



THE UNITED REPUBLIC OF TANZANIA

PRESIDENT'S OFFICE REGIONAL ADMINISTRATION
AND LOCAL GOVERNMENT

TOOL KIT

FOR COMPREHENSIVE SUPPORTIVE
SUPERVISION IN IMPLEMENTATION OF
THE

**NATIONAL MULTISECTORAL
NUTRITION RESPONSE IN REGIONS
AND LGA's**

MARCH 2018

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LIST OF ABBREVIATIONS

AAS	Assistant Administrative Secretary
CDO	Community Development Officer
CMSCN	District/Council Steering Committee on Nutrition
CMT	Council Management Team
CSOs	Civil Society Organizations
CUAMM	Italian NGO - Doctors with Africa
DACC	District AIDS Control Coordinator
DAICO	District Agriculture, Irrigation and Cooperative Officer
DCC	District Consultative Committee
DED	District Executive Director
DEO	District Education Officer
DHO	District Health Officer
DLFO	District Livestock and Fisheries Officer
DMO	District Medical Officer
DNuO	District Nutrition Officer
DQA	Data Quality Assessment
DRCHCo	District Reproductive and Child Health Coordinator
ECD	Early Childhood Development
FBOs	Faith Based Organizations
HLSCN	High-Level Steering Committee on Nutrition
IGN	Iodine Global Network
IFA	Iron Folic Acid
IMAM	Integrated Management of Acute Malnutrition
LGAs	Local Government Authorities
MIYCAN	Maternal Infant Young Child and Adolescent Nutrition
MKUKUTA	Mkakati wa Kupambana na Kupunguza Umaskini Tanzania
MoALF	Ministry of Agriculture Livestock and Fisheries
MOFP	Ministry of Finance and Planning
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MTEF	Medium Term Expenditure Framework

NCD	Non-Communicable Diseases
NGOs	Non-Governmental Organizations
NI	Nutrition International
NMNAP	National Multisectoral Nutrition Action Plan
NSC	Nutrition Steering Committee
PANITA	Partnership in Nutrition in Tanzania
PMO	Prime Minister's Office
PO-RALG	President's Office – Regional Administration and Local Government
RACC	Regional AIDS Control Coordinator
RAS	Regional Administrative Secretary
RCC	Regional Consultative Committee
RCHWCo	Regional Community Health Workers Coordinator
REO	Regional Education Officer
RHO	Regional Health Officer
RIVO	Regional Immunization and Vaccination Officer (RIVO)
RMO	Regional Medical Officer
RMSCN	Regional Multisectoral Steering Committee on Nutrition
RNuO	Regional Nutrition Officer
RRCHCo	Regional Reproductive and Child Health Coordinator
RS	Regional Secretariat
RSWO	Regional Social Welfare Officer
SBCC	Social Behaviour Change Communication
TASAF	Tanzania Social Action Fund
TDHS	Tanzania Demographic and Health Survey
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VASD	Vitamin A Supplementation and Deworming
VC	Village Council
VIDO	Vaccine and Immunization District Officer
WDC	Ward Development Committee
WFP	World Food Programme

FOREWORD

Investing in nutrition contributes to national economic prosperity in various ways, including increases productivity, economic growth and facilitates poverty reduction through improved physical work capacity, cognitive development, school performance, economic activity and health by reducing sickness and deaths.

Addressing malnutrition increases GDP growth and reduces national budgetary costs for custodial care and malnutrition-related lost lives. Investing in nutrition is one of the “best buys” for economic development as it helps businesses and assists in social mobility, through a more productive workforce and a more affluent consumer base.

Thus, addressing malnutrition is a political choice to foster security, peace and stability. Nationally, it will greatly contribute to Tanzania’s political agenda of peace and stability and propelling the country into income country (MIC) status by 2025. Globally,

The development of these tool kit marks a key point in the way that supervision for nutrition is done. Instead of using the traditional vertical hierarchical approach to monitor performance, supportive supervision provides a mechanism for an interactive approach between supervisors and supervisees, that guides and coaches workers to promote compliance with standards of practice to assure delivery of quality services. In this process, the supervisors and supervisees work together as a team to meet common goals and objectives as articulated by the National Multisectoral Nutrition Action Plan (NMNAP) 2016/17 – 2020/21 that was approved by the High-Level Steering Committee on Nutrition in October 2016 and launched by the Prime Minister, Hon. Majaliwa Kassim Majaliwa in Dodoma on 6th September 2017.

These tool kit will guide PO-RALG, Regional Secretariats (RS) and Local Government Authority (LGA) supervisory teams in providing oversight and ensuring accountability in implementation of the NMNAP. Critically it will also help develop the implementation capacity of nutrition frontliners at various levels to support Regional Commissioners in implementing the “Nutrition Compacts” that they signed with the Minister of State PO-RALG on behalf of Vice-President. The checklists in the appendixes provide quick reference to the supervision teams and should be adapted to the local contexts.

I would like to thank all those who participated in the extensive consultation that developed this tool kit: Mr. Stephen J. Motambi - Assistant Director Nutrition Services – PO-RALG, Mariam Nakuwa – Nutrition Officer PORALG and Mwita J. M. Waibe - Nutritionist and Health Policy Analyst of PO-RALG, led the process with huge support from Nutrition Officers at Regional and District/Town/ City Council levels; UNICEF provided financial and technical support and Dr. Festo Kavishe, who was the NMNAP Lead Facilitator and writer, moderated and synthesized various inputs into this document. Others are PMO, nutrition sensitive MDAs (MOHCDGEC, MOFP, MoALF, TFNC), Ministry of Health Zanzibar (Nutrition Unit), UN Agencies (UNICEF and WFP), Development Partners (USAID), The World Bank and several nutrition focused NGOs (NI, CUAMM, IMA World Health, Save the Children, Mwanzo Bora, PANITA, ENRICH, IGN).

I call upon all internal and external stakeholders to start using this tool kit in doing our supportive supervision for nutrition. I would also like to request the various stakeholders to continue to support us in the implementation and refining of the tool kit as experience and insights are gained.



Dr. Zainab A.S. Chaula,
Acting Permanent Secretary,
President’s Office-Regional Administration
and Local Government

01

GENERAL INTRODUCTION

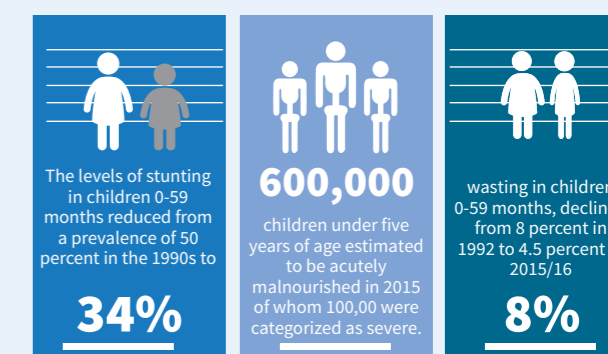
1.1 Malnutrition status;

Taking a long-term perspective, the undernutrition situation could best be described as (i) very high and constant over time and in all Regions of the country during the 1960s, 1970s and early 1980s; (ii) responding to specific interventions during the mid-1980s and 1990s; (iii) progressing too slowly despite good economic progress in the early 2000s; and (iv) improving but still unacceptably high with a double burden of undernutrition and over nutrition during the 2010s.

The levels of stunting in children 0-59 months reduced from a prevalence of 50 percent in the 1990s to 34 percent in the 2015/16 TDHS, but still above the average of 30 percent for Africa and falls within the category of “high” in public health significance. Due to the rate of population growth outstripping the rate of reduction, the absolute numbers of stunted children increased from below 2.0 million in the early 2000’s to about 3.0 million in 2010.

However, a decline was observed in 2015 with 2.7 million stunted children. During the same period, the prevalence of underweight declined from 25 percent to 14 percent close to meeting the MDG1 target of halving underweight by 2015.

A review of the nutrition status trends based on anthropometric measurements confirms that there have been some significant declines in the prevalence of undernutrition during the last two decades.



In the same vein, wasting in children 0-59 months, declined from 8 percent in 1992 to 4.5 percent in 2015/16 reaching the WHA 2025 target of below 5 percent (see figure 3). However, due to the huge population and rapid population increase, the absolute numbers of those acutely malnourished are high and also increasing, with some 600,000 children under five years of age estimated to be acutely malnourished in 2015 of whom 100,00 were categorized as severe. The risk of death is much higher amongst children with severe acute undernutrition, and as such require concomitant efforts as part of a comprehensive program which focuses on the alleviation of chronic undernutrition.

1.2 Why the tool kit?

1. These tool kit were developed to assist in providing supportive supervision to nutrition stakeholders in implementation of the national multisectoral nutrition response at the Regional and Local Government Authority (LGA) levels. The roles and responsibilities for each stakeholder are defined by the separate terms of reference (TOR) of the Regional and Council Multisectoral Steering Committees on Nutrition (R&CMSCN) developed concurrently with these tool kit.
2. The tool kit identifies the roles of National level, Regional Secretariats (RS) and LGAs in supervising the implementation of the national multisectoral nutrition response, which for the period 2016/17 – 2020/21 is embodied by the National Multisectoral Nutrition Action Plan (NMNAP) that was approved by the High-Level Steering Committee on Nutrition (HLSCN) in October 2016. The tool kit also offers six checklists on nutrition monitoring and supportive supervisions at the various levels: Regional, Council, facility, community, CSOs and the private sector.

1.3 The use of tool kit in supportive supervision

3. The tool kit will facilitate Supportive supervision process happen, aiming at guiding, monitoring, and coaching workers to promote compliance with standards of practice and assure the delivery of quality services. The supervisory process permits supervisors and supervisees the opportunity to work as a team to meet common goals and objectives, which in this respect are articulated in the National Multisectoral Nutrition Action Plan (NMNAP) of 2016-2021.

1.4 Advantages of supportive supervision as opposed to traditional supervision?

4. In the past, supervision for nutrition from the central level was conducted by programme leaders and partners in a vertical hierarchical manner, based on the interventions being implemented. There was no critical engagement of the lower level experts in conducting such exercises. This approach caused variations between partners and local experts from respective locations. Furthermore, adopting supportive supervision was challenged by limited implementation capacity at all levels
5. Moreover, top down challenged by inefficient personnel to offer supervisors often lack the technical, managerial and supervisory skills needed to effectively evaluate nutrition interventions across sectors for which they may not be responsible. In addition to assessing performance, supervisors are also expected to mentor, monitor interventions, evaluate management and ensure that the interventions are implemented properly.

Mentorship is a system of practical training and consultation, that fosters the ongoing professional development to yield sustainable high-quality nutrition outcomes.

6. Moving from traditional, hierarchical supervision systems to more supportive

ones requires innovative thinking, buy-in by stakeholders and time to change attitudes, perceptions, mindsets and practices. Due to its usefulness in improving performance in a more sustainable way, various partners now recognize the importance of supportive supervision in implementing their programs.

Table 1: Comparison of traditional and supportive supervision (Adopted from Marquez and Kean, 2002)

Action	Supportive supervision	Traditional supervision
Who performs supervision?	External supervisors designated by the service delivery organization (PO-RALG in our case); staff from other stakeholders; colleagues from the same team (internal supervision); Regional and Council Multisectoral Steering Committees on Nutrition; Ward, Village/Mtaa community health committees; and staff themselves through self-assessment	External supervisors designated by the service delivery organization
When does supervision happen?	Continuously: during routine work; team meetings, committee meetings; and visits by external supervisors	During periodic visits by external supervisors
What happens during supervision encounters?	Observation of performance and comparison to standards; provision of corrective and supportive feedback on performance; discussion with clients; provision of technical updates or tool kit; onsite training; use of data and client input to identify opportunities for improvement; joint problem-solving; follow-up on previously identified actions	Inspection of facility; review of records and supplies; supervisor makes most of the decisions; reactive problem-solving by supervisor; little feedback or discussion of supervisor observations
What happens after supervision encounters?	Actions and decisions recorded; ongoing monitoring of weak areas and improvements; follow-up on prior visits and problems	No or irregular follow-up

1.5 The importance of supportive supervision.

7. The process of supportive supervision promotes quality, strengthens relationships within the system, focusing on the identification and resolution of problems, helps to optimize the allocation of resources and promotes high standards, teamwork and improved two-way communication. When

done well, supportive supervision accelerates the achievement of goals and objectives.

8. Supportive supervision also ensures uniformity to set standards, identifying problems and solving them in a timely manner and making follow-up on decisions reached during previous supervision visits. It should be noted that, supportive supervision should promote an encouraging, joint problem solving atmosphere in which to identify and

address skills, attitudes and practices needing improvement. When strengths are found announce them in public; but when problems are found, discuss them in private directly with the person or team concerned.

1.6 Objectives of supportive supervision in the implementation of the NMNAP

9. The main objective of supportive supervision in the implementation of the NMNAP is to **support the performance of nutrition implementers** through enhancing their skills, knowledge and abilities with the aim of improving the impact of nutrition interventions at Regional and Local Government Authorities.

1.7 How to use these tool kit

10. In using these tool kit, supervisors and supervisees should adapt it to their local context and their specific sectors, ensuring basic standards are met. While the Tool kit are mainly meant to be used by supervisors of nutrition programs, they are crafted in such a way that the checklists can also be used by anyone interested in understanding the performance of nutrition interventions from the Regional to the community level. It is important that users of the tool kit share their results and experiences with others so that improvements can be made.

1.8 The process for developing the tool kit

11. This tool kit was developed through an extensive multi-stakeholder consultative process organized by PO-RALG and funded by UNICEF. PO-RALG led the process with huge support from Nutrition Officers at Regional and District/Town/City Council levels. Other key participants were PMO, nutrition sensitive MDAs (MOHCDGEC, MOFP, MoALF, TFNC), Ministry of Health Zanzibar (Nutrition Unit), UN Agencies (UNICEF and WFP), Development Partners (USAID), The World Bank and several nutrition focused NGOs (NI, CUAMM, IMA World Health, Save the Children, Mwanzo Bora, PANITA, ENRICH, IGN).

The initial draft was developed in a workshop held in Morogoro (August 21-25, 2017), followed by a task team review workshop held in Dodoma October 30th – November 3rd 2017, which developed the second draft. The second draft was validated by a workshop held also in Dodoma November 13-15th, 2017. The Dodoma workshops and writing of this document were facilitated by Dr. Festo Kavishe, who was the Lead Facilitator and writer of the National Multisectoral Nutrition Action Plan (NMNAP). The full list of participants in the development of these tool kit is shown in appendix 7.

02

SCOPE AND ROLES OF MINISTRY RESPONSIBLE FOR REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT, REGIONAL SECRETARIATS (RS) AND LOCAL GOVERNMENT AUTHORITIES (LGA) IN SUPPORTIVE SUPERVISION FOR NUTRITION

2.1 Introduction

12. Cascading supportive supervision from the national to the community level and ensuring participation of various key nutrition stakeholders at the appropriate level is key to its successful implementation and sustainability. Supportive supervision should also follow the overarching strategy of the NMNAP, which is “Multisectoral Community-Centered approach”. Thus, supportive supervision should ensure the development of capacity (of implementers and systems) at all levels to support the community level to address the malnutrition challenge. After all, it is at the community level that malnutrition develops and it is at that level that the impact of interventions will be felt most.

2.2 The role of PO-RALG in supervising Regional Secretariats

13. President’s Office, Regional Administration

and Local Government (PO-RALG) is the key implementing arm of government within the framework of the ‘Decentralization by Devolution’ policy of the Government of Tanzania. As far as nutrition is concerned, PO-RALG has the mandate to coordinate, supervise and provide technical support to Regions and Local Government Authorities. Therefore, PO-RALG must ensure the provision of adequate support to LGAs and Regional Secretariats by strengthening their capacities to undertake planning, implementation and monitoring of nutrition activities in accordance with the decentralization by devolution policy.

2.2.1 Areas to be covered by PO-RALG during supervision to Regional Secretariats

14. The supportive supervision at Regional level will be conducted by the National/PO-RALG team. The team provides supportive supervision to the Regional Secretariat (RS) every quarter. The team will conduct the supportive supervision on RS’s nutrition interventions. Using a checklist (see Appendix

1-6), the team shall cover the following assessment areas: -

- ✓ Human Resource
- ✓ Planning and budgeting
- ✓ Finance and expenditure
- ✓ Multisectoral coordination
- ✓ Logistic and supplies
- ✓ Technical issues – though not in the check list it is important to get a feeling of the technical capacity of technical persons at their workplace.

2.3 The role of Regional Secretariats in supervising LGAs

15. The mandate of Regional secretariats is to supervise and provide technical support to Local Government Authorities (LGAs). In this regard, they are responsible for ensuring that adequate support is provided to LGAs for strengthening their capacities to undertake planning, implementation and monitoring of nutrition activities in line with the Decentralization by Devolution (D by D) policy.

2.3.1 Areas to be covered in supervising LGAs

16. The supervision at LGA's level initiated by PO-RALG shall be conducted by a team of experts from PO-RALG combined with officials appointed by the Regional Administrative Secretary (RAS), which should include nutritionists and others. While initiated by RS shall be composed of a team of Regional Secretariat (RS) officials.
17. The team provides supportive supervision at LGAs quarterly and using a checklist (see Appendix 2), shall cover the following areas:
- ✓ Human Resource
 - ✓ Planning and Budgeting
 - ✓ Finance and Expenditure
 - ✓ Logistic and supplies
 - ✓ Technical issues (Nutrition specific and

sensitive interventions) based on the seven key result areas of the NMNAP¹

2.4 The role of Local Government Authorities (LGAs)

18. Local government Authorities remain the main implementers in delivering public services. In this regard, their responsibilities include implementing nutrition activities in accordance with the National Multisectoral Nutrition Action Plan (NMNAP) and policies and procedures of the government of Tanzania. They also ensure appropriate and fair amount of resources are available for nutrition activities at the district, ward and village level. Finally, LGAs play a vital

role in monitoring progress and in coordination with other stakeholders implementing nutrition interventions in their respective Councils.

2.4.1 Areas to be covered during supervision at Ward and Village Levels

19. The supervision at Ward and Village levels as initiated by RS shall be conducted by a team composing members from RS and LGA's. The exercise should be conducted on quarterly basis.
20. The areas of focus during supportive supervision at Ward and Village level include:
- ✓ Involvement of the committees in planning and budgeting
 - ✓ Orientation and follow up of WDCs and VC on nutrition
 - ✓ Inclusion of nutrition agenda in WDCs and VC meetings
 - ✓ Functionality of nutrition agenda from WDCs and VC
 - ✓ Communication between WDC/VC and higher level committees

¹ The seven NMNAP key result areas (KRAs) are (1) Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN), (2) Micronutrients (3) Integrated Management of Acute Malnutrition (IMAM) (4) Diet Related Non-Communicable Diseases (DRNCD) (5) Multisectoral Nutrition Sensitive Interventions (6) Multisectoral Nutrition Governance and (7) Multisectoral Nutrition Information System.

03

CHECKLISTS FOR SUPPORTIVE SUPERVISION AT DIFFERENT LEVELS

3.1 Purpose of checklists

21. The purpose of the supportive supervision checklist is to serve as a guiding tool for use by PO-RALG, RS and LGA supervisory teams in overseeing nutrition implementation at the Regional Secretariat (RS), Local Government Authorities (LGAs), Ward and Village. The checklists are designed for quick reference that can be read individually or used for orientation of supportive supervision teams. In this regard, the checklist provides its users with important information to improve the quality of supervision in a structured and systematic way.
22. The checklists are important because they can be used to: -
- ✓ Ensure standardization and harmonization in conducting supportive supervision of nutrition interventions at the different levels.
 - ✓ Guide the supervisory team during the supervision process.
 - ✓ Provide guidance on planning and implementation of comprehensive nutrition supportive supervision at RS and LGAs levels.

3.2 The six checklists and information contained

23. Six checklists have been developed for use. These are: -
- ✓ **Appendix 1:** Nutrition Monitoring and Supervision Checklist at Regions
 - ✓ **Appendix 2:** Nutrition Monitoring and Supervision Checklist at Councils
 - ✓ **Appendix 3:** Nutrition Monitoring and Supervision Checklist at facility level
 - ✓ **Appendix 4:** Nutrition Monitoring and Supervision Checklist at Community
 - ✓ **Appendix 5:** Nutrition Monitoring and Supervision Checklist at Private sector
 - ✓ **Appendix 6:** Supervision Checklist for NGOs, CBOs and FBOs at Council and Community levels.
24. Key assessment areas covered in each checklist include:
- ✓ Nutrition Governance (human resources)
 - ✓ Planning and budgeting (including sources of funds, expenditures),
 - ✓ Multisectoral Nutrition Coordination
 - ✓ Logistics and supply, and
 - ✓ Technical issues based on Key Result Areas (*only for Regions, Councils and community levels*)

04

PROCEDURES AND TASKS FOR SUPPORTIVE SUPERVISION

4.1 Introduction

25. This section describes supportive supervision procedures to be undertaken before, during and after supervision that include setting up the system, planning, getting started, conducting supportive supervision, immediate feedback, wind up, report writing and follow up activities.
26. The process of supportive supervision could be summarized in four main steps: -
 - ✓ **Step 1:** Set up a supportive supervision system. An understanding of the context is important to be able to mobilize appropriate support. Make supervisors part of the training process.
 - ✓ **Step 2:** Plan regular supervision visits: Work with supervisors to plan and conduct supportive supervision.
 - ✓ **Step 3:** Conduct supervisory visits. Prepare in advance for supervisory visits. Set expectations for performance, monitor and assess performance to identify gaps and solve problems in positive ways.
 - ✓ **Step 4:** Follow up activities identified by the visits, stay motivated and build sustainability of the system.

4.2 Setting up a supportive supervision system

27. A critical first step in setting up a supportive supervision system is an agreement on its need and change of mindset and attitudes of both supervisors and supervisees who have been accustomed to the traditional hierarchical inspectorial type of supervision. Determined to make this change, PO-RALG has decided to institute this system in the supervision of the implementation of the NMNAP. To be able to supervise in the different geographical and cultural contexts, supervisory teams need to understand the multisectoral community centred strategic approach of the NMNAP and the Decentralization and Devolution approach of PO-RALG.

4.3 Formation of supervision teams

28. The organizer of supportive supervision shall appoint a team of not less than three people of different educational backgrounds and professions. The team shall have a team leader and be composed of experts with a mixture of competencies and skills according to area of supervision. The team leader shall play

the role of a catalyst and facilitator between the supervisory team and the office to be supervised. He/she should make sure that good communication has been done prior to the departure of the supervisory team to the head office of the site where supervision is to be conducted. He/she should inform the management the purpose of the supervision, the composition of the supervisory team, areas or scope of the supervision as well as the duration of the supervision exercise. The team leader should make sure that the rehearsal of supervision tools has been done before the exercise so that the team should get deep understanding as to why the supervision is being conducted.

4.4 Planning supportive supervisory visits

29. This is the stage where activities to be performed during the supportive supervision are identified and scheduled from initial to last stage of the activity. From this stage, the supervision initiator should establish the goals of the supervision, allocate the budget, prepare necessary documents and staff, and communicate with officials of the intended location about the scheduled supervision.
30. **Essential documents** that should be made available for the perusal of supportive supervision team members prior, during and after supervision include: -
 - ✓ Letter of (notification) bearing number and names of officials
 - ✓ Supervisor code of conducts
 - ✓ Supervision checklists
 - ✓ Reports from previous supportive supervision
31. **Timing and duration of visits:** Deciding on the timing and duration of the supportive supervision exercise should be part of the planning process and be agreed in advance

between the supervisory team and those being supervised, at least two weeks before the supervision is conducted. This will allow for both parties to be available and prepare effectively for a successful mission.

4.5 Code of conduct for supervisors of supportive supervision visits

32. During the planning stage, the supervisory team should discuss how they should behave when conducting supportive supervisory visits. Team members, individually and collectively should demonstrate and abide by the following ethical values: -
 - ✓ Respect
 - ✓ Presentation including dressing codes
 - ✓ Communication (interaction)
 - ✓ Mode of providing technical support (Avoid promise beyond your control)
 - ✓ Emotion control
 - ✓ Punctuality
 - ✓ Accountability

4.6 Conducting the Supportive Supervision visit

33. At this stage, the supervisory team travels to the supervision site where the team leader shall introduce the team to the RAS/DED/WEO/VEO etc., and explain the purpose and the duration of the supportive supervision mission.
34. After consultation with RAS or DED, the team should start conducting the supervision. At this stage, the team leader shall ask to meet with key staff for interaction from whom the needed information should be obtained including different documents to enable the supervision activity. As far as the concept of supportive supervision is concerned, the activity should be accompanied by provision of technical

support, coaching and mentoring to the supervisees where necessary. The supporting supervisor should behave like a colleague.

35. In carrying out the supportive supervision, the following methods are to be used: -
- Briefing meetings with relevant Officials and do face to face interviews with them and community members where necessary.
 - Observation through Field work and visits.
 - Review and verification of relevant documents
 - Focused group discussions
 - Coaching
 - Exit (debriefing) meeting with VEO/WEO/DED/RAS

4.7 Performance Ranking and interpretation

36. Adherence and compliance to standards and performance is translated into a score of five arranged chronologically from excellent to poor performance. The interpretation of the scale is elaborated in Table below.

Table 2: Performance Scale and interpretation

Score Concept	5	4	3	2	1
Performance	Excellent	Very Good	Good	Fair	Poor
Percentage	80 – 100	60 – 79	40 – 59	20 - 39	0 – 19
Frequency	Always	Often	Sometimes	Rarely	Never
Agreement	Strongly Agree	Agree	Neither agree/ nor disagree	Disagree	Strongly Disagree

4.8 Providing immediate Feedback

37. The supportive supervisory team should make sure immediate feedback is provided to RS or LGA officials during and after the activity. This means the team should work collaboratively with RS and LGA's officers to make sure that

cooperation is strengthened and everything is going smoothly. In case of any obstacles, do not hesitate to contact the officer in charge for remedial of the situation.

38. After completing their work, the team must make sure the summary of the activity is made, highlighting key issues. The team leader shall provide brief feedback to RAS or DED/MED the head of their host office. The debrief should start by appreciating their supervisees on the areas they did well followed by comments on areas needing improvements and recommend way forwards identifying responsible persons and timelines. The team leader should be cooperative, diplomatic and humorous while debriefing.
39. The comprehensive supervision feedback should be given back to supervisees in the period of not more than 14 days after completion of activity.

4.9 Reporting

40. Both hard and soft copies of the supportive supervision report should be submitted 14 days after the completion of the activity. The data obtained from the supervision should be discussed by all team members for agreement on issues discovered during the activity and systematically analyzed, interpreted and finally written. The report should be concise and well organized, presenting the assessment in an objective and clear manner.

4.9.1 Scoring areas of assessment for each checklist

Area of assessment in checklist	Maximum score	Comments
Human Resources	5	
Planning and Budgeting	5	
Multisectoral coordination	5	
Logistics and supplies	5	
Total score	20	

Appendix 1:

National Nutrition Monitoring and Supervision Checklist for supervising Regions

Region.....	Date of supervision.....	Score guide	Means of verification Check the: -	Response	Score	Remarks
Areas of assessment						
1. HUMAN RESOURCES (Total score 30)	Number of Nutrition Officers (professionals) employed at the Regional level (Assign 10 points if there are 3 or more nutrition officers, 5 points if less than 3 and 0 if none)	10	Regional human resource database (Seniority list),			
	Is there an appointed Regional Nutrition Officer?	5	Presence of a letter of appointment as a section leader.			
	Does the appointed Regional Nutrition Officer have a letter of appointment and job description? Check in the personal file.	5	Letter of appointment, signed job description,			
	Availability of adequate and reliable working office space and equipment	5	Availability of working office space for nutritionists, tables, chairs and working tools.			
	Is there any evidence of attending on job trainings /workshops related to nutrition?	5	Availability of training document, workshop feedback files, certificate of attendance			
	Is there a Regional Nutrition strategic plan? (10 points for yes, 0 for no)	10	Regional Nutrition strategic plan document			
2. PLANNING AND BUDGETING (Total of 50 points)	Are Nutrition activities incorporated in the Regional annual plans and budget as per too kit from PO-RALG? (10 points if fully, 5 point if partially and 0 if not done)	10	Regional annual plans and budget (MTEF) that have incorporated the Regional multisectoral activities and budget.			
	Does the planning of nutrition activities adhere to a multi-sectoral approach?	10	At least one activity per nutrition sensitive implementing sector in the Regional annual plans and budget (MTEF/).			
	Has the Regional multisectoral nutrition action plan been allocated funding in the current financial year as budgeted? (10 points if as budgeted, 7 points if over 50%; 5 points if <50%; and 0 if none)	10	Total amount of fund allocated for Nutrition in the Regional annual plans and budget (MTEF/SBASS) based on Regional nutrition action plan.			
	What are the sources of the nutrition budget in the Region for the current financial year? (10 points if from all expected sources, 3 points from Government, 2 points basket fund, 2 points development fund, 2 points OC, 1 point for other stakeholders)	10	Total amount of fund allocated for Nutrition in the Regional annual plans and budget (MTEF/SBASS).			

3. IMPLEMENTATION OF ACTIVITIES AND FINANCIAL EXPENDITURE (TOTAL OF 30 POINTS)	Implementation of the planned Nutrition activities in the reporting period (5 points if over 75%; 4 points if 60-<75%; 3 points if >50-<60%; 2 points if 20-<50%; 1 point if 1-<20%; and 0 points if none implemented.	5	Regional financial report		
	Expenditure vs allocated funds for the different funding sources				
	Government funds (5 points if over 75%; 4 points if 60-<75%; 3 points if >50-<60%; 2 points if 20-<50%; 1 point if 1-<20%; and 0 points if none implemented)	5	Regional financial report		
	Basket Fund (5 points if over 75%; 4 points if 60-<75%; 3 points if >50-<60%; 2 points if 20-<50%; 1 point if 1-<20%; and 0 points if none implemented)	5	Regional financial report		
	Development Fund (5 points if over 75%; 4 points if 60-<75%; 3 points if >50-<60%; 2 points if 20-<50%; 1 point if 1-<20%; and 0 points if none implemented)	5	Regional financial report		
	OC (5 points if over 75%; 4 points if 60-<75%; 3 points if >50-<60%; 2 points if 20-<50%; 1 point if 1-<20%; and 0 points if none implemented)	5	Regional financial report		
	Other Stakeholders (5 points if over 75%; 4 points if 60-<75%; 3 points if >50-<60%; 2 points if 20-<50%; 1 point if 1-<20%; and 0 points if none implemented)	5	Regional financial report.		
	Presence of annual nutrition work plan aligned with NIMNAP	10	Regional annual work plan		
	Functional Multi-Sectoral Nutrition Steering Committee (MSCN): (10 points if fully functional; 5 points if partially functional; 0 points if non-functional)	10	Availability of signed meeting minutes		
	4. MULTISECTORAL NUTRITION COORDINATION (TOTAL OF 50 POINTS)	Is the composition of MSCN consistent with the TOR of the RMSCN (10 points if fully consistent, 7 points if mostly consistent, 5 points if about 50% consistent, 1 point if it exists but not consistent with TOR)	10	TOR, copy of appointment letters in MSCN file,	
	Does MSCN appear in the Region's meeting calendar?	5	Regional's meeting calendar		
	Are stakeholders' implementation reports submitted in the MSCN meetings?	5	Report in their files and then cross-check with the Regional annual plans and budget (MTEF/SBASS).		
	Are stakeholders' carrying out actions as agreed?	5	Check the minutes of MSCN and implementing report		
	Are periodic supportive supervision conducted?	5	Periodic supportive supervision report.		

5. LOGISTICS AND SUPPLY (Total of 10 points)	Are the nutrition equipment and supplies distribution plan and logistical arrangements in place? (10 points if all in place; 5 points if partially in place; 0 if none in place)	10	Requisition /ordering arrangements, Distribution schedules, delivery arrangements		
6. MONITORING AND EVALUATION (Total 40 points)	Are stakeholders' carrying out actions as agreed?	10	Verify physically:		
	Are stakeholders' implementation reports submitted in the MSCN meetings?	5	Reports are prepared and sent out to the appropriate level (copies of reports with covering letters)	2	
	Are periodic supportive supervision conducted?	5	Latest CHNM report	1	
	Is there a Nutrition Information System in place?	5	Latest BNA report	2	
			Latest JMNR report	1	
			Nutrition scorecard report	3	
			Nutrition report generated from HMIS registers	3	

Appendix 2:

Nutrition Monitoring and Supervision Checklist for Councils

Region:									
Council Name:									
Date of supervision:									
Areas of assessment	Description	Nutrition governance			Score guide	Means of verification	Response	Score	Remark/ Action
1. HUMAN RESOURCE FOR NUTRITION (Total of 30 points)	Number of Nutrition Officers (professionals) available in a Council (Assign 10 points if there are 3 or more nutrition officers, 5 points if less than 3 and 0 if none).				10	Human Resource database (seniority list)			
	Is there any appointed Council Nutrition Officer? (5 points for yes, 0 points if no)				5	Presence of a letter of appointment as a section leader.			
	Does the appointed Council Nutrition Officer have a task description (Check in the personal file)?				5	Presence of a signed job or task description			
	Availability of adequate and reliable working office space and equipment for Nutritionists				5	Office space, tables, chairs and working tools (computer, printer).			
	Is there any evidence of attending on job trainings /workshops related to nutrition? (Consider training form other sectors)				5	Availability of document taught, workshop feedback files, certificate of attendance			
2. PLANNING AND BUDGETING (Total of 60 points)	Is there a Council Nutrition strategic plan? (10 points for yes, 0 for no)				10	Availability of Council Nutrition Strategic Plan			
	Are nutrition activities incorporated into the Council annual plan and budget as per tool kit from PO-RALG? (10 points if fully, 5 points if partially and 0 if not)				10	Council annual plans and budget (MTEF), CCHP			
	Does the planning of nutrition activities adhere to a multi-sectoral approach?				10	At least one activity per nutrition sensitive sector in the Council annual plans and budget (MTEF)			
	Has the Council multisectoral nutrition action plan been allocated funding in current financial year as budgeted? (10 points if as budgeted, 7 points if over 50%; 5 points if <50%; and 0 if none)				10	Council annual plans and budget (MTEF/SBASS) based on Council nutrition action plan.			

3. IMPLEMENTATION OF ACTIVITIES AND FINANCIAL EXPENDITURE (Total of 30 points)	What are the sources of the Council nutrition budget for the current financial year? (10 points if from all expected sources, 3 points from Government, 2 points basket fund, 2 points development fund, 2 points OC, 1 point for other stakeholders)	10	Council annual plans and budget (MTEF/SBASS).		
	Do you have a list of nutrition partners working in the area	5	Abstract list of working partners in the Council (DCDO)		
	How many of them have plans incorporated into annual Council budget?	5	CCHP/MTEF		
	Total amount of fund allocated for nutrition activities in the current financial year.	Show amount	Annual work plans, CCHP/MTEEF		
	Total amount of fund allocated for nutrition activities in the current reporting period	Show amount	Annual work plans, CCHP/MTEEF		
	Total amount of Government fund allocated for nutrition activities in the current reporting period	Show amount	Annual work plans, CCHP/MTEEF		
	Government fund spent on nutrition	Show amount	Council quarterly financial report		
	Stakeholders' funds spent on nutrition interventions	Show amount	Quarterly stakeholders report		
	Implementation of the planned Nutrition activities in the reporting period (5 points if over 75%; 4 points if 60-75%; 3 points if >50-<60%; 2 points if 20-<50%; 1 point if 1-<20%; and 0 points if none implemented.	5	Council annual report		
	Expenditure Vs allocated funds for the different funding sources				
Government funds: (5 points if over 75%; 4 points if 60-75%; 3 points if >50-<60%; 2 points if 20-<50%; 1 point if 1-<20%; and 0 points if none implemented	5	Council financial reports			
Basket Fund: (5 points if over 75%; 4 points if 60-75%; 3 points if >50-<60%; 2 points if 20-<50%; 1 point if 1-<20%; and 0 points if none implemented	5	Council financial reports			
Development Fund: (5 points if over 75%; 4 points if 60-75%; 3 points if >50-<60%; 2 points if 20-<50%; 1 point if 1-<20%; and 0 points if none implemented	5	Council financial reports			
OC: (5 points if over 75%; 4 points if 60-75%; 3 points if >50-<60%; 2 points if 20-<50%; 1 point if 1-<20%; and 0 points if none implemented	5	Council financial report			

	Other partners (NGOs) (5 points if over 75%; 4 points if 60-75%; 3 points if >50-60%; 2 points if 20-50%; 1 point if 1-20%; and 0 points if none implemented)	5	Council financial reports.	
	Does the Council Nutrition Multisectoral steering committee exist? (Yes = 10; No = 0)	10	Council's Calendar and committee meetings. Letter of appointment of members: (TAMISEM) to ensure Councils receive government circular on including steering committee meetings in the Council's calendar).	
	Composition of the CMSCN consistent with the TOR? Yes (10); Partial (5); No (0)	10	The TOR, appointment letters	
	Number of meetings conducted? Should be 1 every four months	10	Minutes of meetings	
	Does CMSCN meetings appear in Council's calendar (Yes = 10 points; No = 0)	10	Council's calendar	
	Did the CMSCN follow the standard agenda as stipulated in the TOR and did each sector present? (Yes = 5; partial = 3 and No = 0)	5	Invitation letters Minutes of meetings	
	Were decisions and actions agreed and responsible person assigned? (Yes = 5 points; No = 0)	5	Minutes of meetings	
	Are agreed actions points followed up at each meeting? (Yes = 5 points; No 0)	5	Minutes of the previous two meetings	
	Does joint monitoring supervision involve stakeholders (CSO/Private sector etc.?)	5	Monitoring supervision report	
	Is the nutrition equipment and supplies distribution plan and logistical arrangement in place?	YES/NO	Requisition/ordering arrangements, distribution Plans, delivery arrangement.	
	Is the availability of therapeutic foods as per Council's requirement	YES/NO	Physical verification, BNA, Ledger book	
	Is the availability of combined minerals and vitamins as per Council requirements?	YES/NO		
	Is the availability of rehydration solution for malnutrition as per Council requirements?	YES/NO		
	Is the availability of ferrous and folic acid as per Council requirements?	YES/NO		
	Is availability of vitamin A as per Council requirements?	YES/NO		
	Is the availability of zinc as per Council requirements?	YES/NO		
4. MULTI-SECTORAL NUTRITION COORDINATION (Total of 60 points)				
5. LOGISTICS AND SUPPLIES				

	Are there adequate and functional weighing scales for infants?	YES/NO		
	Are there adequate and functional weighing scales for underfives?	YES/NO		
	Are there adequate and functional weighing scales for adults?	YES/NO		
	Are there adequate and functional MUAC tapes for each age group?	YES/NO		
	Are there adequate and functional height /length boards?	YES/NO		
	Are there adequate and usable Z-score charts?	YES/NO		
	Are there adequate Tool kit/job aids for example CHNM, NACS, IYCF, IMAM, DRNCDs, growth monitoring tool kit?	YES/NO		
	Is there a system of M&E of implementation of planned nutrition activities in the reporting period	YES/NO	Financial report; quarterly reports, JMNR (check activities implemented)	
	Is staff trained on MIYCAN? If yes how many? (Check if training followed tool kit according to the key result areas of the NINAP)	YES/NO Number trained	DNUO reports/ training report files	2
	Are there staff trained on MIYCAN in the reporting period. If yes how many.	YES/NO Number trained		1
	Any available materials on 10 steps to successful breast feeding?	YES/NO Number trained	Physical verification of matrix of 10 steps to successful breast feeding.	2
	Is there any breast-feeding education happening at antenatal and postnatal during the visit? e.g. Care and positioning nipples, attachment, duration of breast feeding.	YES/NO if yes, mention type of education	Community awareness, health and nutrition time table	1
	IEC materials on breastfeeding available?	YES/NO	Physical verification - Displayed IEC materials	3
	Number of mothers or caregivers counselled on complementary feeding in the reporting period?	Provide number	MTUHA, BNA DNUO consolidated report	3
	Number of sensitization meetings/adolescents sensitized on nutrition issues	Provide numbers	DNUO reports	
	Are there staff trained on IMAM. If yes how many?	YES - provide number/NO		
	Are there staffs trained on NACS. If yes how many?	YES - provide number/NO		
	Management of SAM offered in health facilities?	YES/NO	Inpatient SAM registers, Outpatient SAM registers	
6. MONITORING AND EVALUATION (Total 40 points)				
7. MONITORING AND EVALUATION				
IMAM				

	Presence of in patient unit?	YES/NO	Physical verification	
	Presence of Store for nutrition supplies?	YES/NO		
	Presence of a room for preparing therapeutic milk?	YES/NO		
	Number of SAM/MAM children with HIV (admitted cases) 0- 59 months in the reporting period	Provide number		
	Number of SAM/MAM children with HIV (outpatient cases) 0 - 59 months in the reporting period	Provide number		
	Number of defaulters' cases of SAM/MAM (inpatient) 0 - 59 months in the reporting period	Provide number		
	Number of defaulters' cases of SAM/MAM (outpatient) 6 - 59 months in the reporting period	Provide number		
	Number of cured cases of SAM 0 - 59 months in the reporting period	Provide number		
	Number of SAM children died 0 - 59 months in the reporting period	Provide number		
	Number of discharge SAM cases 0- 59 months	Provide number		
	Are admission and discharge criteria followed? (review IMAM tool kit in advance)	Provide number		
	Number of children 6 -59 months screened with MUAC in the reporting period	Provide number		
	Number of malnourished Children 6 -59 months identified with Oedema in the reporting period	Provide number		
	Number of children 6-59 months with SAM referred for clinical services	Provide number		
	Number of children with MAM 6 -59 months referred to CHW for nutrition counselling	Provide number		
Micronutrients				
	Number of pregnant mothers who received FEFO (Iron-Folate) supplementation	Provide number	MTUHA 6	
	Does the frequency and quantity of FEFO given to a mother consistent with the ANC tool kit?	YES/NO	Physical verification of MTUHA 6 Sample RCH card 4	

	Number of postnatal mothers receiving the FEFO	Provide number	MTUHA No 6	
	Is counselling provided to pregnant mothers before given the FEFO (e.g., use, importance, side effects)	YES/NO	Physical verification e.g. Time table for counseling, package of counseling, sampling of pregnant mothers	
	Do health workers provide vitamin A supplementation to children according to the tool kit? (100,000 IU for 6 -11 months, and 200,000 IU for 12 - 59months)	YES/NO	MTUHA and CHNM reports, physical verification	
	Do health workers provide zinc and ORS to all children with diarrhoea?	YES/NO	MTUHA (check No of this book)	
	If yes how is zinc and ORS are provided?	State how	Physical verification	
	Number of children 12-59 months given mebendazole in the reporting period	Provide number	CHNM reports	
	Were micronutrient powders available during the reporting period?	YES/NO	MNPs reports	
	Number of children given MNPs 6-59 months in the reporting period			
	CHNM at Council level			
	Was CHNM exercise conducted in June/December? if yes what was the coverage (Vitamin A supplementation, deworming and MUAC screening)?	Provide coverage figures (give 0 if not conducted)	Check CHNM report, MTUHA No. 7	
	Are CHNM micro plans availability?	YES/NO		
	Were CHNM supplies enough?	YES/NO	Check the stock if any	
Participation in national events/ commemoration				
	Breastfeeding week			
	Was Breastfeeding counselling conducted during the breastfeeding week?	YES/NO	Check breastfeeding week reports	
	Are there any IEC materials available on breastfeeding?	YES/NO	Physical verification	
	Was sensitization done?	YES/NO	Check breastfeeding week reports	
	Are there staff trained on growth monitoring? If yes how many?	YES - provide number/NO	Training report from DNUO	
	Are anthropometric measurements taken, plotted and interpreted properly?	YES/NO	Data collection tools, physical verification RCH card.	

	Number of children 0 - 59 months whose nutrition status was assessed during the reporting period	Provide number	MTUHA No. 7, NACs register	
	Number of children with normal nutrition status in the reporting period	Provide number		
	Number of moderately malnourished children in the reporting period	Provide number		
	Number of severely malnourished children in the reporting period	Provide number		
Dietary related Non-Communicable Disease	Are there clinics for non-communicable diseases in the Council?	YES/NO	Physical verification, NCD register	
	Is there any nutrition education provided on good life style practice and non-communicable disease?	YES/NO	Communities awareness, DNUO consolidated report	
	Are health workers trained on NCDs? If Yes, how many	YES/NO, provide number	DNUO reports	
	Are nutrition counselling and management of individuals with DRNCDs conducted	YES/NO	Client registers	
Nutrition information system	Is the minimum nutrition information system practiced? (refer the list below)	YES/NO	Physical verification	
	Availability of latest CHNM summary report?	YES/NO		
	Availability of latest BNA report?	YES/NO		
	Availability of nutrition scorecard?	YES/NO		
	Availability of JMNR report?	YES/NO		
	Availability of latest technical nutrition report?	YES/NO		
	NACS registers filled correctly?	YES/NO		
	Availability of nutrition sensitive interventions in key sectors: (as per current national multisectoral nutrition action plan): agriculture and food security; health and HIV; education and early childhood development; water, sanitation and hygiene (WASH); social protection; climate change. (Each sector should be asked independently)	YES/NO for each sector mentioned		Multisectoral Nutrition Annual Work plan, MTEF
	AGRICULTURE			
	Production of high nutritive value crops	Yes/No		

	Food storage and preservation	Document methods	
	Crop Postharvest handling	Document methods	
	Value addition initiatives including food processing	Document initiatives	
	LIVESTOCK and FISHERIES		
	Value addition initiatives (e.g. in meat/milk)	Document	
	Small animal/fish production	Document Document	
	HEALTH AND HIV		
	Coverage of pregnant mothers using maternal health services include family planning, prevention and treatment of HIV and malaria services.	Provide coverage figures	MTUHA, DRCHCo reports
	WATER AND SANITATION WASH		
	Proportion of household with access to adequate clean and safe water	Provide proportion	Water engineer reports, Health Officer reports
	SOCIAL PROTECTION		
	Number of poorest households benefiting from TASAF's conditional cash transfers in the Council.	Provide number	TASAF coordinator reports, Community development officer reports
	Number of poorest households benefiting from conditional cash transfers who received nutrition education during community sessions in the Council.	Provide number	Time table, lesson plan, DNUO, TASAF
	EDUCATION		
	Number of girls enrolled in secondary schools	Provide number	Education Officer reports
CHILD CARE DEVELOPMENT (CCD) AND EARLY CHILDHOOD DEVELOPMENT (ECD) INCLUDING EARLY CHILD STIMULATION			
	Are there staff trained on CCD/ECD? If yes how many?	YES/NO; provide number	CCD/ECD training report
	Number of parents/care givers with under three years old children counselled on CCD/ECD on the reporting period in the Council.	Provide number	CCD/ECD Council's report/DSWO report, DNUO report

Appendix 3: Nutrition Monitoring and Supervision Checklist for facility

Name of Region:						
Name of district:						
Name of administrative unit (Council/Ward/Village/etc.)						
Name of facility:						
Type of facility (e.g. health, agriculture, education, WASH, social protection etc.)						
Date of supervision:						
AREAS OF ASSESSMENT		DESCRIPTION	SCORE GUIDE	MEANS OF VERIFICATION	RESPONSE	REMARKS/ Action
Human Resource	How many service providers are in the facility?		Provide number	Seniority list		
	Is there any professional nutrition officer in the facility? if yes how many?		Yes/No Provide number	Seniority list		
	Does nutrition officer(s) have an appointment letter and Job description?			Personal files		
	Is there adequate and reliable working space and equipment for nutrition officer?		Yes/No	Office space, tables, chairs and other working tools.		
	Is there any service provider who is trained on provision of nutrition services? if yes, how many?		Yes/No Provide number	Number of trained personnel (training book, files)		
Planning and budgeting for Nutrition	Did the facility plan for nutrition activities in the current financial year? if yes (check whether they conform to MNAP and check the total amount budgeted in this quarter)		Yes/No Check budget	Check plan books		
	Are the facility's nutrition plans incorporated into the CCHP? (check CHOP)		Yes/No	check CHOP		
	Are there any partners supporting nutrition issues in your area? if yes, how many?			Check CHOP		
	Are nutrition partners' plans incorporated into the facility plans? (as an attachment)		Yes/No	Check plan books		

Finances and expenditure	What is the government's contribution in your budget? (check source of funds below)		State amount			
	Other Charges (OC)		State amount			
	Has your facility contributed funds to the nutrition action plan? (Own Source)		State amount			
	Local Government Block Grant?		Yes/No	Check plan books		
	RBF?		Yes/No			
	Basket Fund?		Yes/No			
	Other sources? (specify)		Yes/No			
Multisectoral Coordination	Did your facility receive any fund for nutrition planned activities in the current financial year?		Provide amount	Check financial report, Payment Vouchers, Release letter).		
	If yes, what were the key activities the fund was used for and how much was spent per activity?			Check financial report, Payment Vouchers, Release letter).		
	Does the facility coordinate its nutrition activities with other facilities and the Multisectoral steering committee on nutrition?					
	Are there any problems related to logistics and supplies?		Provide list			
Logistics and supplies	If health facility: Are the ordering procedures for nutrition supplies (FEFO, vit A, mebendazole, therapeutic food and anthropometric tools) followed?			By looking target population of each supply, check R&R and ledger		
	Are the nutrition supplies received as ordered?			check issue voucher, ledger and R&R		
	Are nutrition stocks well managed and records kept? (Check arrangement and records)			physical verification of R&R and ledger		
TECHNICAL ISSUES	Are there any routine maintenance plans for available tools and equipment?			Physical verification of Facility plan book		

Maternal infant young child and adolescent nutrition (MIYCAN)	1. Support and promotion of breastfeeding						
	Are tool kit for MIYCAN available at the facility? (OPD, RCH, Postnatal)				physical verification		
	Are MIYCAN job aids available? (OPD, RCH, Postnatal)				physical verification		
	Are there tool kit and job aids for MIYCAN from the training? if yes where are they?				physical verification		
	Is there breast feeding education happening at antenatal and postnatal during the visit? e.g., <i>Care of nipples, positioning and attachment, duration of breast feeding</i>				lesson prepared and time table, physical verification		
	Are IEC materials on breastfeeding available? (OPD, RCH, Postnatal)		Indicate which		availability of IEC materials, physical verification		
	2. Trainings on MIYCAN						
	Are there staff trained on MIYCAN?, if yes how many?		Provide number		Check training book, files		
	The training was for how many days?				Physical verification in the tool kit		
	3. Provider practices on breast feeding						
	Is counselling on breast feeding technique done properly? (OPD, RCH, Postnatal)		Yes/No		Physical verification and problem on, early initiation, exclusive breastfeeding, how facility deals with breastfeeding challenges		
	4. Complementary Feeding						
Are IEC materials on complementary feeding available? (OPD, RCH)		Yes/No List them		Physical verification			
Is complementary feeding counselling provided to mothers and caregivers? (OPD, RCH, etc.), if yes, how many have been counselled for respective quarter?		Provide number		Physical verification: lesson plan, data source to be updated			
5. HIV and Infant Feeding							
Is information, education and communication (IEC) materials on HIV and infant feeding available? (OPD, RCH, CTC, Maternity ward)		Yes/No, if yes, list materials		availability of IEC materials, physical verification			
Is nutrition education being provided to mothers and caregivers? (OPD, RCH, CTC, Maternity ward)		Yes/No, if yes, list services		Physical verification, number of caregiver. Check, MTUHA			
If yes, what specific areas of nutrition education was provided?		List areas		Physical verification in CTC card,			
6. Growth monitoring							

	6.1 Availability of functioning monitoring tools						
	How many weighing scales for infants?		Provide number		Physical verification for functionality and number		
	How many weighing scale for under five children?		Provide number				
	How many weighing scale for adults?		Number				
	How many height/ length boards?		Number				
	How many BMI Charts?						
	How many BMI for age charts?						
	How many Z-score charts (WHO)?						
	6.2 Provider knowledge on assessment						
	Are there trained staff on growth monitoring? if yes, how many?		Number		Training book, files		
	Are there tool kit and job aids for growth monitoring from the training?		Yes/No		Physical verification		
	6.3. Provider practices on growth monitoring						
Are Anthropometric measurements taken, plotted and interpreted properly?		Yes/No		Physical verification, data collection tool			
7. Services Provided							
Are there health workers trained on IYCF, NACS?		Number		Training reports			
How many pregnant women have been nutritionally assessed and classified in last quarter?		Number		NACS register			
How many pregnant women have been counselled on optimal nutrition?		Number		NACS register			
How many mothers of children 0-23 months have been counselled on IYCF last quarter?		Number					

	7. Routine growth monitoring and promotion for children under five			Underfive child register (MTUHA 7)	
	If the child has abnormal growth curve, is health worker providing adequate advice to care giver?	Yes/No		check the registers and probe on how it is done, Observe and check NACS register and MTUHA No. 7	
	Are the weighed/measured children being classified according to their nutrition status?	Yes/No		Physical verification in MTUHA 7	
	Does the facility offer SAM management?	Yes/No		MTUHA 5&11, NACS registers, OPD/IPD, IMAM register	
	1. Infrastructure				
	Is there an inpatient Unit (Ward) for SAM?	Yes/No		Physical verification	
	Is there a specialized store/room for SAM treatment products?	Yes/No		Physical verification	
	2. Supplies (Pharmacy, Store) (Check the available stock compared to the expected cases/ requirement)				
	Is there sufficient stock of F75?	Yes/No		Physical verification ledger and R&R forms	
	Is there sufficient stock of F100?	Yes/No		Physical verification ledger and R&R forms	
	Is there sufficient stock of RUTF?	Yes/No		Physical verification ledger and R&R forms	
	Is there sufficient stock of Resomal?			Physical verification ledger and R&R forms	
	Is there sufficient stock of CMV?	Yes/No		Physical verification ledger and R&R forms	
	3. Tools & Equipment (Availability, number and functionality)				
	Is there a functioning refrigerator(s) for SAM treatment products?	Yes/No/Number		Physical verification on availability, functionality and numbers.	
	Are there liquid measuring jugs?	Yes/No/Number		Physical verification on availability, functionality and numbers.	
	Is there a watch?	Yes/No/Number		Physical verification on availability, functionality and numbers.	
	Are there drinking cups?	Yes/No/Number		Physical verification on availability, functionality and numbers.	
	4. Tools & Equipment (Availability, number and functionality)				
	Is there a functioning refrigerator(s) for SAM treatment products?	Yes/No/Number		Physical verification on availability, functionality and numbers.	

	Are there liquid measuring jugs?	Yes/No/Number		Physical verification on availability, functionality and numbers.	
	Is there a watch?	Yes/No/Number		Physical verification on availability, functionality and numbers.	
	Are there drinking cups?	Yes/No/Number		Physical verification on availability, functionality and numbers.	
	Are there job aids and tool kit for SAM treatment?	Yes/No		Physical verification on availability, functionality and numbers.	
	Is the early Childhood Development (ECD) tool kit available?	Yes/No		Physical verification on availability, functionality and numbers.	
	Are daily and monthly registers for SAM treatment available?	Yes/No		Physical verification on availability, functionality and numbers.	
	Are patient nutrition (feeding) cards available?	Yes/No		Physical verification on availability, functionality and numbers.	
	Are referral forms available?	Yes/No		Physical verification on availability, functionality and numbers.	
	Are MUAC tapes available?	Yes/No/Number		Physical verification on availability, functionality and numbers.	
	5. Practice (Review IMAM tool kit in advance) (OPD, IPD, RCH)				
	Are the NACS and IMAM tool kit and protocols available?	Yes/No		Physical verification	
	Are the admission and discharge criteria in treatment (ITC/OTC) followed? (Check admission and discharge forms number patients in last month, probe to understand how children are admitted and discharged in Outpatient Therapeutic program)	Yes/No		Check IMAM and NACS registers	
	Is there referral and referral feedbacks of SAM patients from facility to facility?	Yes/No		Check referral forms, MTUHA 5, 11	
	6. Services Provided				

	How many cases of SAM/MAM in children 0-59 months were admitted in the reporting period?	Number		
	How many cases of SAM/MAM in children 0 - 59 months were treated as outpatients in the reporting period?	Number		
	Of the SAM/MAM children 0- 59 months who were admitted (in-patients) how many were HIV positive in the reporting period?	Number		
	Of the SAM/MAM children 0- 59 months who were treated as outpatients, how many were positive with HIV in the reporting period?	Number		
	How many cases of SAM/MAM inpatients (children 0 - 59 months) defaulted treatment in the reporting period?	Number		Inpatients register and outpatient register, NACS
	How many cases of SAM/MAM outpatients (children 0 - 59 months) defaulted treatment in the reporting period?	Number		
	How many children (0 - 59 months) with SAM were cured in the reporting period?	Number		
	How many children (0 - 59 months) with SAM died during the reporting period?	Number		
	How many children (0 - 59 months) with SAM were discharged in the reporting period?	Number		
	How many children (0-59 months) with SAM were referred from the community to the health facility?	Number		
	How many children (0-59 months) with SAM were referred from the health facility to the community?	Number	Check referral forms	
	How many children 6-59 months were screened with MUAC?	Number	CHNM Report	
	How many children 6-59 months were found with oedema during the reporting period?	Number	CHNM Report	
	Are DRNCD tool kit available at the facility?	Yes/No	Physical verification of NCD tool kit	
Diet Related Non-Communicable Diseases (DRNCDs)	Are there Health Care Worker trained on DRNCDs?	Yes/Number/No	Training book/file	
	Are DRNCDs included in nutrition education sessions?	Yes/No	Physical verification (lesson plan, time table)	
	Is nutrition counseling on DRNCD and management done at the facility?	Yes/No	Physical verification and probe	
	How many clients are receiving nutritional counseling and management on DRNCDs?	Number	Clients' registers	

Availability and provision of Micronutrients and deworming (Pharmacy, RCH ledgers) (Check available stock compare to the expected cases/requirement)				
	Does the facility have sufficient iron/folic acid (FEFO) ? (denominator for justification of score ranking)	Yes/No	Physical verification	
	Does the facility have sufficient vitamin A (100,000 IU and 200,000 IU)? (denominator for justification of score ranking)	Yes/No	Physical verification, R&R, and ledger	
	Does the facility have sufficient zinc ? (denominator for justification of score ranking)	Yes/No	Physical verification (in Diarrhea Treatment Corner)	
	Does the facility have sufficient oral rehydration salt (ORS)? (denominator for justification of score ranking)	Yes/No	Physical verification (in Diarrhea Treatment Corner)	
	Does the facility have sufficient Mebendazole? (denominator for justification of score ranking)	Yes/No	Physical verification	
Practice and knowledge assessment (Postnatal, RCH)				
Micronutrient supplementation and deworming	Are pregnant mothers given FEFO? If Yes, are the tool kit followed?	Yes/No	Check MTUHA No. 6 and tool kit for FEFO	
	Is FEFO given to postpartum mothers?	Yes/No	update data source,	
	Does the health care provider counsel the mother before giving FEFO? (e.g., use, importance, side effects)	Yes/No	Physical verification, lesson Plan, timetable	
	Does the health worker provide Vitamin A to children according to tool kit? (100,000IU for 6-11month, and 200,000 IU for 12-59 months)	Yes/No	Check availability of tool kit, MTUHA No. 7, RCH 1 Card., physical verification	
	Does the health worker provide mebendazole to all children routinely? (12-59 months)	Yes/No	Check MTUHA No. 7, RCH1, physical verification	
	Are children 6-59 months supplemented with Vitamin A?	Yes/No	CHNM REPORT	
	How many women received iron/folic acid supplements?	Number	HMS, MTUHA NA.6	
	How many children 6-59 months were given MNP?	Number	Regional Implementation report	
	Children 12-59 months dewormed		CHNM REPORT	

CHNM (RCH)			
Participation in national nutrition relevant events/commemoration	Was vitamin A supplementation and deworming conducted in June/December? Did you meet 90% coverage?	Yes/No Yes/No	check CHNM report
	Were supplies enough? (basing on requirement)	Yes/No	Check the stock if any
	Breastfeeding week (RCH)		
	Was breastfeeding counselling conducted during breastfeeding week?	Yes/No	Check breastfeeding week reports
	Are there any IEC materials available on the 10 steps of breastfeeding?	Yes/No	Check availability
	Was breastfeeding sensitization done?	Yes/No	Check breastfeeding week reports

WASH			
Participation in national nutrition relevant events/commemoration	Nutrition sensitive issues		
	1. Health facility (OPD, RCH, Maternity)		
	Is clean and safe water available?	Yes/No	Physical verification
	Do the health workers understand the five critical times for hand washing? (probe)	Yes/No	Availability of SOP and observation
	Are the WASH job aids and IEC materials available at the facility?		Physical verification
	2. Education institution		
	Is clean and safe water available?	Yes/No	Physical verification
	Do staff and students understand the five critical times for hand washing? (probe)	Yes/No	Availability of SOP and observation
	Are the WASH job aids and IEC materials available at the facility?	Yes/No	Physical verification
	3. Centre for the elderly		
	Is clean and safe water available?	Yes/No	Physical Verification
	Do members and care providers in the centre understand the five critical times for hand washing? (probe)	Yes/No	Availability of SOP and observation
	Are the WASH job aids and IEC materials available at the facility?	Yes/No	Physical Verification
	4. Children centre		
	Are clean and safe water available?	Yes/No	Physical Verification
Do children and care providers in the centre understand the five critical times for hand washing? (probe)	Yes/No	observation	
Are job aids and IEC materials available at the facility?	Yes/No	Physical Verification	

1. Health facility			
Does the facility offer any food to in-patients?	Yes/No	observe menu, preparation place(kitchen), storage	
2. Education institution			
Is the school in the school feeding programs	Yes/No	Physical verification on menu, preparation place(kitchen), storage	
Are there any fruits and vegetable garden, small animal keeping?	Yes/No		
3. Centre for the Elderly			
Is there any feeding program at the centre? Status	Yes/No	Physical verification on menu, preparation place(kitchen), storage	
Are there any tool kit for elderly feeding?	Yes/No		
Are there any fruits and vegetable garden, small animal keeping at the centre?	Yes/No		
4. Children centre			
Is there any feeding program at the centre?	Yes/No	check status (Physical verification)	
Are there any tool kit for Children feeding?		Physical verification	
Are there any fruits and vegetable garden, small animal keeping??			

Feeding programs

Are the weighing scales of infants, underfive and adults in good working conditions as per needs at the Regional Hospital?	Yes/No	Physical verification	
Are Height / length boards available and functioning?	Yes/No	Physical verification	
Are there the WHO Z scores charts?	Yes/No	Physical verification	
Are there MUAC tapes for all age groups?	Yes/No	Physical verification	
<i>Presence of therapeutic foods, test kits and medical supplies</i>			
Is there sufficient stock of F75?	Yes/No	Physical verification, Bin Card, Ledger books (available stock compared to expected cases)	
Is there sufficient stock of F100?	Yes/No		
Is there sufficient stock of RUTF?	Yes/No		
Is there sufficient stock of CMV?	Yes/No		
Is there sufficient stock of ReSoMal?	Yes/No		
Are iodine test kits available?	Yes/No	Physical verification (from the Health Officer)	
Is there adequate mebendazole for children 12 to 59 months?	Yes/No	Physical verification, Bin Card, Ledger books (available stock compared to expected cases)	
<i>Presence of Nutritional supplements</i>			
Is there sufficient stock of Vitamin A capsules?	Yes/No	Stock taking report, physical verification, in card, Ledger (check the available stock compared to expected cases)	
Is there sufficient stock Iron-folic acid/(FFO)?	Yes/No		
Is there sufficient stock Zinc?	Yes/No		
Is there sufficient micronutrient powder?	Yes/No		

NUTRITION SUPPLIES

Appendix 4: Nutrition Monitoring and Supervision Checklist for Community

Region:					
Council:					
Ward:					
Village/Mtaa:					
Date:					
Areas of Intervention	Description	Means of verification	Response	Score	Remarks
NUTRITION GOVERNANCE					
Human Resource	Availability of CHW/frontliners (from other sectors) in the village/Mtaa	Observe in WEO/MEOs Office			
	Number of CHWs trained on nutrition issues	training reports, village reports			
	Number of Nutrition Trainings received by CHWs	Training report, village reports			
	Name of Institution conducted nutrition training	Reporting forms, training materials			
Planning and Budgeting	Is nutrition integrated in your workplan? (Availability of work plans that guide their daily implementation).	Physical observation. (nutrition related activities)			
	Integration of frontliners' workplans into the village plans	Village annual plans (nutrition related activities)			
Logistics and Supply	Availability of working gears provided e.g.: bicycle, rain coat, gum boots, umbrella, bag etc.	physical verification			
	Condition of the working gears provided	physical verification			

TECHNICAL ISSUES						
Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN)	Frontliners who received MIYCAN training	Training report, village reports				
	Institution conducted training	Reporting forms, registers				
	Number of pregnant women in the catchment village of CHW	Register				
	Number of lactating women in the catchment village of CHW	Registers				
	Number of pregnant women counseled on MIYCAN by CHW	Attendance list, CHW registers				
	Number of caregiver sensitized on complimentary feeding. /meeting conducted on sensitization on meeting.	Monthly reports. /probe				
	Number of lactating women counseled on exclusive breast feeding by CHWs	Attendance list, CHW registers				
	Number of home deliveries reported in a month in the village by CHWs, how many pregnant women have been escorted by TBA	Monthly reports, CHW registers				
	Presence of home visiting time table to community frontliners	Check frontliner timetable				
	Number of households visited for promotion of behavior change in Nutrition in the last quarter by frontliners	monthly reports, and quarterly reports				
	Nutrition Support Group					
	Existence of nutrition support groups in this village	list of groups. CHW Registers				
	Number of nutrition support groups.	CHW Registers				
	Composition of Nutrition support groups	Beneficiaries registers e.g.. pregnant women, care givers, adolescents, men, women, gender)				
	Male participation in the nutrition support groups	registration lists, physical verification				
Number of meetings held in the last quarter	group meeting schedule, attendance registers, meeting minutes					
Number of support groups visited and message communicated in the last quarter to community frontliners, CHWs	Supportive supervision report, physical verification					
Challenges normally faced by CHWs (asked to frontliner),	check records, minutes, probing					

Integrated Management of Severe Acute Malnutrition (IMAM)	Number of all frontliners trained on Nutrition Screening	participants list, reports	
	Availability of job aids	physical verification	
	Number of children screened for malnutrition in the Month:		
	a. Normal nutrition status	Monthly reports	
	b. Moderate malnutrition	Monthly reports	
	c. Severe acute malnutrition	Monthly reports	
	Number of children referred by CHW to the health facilities for malnutrition	referral forms	
	Feedback received from the health facility (Yes/No)	check feedback referral forms	
	Means of receiving feedback from health facilities	check feedback referral forms, CHW reports	
	Follow-ups conducted to the households for malnutrition cases	reports	
Multisectoral Nutrition Sensitive Interventions			
1. Agriculture/Livestock			
Number of households which practice home gardening and small animal keeping (ask frontliners)	Monthly reports		
Number of household sensitized on securing diverse foods (either through own production, buying or even through social interaction) (ask frontliners)	Monthly reports		
2. Water, Sanitation and Hygiene (WASH)			
CHWs received training on WASH	# of days attended the training		
Sensitization meeting done on WASH by whom	Probe, sensitization reports		
Number of households have functional handwashing with soap facility	monthly reports, select randomly		
Proportion of household accessing clean and safe water	spot checks, probing, physical verification		

Working Tools & Equipment	Proportion of Households with improved latrines	physical verification	
	3. CCD/ECD		
	Frontliners received training on CCD/ECD	Training materials, reports, job aids, probe, observe communication skills, CHW sensitization reports.	
	Parents and other caregivers do actions to stimulate the child right from conception (e.g. singing, telling stories, playing with them, imitating their sounds and words)	Observe parents/ caregivers' interaction with children	
	Are there playing materials for kids using locally available materials?	Observe presence of playing materials	
	4. Social protection through Tanzania Social Action Fund (TASAF)		
	Number of poorest households benefiting from TASAF Cash Transfers in the village	List of beneficiaries	
	Number of poorest households benefiting from TASAF Cash Transfers that have received nutrition counselling	registration form, lesson plan	
	Availability of job aids and tool kit to frontliners	Check the availability of job aids and tool kit	
	Availability of daily and monthly registers	Check availability of registers	
Availability of referral forms	Check availability of referral forms		
Availability of nutrition screening tools (MUAC Tapes, weighing scale, etc.	Check availability of the screening tools		
Beneficiaries (pregnant women, lactating women, men, women, children, elderly). Take sample according to the group of beneficiaries	Nutrition advice received in the last 3 months	Check the understanding of the content among the beneficiaries	
Type of advice received			
Are beneficiaries provided with adequate and functional information on nutrition?			

	Awareness of nutrition support group				
	Participation in nutrition support group				
	Benefit obtained from nutrition support group				
	Nutrition education received from health providers at the health facility	check the understanding of the understanding of content			
	Nutrition education received from the CHWs	Check evidence of the supplement provided			
	Supplement received from the health facility	RCH card number 1 and 4			
		Observation, RCH card			

Appendix 5:

Nutrition Monitoring and Supervision Checklist for Private sector

Region:					
Council:					
Date:					
Areas of Intervention	Description	Means of verification	Response	Score	Remarks
Name of organization:					
Type of organization: Dealing with					
Certificate of incorporation:					
Areas of assessment	Description	Total Score	Means of verification	Response	Score
Human Resource for Nutrition (Total of 30 points)	Presence of a person with a profession relevant to nutrition in the organization/ firm	10	Human Resource database/certificates		
	Is there any tool kit for production process?	5	Availability of motivation package e.g. timely salary payment, conducive working environment, result of simple electronic survey, breast feeding Conner, baby care sites,		
Planning and budgeting for Nutrition (Total of 10 points)	Are there planned activities on nutrition?	5	Medical examination plan and report		
		5	Orientation report		
		5	Physical verification		
	Are there planned activities on nutrition?	5	Firm planning document		
		5	Availability of corporate social responsibility report/records		

Logistics and supplies (Total of 20 points)	Availability of working gears and condition of working gears	5	Physical verification.		
	Adequate space for equipment and storage of materials	5			
	Storage and handling conditions	5			
	Ventilation of the premise				
Technical issues (Total 35 points)	Is Hazard analysis critical control point system adhered to: - e.g. raw materials, reception, preparation, storage, processing/handling?	10	Physical verification		
	Availability of sanitation system: clean and safe water, sewage system and waste disposal mechanism.	6			
	Are the food products adequately fortified?	4	Presence of premixes, availability of dosifiers/mixing devices, label, test kits		
	Quality assurance laboratory	5	Physical verification		
	Is packaging and labelling standards adhered to?	5	Physical verification as per regulation		
	Is there any standard operating procedures?	5	Physical verification		

Appendix 6:

Supervision Checklist: For NGOs, CBOs and FBOs at National, Regional, Council and Community levels

Region:					
Council:					
Street/Plot number					
Name of the NGO/CBO/FBO:					
Date of supervision:					
Areas of assessment	Description	Means of verification Check the: -	Response	Score	Remarks
Scope of work					
Human Resources					
Planning and Budgeting					
Nutrition Coordination	Do you conduct a joint supportive supervision with Government (Regional/Council Officials)?	Supervision report			
	Do you participate and support commemoration of nutrition events e.g. Child Health and Nutrition Month, World Breastfeeding Week? Do you share implementation reports with Government?	Commemoration reports Implementation report and covering letter			

Appendix 7:

List of participants who developed the supportive supervision tool kit.

Table 1: PARTICIPANTS WHO DEVELOPED FIRST DRAFT DURING CHECKLIST WORKSHOP, MOROGORO, August 21-25, 2017

SN	NAME	POSITION	INSTITUTION
1	Tumaini Mikindo	Lead Facilitator (ED)	PANITA
PO - RALG			
2	STEPHEN MOTAMBI	ADNS	PO-RALG
3	MWITA J.M. WAIBE	NuO	PO-RALG
4	MARIAM NAKUWA	NuO	PO-RALG
5	MAGESA JAPHARI	NuO	PO-RALG
6	ZUHURA KARYA	PSWO	PO-RALG
7	JEREMIAH MWAMBANGE	NuO	PO-RALG
MINISTRIES, DEPARTMENTS AND AGENCIES (MDA)			
8	RAYA M. HASSAN	NuO	PEMBA NU-UNIT
9	PETER KASWAHILI	NuO	MOHCDGEC
10	FRANCIS MODAHA	SRO	TFNC
11	ADAM HANCY	RO - Statistics	TFNC
12	ASHA H. SALMIN	NuO	NUTRITION UNIT MOH-ZNZ

NUTRITION OFFICERS AT REGIONAL AND COUNCIL LEVELS

13	RIZIKI MBILINYI	NuO	SUMBAWANGA RRH
14	ELINA KWEKA	MNuO	MOROGORO MUNICIPAL COUNCIL
15	PROSPER M. MUSHI	RNuO	RS-ARUSHA
16	PRISCA SHIRATI	DNuO	BUTIAMA DC
17	DORICE R. MUNISI	NuO	RS-KILIMANJARO
18	BERTHA D. MWAKABAGE	DNuO	MUHEZA DC
19.	TILIZA MBULLA	DNuO	IRINGA-DC
20	ASIATU H. MBWAMBO	DNuO	MPWAPWA-DC
21.	AMANI MWAKIPESILE	MNuO	MBEYA CC
22.	BERTHA NYIGU	RNuO	RS-NJOMBE
23.	NEEMA KWEBA	DNuO	MLELEDE-KATAVI
24.	ANNA ANDREW	DNuO	LONGIDO-DC
25.	RACHEL CASMIRY	NuO	RRH- PWANI
26.	NAOMI A. RUMENYELA	MNuO	KIGOMA/UJUJI
27.	FESTO S. TILIA	NuO	MERU
28.	JANET MNZAVA	RNuO	RS-DAR

CSOs, FBO		
29	NORBERT MASSAY	Project Manager PACT-TZ
30	ELIA MSEGU	Project Manager AMNET (HI)
31	NEEMA LAZARO	Project Manager CUAMM-NJOMBE
UNITED NATIONS		
32.	DIVYA NARAYAN	BCG/TFNC

Table 2: PARTICIPANTS WHO DEVELOPED DRAFT 2 OF CHECKLIST DURING TASK FORCE WORKSHOP HELD AT MIPANGO HOUSE DODOMA, OCTOBER 30TH – NOVEMBER 3RD 2017

No	NAME	POSITION	INSTITUTION
1	DR. FESTO KAVISHE	Lead Facilitator	Consultant/UNICEF
PO-RALG			
2	MWITA J.M. WAIBE	NuO	PO-RALG
3	MARIAM NAKUWA	NuO	PO-RALG
4	FESTO S. TILIA	NuO	PO-RALG
5	MAGESA JAPHARI	NuO	PO-RALG
6	PROSPER M. MUSHI	NuO	PO-RALG
7	STEPHAN J. MOTAMBI	ADNS	PO-RALG
8	JEREMIAH H. MWAMBANGE	NuO	PO-RALG

NUTRITION OFFICERS AT REGIONAL AND COUNCIL LEVELS

9	NEEMA A. KWEBA	DNUO	Mlele DC
10	TILIZA MBULLA	DNUO	Iringa DC
11	BETHA NYIGU	RNUO	Njombe RS
12	DENNIS MADELEKE	RNUO	Shinyanga RS

MINISTRIES, DEPARTMENTS AND AGENCIES (MDA)

13	ADAM HANCY	R.O - Statistics	TFNC
14	ALOYCE H. KWAY	P/Economist	PMO
15	FRANCIS MODAHA	Snr. R.O	TFNC
16	PETER KASWAHILI	NuO	MOHCDGEC

CSOs, FBO

17	JOSEPH L. MUGYABUSO	REG. NUT. COORDINATOR-ASTUTE	IMA World Health
18	TUMAIN MIKINDO	EXECUTIVE DIRECTOR	PANITA
19	SYLVESTER NANDI	SPO	NI-TZ
20	HADIJA HALIDI		CUAMM
21	DOROTHY MSIMBIRA		AFRICARE – MWANZO BORA

UNITED NATIONS

22	HELEN WEST	Consultant	WFP/BCG
23	FERGUS HAMILTON	Consultant	WFP

Table 3: PARTICIPANTS AT VALIDATION WORKSHOP, HELD AT MIPANGO HOUSE, DODOMA, 13-15 NOVEMBER 2017 AND THOSE WHO SENT email COMMENTS BUT COULD NOT PARTICIPATE IN MEETING

S/N	Name	Position	INSTITUTION
1	DR. FESTO KAVISHE	LEAD FACILITATOR	INDEPENDENT CONSULTANT
PO-RALG			
2	MWITA J. M. WAIBE	NuO	PORALG
3	STEPHEN J. MOTAMBI	ADNS	PORALG
4	MAGESA JAPHARI	NuO	PORALG
5	MARIAM NKUMBWA	SWO	PORALG
6	FESTO S. TILIA	NuO	PORALG
7	ZAINABU KITEMBE	SWO	PORALG
8	JEREMIAH H. MWAMBANGE	NuO	PORALG
9	PROSPER M. MUSHI	NuO	PORALG
10	ZUHURA H. KARYA	PSWO	PORALG
MINISTRIES, DEPARTMENTS AND AGENCIES (MDAs)			
11	PETER KASWAHILI	NuO	MOHCDGEC
12	FRANCIS MODAHA	SEN. RESEARCH OFFICER	TFNC
13	SAMSON MAPUNDA	ECONOMIST	MoFP
14	ALOYCE H. KWAY	PRINCIPAL ECONOMIST	PMO
15	MARGARET NATAI	NUTRITION FOCAL POINT	MOA
REGIONAL AND DISTRICT/COUNCIL/TOWN NUTRITION OFFICERS			
16	MARIAM ATHUMANI	RNuO	RS DODOMA
17	ANNA ANDREW	RNuO	RS ARUSHA
18	MWANAMVUA ZUBERI	RNuO	RS-TANGA
19	HAPPY M. MOSES	RNuO	RS MOROGORO
20	HERIETH KIPUYO	RNuO	MTWARA
21	THEDA SINDE	RNuO	SINGIDA
22	JANET ALLAN MZAVA	RNuO	DAR ES SALAAM
23	JOSEPHINE SWAI	RNuO	KILIMANJARO
24	REHEMA NAPEGWA	RNuO	TABORA
25	CHACHA MAGIGE	RNuO	SIMUYU
26	ASNATH MREMA	RNuO	KATAVI
27	PAMELA MEENA	RNuO	PWANI
28	LEWIS MAHEMBE	RNuO	MBEYA
29	PAUL MAKALI	RNuO	KAGERA
30	MARY BONAVENTURE	RNuO	DODOMA
31	ALICE KIPANGA	RNuO	RUKWA

32	NEEMA MTEKETA	NuO	IRINGA-RRH
33	EUGENIA KOMBEO	NuO	SONGEA RRH
34	RIZIKI I. MBILINYI	NuO	RS RUKWA
35	WINIFRIDA CHACHA	DNuO	SIMANJIRO DC
36	HAFSA H. PONGWE	DNuO	SONGWE DC
37	CHRISTINA HENJEWELE	TNuO	BARIADI TC
38	IDRISA ABDI	DNuO	MBULU DC
39	EMMA KILIMALI	NuO	MWANZA CC
40	IMACULATE KALOLO	DNuO	KWIMBA DC
41	ESTER SHABO	DNuO	MBOGWE DC
42	VERONICA BALUWA	DNuO	KILWA DC
43	FRIDA MUHINDI	DNuO	MBOZI DC
44	PRISCA SHIRATI	DNuO	BUTIAMA DC
45	NAOMI LUMENVELA	DNuO	KIGOMA UJIJI (MC)
UNITED NATIONS AGENCIES			
46	JOYCE NGEGBA	NUTRITION SPECIALIST	UNICEF
47	MAURO BRERO	NUTRITION SPECIALIST	UNICEF (by email)
48	NEEMA SHOSHO	NuO	WFP

DEVELOPMENT PARTNERS			
49	TEMINA MKUMBWA	NUTRITION COORDINATOR	USAID TANZANIA (By email)
50	CHIHO SUZUKI	SEN. HEALTH SPECIALIST	THE WORLD BANK (By email)
51	YI-KYOUNG LEE	HEALTH, NUTRITION & POPULATION EASTERN & SOUTHERN AFRICA REGION	THE WORLD BANK (By email)
52	ELLA VICTORIA HUMPHRY		THE WORLD BANK (By email)
CSO/NGOS			
53	JOSEPH K.L. MUGYABUSO	REGIONAL NUTRITION COORDINATOR – ASTUTE (MWANZA)	IMA WORLD HEALTH, TANZANIA COUNTRY OFFICE (By email)
54	DR. SYLVESTER NANDI	SENIOR PROJECT OFFICER	NUTRITION INTERNATIONAL (NI) - TANZANIA
55	ASHA YUSUPH	PROJECT OFFICER	SAVE THE CHILDREN
56	PAULINE KISANGA	MANAGING DIRECTOR	COUNSENUTH (By email)
57	LAURETA LUCAS	SENIOR PROJECT OFFICER ENRICH	NI (By email)

