to measure quality, and effectiveness of service delivery to MVC and their households. Furthermore, the guidelines intend to assist stakeholders involved in implementing MVC programs in Tanzania to conduct effective supportive supervision from the National, Regional Secretariats and Local Government Authority levels.

The development of these guidelines involved the review of various MVC programs, policies and guidelines related to the welfare and rights of children. The reviewed key documents included the National Plan of Action to End Violence Against Women and Children (2017/18–2021/22), the National Integrated Case Management System (2017), National Most Vulnerable Children Monitoring and Evaluation Plan (2015) and the National Costed Plan of Action for Most Vulnerable Children (NCPA II, 2013–2017). These guidelines provide reliable mechanisms to assess and ensure optimal coverage, quality, and effectiveness of service delivery to MVC and their households. They also provide standards that facilitate effective MVC data collection and reporting which is required for informed policy, planning, and decision-making.

The Government is urging all stakeholders supporting MVC to use this document for supervision and monitoring of their respective programs. It is therefore my sincere hope that these guidelines will be used as reference materials to support the implementation of MVC programs at all levels.



Dr. J.K Jingu

PERMANENT SECRETARY

ACKNOWLEDGMENT

The development of the National Guidelines for Supportive Supervision for tracking effectiveness of Most Vulnerable Children (MVC) interventions is the outcome of combined efforts between the Government of Tanzania and various MVC programs implementing partners. The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) wishes to express its sincere and profound appreciation to all stakeholders involved in developing these guidelines.

First, we would like to extend our gratitude to the United States Agency for International Development (**USAID**) and the President's Emergency Plan for AIDS Relief (**PEPFAR**), through **MEASURE Evaluation – Tanzania** for their generous material and technical support that enabled logistic facilitation needed for development of these guidelines; and Pact through **ACHIEVE** project for supporting printout of these guidelines. Secondly, we are delightfully thankful for advisory technical contributions from the line ministries involved in implementing support service programs for the MVC includes the Prime Minister's Officer-Policy, Parliamentary Affairs, Labor, Employment, Youth and the Disabled, President's Office-Regional Administration and Local Government, Ministry of Constitution and Legal Affairs, Ministry of Education, Science and Technology, Ministry of Finance and Planning and Ministry of Home Affairs

The development of these guidelines went through various stages including content design and creation of initial drafts, review of the initial drafts and pre-testing of supervision tools by the MoHCDGEC in collaboration with the President's Office-Regional Administration and Local Government (PO-RALG), MVC implementing partners and other key stakeholders. Therefore, the final document represents the combined efforts and responsibilities of various institutions, organizations and individuals that have interests of MVC in their core duties.

The Ministry looks forward for all relevant institutions and organizations to fully utilize these guidelines for much reliable improvement in ongoing follow-ups, coaching and mentoring to services' providers in MVC interventions.



Dr. Naftali B. Ng'ondi

COMMISSIONER FOR SOCIAL WELFARE

ABBREVIATIONS

CCW	Community Case Worker
CCWS	Community Case Worker Supervisor
CHMT	Council Health Management Team
CMT	Council Management Team
DHIS2	District Health Information System, Version 2
DSW	Department of Social Welfare
ICT	Information and Communication Technology
IPG	Implementing Partners Group
LGA	Local Government Authority
M&E	Monitoring and Evaluation
MOCLA	Ministry of Constitution and Legal Affairs
MOEST	Ministry of Education, Science, and Technology
MoFP	Ministry of Finance and Planning
MOHA	Ministry of Home Affairs
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MVC	Most Vulnerable Children
NCPA II	National Costed Plan of Action II for Most Vulnerable Children
NICMS	National Integrated Case Management System
NGO	Non-Governmental Organization
NPA-VAWC	National Plan of Action to End Violence against Women and Children
PEPFAR	President's Emergency Plan for AIDS Relief
PIAP	Performance Improvement Action Plan
PMO-PPALEYD	Prime Minister's Officer-Policy, Parliamentary Affairs, Labor, Employment, Youth and the Disabled
PO-RALG	President's Office, Regional Administration and Local Government
RHMT	Regional Health Management Team
RS	Regional Secretariat
SWO	Social Welfare Officer
USAID	United States Agency for International Development
WCPC	Women and Children Protection Committee
WDC	Ward Development Committee

KEY TERMS AND CONCEPTS

The following are key terms and concepts frequently used in these guidelines:

1. **Most vulnerable children (MVC):** Children under 18 years of age, who are living in high-risk circumstances and whose prospects for continued growth and development are seriously impaired. MVC, including those living with and affected by HIV, are vulnerable to chronic diseases, developmental delays, and reduced educational opportunities. They are also highly susceptible to potential abuse and stigma, particularly among children with disabilities, and discrimination from family members, caregivers, and the community (Ministry of Health, Community Development, Gender, Elderly and Children [MoHCDGEC], 2017, Law of the Child Act No. 21 of 2009).
2. **Supervision:** The act, process, or occupation of critically observing and directing others to perform according to a certain set of standards to achieve desired outcomes (Marquez and Kean, 2002).
3. **Supervisor:** A person who performs supervision.
4. **Supervisee:** A person who is supervised.
5. **Supportive supervision:** A process which aims to guide, ensure, and develop the knowledge, skills and values of the person, team or project group being supervised (supervisee/s).
6. **Checklist:** A list of items required, things to be done or points to be considered. A checklist is used as a reminder of the supervision process/steps.
7. **Development partners:** This term widely describes any organization working in partnership with national and local Government bodies.
8. **Implementing partners:** Non-Governmental Organisations (NGOs)-Local and International, community-based organisations, faith-based organisations and Women and Children Protection Committees (WCPCs) providing services to MVC in the context of the Tanzania Mainland community setting.
9. **Mentoring:** A process conducted by a person (the mentor/s) or a team for another person or group (the mentee/s) to help the later perform a task more effectively.
10. **Coaching:** The process of unlocking a person's potential to maximize their own performance. Coaching helps people to learn rather than teaching them. It seeks to bring out the best in people by helping them focus, break down tasks and clarify their values.

1.0 BACKGROUND

1.1 National MVC Program Context

The Government of Tanzania through the MoHCDGEC, developed the National Costed Plan of Action II for MVC (NCPA II 2013–2017) to provide a common tool for facilitating a coordinated response to the needs of Tanzania’s MVC. Subsequently, the National Plan of Action to End Violence Against Women and Children (NPA-VAWC 2017/18–2021/22) was developed as a continuation of Government initiative to protect women and children from all forms of violence. Furthermore, National Integrated Case Management System (NICMS-2017) aimed at connecting and coordinating all service providers working with children across different sectors of HIV and health, protection, and social welfare. To facilitate the implementation of the developed national plans, a Monitoring and Evaluation (M&E) system was developed to guide data collection on services provided to MVC and their households for decision making.

These MVC data is collected using MVC data management information system, which is an adapted module of the District Health Information System Version 2 (DHIS2). Following from the developed MVC M&E information system, to provide set of cores reporting indicators, supervising implemented MVC programs for all stakeholders is crucial to improve well-being of MVC and their households, as well as the Government’s ability to monitor the progress of implementation programs for appropriate decisions and planning for other MVC issues.

Routine and timely supportive supervision is the responsibility of the President’s Office-Regional Administration and Local Government (PO-RALG). Under PO-RALG, the Regional Secretariat (RS) and Local Government Authority (LGA) must monitor MVC implementation services to ensure adherence to national policies and guidelines. However, joint supportive supervision is the responsibility of all MVC stakeholders: MoHCDGEC, PO-RALG line ministries, implementing and development partners.

Routine supervision contributes to quality of data collected including data captured by the MVC-MIS under DHIS2 data management system and therefore improve data analysis and data use for decision-making. Supportive supervision is a critical intervention for improving service provision performance in both short and long terms.

Although all children deserve quality care, support, and protection, MVC often have limited opportunities for their social wellbeing. MVC programs and services are frequently implemented and delivered in settings where health and social systems are stretched beyond limits and capacity of resources. Moreover, lack of supportive supervision guidelines for the Government entities and organizations that are offering services to MVC, together with low level of awareness of the need for supportive supervision, lack of shared definitions of quality in offering such services have created opportunities for wide variation in the content and quality of MVC programs. Since multiple stakeholders are committed to supporting various Government initiatives to enhance the well-being of MVC by protecting their rights and preventing and/or reducing risk and the impact of shocks, therefore the national guidelines for supportive supervision of MVC programs are essential for effective and efficient coordination of MVC program interventions.

1.2 Supportive Supervision Overview

MVC supportive supervision is a process that aims to monitor the implementation of MVC's programs through supporting and developing knowledge and skills of the person being supervised (supervisee/s). Supportive supervision provides accountability for both the supervisor and supervisee in improving performance and enhances evidence for objective performance review or appraisal. Supervision is integral to an organization's performance management process, with a focus on developing supervisees' skills in a manner centered on achieving better outcomes for the people being served.

A cornerstone of supportive supervision in the context of MVC is the Government working with implementing partners to establish goals, monitor performance, identify, and correct problems and proactively improve quality of services provided to MVC.

Supportive supervision must focus on improving performance and building relationships, teaching, coaching mentoring the supervisee and using routine data to monitor performance and address challenges. The national guidelines for supportive supervision do not cover detailed procedures for providing services to MVCs rather it provides standard procedures, tools, mechanisms, feedback and sharing information at all levels.

1.3 Rationale and Scope of the National Guidelines for Supportive Supervision of MVC Programs

Appraisal on how well the MVC's programs implemented and immediate actions on any technical and operational challenges is critical to the success of the MVC's programs. However, the available M&E information system does not provide standard approach to early diagnosing and immediately rectifying any factors that may affect the effective implementation of MVC programs as well as fragmentation of various MVC stakeholders. Subsequently, M&E information system does not include standard supportive supervision procedures, tools, and mechanisms for providing feedback at all levels.

Therefore, development of these guidelines will provide standard approach to diagnosing and immediately rectifying any factors that may affect the effective implementation of MVC programs by setting standard procedures, tools, and mechanisms for providing feedback and sharing information at all levels.

1.4 Goal and Objectives of the National Supportive Supervision Guidelines for MVC Programs

These supportive supervision guidelines are designed to assist the Government and MVC stakeholders involved in implementing MVC's programs in Tanzania to conduct standardized and high-quality supportive supervision from the National, RS to LGA levels. The guidelines outline the structure, implementation, and coordination of MVC programmatic and M&E activities among Governmental and Non-governmental actors.

The goal is to strengthen capacity of supervisors and MVC service provider for effective implementation of MVC's programs through integrated and comprehensive multisectoral collaboration at all levels. Specific objectives of these guidelines are as follows:

- (i) To guide the Government and MVC implementing partners in supervising and monitoring MVC programs.
- (ii) To enhance the capacity of supervisors and MVC service providers to identify and address performance gaps; and
- (iii) To ensure compliance with norms, standards, and procedures for quality MVC service provision at all levels.

1.5 Target Audiences and Users

The guidelines intended to be used by all key stakeholders implementing MVC's programs, including the following:

- (i) Key ministries: MoHCDGEC and PO-RALG
- (ii) Line ministries: Ministry of Education, Science and Technology (MoEST); Ministry of Finance and Planning (MoFP); Ministry of Home Affairs (MoHA); Ministry of Constitution and Legal Affairs (MoCLA); and Prime Minister's Office Labour, Youth, Employment and Disability
- (iii) Regional Health Management Teams (RHMTs)
- (iv) Council Health Management Teams (CHMTs)
- (v) Regional WCPCs
- (vi) Council WCPCs
- (vii) Ward WCPCs
- (viii) Village/Mtaa WCPCs
- (ix) Households
- (x) Health Facilities
- (xi) Schools
- (xii) Vocational Training Centers
- (xiii) Development and implementing partners.
- (xiv) Full councils
- (xv) Ward Development Committees (WDCs)
- (xvi) Social Services Committees
- (xvii) Community Influential individuals

1.6 Areas for supervisions

Target audience will be the following: -

- (i) Social Welfare Offices
- (ii) Households
- (iii) Schools
- (iv) Vocational Training Centers
- (v) Health Facilities
- (vi) Rehabilitation centers
- (vii) Ward Offices
- (viii) Villages/Mtaa Offices
- (ix) Apprenticeship centers
- (x) Social Welfare Institutions

1.7 Process for Developing the National Guidelines for Supportive Supervision of MVC's Programs

These guidelines developed based on the experience gained from implementing NCPA II (2013–2017), NPA-VAWC (2017/18–2021/22) and NICMS-2017 all of which have a thematic area focused on service provision to MVC. The guidelines developed through a participatory process coordinated by the Department of Social Welfare (DSW), PO-RALG through the department of health, nutrition and social welfare, line ministries, and implementing partners with technical assistance from MEASURE Evaluation – Tanzania and PACT ACHIEVE. The specific activities undertaken for the development of this document included the following:

- (i) *Review of essential documents:* Essential MVC program documents including NICMS, NPA-VAWC (2017/18–2021/22), NCPA-II (2013–2017) and MVC M&E plan were reviewed to identify standard operating procedures for the delivery and monitoring of MVC's programs.
- (ii) *Development of tools and the draft contents of supportive supervision:* Based on a review of essential documents and other relevant literature.
- (iii) *Review of drafts of the supportive supervision guidelines:* Four review workshops conducted with MVC stakeholders to provide inputs on the supportive supervision tools as well as the structure and contents of this document.

This document will be reviewed regularly and updated based on experience and lessons learned from supervisions conducted.

1.8 Layout of the National Guidelines for Supportive Supervision of MVC Programs

These guidelines presented in three sections.

- i. Section one describes the background of the National supportive supervision guidelines.
- ii. Section two explains how supportive supervision is implemented and
- iii. Section three explains the coordination and administrative arrangements among stakeholders.

2.0 IMPLEMENTATION OF SUPPORTIVE SUPERVISION

2.1 Introduction

MoHCDGEC in collaboration with PO-RALG will coordinate the implementation of supportive supervision by involving implementing partners. Supportive supervision reports will inform decisions at all levels and will be disseminated to service providers, implementing partners group (IPG) meetings and MVC technical working group meetings at both National and Local level on quarterly basis.

At the Regional Secretariat supportive supervision implementation plan to LGAs will be developed, consolidated, and harmonized based on supportive supervision plans received from the LGAs. The harmonized RS and LGA supportive supervision work plan will be shared with PO-RALG, which in turn will be shared with MoHCDGEC. The supportive supervision reports in RS will be shared during MVC coordination meetings, RS/RHMT, Regional WCPC, Regional Consultative Committee in quarterly meetings and stakeholder's meetings.

LGAs will develop and share the supportive supervision implementation plan with the RS and the council supportive supervision reports will be disseminated quarterly in social services committees, CMT, CHMT, District Consultative Committee, council WCPC and stakeholder's meetings.

2.2 Composition of the Supportive Supervision Team

Supportive supervision teams will be formed at the national, regional and LGA levels. The teams will conduct joint supportive supervision visits to regions, councils, wards and villages/mtaa on quarterly basis. Depending on the number of supportive supervision teams, team members can be divided into smaller groups to avoid large team supervising one person or an area.

The National-level supportive supervision team shall include the following:

- (i) Social welfare officers (SWO) from MoHCDGEC and PO-RALG
- (ii) Information, communication, and technology (ICT) officers from MoHCDGEC and PO-RALG
- (iii) Line ministry representatives from MoEST, MoFP, MoHA, MoCLA, Prime Minister's Officer-Policy, Parliamentary Affairs, Labor, Employment, Youth and Disabled (PMO-PPALEYD) and any other entity as may be determined.
- (iv) National representatives from MVC implementing and development partners.

The Regional-level supervision team shall conduct supportive supervision visits to a selected number of councils on quarterly basis. The SWO at the Regional Secretariat will lead the regional team, which shall include the following:

- (i) SWO at the RS
- (ii) ICT officer at the RS
- (iii) RHMT members
- (iv) Regional Education Officer (Assistant Administrative Secretary – Education)
- (v) One representative from WCPC
- (vi) Regional TACAIDS Coordinator
- (vii) Implementing partners at the region level

The council-level supervision team will conduct joint supportive supervision visits to a selected number of wards and villages/mtaa on quarterly basis. Supervision team will be led by SWO in-charge at the council level. The team shall include the following:

- (i) SWO at the council level
- (ii) SWO at the ward level
- (iii) District representatives from MVC implementing partners.
- (iv) CHMT members
- (v) District Education Officer (Primary School)
- (vi) One representative from WCPC
- (vii) One representative from a Social Service Committee

2.3 Functions of Supportive Supervision Team Members

The supportive supervision team members are responsible for the following primary duties:

- (i) Supporting technical competence
- (ii) Motivating implementation of services
- (iii) Enabling effective and supportive monitoring of program implementation
- (iv) Writing supportive supervision reports
- (v) Disseminating the supervision reports
- (vi) Following up with agreed-upon actions

2.4 Guiding Principles for Supportive Supervision

A supportive supervision team member needs to observe the following principles:

- (i) Identify the supervisee's strengths and build on them.
- (ii) Avoid any personal interest.
- (iii) Listen more, talk less.
- (iv) Be honest and positive.
- (v) Consider culturally appropriate practices.
- (vi) Observe participants' confidentiality.

2.5 Planning for Supportive Supervision

MVC in Tanzania need a range of services including care, support, and protection to reach their full potential as productive members of society. MVC households and communities also needs required support to prevent violation of children's rights. To that end, a number of key service areas have

been identified to ensure that services are delivered properly reach out and benefits all MVC's in the country. These include:

- (i) Household economic strengthening
- (ii) Family-based care and support
- (iii) Access to food, nutrition and health services
- (iv) Shelter and accommodation services
- (v) Psychosocial care and support
- (vi) Child protection
- (vii) Early childhood development and education

Supportive supervision aims to monitor service provision to ensure that MVC receive comprehensive, integrated and quality services. **MVC supportive supervision must be included in the annual and quarter social welfare work plans and budgets at each level.** Supportive supervision requires the following:

- (i) Financial resources
- (ii) Human resources
- (iii) Supportive supervision tools and stationery
- (iv) Adequate time for preparation, travel, field visits, reporting and follow-up activities.
- (v) Supportive supervision guidelines
- (vi) Transport facilities

As key beneficiaries of supportive supervision results, the MoHCDGEC and PO-RALG's Department of Health, Nutrition and Social Welfare need to ensure that each council annual and quarterly plans and budgets for supportive supervision are reflected on the council budget. Each council shall adhere to National guidelines for budgeting and planning.

2.6 Steps to Conduct Supportive Supervision

Supportive supervision activities will be organized in three steps:

- i. Pre-supportive supervision,
- ii. Actual supportive supervision
- iii. Post-supportive supervision.

Furthermore, specific preparations required and activities to be conducted at each step of the supportive supervision process are described in Table 1 below.

Table 1: Steps in Conducting Supportive Supervision.

Step 1: Pre-supportive supervision		
Four weeks before supervision, the team at each level should conduct the following specific tasks.		
Level	Task	Responsible People
National, Regional, or Council	1. Determine a plan for supportive supervision. Select the sites that will be supervised within a specific period (e.g., quarterly, semi-annually, and annually), depending on the reports received from each level (e.g., region, LGAs). This plan will facilitate the identification of appropriate supportive supervision team members to be involved.	MoHCDGEC-DSW PO-RALG Line Ministries RS-SWO (regional) SWO (LGAs) Implementing partners Development partners.
	2. Arrange logistics.	
	3. Select supervision team members. At the national level, MoHCDGEC/PO-RALG and line ministries will select the team members. At the regional and council levels, the team members will be selected by the respective SWOs.	
	4. Print and provide each supportive supervision team member with the tools for data collection and planning. This will be done by the lead person/organization at each level.	
	5. Officially inform the respective authority about the planned supportive supervision visit four weeks before supervision starts.	
	6. Share with the supervision team members the supportive supervision guidelines and previous supportive supervision reports.	
	7. Review the previous supervision report and recommendations.	Supportive supervision team members.
	8. Review program performance data and take note of the following: (a) Vital information about the supervision sites, number of SWOs, community case workers to be visited and WCPCs to be visited. (b) The supervision site's strengths and limitations regarding collecting, submitting, and capturing MVC data into the MVC management information system. (c) Any other important known issues at the selected sites and action points	
	9. Organize a preparatory team meeting the week preceding the visit to re-orient the supportive supervision team on the supportive supervision plan and technical mission.	MoHCDGEC-DSW PO-RALG RS-SWO (regional),

		SWO (LGAs) Implementing partners Development partners Line ministries
	10. To be effective in mentoring others in a topic area, the supportive supervision team leader must be conversant with relevant topics. Team members should also review all relevant materials, guidelines, and emerging priorities, i.e., data quality assessments, quality improvement and expected outcomes of the supportive supervision.	Supportive supervision team members
Step 2: Actual supportive supervision		
When starting supervision in the selected area, the following are key issues to be addressed:		
Level	Task	Responsible People
Regional	<p>At the Regional level, the National team should remember to observe and gather information by using a checklist.</p> <ol style="list-style-type: none"> 1. Pay a courtesy call to the regional office. 2. Share the supportive supervision objectives, schedule, and proposed sites to be visited. 3. Explain supportive supervision plan, e.g., supervisee to be met, time to be spent, feedback session etc. 4. Receive and discuss MVC program implementation report. 5. Identify areas for improvement, jointly discuss with the supervisee why these challenges are occurring and decide what can be done for improvement. 6. Provide corrective and supportive feedback on performance. 7. Share any updates, e.g., policies, guidelines, and strategies. 8. Ask the supervisee to provide feedback and questions. 	MoHCDGEC-DSW PO-RALG Supportive supervision team members (RS-SWO, RHMT)
Council	<p>At the Council level, the Regional and National team should remember to observe and gather information using the checklist.</p> <ol style="list-style-type: none"> 1. Pay a courtesy call to the council office. 2. Share supportive supervision objectives, schedule, and proposed sites to be visited. 3. Explain supportive supervision plan e.g., supervisee to be met, time to be spent, feedback session etc. 4. Receive and discuss MVC program implementation report and note any issues highlighted in the report. 5. Observing professional ethics and adherence to integrated case management steps by considering the following for each step: <ol style="list-style-type: none"> i. Intake/registration – Review the availability of children’s files and necessary forms required 	MoHCDGEC-DSW PO-RALG Supportive supervision team members

	<p>(registration form, assessment form, care plan/protection plan, case closure/referral).</p> <ul style="list-style-type: none"> ii. Assessment – Review whether the assessment form is properly completed (children’s and household’s needs, strengths and weaknesses identified are clearly documented). iii. Care plan – Observe whether the care plan was developed per the assessment findings, updated, and whether the proposed actions/plans are doable and relevant. iv. Implementation of care plan – Verify the services provided, number of referrals made versus completed and number of visits. Assess the implementation status by stakeholders. v. Monitoring and review – Assess plans versus implementation status. vi. Case closure/transfer – Observe the number of cases closed and their contributing factors. <ul style="list-style-type: none"> 6. Identify areas for improvement and jointly discuss with the supervisee challenges and what can be done for improvement. 7. Provide corrective and supportive feedback on performance. 8. Share any updates, e.g., policies, guidelines, and strategies. 9. Ask the supervisee to provide feedback and questions. 	
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<p>Ward/ Village/ Mtaa</p>	<p>At the ward level, the Regional, Council and National team should remember to observe and gather information using the checklist.</p> <ol style="list-style-type: none"> 1. Pay a courtesy call at the ward office. 2. Share the objectives of the visit and propose the number of beneficiaries to be visited. 3. Receive and discuss MVC program implementation report and note any issues highlighted in the report. 4. Observing professional ethics and adherence to integrated case management steps, consider whether the community case workers observe the following for each step: <ol style="list-style-type: none"> i. Intake /registration – Review the availability of children’s files and necessary forms required (registration form, assessment form, care plan/protection plan, case closure/referral). ii. Assessment – Review whether the assessment form is properly completed (children’s and household’s needs, strengths and weaknesses identified are clearly documented). iii. Care plan – Observe whether the care plan was developed as per the assessment findings, updated and whether the proposed actions/ plans are doable and relevant. iv. Implementation of care plan – Verify the services provided, number of referrals made versus completed referrals and number of visits. Assess the implementation status by stakeholders. v. Monitoring and review – Assess the plans versus the implementation status. vi. Case closure/ transfer – Observe the number of cases closed and their contributing factors. 5. Identify areas for improvement and jointly discuss with the supervisee challenges and what can be done for improvement. 6. Provide corrective and supportive feedback on performance. 7. Share any updates, e.g., policies, guidelines, and strategies. 8. Visit some randomly sampled MVC households and discuss with them the different services they have received as guided by the supportive supervision checklist. 	<p>Supportive supervision team members</p>
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Step 3: Post-supportive supervision

The supportive supervision activity concluded with a debrief meeting with the supervised team. The following points should be discussed/considered:

Level	Task	Responsible People
Regional/ council	<ol style="list-style-type: none">1. Use positive feedback for good and constructive feedback when performance needs improvement.2. Always start with areas which the supervisee is doing fine, followed by areas which need to be improved.3. The focus of the feedback should be more on systems, processes, or performance and not on a person.4. Identify previous activities that were not implemented and include them in the newly developed action plan.5. Share the observations or findings made, such as data recording and reporting.6. Summarize the specific aspects that require changes or improvement, discuss, or review and agree on what needs to be done, how, with whom and when.7. Identify areas that needs improvement/strengthening and agree on the action plan.8. The report should include the following information and follow-up plans:<ol style="list-style-type: none">a. List of supervisory team membersb. Names of the region/council/village/mtaa supervised.c. Duration of the visitd. Objectives of the visite. Actual activities conducted.f. Findingsg. Recommendations9. Share new information, such as guidelines and training opportunities.10. Disseminate the report to the relevant levels, including the supervision site, no later than two weeks after the field visit.	Supportive supervision team members (RS-SWO, RHMT, DSW, and CHMT)

3.0 COORDINATION AND TASKS ARRANGEMENTS AMONG STAKEHOLDERS

3.1 Coordination

The MoHCDGEC has the key role of coordinating implementation of these national supportive supervision guidelines for MVC programs, while PO-RALG is responsible for ensuring that all stakeholders perform their roles and responsibilities in line with these guidelines at Regional, Council, Ward, Village/Mtaa and Household level. These guidelines have four supervisory levels, as follows:

- (i) **National Level:** MOHCDGEC and PO RALG will ensure implementation of the guideline and conduct supportive supervision at Regional and Local Government Authorities.
- (ii) **Regional level:** The RHMT (RS-SWO) will be supervised by the joint national supportive supervision team in regions on quarterly basis.
- (iii) **Council level:** The CHMT (Council-SWO) will be supervised by the joint national and regional supportive supervision teams in councils on a quarterly basis and the council-SWO will supervise an assigned officer for social welfare at ward level.
- (iv) **Ward level:** The ward SWO will supervise social welfare assistants, community case workers, WCPC, program beneficiaries and other relevant committees on a quarterly basis.

3.2 Tasks in Implementing Supportive Supervision

All stakeholders implementing MVC program, ranging from national level to village/mtaa levels, are responsible for ensuring adherence to these guidelines. The stakeholders responsible for implementing the supportive supervision guidelines includes MoHCDGEC, PO-RALG, line ministries, RHMT/RSWO, CHMT/ DSWO, implementing partners and development partners.

Note that additional supportive supervision may be conducted when deemed necessary at any level, based on observed needs.

Table 2 summarizes the roles and responsibilities of each stakeholder in implementing the national supportive supervision guidelines for MVC programs.

Table 2: Stakeholder’s Tasks

Stakeholder	Tasks	Frequency
NATIONAL LEVEL		
MoHCDGEC	<ul style="list-style-type: none"> (i) Coordinate and lead the implementation of the national guidelines for supportive supervision of MVC programs. (ii) Oversee technical aspects in implementing supportive supervision of MVC services nationwide. (iii) Develop supervision plans and schedule for supervision visits. (iv) Provide technical support on use of MVC data collection tools and MVC management information system. (v) Conduct supportive supervision in collaboration with PO-RALG, line ministries, implementing partners, and development partners. (vi) Monitor and evaluate MVC supportive supervision guide. 	Quarterly
	Conduct review meetings on the supportive supervision visits and share supervision reports to other key stakeholders.	Quarterly, Bi-annually, Annually
	Sensitize and mobilize resources for implementing the national guidelines for supportive supervision of MVCs programs.	Annually
	Coordinate the development, dissemination, review of the MVCs supportive supervision guidelines and data collection tools.	Every 3 years
	Conduct training on the national guidelines for supportive supervision of MVCs programs.	Depending on the plans and needs
PO-RALG	<ul style="list-style-type: none"> (i) Lead implementation of the national guidelines for supportive supervision of MVC program at regional secretariat, council, ward, and household level. (ii) Develop a supervision plan and schedule supervision visits. (iii) Conduct quarterly supportive supervision to the regional secretariat in collaboration with the MoHCDGEC, line ministries, implementing partners and development partners. (iv) Ensure adherence at the LGA level to MVCs program standards and procedures, as directed by existing national guidelines. (v) Provide technical support on the use of MVC data collection tools and MVC management information system. (vi) Share MVC supportive supervision reports to key stakeholders at all levels. (vii) Supervise administrative and technical issues. (viii) Interpret national guidelines for supportive supervision of 	Quarterly

	MVCs programs. (ix) Coordinate capacity building and provide administrative support to RSs and LGAs on supportive supervision guidelines.	
Line ministries (MoEST, MoFP, MoHA, MoCLA, and PMO-PPALEYD)	(i) Develop a supervision plan and schedule for undertaking supervision visits. (ii) Participate in supportive supervision and provide technical support in their respective sectorial areas, e.g., education, nutrition, disability, etc. (iii) Share the reports on supportive supervision visits to the responsible institutions or ministries for action.	Quarterly
REGIONAL LEVEL		
RHMT/RSWO	(i) Develop supportive supervision plan and schedule for undertaking supervision visits in their respective councils. (ii) Conduct supportive supervision visits to the councils. (iii) Provide technical support at the council level. (iv) Mobilize resources for implementing supportive supervision for the MVCs programs. (v) Write supportive supervision reports and share with national-level stakeholders. (vi) Share the reports on supportive supervision visits to the responsible councils for action.	Quarterly
COUNCIL LEVEL		
CHMT/CSWO	I. Develop supportive supervision plan and schedule for undertaking supervision visits. II. Conduct supportive supervision to wards and villages/mtaa. III. Mobilize resources for implementing supportive supervision for the MVCs programs. IV. Conduct review meetings. V. Mentor and coach community caseworkers on proper case management approach. VI. Write supportive supervision reports and share with regional secretariat and council stakeholders. VII. Write supportive supervision reports and share with Council Management Team (CMT) and responsible wards and villages/mtaa for action.	Quarterly

NATIONAL AND SUB-NATIONAL LEVEL		
Implementing partners	<ul style="list-style-type: none"> (i) Develop a supervision plan and schedule for undertaking supervision visits. (ii) Collaborate with the Government at all levels in implementing supportive supervision for MVCs programs through the following: <ul style="list-style-type: none"> a) Development, dissemination, review of MVCs program supportive supervision guidelines, and data collection tools b) Sensitization on resource mobilization for implementation of the national guidelines for supportive supervision of MVC programs (iii) Support and participate in review meetings. (iv) Provide programmatic technical assistance. (v) Participate in supportive supervision visits. (vi) Write supportive supervision reports and share with relevant authorities. 	Quarterly/D depending on the plans and needs

4.0 CONCLUSION

The Government through the MoHCDGEC, oversees development and social well being of children in Tanzania mainland. Hence, in collaboration with other stakeholders, the Ministry developed these supportive supervision guidelines for the Most Vulnerable Children (MVC) programs to determine and ensure quality services delivery to MVC and their households. In addition, these guidelines contains various supportive supervision tools for regional, Councils, Wards, villages and Institutions. The supportive supervision tools for each level are annexed with these Guidelines.

ANNEXES

ANNEX 1: SUPPORTIVE SUPERVISION TOOL FOR REGIONAL LEVEL

Region Date of visit:/...../.....

A: Supportive supervision team members

S/n	Name	Sex	Organization	Designation	Phone numbers	Email address	Signature

B. Recommendations from previous visit, (if any).

Note: If there was no previous supportive supervision visit, table B will not be applicable.

Date of previous visit:/...../.....

S/n	Recommendations	Responsible person	Implementation status			Remarks
			Completed	Ongoing	Not started	

C: Checklist for regional level

<p>1. Is the SWO-RS a member of RHMT? <i>(Verify using letter of appointment)</i></p> <p>Yes [] No []</p> <p>Remark:</p>
<p>2. Does the regional team conduct supportive supervision visits to the LGAs on a quarterly basis? <i>(Verify using the last supportive supervision report.)</i></p> <p>Yes [] No []</p> <p>Remarks:</p>
<p>3. Does the SWO-RS submit reports to PO-RALG on a quarterly basis? <i>(Verify using the last supportive supervision report submission letter.)</i></p> <p>Yes [] No []</p> <p>Remarks:</p>
<p>4. Does the SWO-RS use MVC MIS to produce summary data for planning, budgeting and decision making?</p> <p>Yes [] No [] <i>(If YES, verify by asking him/her to demonstrate on how to develop report, present previous summary data report and show an approved plan If NO, why?)</i></p> <p>Remarks:</p>
<p>5. Is the MVC agenda discussed in the Regional meetings <i>(verify by checking RHMT, RCC, WCPC meetings minutes)</i></p> <p>Yes [] No []</p> <p>Remarks:</p>
<p>6. Does the SWO-RS display data on priority indicators for performance monitoring? <i>(Verify using the displayed scorecard in Notice board of RC, RAS, RMOs & RSWOs Offices.)</i></p> <p>Yes [] No []</p> <p>Remarks:</p>

<p>7. Are the analyzed data shared with social welfare stakeholders? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] <i>(If YES, verify using the RHMT, IPG, and regional consultative committees' monthly and quarterly meeting minutes.)</i></p> <p>Remarks:</p>	
<p>8. Does the region send feedback on the supportive supervision to the MVC coordination meetings/LGAs in a timely manner? <i>(Verify using submission letter of the report sent to MVC coordination meetings/LGAs.)</i></p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>	<p>9. Which policies/guidelines regarding MVC have been disseminated in the last financial year? Mention them.</p> <p>Remarks:</p>
<p>10. Does the region have established VAWC Committee? <i>(Verify by using appointment letters)</i></p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>	<p>11. Does VAWC Committee convene quarterly meetings? <i>(Verify by using meeting minutes)</i></p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>
<p>12. Did RHMT allocate funds for MVC issues in the last financial year? <i>(Verify the approved plan.)</i></p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>	<p>13. Does the Region has implementing partners supporting MVC programs? <i>(Mention, Verify the MOUs)</i></p> <p>Remarks:</p>

List and describe any best practices identified in the region:

1.
2.

3.

.....

4.

.....

D: The gaps identified for improvement and agreed-upon action points after the supportive supervision at regional level
(These issues must be decided jointly by supervisees and supervisors.)

S/n	Identified gap(s)	Actions to be taken	Timeline for completion	Responsible person

E: List of people met during the supportive supervision visit at regional level

S/n	Name	Sex	Designation	Phone numbers	Email address

RS/SWO Name..... Signature..... Date.....

Supervision Team Leader Name..... Signature: Date.....

RMO Chairperson Name..... Signature: Date.....

F: Score Calculation – Regional Level

Yes = 1; No = 0

Standard	Number of questions	Maximum score	Total score achieved	% achieved
General questions	13	11		
Total	13	11		

ANNEX 2: SUPPORTIVE SUPERVISION FOR COUNCIL LEVEL

Region..... Council Date of visit:/...../.....

A. Supportive supervision team members

S/n	Name	Sex	Organization	Designation	Phone numbers	Email address	Signature

B. Recommendations from previous visit (if any).

Note: If there was no previous supportive supervision visit, table B will not be applicable

Date of previous visit:/...../.....

No.	Recommendations	Responsible person	Implementation status		Remarks
			Completed	Ongoing	

C: Program Checklist for Council Level

MVC identification and service provision	
1. How many MVCs have been registered within your council to date? (<i>Verify using the total number from the MVC MIS</i>) [Male..... Female.....] Remarks:	
2. How many MVCs received at least one service in the last quarter? (<i>Verify using the data from MVC MIS</i>) [Male..... Female.....] Remarks:	
Case Management	
3. Does the council have established VAWC Committee? (<i>Verify by using appointment letters</i>) Yes [] No [] Remarks:	
4. Does VAWC Committee convene quarterly meetings? (<i>Verify by using meeting minutes</i>) Yes [] No [] Remarks:	
5. Does each MVC have a case file? Yes [] No [] Remarks:	
6. Where are MVC case files stored? (<i>Verify by checking file storage</i>) Mention: Remarks:	
7. Is access to case files limited to case management officers only to maintain confidentiality? Yes [] No [] Remarks:	
8. Does information in the case files accurately documented (MVC and household registration form, care plan form, MVC monthly service delivery form, referral form and case closure form)? (<i>Verify by randomly reviewing 5–10 children’s case management files</i>) Yes [] No [] Remarks:	

Referrals and linkages
9. Is an MVC service providers' directory available? <i>(Verify by checking the MVC service delivery directory)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:
10. Is the service providers' directory updated (at most after every year)? <i>(Verify whether the directory is up to date)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:
11. How many referrals were made in the last quarter? <i>(Verify using the data from MVC MIS)</i> Number: [] Remarks:
12. How many of the referrals made in the last quarter were completed? <i>(Verify using the data from MVC MIS)</i> Number: [] Remarks:
Supportive supervision visits
13. Has the SWO visited CCW's for supportive supervision in the last three months? <i>(Verify by checking the supervision report)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:
14. Does the supportive supervision team facilitate the development of action plans to address identified challenges? <i>[Verify by using action plans developed]</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:
Human resources
15. How many SWOs are at the council level? [Male..... Female.....] Remarks:

16. Is there a designated SWO responsible for data entry at the council level? <i>(Verify using letter of appointment)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:
17. Is the CSWO a member of the CHMT? <i>(Verify using letter of appointment)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
18. How many SWOs received 5 days training on NICMS? [Male.....Female.....] Remarks:
19. How many CCWs received 5 days training on NICMS? [Male.....Female.....] Remarks:
20. How many CCWs are active (i.e., providing services and reporting on services provided)? <i>(Verify by using NICIM form No 2&3)</i> [Male.....Female.....] Remarks:
21. Do trained CCWs use NICMS tools? <i>(Verify by checking the number of CCWs that submit their reports monthly using NICMS tools)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:
Data quality
22. Does all data collection and reporting tools submit to the SWO by the 10 th day of the reporting month? <i>(Verify using the signed dispatch books)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:
23. Does MVC data filled and entered accurately in the MVC-MIS? <i>(Verify by randomly selecting any 2 -3 monthly summary report form from different villages/mtaa and comparing the details with the data in the MVC-MIS)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:
24. Are data collection and reporting tools reviewed during supportive supervision visits and monthly meetings at the ward and village/mtaa

<p>levels? (<i>Verify by checking minutes of the CCW's monthly meetings</i>)</p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>
<p>Data management</p>
<p>25. Does the electronic device [computer and modem connection] functioning well? (<i>Verify by inspecting the electronic devices</i>)</p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>
<p>26. Do hard copies of children's case files stored at the SWO's office in a confidential manner? (<i>Verify by checking whether there are any children's case files at the SWO's office</i>)</p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>
<p>27. Do copies of filled monthly summary service forms stored at the SWO's office? (<i>Verify by checking whether there are any completed monthly summary service forms from different villages/mtaa at the SWO's office</i>)</p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>
<p>Data visualization and use</p>
<p>28. Does the council use MVC-MIS to produce summary data for planning, budgeting, and decision making?</p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] (<i>If YES, verify by ask him/her to demonstrate on how to develop report, present previous summary data report and show an approved plan (CCHP, CCSWOP, & Health Facilities Plan If NO, why?)</i>)</p> <p>Remarks:</p>
<p>29. Does the MVC agenda discussed in the council meetings (<i>verify by checking CMT, CHMT, DCC, Nutrition Committee, Social Services committee, C-MAC, WPCPC meetings minutes</i>) Remarks:</p>
<p>30. Does the council display data on priority indicators for performance monitoring on the office walls/boards? (<i>Verify using the displayed scorecard in Notice board of DC, DAS, DMOs, & DSWOs Offices</i>)</p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>

31. Does the analyzed data share with stakeholders? (If YES, verify through CHMT, IPG, and council consultative committees' monthly and quarterly meeting minutes)

Yes [] No []

Remarks:

32. Does the CSWO develop and send feedback report on the supportive supervision to the MVC coordination meetings on a quarterly basis? (Verify using the report sent to MVC coordination meetings/LGAs)

Yes [] No []

Remarks:

Best practices

1.
2.
3.
4.
5.

D: The gaps identified for improvement and agreed-upon action points after supportive supervision

(These actions must be decided jointly between supervisees and supervisors.)

S/n	Identified gaps	Action to be taken	Timeline for completion	Responsible person

E: List of people met during the supportive supervision visit

S/n	Name	Sex	Designation	Phone numbers	Email address

CSWO name..... Signature..... Date.....

Supervision team leader name: Signature: Date.....

DMO name..... Signature: Date.....

F: Score Calculation – Council Level

Yes = 1; No = 0

Standards	Number of questions	Maximum score	Total score achieved	% achieved
MVC identification and service provision	2	0		
Case management	6	5		
Referral and linkages	4	2		
Supportive supervision visits	2	2		
Human resources	7	2		
Data quality	3	3		
Data management	3	3		
Data visualization and use	5	5		
Total	32	22		

ANNEX 3: SUPPORTIVE SUPERVISION TOOL FOR THE WARD LEVEL

Region.....CouncilWard Date of visit:/...../.....

A. Supportive supervision team members at ward level

S/n	Name	Sex	Organization	Designation	Phone numbers	Email address	Signature

B. Recommendations from previous visit (if any).

Note: If there was no previous supportive supervision visit, table B will not be applicable.

Date of the previous visit:/...../.....

No.	Recommendations	Responsible Person	Implementation status		Remarks (if completed, do not provide remarks)
			Completed	Ongoing	

C: Program checklist for ward level

Case management	
<p>1. How many MVCs are registered in this ward? <i>(Check the list of registered MVCs in the MVC and Household Registration Form)</i> [Male.....Female.....] Remarks:</p>	
<p>2. Do MVC issues discussed in the WDC meetings? <i>(Verify using the WDC meeting minutes)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:</p>	
<p>3. Do MVC issues a permanent agenda in the WDC meetings? <i>(Verify using the WDC meeting minutes)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:</p>	
<p>4. Does the Ward have established VAWC Committee? <i>(Verify by using appointment letters)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:</p>	
<p>5. Does VAWC Committee convene quarterly meetings? <i>(Verify by using meeting minutes)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:</p>	
<p>6. Do MVC issues identified at the ward level solved? <i>(Verify using the WDC meeting minutes)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:</p>	
<p>7. If not, are they channeled at council level for solution? <i>(Verify using the WDC meeting minutes)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:</p>	
<p>8. Do the WDCs discuss and approve MVC plans and budgets? <i>(Verify using the WDC meeting minutes)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:</p>	

<p>9. How many CCWs have received required job aids (e.g. MUAC tapes, bags, t-shirts, caps)? <i>(Verify by checking the job aid distribution lists at ward level)</i> [Male.....Female.....] Remarks:</p>
Supportive supervision
<p>10. Do monthly coordination meetings conducted? <i>(Check coordination meeting minutes)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:</p>
<p>11. Has a CSWO at the council level visited you and CCW for supportive supervision in the past three months? <i>(Check the signed visitors' books and shared supervision reports)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:</p>
Human resources
<p>12. Is there any assigned ward supervisor for CCW? <i>(verify using letter of appointment)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:</p>
<p>13. How many CCWs from this ward have received a 5 days training in NICMS? <i>(Verify by checking the trained CCWs lists)</i> [Male.... Female....] Remarks:</p>
Data quality, management, and use
<p>14. Where are the MVC files kept? <i>(Observe whether there is a filing cabinet and assess how the new and/or completed tools are kept)</i></p> <p><input type="checkbox"/> At a CSO's office <input type="checkbox"/> At a ward office <input type="checkbox"/> At a village office</p>

Other (mention options)

Remarks:

15. Do ward executive officers use data collected by the CCWs to plan, check progress of service delivery and coverage? (*Means of verification: approved plans*)

Yes [] No []

Remarks:

Best practices

1.
2.
3.
4.
5.

D: The gaps identified for improvement and agreed action points after the supportive supervision

(These issues must be decided jointly by the supervisee and the supervisor, including ongoing and uncompleted issues noted in Table B.)

S/n	Identified gaps	Action to be taken	Timeline for completion	Responsible person

E: List of people met during the supportive supervision visit

S/n	Name	Sex	Designation	Phone numbers

Ward SWO/Assigned Officer Name Signature: Date:

Ward Executive Officer Name Signature: Date:

Supervision team leader name: Signature: Date:

F: Score Calculation – Ward Level

Yes = 1; No = 0

Standard	Number of questions	Maximum score	Total score achieved	% achieved
Case management	9	6		
Supportive supervision	2	2		
Human resource	2	1		
Data quality, management and use	2	1		
Total	13	10		

ANNEX 4: SUPPORTIVE SUPERVISION TOOL FOR THE VILLAGE/MTAA LEVEL

Region.....Council.....Ward.....Village/Mtaa.....

Date of visit:

A: Supportive supervision team members at the village/mtaa level

S/n	Name	Sex	Organization	Designation	Phone numbers	Email address	Signature

B: Recommendations from previous visit (if any).

Note: If there was no previous supportive supervision visit, table B will not be applicable.

Date of the previous visit:/...../.....

No.	Recommendations	Responsible Person	Implementation status			Remarks
			Completed	Ongoing	Not started	

C: Checklist for village/mtaa level

Case management	
1. How many MVC are registered in this village/mtaa up to now? <i>(Check the list of registered MVCs in the MVC and household registration form)</i> [Male.... Female.....] Remarks:	
2. Do MVC issues discussed in the Village/Mtaa meetings? <i>(Verify by checking the village/mtaa Government meeting minutes)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:	
3. Do MVC issues a permanent agenda in Village/Mtaa monthly meetings? <i>(Verify by checking the meeting minutes)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:	
4. Do MVC issues reflected in the village/mtaa plans? <i>(Verify using village/mtaa plans)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	

Remarks:
5. Do monthly CCWs meetings conducted? <i>(Verify by checking the monthly meeting minutes)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:
6. How many CCWs have received required job aids (i.e., MUAC tapes, bags, t-shirts, caps)? <i>(Verify by checking the job aid distribution lists)</i> [Male..... Female.....] Remarks:
Supportive supervision
7. How do you support CCWs in performing their roles and responsibilities? <i>Explain</i> Remarks:
8. Did the SWO at the council level visit CCWs for supportive supervision in the past three months? <i>(Check the signed visitor's books and shared supervision reports)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:
9. Does the SWO at the council level give feedback to CCWs on supportive supervision visits conducted? <i>(Check the available supervision reports shared by the SWO)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:
Human resources
10. How many CCWs from this village/Mtaa have received 5 days training on NICMS? <i>(Verify by checking the trained community case workers lists)</i> [Male.....Female.....] Remarks:

<p>11. How many CCWs are active in-service provision (visit households, reporting and use the national MVC tools)? (<i>Ask for the list of active community case workers who attend meetings and submit reports; verify by observing registers of any randomly selected 5–10 CCWs</i>)</p> <p>[Male.....Female.....]</p> <p>Remarks:</p>
<p>Data collection and reporting tools</p>
<p>12. Do all CCWs use national MVC data collection tools? (<i>Pull 5–9 different filled national MVC tools from the shelves and verify</i>)</p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>
<p>Data quality, management, and use</p>
<p>13. Where are the MVC files kept? (<i>Observe whether there is a filling cabinet and assess how the new and/or completed tools are kept</i>)</p> <p><input type="checkbox"/> At a CSO’s office</p> <p><input type="checkbox"/> At a ward office</p> <p><input type="checkbox"/> At a village office</p> <p><input type="checkbox"/> Other (mention options)</p> <p>Remarks:</p>
<p>14. Do CCWs fill in the data collection tools correctly?</p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p><i>Assess a sample of 5–10 randomly selected tools and verify the following:</i></p> <p><input type="checkbox"/> Last date filled in</p> <p><input type="checkbox"/> Date submitted to village/mtaa executive officers</p> <p><input type="checkbox"/> Completeness</p> <p>Remarks:</p>
<p>15. Does Village Government use the data collected by the CCWs to plan, check progress of service delivery and coverage? (<i>Verify the approved plans</i>)</p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>

Best practices

1.
2.
3.
4.
5.

D: The gaps identified for improvement and agreed action points after supportive supervision

(These issues must be decided jointly by the supervisee and the supervisor, including ongoing and uncompleted issues noted in Table B.)

S/n	Identified gaps	Action to be taken	Timeline for completion	Responsible person

E: List of people met during the supportive supervision visit

S/n	Name	Sex	Designation	Phone numbers

Village executive officer/Mtaa executive officer name..... Signature: Date.....

Supervision team leader name: Signature: Date.....

F: Score Calculation – Village Level

Yes = 1; No = 0

Standard	Number of questions	Maximum score	Total score achieved	% achieved
Case management	6	5		
Supportive supervision	3	2		
Human resources	2	0		
Data collection and reporting tools	1	1		
Data quality, management, and use	3	2		
Total	15	10		

ANNEX 5: SUPPORTIVE SUPERVISION TOOL FOR INTERVIEWING CCWS

Region..... Council Ward Village/Mtaa.....

Date of visit:/...../.....

A. Supportive supervision team members

S/n	Name	Sex	Organization	Designation	Phone numbers	Email address	Signature

B. Recommendations from previous visit (if any).

Note: If there was no previous supportive supervision visit, table B will not be applicable.

Date of the previous visit:/...../.....

No	Recommendations	Responsible Person	Implementation status		Remarks
			Completed	Ongoing / Not started	

C: Checklist for CCWs

Case management	
<p>1. How many MVC do you serve in this village/mtaa? <i>(Check the list of registered MVC)</i> [Male.... Female.....]</p> <p>Remarks:</p>	
<p>2. Do you update the care plan on quarterly basis? <i>(Verify using care plans)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>	
<p>3. Do you provide services to MVC and caregivers according to the care plan? <i>(Verify using care plan and monthly service tracking form)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>	
<p>4. Do you follow NICMS steps in dealing with MVC (i.e., identification, registration, care plan, monthly tracking of services, case closure)? <i>(Ask him/her to explain the NICMS steps)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>	
Referral and linkages	
<p>5. Is there any evidence of completed referrals? <i>(Check for returned referral forms signed by the service provider)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>	
<p>6. Does CCW monthly meetings conducted? <i>(Check monthly meeting minutes)</i> Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>	
<p>7. Do you follow up on the provided and completed referrals? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>	

Supportive supervision	
8. Did the SWO at the council level visit CCWs for supportive supervision in the past three months? <i>(Check the signed visitor's book and shared supervision reports)</i>	Yes [] No []
Remarks:	
9. Do you receive feedback reports from the SWO on the supportive supervision conducted? <i>(Check the available supervision reports shared by the SWO)</i>	Yes [] No []
Remarks:	
Data collection and reporting tools	
10. Do you use national NICMS data collection tools? <i>(Pull any 3-5 completed national MVC data collection tools from the shelves and verify)</i>	Yes [] No []
Mention them.....
Remarks:	
Data quality, management, and use	
11. Where are the MVC files kept? <i>(Observe whether there is a filing cabinet and assess how the new and/or completed tools are kept)</i>	<input type="checkbox"/> At a CSO's office <input type="checkbox"/> At a ward office <input type="checkbox"/> At a village/mtaa office <input type="checkbox"/> Other (mention options)
Remarks:	
12. Are all data collection and reporting tools submitted to the village executive officer by the fifth day of the reporting month? <i>(Verify using the signed dispatch books)</i>	Yes [] No []
Remarks:	
13. Are the MVC data filled in correctly and accurately in the MVC data collection forms? <i>(Verify by randomly selecting any 3-5 forms and check if the details are correct)</i>	Yes [] No []
Remarks:	

Best practices

1.
2.
3.
4.
5.

D: The gaps identified for improvement and agreed action points after supportive supervision

(These issues must be decided jointly by the supervisee and the supervisor, including ongoing and uncompleted issues noted in Table B.)

S/n	Identified gaps	Action to be taken	Timeline for completion	Responsible person

E: List of people met during the supportive supervision visit

S/n	Name	Sex	Designation	Phone numbers

CCW's name: Signature: Date:

Supervision team leader name: Signature: Date:

F: Score Calculation – CCW

Yes = 1; No = 0

Standard	Number of questions	Maximum score	Total score achieved	% achieved
Case management	4	3		
Referral and linkages	3	3		
Supportive supervision	2	2		
Data collection and reporting tools	1	1		
Data quality management and use	3	2		
Total	13	11		

ANNEX 6: CHECKLIST FOR MVC HOUSEHOLDS VISIT

Once in the field, the supportive supervision team, depending on the number of the team members will randomly sample at least five MVC households, visit them and verify whether they have received the services as stated in the form. Informed consent will be obtained from heads of the selected households before conducting interviews.

Informed consent form

Dear,

We are part of the government's MVC program supportive supervision team. The supportive supervision team members are doing follow-up with a few households selected randomly to verify the services provided to MVC. We would like to ask you a few questions related to the services that MVC in your household may have received. Your responses will be used exclusively for purposes of improving the MVC program. Whatever information you provide will be kept strictly confidential. Your participation in this supportive supervision information gathering is voluntary. Your decision to participate or not will not affect your access to any services in any way. You can choose not to answer any question or all the questions. However, we hope that you will participate in this information-gathering exercise because your views are important. We expect the information-gathering exercise to last no more than 45 minutes. If you consent to be interviewed, please sign this form below consent.

Parent/caregiver or child name.....

Signature.....

Date.....

Name of interviewer.....

Designation.....

Interview date.....

A. Child and household preliminary information	
Region.....	Council.....Ward.....Village/Mtaa.....
Child file number (write the child file number of any MVC from this household)	Age.....Sex.....
Name of a parent/caregiver.....	Relationship to the child.....
Type of household (child headed, adult headed or elderly headed)	
Questions specific for a child (if a child is found at home and able to speak well)	
<i>Before starting to ask questions of a child, start by probing her/his name, age, and other questions that will make her/him comfortable with conversation</i>	
1. Are you schooling? If Yes Which class are you? (if no skip Question 2)	
Remarks:	
2. When was the last day you attended school?	
Remarks:	
3. Are you visited by a community case worker? Yes [] No []	
Remarks:	
Questions specific for household head	
4. How many of the household members are below 18 years of age? [Male.....Female.....]	
5. How often do CCW visits the household in a month? Once [] Twice [] Thrice [] No at all []	
Remarks:	
6. Who else visits the child/children for support?	
7. What services or support do the other visitors (NOT Community Case Workers) provide to the child/children?	

8. Were you interviewed when a needs assessment was conducted for this household?
 Yes [] No []
Remarks:

9. Were you involved in the development of a care plan for the child in this household?
 Yes [] No []
Remarks:

I would now like to ask you some questions about the services that the children and household may have received from community case workers in the past one month. As I read out each service, please let me know if a child/children or household received the specified service. I will start with services provided to children.

B. Service Provision Chart

S/n	Services provided to the child: (Tick appropriate services provided to the child.)	Name of Facility/ Service Provider
1.	HIV counseling and testing	
2.	Care and treatment services	
3.	Immunization	
4.	Integrated management of childhood illness (IMCI)	
5.	Deworming	
6.	Malaria prevention and treatment	
7.	Diarrhea treatment	
8.	Nutrition status assessment, counseling, and support	
9.	General food support	
10.	Supplemental feeding services	
11.	Therapeutic feeding services	
12.	Early childhood development	
13.	Community health fund/Tiba kwa kadi (TIKA) Verify:	
14.	Life skills education	

15.	Birth registration/certificate <i>Verify:</i>		
16.	Child protection case investigation and response services		
17.	Temporary shelter		
18.	Emergency care and support		
19.	Vocation skills support		
S/n	Services provided to the household: (Tick appropriate services provided to the child.)	Name of Facility	
1.	HIV counseling and testing		
2.	HIV care and treatment		
3.	Sexually transmitted infection (STI) treatment services		
4.	Opportunistic infections treatment (OIs)		
5.	Antenatal care services (ANC)		
6.	Deworming		
7.	Diarrhea treatment		
8.	Mental health services		
9.	Nutrition status assessment, counseling, and support		
10.	General food support		
11.	Supplemental feeding services		
12.	Legal aid and other support		
13.	Temporary shelter		
14.	Counseling		
15.	Cash transfers (TASAF)/saving and lending support		
16.	IGA, small business/enterprise support <i>Verify:</i>		
17.	Agricultural and extension service support		

C. How do you rate the services that were provided to the child and to the household?

Service quality rating	Remarks
Excellent	
Good	
Fair (Average)	
Bad	
Cannot rate	

What are your suggestions for improving quality of services provided to the child(n)?

.....

.....

.....

.....

.....

.....

How do you rate the services that were provided to the household?

Service quality rating	Remarks
Excellent	
Good	
Fair (Average)	
Bad	
Cannot rate	

ANNEX 7: SUPPORTIVE SUPERVISION TOOL FOR HEALTH CENTERS

Region.....Council..... Name of Facility

Date of visit:/...../.....

A. Supportive supervision team members

S/n	Name	Sex	Organization	Designation	Phone numbers	Email address	Signature

C. Recommendations from previous visit (if any).

Note: If there was no previous supportive supervision visit, table B will not be applicable.

Date of the previous visit:/...../.....

No.	Recommendations	Responsible Person	Implementation status		Remarks (if completed, do not provide remarks)
			Completed	Ongoing	

C: Checklist for Services provided to MVC: Tick (✓) appropriately
I would like to ask about services that were provided to either MVC or their household in the last quarter.
(Verify using copies of referral forms or registers whenever applicable)

1.	HIV counseling and testing	
2.	Care and treatment Clinic (CTC) services	
3.	Immunization	
4.	Integrated management of childhood illness (IMCI)	
5.	Deworming	
6.	Malaria prevention and treatment	
7.	Diarrhea treatment	
8.	Nutrition status assessment, counseling, and support	
9.	General food support	
10.	Supplemental feeding services	
11.	Therapeutic feeding services	
12.	Early childhood development	
13.	Community health fund/Tiba kwa kadi (TIKA)	
14.	Birth registration/certificate	
15.	Child protection case investigation and response services	
16.	Emergency care and support	
17.	Exemption	
18.	Others (<i>specify</i>)	

Best practices

1.
2.
3.
4.
5.

D: The gaps identified for improvement and agreed action points after the supportive supervision

(These issues must be decided jointly between supervisee and supervisor, including ongoing and uncompleted issues noted in Table B.)

S/n	Identified gaps	Action to be taken	Timeline for completion	Responsible person

E: List of people met during the supportive supervision visit

S/n	Name	Sex	Designation	Phone numbers
1.				
2.				
3.				
4.				
5.				

Name of Facility in-charge Signature: Date.....

Supervision team leader name: Signature..... Date.....

ANNEX 8: SUPPORTIVE SUPERVISION FOR SCHOOLS

Region.....Council..... Name of School

Date of visit:/...../.....

A. Supportive supervision team members

S/n	Name	Sex	Organization	Designation	Phone numbers	Email address	Signature

B. Recommendations from previous visit (if any).

Note: If there was no previous supportive supervision visit, table B will not be applicable.

Date of the previous visit:/...../.....

No.	Recommendations	Responsible Person	Implementation status		Remarks (if completed, do not provide remarks)
			Completed	Ongoing	
1.					
2.					

C: Checklist for schools	
1. Is there any mechanism for identifying MVC in this institution? (<i>Verify using list of MVC</i>)	[Male.....Female.....]
2. How many referrals have been received from Community Case Workers / Other Service Providers in the last quarter? (<i>Verify using copies of referral forms</i>)	Numbers
Remarks:	
3. Is there any evidence of completed referrals? (<i>Verify using copies of remained Referral Forms</i>)	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
Remarks:	
4. How many referrals have been issued to Community Case Workers / Other Service Providers in the last quarter? (<i>Verify using copies of referral forms</i>)	Numbers
Remarks:	
5. Is there any follow-up of Referrals directed to other service providers out of school including those needed turn up to services over time? (<i>Verify using by assigned teacher's MVC referrals register</i>)	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
Remarks:	

<p>6. Do children share their views/ suggestions in matters concerning their lives? <i>(Verify using available suggestion box and list of suggestions provided)</i></p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>
<p>7. Is there any follow-up to suggestions of concerns in and out of school including those needed to be reported to other authorities/parents or caregivers? <i>(Verify by using follow up reports)</i></p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>
<p>8. Did the Council SWO and CCWS conduct follow-up visits to the services provided at this institution in the last quarter? <i>(Verify by using information from the visitor's book)</i></p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>
<p>Suggestions</p> <p>What are your suggestions for improving quality of services provided to MVC/households between your institution and Community Case Workers and other service providers?</p>

D: Checklist for Services provided to MVC: Tick (✓) appropriately
I would like to ask about services that MVC received from this institution in last quarter.

1	Provision of Scholastic materials (uniforms, exercise books, pens) <i>Verify by using list of delivery/school quarterly or biannual report</i>	
2	Provision of Sanitary pads	
3	Provision of food (breakfast/lunch) <i>Verify using list of delivery/school quarterly or biannual report</i>	
4	Counselling services <i>Verify using list of delivery/school quarterly or biannual report</i>	
5	Trained counselling teacher	
6	MVC agenda discussed in school meetings (board/parent’s meetings) <i>Verify using meeting minutes</i>	
7	Children clubs <i>(Verify using program reports)</i>	
8	Reproductive health education, STIs education/program <i>(Verify using program reports)</i>	
9	Child protection education	
10	Child Protection/Gender Desk <i>(Verify using list of assigned staffs/organization structure)</i>	
11	Child protection response system <i>(verify using complaint register)</i>	
12	Emergence services (health, protection, social welfare)	
13	Exemption (School expenses) <i>Verify using quarterly/Biannual school reports</i>	
14	Other <i>(specify)</i>	

Best practices

1.
2.
3.
4.
5.

E: The gaps identified for improvement and agreed action points after the supportive supervision

(These issues must be decided jointly between supervisee and the supervisor, including ongoing and uncompleted issues noted in Table B.)

S/n	Identified gaps	Action to be taken	Timeline for completion	Responsible person

F: List of people met during the supportive supervision visit

S/n	Name	Sex	Designation	Phone numbers

Name of Facility in-charge Signature: Date.....

Supervision team leader name: Signature..... Date.....

ANNEX 9: SUPPORTIVE SUPERVISION TOOL FOR VOCATION TRAINING/APPRENTICESHIP CENTERS

Region.....Council..... Name of Facility

Date of visit:

A. Supportive supervision team members

S/n	Name	Sex	Organization	Designation	Phone numbers		Email address	Signature

B. Recommendations from previous visit (if any).

Note: If there was no previous supportive supervision visit, table B will not be applicable.

Date of the previous visit:

No.	Recommendations	Responsible Person	Implementation status		Remarks (if completed, do not provide remarks)
			Completed	Ongoing	

C: Referrals and Linkages	
<p>1. Is there any mechanism for identifying MVC in your institution? <i>(Verify by using list of MVC)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Remarks:</p>	
<p>2. How many referrals have been received from Community Case Workers / Other Service Providers in the last quarter? <i>(Verify by using copies of referral forms)</i></p> <p>Numbers</p> <p>Remarks:</p>	
<p>3. Is there any evidence of completed referrals? <i>(Verify using copies of remained Referral Forms)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Remarks:</p>	
<p>4. How many referrals have been issued to Community Case Workers / Other Service Providers in the last quarter? <i>(Verify using copies of referral forms)</i></p> <p>Numbers</p> <p>Remarks:</p>	

<p>5. Is there any follow-up for Referrals directed to other service providers including those needed turn up to services over time? <i>(Verify by using follow up assigned staff's diary)</i></p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>
<p>6. Do children share their views/ suggestions in matters concerning their lives? <i>(Verify by using available suggestion box and list of suggestions provided)</i></p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>
<p>7. Is there any follow-up to suggestions of concerns in and out of school including those needed to be reported to other authorities/parents or caregivers? <i>(Verify by using follow up reports)</i></p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>
<p>8. Did the Council SWO and CCWS conduct follow-up visits to the services provided at this institution in the last quarter? <i>(Verify by using information from the guestbook)</i></p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>

Suggestions

What are your suggestions for improving quality of services provided to MVC/households between your institution and Community Case Workers and other service providers?

D: Checklist for Services provided to MVC: Tick (✓) appropriately
I would like to ask about services provided in this institution in the last quarter.

1	Provision of scholastic materials (uniforms /Learning Materials/ equipment) <i>Verify using distribution list or quarterly/biannual report</i>	
2	Training leave <i>(Verify using admission contract)</i>	
3	Provision of Sanitary pads	
4	Provision of food (breakfast/ lunch)	
5	Training supervision <i>(Verify using admission contract)</i>	
6	Exemption (Fee/other expenses) <i>Verify using quarterly/biannual report</i>	
7	Counselling services <i>Verify using quarterly/biannual report</i>	
8	Trained personnel for counselling services	
9	MVC agenda discussed in meetings (board/parent’s meetings) <i>Verify using meeting minutes</i>	
10	Meetings with Parents/ caregivers <i>(Verify using meeting minutes)</i>	
11	Provision of Reproductive health/ STIs education/program <i>(Verify using program reports)</i>	
12	Child Protection response mechanism <i>(verify using complaint register)</i>	
13	Start-up packages <i>Verify using quarterly/biannual report</i>	
14	Employment linkage/referrals <i>(Verify using program reports/ quarterly/biannual report)</i>	
15	Emergency services (health, protection, social welfare)	
16	Others <i>(specify)</i>	

Best practices

1.
2.
3.
4.
5.

E: The gaps identified for improvement and agreed action points after the supportive supervision

(These issues must be decided jointly by the supervisee and the supervisor, including ongoing and uncompleted issues noted in Table B.)

S/n	Identified gaps	Action to be taken	Timeline for completion	Responsible person
1.				
2.				
3.				
4.				
5.				

F: List of people met during the supportive supervision visit

S/n	Name	Sex	Designation	Phone numbers
1.				
2.				
3.				
4.				
5.				

Name of Facility in-charge Signature: Date:

Supervision team leader name: Signature: Date:

ANNEX 10: SUPPORTIVE SUPERVISION TOOL FOR REHABILITATION CENTERS

Region.....Council..... Name of Centre

Type of Service.....

Date of visit:/...../.....

A. Supportive supervision team members

S/n	Name	Sex	Organization	Designation	Phone numbers	Email address	Signature

C. Recommendations from previous visit (if any).

Note: If there was no previous supportive supervision visit, table B will not be applicable.

Date of the previous visit:/...../.....

No.	Recommendations	Responsible Person	Implementation status		Remarks (if completed, do not provide remarks)
			Completed	Ongoing	
				Not started	

C: Referrals and Linkages	
1. Is there any mechanism for identifying MVC in your institution? <i>(Verify by using list of MVC)</i>	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:
2. How many referrals have been received from Community Case Workers / Other Service Providers in the last quarter? <i>(Verify using copies of referral forms)</i>	Numbers Remarks:
3. Is there any evidence of completed referrals? <i>(Verify by using copies of remained Referral Forms)</i>	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:
4. How many referrals have been issued to Community Case Workers / Other Service Providers in the last quarter? <i>(Verify by using copies of referral forms)</i> Numbers	Remarks:
5. Is there any follow-up to Referrals directed to other service providers including those needed turn up to services over time? <i>(Verify by using assigned staff diary)</i>	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Remarks:

<p>6. Do children share their views/ suggestions in matters concerning their lives? <i>(Verify by using available suggestion box and list of suggestions provided)</i></p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>
<p>7. Is there any follow-up to suggestions of concerns including those needed to be reported to other authorities/parents or caregivers? <i>(Verify by using assigned roster of staffs)</i></p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>
<p>8. Did the Council SWO / CCWS conduct follow-up visits to the services provided at this institution in the last quarter? <i>(Verify by using information from the guestbook)</i></p> <p>Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Remarks:</p>
<p>Suggestions</p> <p>What are your suggestions for improving quality of services provided to MVC/households between your institution and Community Case Workers and other service providers?</p>

**D: Checklist for Services provided: Tick (✓) appropriately
Services to be verified using quarterly or biannual reports.**

1.	Basic needs (food, shelter, clothing)	
2.	Medical treatment	
3.	Psychosocial care and support	
4.	Mental health services	
5.	Physiotherapy services	
6.	Assistive devices (i.e., crutches, white can, wheelchair, hearing aid)	
7.	Children clubs	
8.	Parents/ caregivers programs	
9.	Life skills programs	
10.	Vocational training	
11.	Sports, games, and entertainment programs	
12.	Sports equipment and facilities	
13.	Trained personnel for counselling services	
14.	MVC agenda discussed in meetings (board/parent's meetings) <i>Verify using meeting minutes</i>	
15.	Provision of Reproductive health/ STIs, child protection education/program	
16.	First Aid training	
17.	Child Protection response mechanism (<i>verify using complaint register</i>)	
18.	Emergence services (health, protection, social welfare)	
19.	Others (<i>specify</i>)	

Best practices

1.
2.
3.
4.
5.

E: The gaps identified for improvement and agreed action points after the supportive supervision

(These issues must be decided jointly between supervisee and the supervisor, including ongoing and uncompleted issues noted in Table B.)

S/n	Identified gaps	Action to be taken	Timeline for completion	Responsible person

F: List of people met during the supportive supervision visit

S/n	Name	Sex	Designation	Phone numbers

Name of In-chargeSignature: Date.....

Supervision team leader name:Signature: Date.....

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