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Research Article

Development of Supportive Supervision Tools for Community Health and Social Welfare Services in Tanzania: an Experience from Malinyi District Council

Mwandu Kini Jiyenze[1*], Byera L Shwekerela[1], Gissela Makwisa[2], Henry A. Molle[3], Albino kalolo[4]

[1]Centre for Educational Development in Health Arusha (CEDHA), P.O. Box 1162, Arusha, Tanzania

[2]Solidarmed office, Malinyi, P.O. Box., Malinyi, Morogoro, Tanzania.

[3]Department of Health Systems Management, School of Public Administration and Management, Mzumbe University

[4] Saint Francis University College of Health and Allied Sciences

[*]**Corresponding author:** Mwandu Kini Jiyenze, Centre for Educational Development in Health Arusha (CEDHA), P.O. Box 1162, Arusha, Tanzania

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Abstract

Background: Effective supportive supervision (SS) has shown to have a profound impact on improving performance of health workers and quality health services in the low- and middle-income countries. In the context of primary health care system in Tanzania, however, a lack of comprehensive SS tools has been one of the factors hindering effective supportive supervision of community health and social welfare services. **Methods:** A facilitator-led approach was used to develop SS tools. A five-step process was used to identify priority SS areas and develop SS tools for community health and social welfare services. Eight supervisors of community health and social welfare services supervisors participated developing tools. **Results:** In this study, nine priority areas for community-based health services were identified; three supportive supervision tools were developed; and eight supervisors were trained on tools development. **Conclusion:** We have successfully identified nine priority areas and developed three supportive supervision tools for community health and social welfare services. The developed tools are expected to contribute to SS, which in turn contribute to improvement of performance of community health workers and quality of community-based health services in Tanzania and other settings. We encourage future research to validate developed SS tools in Tanzania and other settings.

Introduction

Supportive supervision is a critical public health intervention for improving performance of health workers and quality of health services, including community health services [1-5]. Given its role in improving performance and quality of health service, leaders and managers are required to establish and strengthen supportive supervision at various levels of the health systems [3,4,7].

Evidence on the practices and effectiveness of supportive supervision in health sector show a mixed and inconclusive results in low and middle-income countries. On one hand, researchers, have demonstrated that when conducted effectively supportive supervision can lead to improved health workers performance and quality of health services [1,2,4]. On other hand, researchers show that in low and middle countries' settings, supportive supervision is often not conducted effectively due to many constraining

factors [4,6-9]. These factors include inadequate number of competent supervisors, use of poor supportive supervision tools, use of inappropriate data collection methods during supervision, inadequate resources allocated for supportive supervision and failure to provide effective feedbacks to supervisees. To address these issues, WHO and other experts recommend that supervisors should be trained on integrated supportive supervision and should use and well-designed comprehensive tools for supportive supervision [3,4,8].

In Tanzania, supportive supervision is one of the public health interventions for improving performance of health workers and quality of health services [10,11]. The Ministry of Health Community Development Gender Elderly and Children (MoHCDGEC) has developed two supportive supervision guidelines: the national supportive supervision guideline and reproductive, maternal, new born, child and adolescent health integrated supportive supervision implementation guide [12,13]. Furthermore, MOHCDGEC has prepared a National Operational Guideline for Community-based Health Care Services that requires CHMT members, health facility supervisors, and village Executive Officers (VEO) to conduct supportive supervision on community health and social [14]. Despite of development of these guidelines, supportive supervision is not done ineffectively by the supervisors in Tanzania [10,12,15,16]. Factors constraining supportive supervision including: lack of well-designed and easy to use tools to conduct supervision for community health and social welfare services; limited supervisors' competencies on developing and use supportive supervision tools; and limited resources for supportive supervision; and fragmented supportive supervision tools [10,15,16]. Specifically, for example, the two national supportive supervision guidelines have generic supportive supervision tools for health services provided at health facility level, but the guidelines do not have any generic tools to guide supervision of health and social welfare services provided at community level by the community health care workers [12,13]. Moreover, the National Operational Guideline for Community-based Health Care Services has no generic tools to guide supervision of health and social welfare services provided at community level [14].

To address these constraining factors, SOLIDARMED (a non-profit Swiss based organization), in collaboration with the Malinyi District Council Health Department, organized a workshop to identify priority areas for supervising community-based health services, develop supportive supervision tools for community health and social welfare services and build capacities of supervisors on developing supervision tools. The aim of this paper is to share our field level experience how we identified priority areas for supervision community health services, developed three supportive supervision tools, and developed capacities of supervisors on developing supervision tools.

Methods

Framework for developing supportive supervision tools

Development of supportive supervision tools was guided the Donabedian quality improvement framework [17]. According to this framework, health managers are advised to assess key inputs, processes, outputs, and outcomes of health services. Through assessment of inputs, processes, outputs and outcomes, public health managers are in position to take appropriate courses of actions to improve performance of health workers and quality of services. In order to assess effectively quality of health services and performance of health workers during supportive supervision, public health managers are required to have supervision tools that capture data related to key inputs, processes, outputs and outcomes of health services [12].

The settings for developing supportive supervision tools

Development of supportive supervision tools was conducted in Malinyi District Council, Morogoro, Tanzania. The council has an estimated 143,500 population and 19 health facilities (2 hospitals, 2 health centres and 15 dispensaries). The council has: 44% shortage of the human resources needed to delivery health services to the population; 33 villages; and 42 community health workers providing community health and social welfare services at community level. The community health workers are supervised directly by the health facility supervisors and village supervisors. Within the council, the Council Health Management Team (CHMT) members are responsible for coordinating, planning, managing, supervising, monitoring and evaluating health and social welfare services provided at health facility and community levels in the council. The Regional Health Management Team (RHMT) members, on the other hand, are responsible for coordinating, planning, management, supervision, monitoring and evaluation of health and social welfare services provided in the region. The central ministries (MOHCDGEC and president's Office Region administration and local governments-PO-RALG) are responsible for coordinating, planning, and management, supervising, and evaluating health and welfares services provided in health facilities and at community level in Tanzania Mainland.

Approach and process of developing supportive supervision tool

To developed supportive supervision tools, we used a facilitator-led approach in form of a workshop (Tavrow et al, 2002). A five-day workshop was organized and financially supported by the SOLDARMED. The workshop was used to achieve to two objectives: to develop the required supervision tools and to develop competencies for developing supervision tools among supervisors. The workshop was facilitated by experienced staff from the Centre for Educational Development in Health Arusha (CEDHA). Located

in the Arusha city in Tanzania, CEDHA has been instrumental in building capacities of regional health management, council health management and health facility management teams in health system interventions since 1982. As recommended by experts (Walley and Wright 2010), eight supervisors (5 CHMT members and 3 health facility supervisors) were involved in developing the supportive supervision tools.

We adapted the WHO process of developing supportive supervision tools (World Health Organization, 2017). The process of developing the tools had six steps: 1)preparation for tools development and training; 2) identification of priority community health services areas (supportive supervision content areas); 3) presentation of theory and principles of developing supportive supervision tools to supervisors of community health services; 4) development of supportive supervision tools; 5) pre-testing of the developed supportive supervision; 6) improving developed tools based on inputs collected during pre-testing step.

In the *first step*, facilitators collected and reviewed key literature on supportive supervision and on development of supportive supervision tools, proposed the approach for developing the tools, proposed number and criteria for selecting participants for development the tools and developed teaching materials. In line with procedure for supportive supervision tool (World Health Organization, 2017), the *second step* involved identification of priority community health services areas, which was done through brainstorming by a team of eight (8) community health services supervisors from the council health management team and health facilities. The brainstorming exercise was guided by two facilitators from CEDHA. In this step, documents review on policy and supportive supervision was done. Key documents reviewed were national health policy, health sector strategic plan, supportive supervision guidelines, community-based guideline, and job description of the community health workers. After brainstorming and document review, priority areas for community health and social welfare services were identified.

In the *third step*, a short presentation session was done to supervisors of community health services. The purpose of the presentation was to discuss and equip developers of the tools with essential principles and skills for developing supportive supervision tools. In the *fourth step*, the supervisors were guided by the facilitators in developing the supportive supervision tools. Development of the tools was guided by Donabedian quality improvement framework and the job description of the community health workers as described in literature ((Donabedian, 2003; World Health Organization, 2017; MOHCDGEC, 2020b). Guided by the Donabedian framework, participants formulated item statements addressing key inputs, processes, outputs, and outcomes of nine priority areas of community health and social welfare services identified in step two. Furthermore, supervisors were guided to formulated item statements adhering to the format suggested in the national supportive supervision guidelines (MOHCDGEC, 2017).

In the *fifth step*, pre-testing of the developed tools was done. The pre-testing was done in three villages and three primary health facilities in order to collect data on the relevance and clarity of item statements and questions included in the tools. During pre-testing, the developed tools were administered to 8 key actors who are involved in supervising and provision of community health services: three community health workers, two village executive officers, and three health facility supervisors. Comments, suggestions, and observations remarks were collected during pre-testing were, presented and discussed in a plenary session. In the sixth step, pre-tested tools were improved by incorporating inputs and suggestions obtained in the pre-testing step.

Result

The process of developing led to three key results in form of outputs: priority areas for conducting supportive supervision related to community health and social welfare; supportive supervision tools and eight supervisors trained on how to develop and pretest of supportive supervision tools.

Priority areas for supportive supervision

In the first day of brainstorming and literature review, nine priority areas for supervising community health and social welfare in Tanzania were identified. These areas are reproductive and maternal health; child health and nutrition; communicable diseases; non communicable diseases; environmental health and sanitation; social welfare services; health education; community health and social welfare information; and management and governance of community health services.

Supportive supervision tools

The generic supportive supervision checklist

In developing the tools, first, we developed a generic supportive supervision checklist. The checklist has 76 item statements, which represent the best practices or ideal situations for the community-based health and welfare services. The numbers of items for each priority area are summarized in Table 1 and the tool attached as Appendix 2.

Priority area	Numbers of items	
Reproductive and maternal health	14	The items cap health education customers satisf

Priority area	Numbers of items	Specific focus of items
Child health and nutrition	6	The items captures key data on: health education; nutrition and growth of status; referred children with problems to health facility from the community; immunization and screening for nutrition status
Communicable diseases	5	The items capture key data related to communicable diseases: working tools; collection of specimens; notifiable diseases; screening; and TB lost for follow-up
Non-communicable diseases	5	The items traces key data on reporting tools, health education, people with non-communicable diseases, assessment of health status, and palliative care
Environment health and sanitation	8	The items captures assessment of environmental health, hygiene, and sanitation; school health; state of sanitation, and facilities for hand washing in schools and community.
Social welfare services	5	The items capture data on identification of most vulnerable children, referral for GBV and VAC survivors, provision of education on ASRH and on drug abuse to the community.
Health education	9	The items captures general health education issues: IEC materials for health and social welfare education and promotion; conducting health education sessions; conducts health and social welfare education to the community; and clients attends HE session
Community and social welfare information	7	The items traces data on: recording and reporting tools particularly MTUHA book Number 3 and electronic integrated disease surveillance and response (eIDSR);data collection, analyses and displays information; data use; data sharing, and community health and social welfare report.
Management and governance	17	The items capture data on management and governance of community health and social welfare services: job description; equipment and supplies; plans; participation in village meetings; incentives; workplan, ethics and code; and supportive supervision; and reports

Table 1: Priority areas, items and focus of the general supportive supervision checklist.

Interview guide for community health workers

Moreover, we developed an interview guide (Appendix 2), which has 10 open questions. The questions are intended to capture experiences and views of community health workers on responsibilities, experience of providing community health and social welfare services, and model family in the catchment area. Also, the tool is intended to capture data on challenges in delivering community health services and on supports or assistance that community health workers receive from nearby health facility and village governments.

Interview guide for supervisors of community health services

Furthermore, a second guide interview was developed (Appendix 3); the interview guide has 9 open questions. The questions are designed to capture views of health facility and village supervisors on: the experience of supervisor in supervising community health workers; model family in the catchment area; and successes of providing community health services. Also, the tool is intended to obtain views of supervisors on challenges of providing community health services in catchment area and the supports provided to community health workers by health facility and the village government.

Training supervisors on supervision tools development

A part from development of the supportive supervision tools, the workshop approach was used to provide opportunities for the eight supervisors of community health services and social welfare services to interact and gain competencies on how to develop and test supportive supervision tools. During the process of developing the tools, the eight supervisors were trained on various competencies: identifying priority community health and social welfare services; analyzing duties and function of community health workers; reviewing community health related policy and guidelines; developing supportive supervision tools; pre-testing of tools; and using pre-testing information to improve SS tools. During evaluation the workshop majority of participants indicated that the workshop helped them to acquire knowledge and skills for developing supervision tools. This was well summed up by one member of the council health services supervisors, “I have developed the ability to develop and use supportive supervision tools”.

Discussion

The Main Results

We successfully produced three key results in form of outputs: priority areas for conducting supportive supervision related to community health and social welfare; three supportive supervision tools, and eight supervisors trained on development and pretesting of supportive supervision tools. The nine priority areas for supportive supervision identified in this paper align with areas suggested in the National Operational Guideline for Community-based Health Care Services (MOHCDGEC, 2020b). Also, the identified priority areas align with the community health and social welfare services areas suggested by WHO (2018).

The developed supportive supervision tools are structured in line with national supportive supervision guidelines MOHCDGEC,2017, 2018). Furthermore, the three tools covers essential community health and social welfare services areas suggested in the National Operational Guideline for Community-based Health Care Services and WHO document MOHCDGEC, 2020b; WHO, 2018). It is expected that the three tools will help supervisors to conduct comprehensive and structured supportive supervision to community health and social welfare. Specifically, the tools can capture data on inputs, processes, outputs and outcomes and can be used by supervisors to assess: performance and practices of community health workers; quality of community health and social welfare services; and management and governance of community health and social welfare services. Although the tools are intended to be used by supervisors at district and below levels, they can be used regional and national supervisors of Tanzanian health system and other health systems of low- and middle-income countries. Furthermore, through workshop, eight supervisors of community health and social welfare services were imparted on competencies on development of supportive supervision tools. The trained supervisors successfully used the acquired competencies to develop and test the supervisory tools in their setting.

What is known on this topic?

Supportive supervision is a critical public intervention for improving performance of health workers and quality of health services delivered at health facility and community levels (Loevinsohn et al.,1995; WHO, 2018). However, there is evidence that supportive supervision is not done effectively due to lack of comprehensive and well-designed supportive supervision tools, inadequate number of competent supervisors, and other factors in Tanzania and in other settings (Tavrow et al,2002; Walley and Wright 2010; Ndima et al., 2015; World Health Organization, 2018; Avortri et al., 2019).

Contributions of the paper

This paper has three useful contributions to advance supportive supervision practice. First, we have described and presented three tools to guide supportive supervision of community health and social welfare services. Second, we have systematically described the methodological process we used to develop tools for supportive supervision; the process can apply in other settings to develop supportive supervision tools for community health and social welfare services. Third, we have systematically identified priority areas for supervising community health and social welfare services in context of Tanzania.

Limitation of the tools

These supportive supervision tools have not been tested and validated using a large sample size. Therefore future studies should be conducted to test and validate the tools in other councils in Tanzania and other settings.

Conclusion

Comprehensive supportive supervision tools for community health and social welfare services are lacking in Tanzania. We have successfully developed three supportive supervision tools to guide supervisors in conducting supportive supervision on community health and social welfare services. Use of developed tools expected to enable supervisors to conduct effective supportive supervision and contributed to improved performance of community health workers and quality of community health and social welfare services in Tanzania and other settings. We encourage future research to validate and test the developed tools in Tanzania and other settings.

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Authorship

MKJ contributed to study conception and design, co-led data collection and documentation, interpretation, and prepared the initial draft of this paper. BLS contributed to the study conception and design, led data collection, and interpretation and critically reviewed the initial draft of this paper. AK contributed to interpretation and critically reviewed the initial draft of this paper. All authors read, revised and approved the final manuscript.

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Appendix 1

A generic checklist for community health and social welfare services

Name of village /health facility_____

Date_____

Use the following key: Y – Yes; P – Partial; X - Not done or present; NA – Not Applicable. Assigning score is follows: Y =2; P =1; X=0; NA no score is assigned

SERVICE/ISSUE	VERIFICATION CRITERIA/ SPECIFIC STANDARD	Y/P/N/X/ score	REMARKS
Reproductive and maternal health	1) CHW has reproductive and maternal working tools according to guidelines (*Verify by observing)*		
	2) CHW supports provision of reproductive maternal health services through outreach clinic (*verify by reviewing report or interviewing health workers*)		
	3) CHW provides health education on reproductive and maternal health (*FP, vaccine, danger sign, ANC, health facility delivery)- verify reviewing report or interviewing*)		
	4) CHW provides health education on nutrition (*verify by reviewing report or interviewing*)		
	5) CHW conducts community sensitization on immunization (*verify by verify by reviewing report or interviewing*).		
	6) CHW participates in identifying at risk pregnant women in the community (*verify by reviewing report*)		
	7) CHW refers at risk pregnant women in community (*verify by reviewing report*)		
	8) CHW provides health education on adolescent sexual reproductive health in the schools (*verify by reviewing report*)		
	9) CHW provides health education on adolescent sexual reproductive health in the community (*verify by reviewing report)*		
	10) No. of customers referred by CHW to the health facility (*verify by interviewing data or report*)		
	11) Customers are satisfied with the services provided by CHW (*verify by interviewing clients at household or facility*)		
	12) Number or % of women of reproductive age who have knowledge on danger signs during pregnancy (*verify by asking clients at household or facility*)		
	13) No or % of pregnant women who deliver in health facility in the catchment area (*verify by reviewing reports)*		
	14) No or % of clients using Family Planning services (*verify by reviewing reports)*		

SERVICE/ISSUE	VERIFICATION CRITERIA/ SPECIFIC STANDARD	Y/P/N/X/ score	REMARKS
Child health and nutrition	1) CHW has relevant materials for providing health education on child health and nutrition *(Verify by observing)*		
	2) CHW provides health education on child health and nutrition *(verify by reviewing reports)*		
	3) CHW monitors growth and development of under-fives *(verify by observation or reviewing reports)*		
	4) CHW refers children with health problems to health facility *(verify by reviewing report)*		
	5) CHW collects data for under five children within catchment area *(verify by reviewing reports)*		
	6) CHW supports immunizations and vitamin A supplement *(verify by reviewing reports)*		
Communicable diseases	1) CHW has acute flaccid paralysis(AFP), fever and rashness illness (FRI), Tuberculosis (TB) and specimen collection forms *(Verify by observing)*		
	2) CHW collects specimen according to guideline *(verify by observing or interviewing CHW)*		
	3) CHW provides health education on prevention of AFP, FRI and TB *(verify by observing CHW)*		
	4) CHW reports notifiable diseases to the high authority *(verify by observing)*		
	5) Number of screened clients/costumer *(verify by reviewing report)*		
Non-communicable diseases	1) CHW has reporting tools (referral forms, register/ counter book for documentation) *(verify by observing)*		
	2) CHW assesses health status of individuals in the community in relation to non-communicable diseases *(verify by observing)*		
	3) CHW provides health education on non-communicable diseases (hypertension, diabetes, heart diseases, cancer *(verify by interview or reviewing report)*		
	4) Number of clients with non-communicable diseases referred to health facilities *(verify by reviewing report)*		
	5) Number of clients received palliative care within the catchment area *(verify by reviewing report)*		

SERVICE/ISSUE	VERIFICATION CRITERIA/ SPECIFIC STANDARD	Y/P/N/X/ score	REMARKS
Environment health and sanitation	1) CHW provides health education on environmental health, water and sanitation *(verify by reviewing report)*		
	2) CHW conducts assessment on environmental health, water and sanitation *(verify by reviewing report)*		
	3) Number or % of households with improved toilets in the catchment area. *(verify by reviewing report)*		
	4) Number of schools with adequate number of toilets for female according to the guideline *(verify by reviewing report)*		
	5) Number of schools with adequate number of toilets for male according to the guideline *(verify by observing or reviewing report)*		
	6) Number of schools with running water and liquid soap near the toilet (hand washing facility) *(verify by observing or reviewing report)*		
	7) No. of schools with reliable source of water *(verify by observing or reviewing report).*		
	8) No. of schools with a pit rubbish *(verify by reviewing report)*		
Social welfare services	1) CHW conducts health education on GBV/ VAC *(verify by reviewing report)*		
	2) CHW provides education on ASRH *(verify by reviewing report)*		
	3) CHW provides referral of GBV and VAC survivors *(verify by reviewing report)*		
	4) CHW provides education on drug abuse to community members (*verify by reviewing report)*		
	5) CHW identify most vulnerable children and provide referrals *(verify by reviewing report)*		
Health education	1) CHW has IEC materials for health education and promotion (*verify by observing)*		
	2) CHW introduce the session to the participants according to best practice *(verify by observing or interviewing)*		
	3) CHW conducts session using appropriate teaching methods according to best practice *(verify by observing or interviewing)*		
	4) CHW uses audible voice during health education session according to best practice *(verify by observing or interviewing CHW)*		
	5) CHW evaluate session by asking questions to the participants according to best practice *(verify by observing or interviewing CHW)*		
	6) CHW concludes sessions by summarizing key points covered during the session according to best practice *(verify by observing or interviewing CHW)*		
	7) CHW thanks the participants attended the session *(verify by observing or interviewing CHW)*		
	8) Number of sessions conducted *(verify by reviewing report)*		
	9) Number of participants attended the session *(verify by reviewing report)*		

SERVICE/ISSUE	VERIFICATION CRITERIA/ SPECIFIC STANDARD	Y/P/N/X/ score	REMARKS
Community health and social welfare information	1) CHW has recording and reporting tools (MTUHA no:3 and eIDSR-electronic Integrated Disease Surveillance and Response) *(verify by observing)*		
	2) CHW collects basic information of community health and social welfare (Population, priorities health problem, vital statistic) *(verify by observing)*		
	3) CHW analyzes and displays information/data *(verify by observing or reviewing reports)*		
	4) Number of meetings attended by CHW (village, health facility) *(verify by reviewing reports)*		
	5) CHW uses data to make decision (planning and advocacy) *verify by (reviewing reports)*		
	6) CHW uses data to prepare community health report *(verify by reviewing reports)*		
	7) CHW shares data with other actors *(verify by observing or reviewing reports)*		

SERVICE/ISSUE	VERIFICATION CRITERIA/ SPECIFIC STANDARD	Y/P/N/X/ score	REMARKS
Management and governance	1) CHW has job descriptions (*verify by observing)*		
	2) CHW participates in preparation of village plan *(verify by observing or reviewing plan)*		
	3) CHW participates in preparation of health facility plan *(verify by observing or reviewing plan)*		
	4) CHW has tools and supplies for community services provision according to the guideline *(verify by observing)*		
	5) CHW receives incentives from the village council *(verify by reviewing payments documents)*		
	6) CHW receives incentives from health facility *(verify by reviewing payments documents)*		
	7) CHW participates in village meetings *(verify by reviewing minutes)*		
	8) CHW has work plan for community services displayed in the office *(verify by observing)*		
	9) CHW adheres professional ethics and code of conduct (confidentiality, privacy, respect to customers, dressing practice) *(verify by observing or interviewing clients)*		
	10) CHW prepares monthly/ quarterly reports and submits to VEO and Health facility 11) in charge *(verify by reviewing reports)*		
	12) Health facility has budget for community health services *(verify by reviewing plan)*		
	13) Health facility governing committee discusses reports from CHW (*verify by interviewing members of committer or reviewing minutes)*		
	14) CHW cooperates with other actors (extension officers, teachers, water authority) *(verify by interviewing other actors)*		
	15) VEO performs administrative supportive supervision to the CHW *(verify by interviewing CHW)*		
	16) Health facility supervisor performs technical supportive supervision to the CHW*(verify by interviewing CHW)*		
	17) CHMT performs supportive supervision to the CHW*(verify by interviewing CHW)*		

Appendix 2

Interview guide for community health workers

Name of village/ healthy facility …….date……

Interview guide questions

1. What are your responsibilities as community health worker?
2. For how long have you been providing community health services in village?
3. Can you tell me successes you have achieved as CHW in your catchment area?

4. Can you identify a model family on community health services in your catchment area? WHY is this a model family?

5. What are challenges (problems) are you facing in providing community health services?

6. What kind of supports (assistance) do you receive from our nearby health facility to help you to deliver community health services?

7. What kind of support (assistance) do you receive from village government to help you to deliver community health services?

8. What additional supports do you need to enable you to deliver community health services to the community?

9. What additional opinions you have about community-based health and social welfare services?

Appendix 3

Interview guide for health facility and village supervisors

Name of village /health facility: _____Date_____

Interview guide questions

1. For how long have you been supervising CHWs in your catchment area?
2. How many CHWs are you supervising now?
3. Can you tell us successes you have achieved in the area of community health services through CHW in your catchment area?
4. Can you identify a model family on community health services as a result of CHW a work done? WHY is this a model family?
5. What are challenges / problems are you facing in provision of community health services through CHW?
6. What incentives are provided to CHW from the village council?
7. What incentives are provided to CHW from the health Facility?
8. What kind of supports (assistance) do you provide to CHWs?
9. What additional supports should be provided to CHWs to enable them to deliver community health services to the community.
10. What is your opinions about community health and social welfare services?