Supervision Framework

Reproductive, Maternal, New-born Child, Adolescent and Youth Health Programme

Family Health Bureau
Ministry of Health
Sri Lanka

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Message from the Director General of Health Services

Over the last several decades, Sri Lanka's achievements in Maternal and Child Health place the country in a unique position among other South East Asian countries. The contribution made by the dedicated Public Health workforce is immense in this regard. The National Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health [RMNCAYH] programme of the Ministry of Health, Sri Lanka, provides evidence-based intervention packages to the community guiding the staff towards a positive direction.

Moving forward in RMNCAYH is challenging. Continuous supervisions are crucial in improving service quality while maintaining the current status. Supervisions will enhance the performances of healthcare providers by motivating them to provide quality services. Supervision is a support system to improve health staff's knowledge, attitudes and skills and hence the quality of health programmes. Supervisors should assess the performance of the subordinate health staff while giving them support and guidance as needed. Supervisors' feedback is necessary for them to identify their deficiencies and take corrective actions. Supportive supervision proved to produce a good outcome in terms of staff performance.

Therefore, introduction of a Supervision Framework with revised and updated Supervision Tools is a timely need. I must appreciate the efforts taken by the Family Health Bureau, Ministry of Health for strengthening supervision in Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health in the country.

Dr Asela Gunawardena
Director General of Health Services
Ministry of Health

Preface

Organized Supervision yields better results in the Reproductive, Maternal, Newborn, Child, Adolescent and Youth health programme. National programme has an inbuilt supervisory system that lists the criteria for what and who is being supervised, how, when and by whom to supervise. Strengthening the supervisory staff with technical skills is the key to having this system in place. It is also apparent that the supervisory staff should have supervisory skills and techniques to perform supervision that would ultimately benefit the supervisee.
Supervisory checklists are good tools for organized supervision and guiding the supervisor on what to check and record. The provided supervision checklists in the document are concise and adhere to all technical standards.

Supervisory checklist for Maternal and Child Health service supervision was introduced in 2013. Since then, the national programme has expanded to cover new programme areas and updated according to the national needs. Therefore, having a comprehensive new set of tools based on the previous supervision tools became a necessity. Several new supervision tools were developed to make this process smooth and effective, making it easier for the supervisors to maintain supervision standards.

The Reproductive Health Management Information System [RHMIS] of the Family Health Bureau is the programme's backbone. It generates information to be utilized by supervisors, administrators and programme managers at all levels to monitor and evaluate the services. Hence, maintaining the data quality should be emphasized in the supervision. In addition, visualization of data online and planning supervisions based on the performance indicators using electronic Reproductive Health Management Information System [eRHMIS] should be practiced by all field level supervisory staff.

To fulfill all above, existing Supervision Formats have been revised and new formats were added for comprehensive Supervision in Maternal, Newborn, Child, Adolescent and Youth Health components and this **Supervision Framework** is introduced for usage by all relevant supervisory staff.

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Finally, I must thank all the staff members in the Monitoring and Evaluation Unit, Family Health Bureau for their immense support, commitment and hard work in compiling and completing this document.

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CHAPTER 01

Framework for Supervision

Framework for Supervision

All public health staff is requested to adhere to the following guidelines to ensure adequate Supervision coverage on services included in Reproductive,Maternal,Newborn,Child,Adolescent & Youth Health (RMNCAYH).

1. The minimum number of Supervisions to be carried out in a month by Supervisory Officers has heen defined as follows;

Supervisory Officer		Minimum number of Supervisions to be done per month
01.	Medical Officer of Maternal and Child Health [MOMCH]	04
02.	Medical Officer of Health / Additional Medical Officer of Health [MOH/AMOH]	06
03.	Regional Supervising Public Health Nursing Officer [RSPHNO]	06
04	District Supervising Public Health Inspector [SPHID]	06
05.	Public Health Nursing Sister [PHNS]	06
06.	Supervising Public Health Inspector [SPHI]	10
07.	Supervising Public Health Midwife [SPHM]	10

2. The above officers are advised to perform the minimum number of Supervisions per month to improve the quality and coverage of RMNCAYH services. **The minimum number does not include the follow-up visits to check corrective actions.**
3. All Supervisions should be completed with a comprehensive report with an Action Plan. In the Action Plan, include **only 5** activities on priority basis. All Supervision Reports should be handed over to the Supervisee within one week of the Supervision.
4. All Supervisory staff (MOMCH/MOH/AMOH/RSPHNO/PHNS/SPHI/SPHM) are requested to submit their Monthly performance of supervisory activities using Monthly Statements through eRHMIS in addition to the annual statements.
5. All Supervisory staff are expected to submit Supervision Reports to their immediate Supervising Officers along with the Diary and the Monthly Statement of work.
6. Field Supervision should be performed using the tool designed for the purpose, covering all the services provided at the field level. If the Supervisor detects any service breach, corrective actions should be taken.
7. **Parts of the supervision tool can be used in isolation during any single Supervision. Relevant sections in the tool can be used for this purpose.**
8. All Supervisions should be completed with a report. For the tools given in the Chapter 2 and,report should include the relevant section of the tool and the Supervision Outcome Report [Field Health Services] given in the page 96. For Supervision of Healthcare Institutions, tools are given in the Chapter 4 and report should include the relevant section of the tool and the Supervision Outcome Report [Healthcare Institution] given in the page 183.
9. To streamline the Supervision process, the MOH Office staff should prepare a common Supervision Plan or a Roster. The outline of such a Roster is given in Annex-B

1. Medical Officer of Maternal and Child Health (MOMCH)

Minimum no. of Supervisions	04
Guidance (as given in the Duty List)	Should supervise and provide necessary guidance for successful implementation of all components of the RMNCAYH programme. Supervision Team with the district administrative and technical officers (RDHS, RE, RSPHNO, SPHID) should be encouraged. Should ensure that a minimum of 4 Supervisions are carried out during a month in following settings; 1. MOH Office (Health Units) 2. MCH/FP/WWC Clinics 3. Institution (Labour Room,Maternity Wards,LMC,Mithuru Piyasa.Yovun Piyasa) 4. Regional Medical Supplies Division (RMSD) 5. Office of Public Health Nursing Sister 6. Office of Supervising Public Health Midwife 7. Schools When supervising a healthcare institution within the district, Head of the Institution should be informed prior to the Supervision. MOMCH may supervise PHMM (field) on requests made by the other Supervising Officers. Should write a report with recommendations for following each supervision carried out. All reports should be submitted to the RDHS within a week of Supervision with copies to the Heads of Institutions with the recommendations from the RDHS. Follow-up actions should be taken to monitor recommendations. Should monitor the clinic and field MCH services closely and ensure their continued functioning. (Should review the Annual Clinic Schedules prepared by MOOH and provide necessary guidance for efficient clinic management within the district.)
Other strategies that used	MOMCH is supposed to perform 12 supervisions in a quarter. The following composition is suggested to strengthen the RMNCAYH service components. 1. MOH Office 2 2. Poly/FP/WWC Clinics 2 3. Institution (Labour Room,Maternity Wards,LMC,Mithuru Piyasa.Yovun Piyasa) 2 4. Regional Medical Supplies Division (RMSD) 1 5. Office of Public Health Nursing Sister 2 6. Office of Supervising Public Health Midwife 1 7. School Health 2 eRHMIS database can be used to identify the places/persons to be supervised.

2. Medical Officer of Health / Additional Medical Officer of Health (MOH/AMOH)	
Minimum number of supervisions	06
Guidance (as given in the Duty List)	Job functions of the MOH / Chief MOH. The MOH / CMOH shall monitor and evaluate the work of all members of his team and the AMOOH. Job functions of the AMOOH managing the sub-units. AMOOH shall not have any administrative function other than the Technical and Supervisory function within the sub-unit.
Other strategies can be used	According to the minimum expected number, MOH is supposed to perform 6 supervisions in a month. The following supervisions (out of 6 per month) are suggested to strengthen the RMNCAYH service components. 1. PHM Office / Field Supervision 1 2. Supervision of School Health Services 1 Supervise SPHM, PHNS and SPHI at least bi-annually. All the PHMM needs to be evaluated using the PHMM Annual Supervision Form during the month of December with PHNS and SPHM. [Please see Annex - Sample Supervision Roster for MOH Office] eRHMIS database can be used to identify the places/persons to be supervised.
03.Regional Supervising Public Health Nursing Officer (RSPHNO)	
Minimum number of supervisions	06
Guidance (as given in the Duty List)	Job functions of the RSPHNO She should be an active member of the district supervising team and should supervise the following officers and sites. 1. Public Health Nursing Sister 2. Supervising Public Health Midwife 3. Public Health Midwife 4. Clinics: Maternal and Child Health / Family Planning / Well Woman Clinics / Adolescent Clinics 5. Field Weighing Posts 6. Field At least six supervisions should be carried out monthly, according to the staff's needs and availability.

	Supervision Reports should be prepared in three copies and submitted to the RDHS within two weeks. With the recommendations of the RDHS, one copy should be submitted to the MOMCH, the 2nd to the relevant Head of the Institution, and the 3rd to be retained in her office. The concurrence of the Head of the Institution should be obtained when supervising health institutions. Shall scrutinize supervision reports and plans submitted by PHNSs and SPHMs and guide them to strengthen supervision in the district
Other strategies can be used	Supervision from each category (within a given month) is suggested to strengthen the RMNCAH service components. 1. Public Health Nursing Sister 1 2. Supervising Public Health Midwife 1 3. Public Health Midwife 1 4. Clinics: Poly/ Family Planning/ Well Woman Clinics /Adolesent Clinics 1 5. Field Weighing Posts 1 6. Field 1 eRHMIS database can be used to identify the places/persons to be supervised.

04. Public Health Nursing Sister (PHNS)

Minimum number of Supervisions	06
Guidance (as given in the Duty List)	Job functions of the PHNS Guidance, supervision and performance evaluation of Public Health Midwives in her area. Shall guide and supervise the work of all the midwives in her area both in the field and at the clinic centers. Shall guide and supervise the work of SPHM. Shall discuss the work with the PHMM and identify strengths and weaknesses regarding program implementation within her area. Shall discuss problems/deficiencies and suggest solutions for improvement. Shall ensure that PHM perform their duties satisfactorily in relation to quantity as well as quality. Eg : Home visiting, Registration of antenatal mothers and infants,Home Deliveries and maintenance of aseptic procedures during delivery, Immunization, Family Planning, Health Education and other activities.

	Shall evaluate the work of the PHMs & SPHM quarterly to measure the quantity, quality and reliability of their work. This evaluation could be done in their offices at the clinics, in the field and in the hospitals. Shall maintain appraisal forms of all in her area and submit to the MOH with her comments.
Other strategies can be used	Out of the total no. of working days in a month, at least 6 days must be devoted only for Supervision activities. The following composition is suggested to strengthen the RMNCAYH service components during a month. 1. PHM Office Supervision 2 2. PHM Field Supervisions 2 3. Field Weighing Post Supervisions 1 4. Clinic Supervision (Poly/FPC/PC/WWC/NC/AHC) 1 eRHMIS database can be used to identify the places/persons to be supervised. All the PHMM needs to be evaluated using the PHMM Annual Supervision Form during the month of December every year with MOH and SPHM. [Please see Annex-B Sample Supervision Roster for MOH Office]
05. Supervising Public Health Inspector (SPHI)	
Minimum number of Supervisions	10
Guidance (as given in the Duty List)	Shall guide, lead and supervise the Public Health Inspectors in his area to carry out the duties in respect of: (a) Environmental Health with special reference to sanitation, latrine construction, food hygiene housing, licensing of trades, meat inspection and hospital sanitation. (b) Control of Communicable Diseases. (c) School Health (d) Occupational Health, including Estate Health (e) Special Campaigns (f) Health Education (g) Any other duties assigned to them by frequent inspections of office and field Shall-submit reports of all Supervisions carried out by him to the MOH/AMOH for further follow-up actions.
Other strategies can be used	Suggest performing 2 Supervisions out of the 10 per month on School Health. Please see Annex-B Sample Supervision Roster for MOH Office

06. Supervising Public Health Midwife [SPHM]	
Minimum number of Supervisions	10
Guidance (as given in the Duty List)	Guidance and Supervision of PHMM of her areas 1. Shall guide and supervise the work of all PHMM in her area, at the PHM's office, in the field and at the health centres. Field supervision shall include demonstrations of correct techniques and procedures and discussion of problems. Random checks also be carried out in the field to establish the validity of entries made by PHMM in the respective Records and Returns. The SPHM should visit more often those midwives whose work is unsatisfactory. Reports of inspections should be prepared in triplicate. Two copies sent to the MOH through the PHNS. MOH will, with his endorsement, forward one copy to the PHM concerned while the other is filed in the skeleton file of the respective PHM. The 3rd copy will be retained in the file by the SPHM for follow-up action. 2. Shall ensure that PHMM performs their duties satisfactorily in relation to quantity as well as quality. Eg : Home visiting, Registration of antenatal mothers and infants, Home Deliveries and maintenance of aseptic procedures during delivery, Postpartum visits, Immunization, Family Planning, Health Education and other activities. . Shall supervise and guide PHM to organize and maintain the clinics in her area. She will visit clinics according to pre-arranged programme or according to needs identified by MOH/PHNS. Shall complete quarterly appraisal forms of all PHMM in her area and submit to MOH through the PHNS. Completed appraisal forms should be retained in the respective skeleton file of each PHM at the MOH office.
Other strategies can be used	Out of the total no. of working days in a month, 10 days must be devoted solely for supervision activities. The following composition is suggested to strengthen the RMNCAYH service components during a month 1. PHM Office Supervision 3 2. PHM Field Supervisions 4 3. Field Weighing Post Supervisions 3 eRHMIS database can be used to identify the places/persons to be supervised. All the PHMM need to be evaluated using the PHMM Annual Supervision Form during the month of December every year with MOH and PHNS. [Please see Annex-B Sample Supervision Roster for MOH Office]

CHAPTER 02

Tools for Supervision of Field Services

Section 1

Public Health Midwife – Basic Information Form

1. RDHS area : ……..
2. MOH area : ……..
3. PHM area : ……..
4. Extent of the area (sq km) : ……..
5. Population : ……..
6. District Birth Rate : ……..
7. Estimated Births for PHM area : ……..
8. Date of first appointment : ……
9. Date of appointment to this area : ……
10. Duration of service as a PHM : ……
11. Objective of the Supervision : ……
    ……
12. Whether PHM was provided with a quarters in her area : Yes/No
    a. Is she living in the quarters : Yes/No
    b. If no, is she living in the area : Yes/No
13. If she is not living in the area,
    a. Distance (in km) to the PHM Office from her residence : ……
    b. How long will it take to reach the PHM Office (in hours) : ……
14. Transport facilities

    Is the PHM provided with transport facilities : Yes/No

    a. Bicycle, Moped/Scooter : Yes/No

    b. Does she use it : Yes/No

    c. If not, reasons for not using the transport facility

    ……

    ……

    ……

    ……

    ……

Training programmes attended for the last 5 years

No.	Training Programme	Date attended
1.	Infant & Young Child Feeding (IYCF)	
2.	Growth Monitoring & Promotion (GMP)	
3.	Life Skills	
4.	Family Planning Counselling (3 days training only)	
5.	Gender Based Violence (GBV)	
6.	Preconception Care	
7.	Health Sector Response to GBV	
8.	Earliy Childhood Care Development (ECCD)	
9.	Adolescent Health	
10.	Other (specify)	

Grading received in Annual Supervision (Last 5 years)

No	Year	Marks	Grade*
1.			
2.			
3.			
4.			
5.			

(* Grade A - > 80, Grade B- 60-79, Grade C – 40 – 59, Grade D - <40)

Last updated on – Date : ……

Name of the Supervisory Officer : …… Signature : ……

Section 2

Public Health Midwife – Annual Supervision

1. Name of the Supervising Officer : ……
2. Designation of the Supervising Officer : ……
3. Date of Supervision : ……
4. Time started Supervision : ……
5. Time ended Supervision : ……
6. MOH area : ……
7. PHM area : ……
8. Name of the PHM : ……
9. Reported population : ……

1. Care for Newly Married Couples

Quarter: : …….

(During the last month of the last quarter, according to the Eligible Family Register)

No.				Marks
1.1	Percentage of newly married couples registered (Out of estimate)	Marks out of 5*		
1.2	Percentage of newly married couples who received Pre-conception care (Out of couples registered)	Marks out of 5*		
1.3	A mechanism is available to follow-up of the couples with identified problems	Yes (5)	No (0)	
1.4	Data tallied between Diary, EFR and H-523	Yes (5)	No (0)	
	Total out of 20			
	* >90%– 5, 80-89% - 4, 70-79% - 3, >65% -2 , >50% -1, <50% -0			

2. Care for Infants and Postpartum Mothers during last quarter

Compare the consistency of data using different records in a selected month

Quarter /Month : …….

No.		No. in H-524	No. in H-523	No. in Diary	No. in CHDR B portions	No. in H-512 B	According to BI Register	Total Marks out of 5
2.1	Birth Reporting							
2.2	No of Postpartum mothers under care							
2.3	No. of Infants under care							
2.4	Postpartum first visits during 1st 10 days after delivery							
2.5	Infants registered							
2.6	Infants received home visit after 42 days							
2.7	Low Birth Weight reported							
	Total marks out of 35							
* All records tallied – 5 One record not tallied – 3 Other - 0								

3. Family Planning Services

3.1 Maintenance of Family Planning Record (H-1153)

a.	Kept according to villages	Yes/No	0 / 5
b.	Kept according to Family Planning method	Yes/No	0 / 5
c.	Field records tally with the Eligible Family Register	Yes/No	0 / 5
	Total marks out of 15		

3.2 Check randomly selected 20 records of H -153 (5 from each method) to analyze the follow-up visits made in correct frequency. If Client Records are less than 5, check all & give full marks. If follow up visits done but not according to guidelines, give 0.

No.	**Method**	**Recommended frequency of follow up visits**	**Had regular follow up visits**		**Had the last visits within 6 months**	
			Number	Marks out of **5**	Number	Marks out of **5**
1.	Pills	Monthly				
2.	DMPA	For the first 3 months monthly, thereafter once in 3 months				
3.	IUD	For the first 3 months monthly, thereafter once in 6 months				
4.	Implant	For the first 3 months monthly, thereafter once in 6 months				
	Sub Total					
	Total marks out of 40					

4. Checking whether the mothers from outside the area are included in the register

Time period (Quarter /Month) .....

No.	Indicator	H-524	Pregnant Mothers Register	H-512 B
4.1	No. of Mothers who had come to the area from outside during the *last quarter/last month			
	Total marks out of 10			
	* All records tallied - 10 One record not tallied - 5 Other - 0			

* If there were no mothers during the last quarter, extend the time duration up to a level where there were mothers from outside. This time period should be documented above.

5. Immunization coverage

No.	Vaccine	No. to be immunized		No. Immunized (BI Register)	%	* Marks out of 5
		For estimated births	For Under care			
5.1	BCG					
5.2	PENTAVALENT 1					
5.3	JE					
5.4	MMR 1st dose					
5.5	MMR 2nd dose					
5.6	DT & OPV (5th dose)					
	Total out of 30					
Give marks only for undercare % * >95%– 5 , 90-94% - 4 , 85-89% - 3 , >75% -2 , >50% -1 , <50% -0						

For vaccines 1 to 4 the denominator should be the number of children completed 1 year under care. For MMR II It should be the number of children completed 3 years and for DT, children completed 5 years under care respectively

6. Care for Adolescents

No.		Yes	No	Marks
6.1	Percentage of adolescents under care (Out of estimate) (Registered in the Eligible Family Register) *	Marks out of 5*		
6.2	Adolescents who are not in the eligible families are registered in the last pages in the Eligible Family Register	5	0	
6.3	Follow up and monitor children till the age of 18 years by maintaining Birth and Immunization Register	5	0	
6.4	Maintain a separate register (in addition to above) for adolescent care	5	0	
	Total out of 20			
	* >95%– 5, 90-94% - 4, 85-89% - 3, >75% -2, >50% -1, <50% -0			

7. Care for Gender Based Violence Survivors

No.			Marks
7.1	Percentage of GBV survivors identified (out of estimate)	Marks out of 5*	
7.2	Percentage of GBV survivors referred to Mithuru Piyasa (Out of identified GBV survivors)	Marks out of 5*	
	Total out of 10		
	* >15%– 5, 15-12 % - 4 , 11-7% - 3 , 6-2% -2 , <2% - 1		

8. Maintenance of Records and Registers

No.	Records/Registers	Maintenance			Marks out of 15
		Clean & orderly (Marks out of 5)	Correctly filled (Marks out of 5)	Up to date (Marks out of 5)	
8.1	Diary				
8.2	Daily Statement (H-523)				
8.3	Pregnant Mothers' Register				
8.4	Monthly list of expected deliveries				
8.5	Eligible Family Register				
8.6	BI Register				
8.7	Growth Monitoring Register				
	Total marks out of 105				

9. MCH Planning and Implementation

No.	Documents	Marks
9.1	Annual Action Plan (10 marks)	
9.2	Special Activity File (5 Marks)	
	Total marks out of 15	

10. Mark Sheet

No.	Component	Marks allocated	Marks obtained
10.1	Care for newly married couples	20	
10.2	Care for infants and postpartum mothers during last quarter	35	
10.3	**3.1** Maintenance of Family Planning Record (H-1153)	15	
10.4	**3.2** Maintenance of Family Planning Record [By checking randomly selected 20 recordes of H-1153]	40	
10.5	Check whether the mothers from outside the area are included in the registers	10	
10.6	Immunization coverage	30	
10.7	Care for adolescents	20	
10.8	Care for Gender-Based Violence survivors	10	
10.9	Maintenance of Records and Registers	105	
10.10	MCH Planning and Implementation	15	
	Total marks	**300**	

Section 3

Public Health Midwife – Office Supervision

1. Name of the Supervising Officer : ……
2. Designation of the Supervising Officer : ……
3. Date of Supervision : ……
4. Time started Supervision : ……
5. Time ended Supervision : ……
6. MOH area : ……
7. PHM area : ……
8. Name of the PHM : ……
9. Objective of the Supervision : ……
   ……
10. Was the PHM informed regarding the Supervision : Yes/No
11. Is the PHM in complete uniform : Yes/No

Data on previous Supervision on her office

12. Date of Supervision : ……
13. Designation of the Supervising Officer : ……
14. Recommendations are implemented : Yes/No
15. Note on recommendations that were not implemented:

    ……

    ……

1. General condition of the Office

No.		Yes	No	Remarks
1.1	Office is located in a suitable place			
1.2	Office easily accessible to the public			
1.3	Official name board is displayed			
1.4	Content written on the Maggie Board/state tallies with the Advanced Program or Deviation Register			
1.5	Cleanliness of the Office is satisfactory			
1.6	Office is well organized			

2. Organization of the Office

	Items should be displayed on the wall		Yes	No	Comments
2.1	I. Midwifery Certificate				
	II. SLMC Registration Certificate				
2.2	I. Map of the PHM area				
	• GS divisions/villages are clearly demarcated				
	• Population marked according to the villages				
	• Roads are illustrated				
	• Clinic Centers and Field Weighing Posts are marked				
	• Health Institutions, Hospitals, and Schools are marked (if any)				
	II. No. of Eligible families and number of houses displayed in a chart according to the villages				
2.3	Approved Advanced Program is displayed				
2.4	Vital statistics in table format National, Provincial, MOH and PHM area vital statistics are displayed in a table.				
	I. Birth Rate in the district				
	II. Low Birth Weight Rate				
	III. Infant Mortality Rate				
	IV. Under 5 year Mortality Rate				
	V. Maternal Mortality Ratio (Not needed to calculate PHM area-wise)				
	VI. Contraceptive Prevalence Rate				
2.5	Estimated and actual values of the target population in a table format – for last two years and quarterly for current year				
	i. No. of eligible couples				
	ii. No. of pregnant mothers				
	iii. No. of infants				
	No. of Preschool children	1 – 2 years			
		2 – 5 years			

2.6	Graphs (Bar charts) to elicit achievements Performance on following indicators in last two years and quarterly in the current year	**Yes**	**No**	**Last Quarter %**	**Comments**
	I. Antenatal Care % of Pregnant mothers registered (of estimated births **X** 1.1)				
	% of Pregnant mothers registered before 8 weeks (of total pregnant mothers registered)				
	% of Pregnant mothers registered after 12 weeks (of total pregnant mothers registered)				
	% of Mothers with BMI < 18.5 (of total pregnant mothers registered)				
	II. Outcome of pregnancy % of Deliveries reported (of estimated births)				
	% of Births registered (of estimated births)				
	% of Low Birth Weight reported (of reported births)				
	III. Postnatal home visits. % of Mothers received at least one postpartum visit within 10 days (of estimated births)				
	% of Mothers received at least one postpartum visit during 14 – 21 days (of estimated births)				
	% of mothers received postpartum care around 42 days (of reported births)				
	IV. Family Planning. % of Family Planning method users (of eligible families under care)				
	% of Modern Family Planning method users (of eligible families under care)				
	% of Couples with Unmet Need for Family Planning (of eligible families under care)				
	V. Immunization Coverage (of estimated births) i. Pentavalent Vaccine I				
	ii. Japanese Encephalitis Vaccine				
	iii. MMR Vaccine II				

2.6	VI. Nutritional status of children % of Infants weighed (of total infants under care)				
	% of Infants underweight (moderate + severe) (of total infants weighed)				
	% of 1 -2 years weighed (of total 1 – 2 years under care)				
	% of 1 – 2 years under weight (moderate + severe) (of total 1 -2 years weighed)				
	% of 2 – 5 years weighed in a quarter (of total 2 -5 years under care)				
	% of 2 -5 years underweight (moderate + severe) (of total 2 - 5 years weighed)				
	vii. % of women attended to Well Woman Clinics (of 35 years age group – 0.8% of the population)				
	% of women attended to Well Woman Clinics (of 45 years age group – 0.8% of the population)				

3. Maintenance of Registers, Records and Returns in the Office

No.		Satisfactory	Unsatisfactory	Comments
3.1	**Registers**			
	i. Eligible Family Register (H-526)			
	ii. Pregnant Mothers' Register (H-513)			
	iii. EDD Register (H-515)			
	iv. Birth and Immunization Register EPI/03/79			
	v. Register for Growth Monitoring of children			
	vi. Register for mothers who left the area			
	vii. Consumable Register			
3.2	**Files/ Records**			
	i. H-512 B portions of Antepartum mothers properly maintained and arranged according to villages			
	ii. H-512 B portions of Postpartum mothers properly maintained and arranged according to villages			
	iii. CHDR B portions are properly maintained and arranged according to villages			
	iv. Family Planning Records (H-1153) are properly maintained and arranged by village and method			
	v. Family Planning Stock Return (H-1158) file			
	vi. Supervision Report File			
	vii. Infant Death File			
	viii. Special Activities File			
3.3	PHM Diary (H-511)			
3.4	PHM Daily Record (H-523)			
3.5	PHM Monthly Record (H-524)			
3.6	Book to write deviations from the approved Advanced Program			
3.7	Visitors' Book			

3.8	**Action Plan for the current year**			
3.9	**Availability of equipment / material**			
	i. Clean Delivery Kit with all essential items			
	ii. Postpartum Box with all necessary items			
	iii. Urine Test strips			
	iv. Weighing equipment – spring balance scale for children, two more weighing trousers in good condition – preferably in two sizes			
3.10	**Health Education Material**			
	i. ECCD Flash Cards			
	ii. Breast Feeding Flash Cards			
	iii. Flash cards on Complementary Feeding			
	iv. Flash Cards on improving growth status of children (GMP)			
	v. Family Planning Flash cards			
	vi. Well Woman Clinic Flash Cards			
	vii. Models (eg. Model Breast, Dildos)			
	viii. Maternal Danger Sings comic book			
3.11	**Availability of below-mentioned books**			
	i. Breast Feeding Booklets – 5			
	ii. Hand Book for Pregnant Mothers			
	iii. ECCD Booklets - 4			
	iv. PHM Handbook on Postpartum Care			
	v. Family Planning Hand Book			
	vi. Hand Book on MIS			
	vii. BMI Chart			
	viii. Maternal Care Package Guide			
	ix. Complementary Feeding Booklet for parents and caregivers			
	x. Well Woman Clinic Manual			
	xi. Self-prepared ECCD toys, Flash Cards and other Health Education material			

3.12	**Family Planning items**			
	i. Packets of Oral Pills			
	ii. Condoms			
	iii. Emergency Contraceptive Pills			
3.13	**Micronutrients**			
	i. Folic Acid			
	ii. Vitamin A Mega dose			
	iii. MMN			

4. Planning of Field Visits:

A mechanism is available to plan the home visits considering a priority basis

Eg. Mothers getting ready to deliver in this month

Visits for high-risk pregnant mothers

Postpartum visits according to date of delivery

……

……

……

……

5. Availability of extra formats

No.	Format	Adequate/Not adequate	Comments
5.1	H-512 A		
5.2	H-512 B		
5.3	H-1153		
5.4	H-1155		
5.5	H-1158		
5.6	Other (specify)		

6. Supervision received over the last year

Date	Designation of the Supervising Officer	Component/Service provision supervised (office/ANC/PNC/ CH/WWC/FP)	Follow up to review the progress. Recommendations done/not done

Section 4

Antenatal Care – Office Supervision

1. Name of the Supervising Officer : ……
2. Designation of the Supervising Officer : ……
3. Date of Supervision : ……
4. Time started Supervision : ……
5. Time ended Supervision : ……
6. MOH area : ……
7. PHM area : ……
8. Name of the PHM : ……
9. Objective of the Supervision : ……
   ……
10. Issues identified in the eRHMIS data related to Antenatal Care :-

    ……

    ……

    ……

11. Was the PHM informed regarding the Supervision? : Yes/No

12. Is the PHM in complete uniform? : Yes/No

Data on previous Supervision on Antenatal Care:

13. Date of Supervision : ……
14. Designation of the Supervising Officer : ……
15. Recommendations are implemented : Yes/No
16. Note on recommendations that were not implemented:

    ……

    ……

    ……

    ……

1. Vital Statistics:

District Birth Rate :-……

Estimated Births for PHM area :-……

2. Assessment of Antenatal Care

No.	Indicator	No.	%
2.1	No. of Pregnant mothers should be under care at any given time (50% of estimated births)		
2.2	No. of Pregnant mothers under care according to H-524 (of 50% estimated births)		
2.3	No. of Pregnant mothers under care according to the Eligible Family Register (of 50% estimated births)		
2.4	No. of Mothers under care according to the Pregnant Mothers' Register (of 50% estimated births)		
2.5	No. of Mothers, according to the EDD Register (of 50% of estimated births)		
2.6	No. of H-512-B cards of mothers under care (of 50% estimated births)		
2.7	No. of Primi mothers under care (of pregnant mother under care)		
2.8	No. registered in the Eligible Family Register before becoming pregnant (of primi mothers under care)		
2.9	No. of Mothers undergone Pre-conceptional Screening (of primi mother under care)		
2.10	No. of Pregnant mothers registered before 8 weeks (of pregnant mothers under care)		
2.11	No. of Pregnant mothers registered after 12 weeks (of pregnant mothers under care)		
2.12	No of Pregnant mothers less than 20 years of age (of pregnant mothers under care)		
2.13	No. of Mothers with high-risk conditions (of pregnant mothers under care)		
2.14	No. of Mothers referred to specialized clinics (of high-risk pregnant mothers under care)		
2.15	No. of Mothers followed up after referring to specialized clinic		
2.16	No. of Mothers with P5 and above registered (of pregnant mothers under care)		
2.17	No. of Mothers protected by Rubella vaccine (of pregnant mothers registered)		
2.18	No. of Mothers participated in Antenatal Classes (All 3) (of mothers delivered during last 1 or 2 quarters)		

3. Home visits received by Antenatal Mothers

No. of Mothers delivered during last 1st or 2nd quarters: ……

(Whether to use last quarter or last 2 quarters for the calculation should be decided considering the number of mothers delivered/Population)

No.	Indicator	No.	%
3.1	No. who received 3 antenatal home visit from mothers who delivered during last 1st or 2nd quarters (of mothers delivered during last 1st or 2nd quarters)		
3.2	No. of Mothers needed extra domiciliary care (of mothers delivered during last 1st or 2nd quarters)		
3.3	No. received extra home visit (of above risk mothers)		
3.4	No. of Mothers with antenatal morbidities (of mothers delivered during last two quarters)		
3.5	No. of Mothers protected by Tetanus Toxoid (of mothers delivered during last 1st or 2nd quarters)		

4. Compare different records to assess the Antenatal Home Visits and Morbidity Reporting during pregnancy by PHM

Quarter :…… Month :…… No. of Cards :……

(During the last month of the last quarter, according to Postnatal Cards)

No.	Indicator	H-524	H-523	PHM Diary	H-512 B
4.1	No. of Antenatal home visits done during the last month of last quarter (total of new & subsequent visits)				
4.2	No. of Mothers with antenatal morbidities reported				

5. Check whether the mothers from outside the area are included in the Registers

***** Time period (Quarter):-……

No.	Indicator	H-524	Pregnant Mothers' Register	H-512 B
5.1	No. of Mothers who had come to the area from outside during the *Last quarter/ Last month			
5.2	No. received once a month home visit			

*If there were no mothers during the last quarter, extend the time duration up to a level where there were mothers from outside. This time period should be documented above.

6 . Detailes on Pregnant Mothers who left the area

Maintenance of a register for Pregnant Mothers left the area? Yes/No

No. of Mothers left the area during the last quarter according to the register :-……..

Mechanisms available to inform the MOH about it? Yes / No

Comments :- ……..

No. indicated in the Monthly Statements (last quarter):-…….

7. Care for GBV survivors among Antenatal Mothers during last quarter

No.	Indicator	No.	Comment
7.1	Total no. Identified as new survivors of GBV among antenatal mothers		
7.2	No. of Survivors received emotional support for the first time among antenatal mothers		
7.3	No. of Referred survivors among antenatal mothers		

Section 5

Postnatal Care – Office Supervision

1. Name of the Supervising Officer : ……
2. Designation of the Supervising Officer : ……
3. Date of Supervision : ……
4. Time Started Supervision : ……
5. Time Ended Supervision : ……
4. MOH area : ……
5. PHM area : ……
6. Name of the PHM : ……
7. Objective of the Supervision : ……
   ……
8. Was the PHM informed regarding the Supervision : Yes/No
9. Is the PHM in complete uniform : Yes/No
10. Issues identified in the eRHMIS data related to Postnatal Care :

    ……

    ……

    ……

    ……

Data on Previous Supervision on Postnatal Care:

11. Date of Supervision : ……
12. Designation of the Supervising Officer : ……
13. Recommendations are implemented : Yes/No
14. Note on recommendations that were not implemented:

    ……

    ……

    ……

    ……

1. Vital Statistics

District Birth Rate :-……

Estimated Births for PHM area :-……

No. of Postnatal Mothers under care :-……

2. Comparison of Records and Registers on Delivery Reporting and Postpartum Care, including Morbidity Reporting (within a specified time period)

Quarter or Month: ……

No.		Diary	Daily Statement H-523	Monthly Statement H-524	Eligible Family Register	Pregnant Mothers' Register	EDD Register	H-512B	BI Register
2.1	No. of Postnatal mothers under care								
2.2	No. of Births registered								
2.3	No. Received home visits during first 10 days								
2.4	No. of Mothers reported with Postnatal morbidities								

3. Postnatal Care Coverage

Assessment of Postpartum Care of permanently residing mothers during last quarter.

(according to Pregnancy Records)

No.	Indicator	No.	%
3.1	No. of mothers who had 1 postpartum visit within first 5 days (From all mothers delivered in the last quarter)		
3.2	No. of mothers who had a postpartum visit within first 10 days (From all mothers delivered in the last quarter)		
3.3	No. of mothers who had 2 postpartum visit within first 10 days (From all mothers delivered in the last quarter)		
3.4	No. of mothers who had 1 postpartum visit within 14 to 21 days (From all mothers delivered in the last quarter)		
3.5	No. of mothers who had 1 postpartum visit around 42 days (From all mothers delivered in the last quarter & completed 42 days)		
3.6	No. of mothers received Vitamin A Mega dose (From reported births) From the hospital or from the PHM		
3.7	No. of neonates who received breast milk within 1 hour of birth according to CHDR B portion		
3.8	No. of mothers with post-natal complications (From randomly selected cards of mothers who completed 42 days postpartum [No. of Cards ……])		

4. Postpartum Care received by mothers who came from outside during last quarter

No.	Indicator	No.	%
4.1	Outside mothers delivered during last quarter		
4.2	Received 1 home visit within 1st 10 days		
4.3	Received 2 home visits within 1st 10 days		
4.4	Received home visit within 14 – 21 days		
4.5	Received home visit around 42 days		

5. Postpartum Care by mothers delivered at home during last 4 quarters

No.	Home Deliveries	No.	No. received 3 home visits within 1st 10 days	No. received home visits between 14 – 21 days	No. received home visits around 42 days
5.1	Trained				
5.2	Untrained				

6. Interventions carried out at PHM level for following Postpartum Morbidities

No.	Morbidity reported	No. reported during last year	Intervention/Action taken
6.1	Breast Problems		
6.2	Postpartum Depression		
6.3	Infected Episiotomy		
6.4	Any other common morbidity …… (specify)		

7. Care for GBV survivors among Postpartum Mothers during last quarter

No.	Indicator	No.	Comment
7.1	Total No. Identified as new survivors of GBV among Postpartum Mothers		
7.2	No. of Survivors received emotional support for the first time among Postpartum Mothers		
7.3	No. of Referred survivors among Postpartum Mothers		

Section 6

Infant, Child and Adolescent Care – Office Supervision

1. Name of the Supervising Officer : ……
2. Designation of the Supervising Officer : ……
3. Date of Supervision : ……
4. Time started Supervision : ……
5. Time ended Supervision : ……
6. MOH area : ……
7. PHM area : ……
8. Name of the PHM : ……
9. Objective of the Supervision : ……
   ……
10. Was the PHM informed regarding the Supervision : Yes/No
11. Is the PHM in complete uniform : Yes/No
12. Issues identified in the eRHMIS data related to Infant, Child and Adolescent Care :

    ……

    ……

    ……

    ……

13. **PHM area Statistics**

    I. District Birth Rate : ……

    II. Estimated Births for PHM area : ……

Data on Previous Supervision on Infant, Child and Adolescent Care

14. Date of Supervision : ……
15. Designation of the Supervising Officer : ……
16. Recommendations are implemented : Yes/No
17. Note on recommendations that were not implemented :

    ……

    ……

    ……

    ……

Part - 1

Infant and Child Care

1. Care for Infants during last quarter

Compare the consistency of data using different records in a selected quarter

Quarter : …….

No.	Activity	No. in H-524	No. in H-523	No. in Diary	No. in CHDR B portions	No. in H-512 B	According to BI register
1.1	Birth Reporting						
1.2	No. of Infants under care						
1.3	Post-partum first visits during 1st 10 days after delivery						
1.4	Infants registered						
1.5	Infants received home visit after 42 days						
1.6	Low Birth Weight reported						

2. Consistency of data on children under care

No.	Age group	Estimated	No. in H-524	No. of CHDR B	No. in BI register	No. in Growth Monitoring Register
2.1	Infants					
2.2	1 – 2years					
2.3	2 – 5 years					
	Total					

3. Consistency of data on Child Care: Cross-check few entries in different Records

No.		Yes	No	Comments
3.1	B portions are separated according to villages and year of birth (and easily traceable)			
3.2	No. of Children in 1 -2 and 2 – 5 age groups in the BI Register tallies with the Monthly Report			
3.3	No. of Weighing in the B portion and GMP Register and Daily Statement tallies with each other			
3.4	No. of Length/Height measurements in the B portion and GMP Register and Daily Statement tallies with each other			
3.5	Home visits made for Preschool children as written in the Diary tallies with that in the Daily Statement.			
3.6	Registration dates of the BI register, CHDR B portions and Diary tallies with each other.			

4. Immunization Coverage

No.	Vaccine	No. to be immunized (for estimated births)	No. Immunized (BI Register)	%	% of Age appropriate Immunization	Others
4.1	BCG					
4.2	PENTAVALENT 1					
4.3	JE					
4.4	MMR 1st dose					
4.5	MMR 2nd dose					
4.6	DT & OPV (5th dose)					

For vaccines 1 to 4 the denominator should be the number of children completed 1 year under care. For MMR II It should be the number of children completed 3 years and for DT, children completed 5 years under care respectively.
AEFI reporting during last quarter for number of total immunizations carried out during quarter.

No. : …… Percentage (%): ……

5. Adequacy of Child Weighing Centers

I.	No. of Infants under care	:-	……
II.	No. of 1 – 2 years under care	:-	……
III.	No. of 2 - 5 years under care	:-	……
IV.	No. of Field Weighing Posts	:-	……
V.	No. of Field Weighing Posts	:-	Adequate / Not adequate/ More than required
VI.	Annual Schedule for Field Weighing Posts is available with dates	:-	Yes / No
VII.	Spread of Field Weighing Posts in the map and assess accessibility	:-	Satisfactory / Not satisfactory

6. Nutritional status of under 5 years children

6.1 Take the information using Growth Monitoring Register

Measuring Weight					
Infants (last month)		Children 1 -2 (last month)		Children 2 – 5 yrs (last quarter)	
No. to be measured	No. measured	No. to be measured	No. measured	No. to be measured	No. measured

Measuring Length					
Infants (last month)		Children 1 -2 (last month)		Children 2 – 5 yrs (last quarter)	
No. to be measured	No. measured	No. to be measured	No. measured	No. to be measured	No. measured

6.2 Status of weighing of < 5 year children

(use a sample of 10 children from each category using Growth Monitoring Register or CHDR B portions):

No.			No.	%
6.2.1	Children completed one year	Weighed once a month regularly		
		Weighed at least 9 times		
6.2.2	Children completed 2 years	Weighed once a month regularly during age 1 – 2 years		
		Weighed at least 9 times during age 1 - 2		
6.2.3	Children completed 5 years	No. weighed once in three months regularly during age 2 – 5 years		
		No. weighed more frequently than once in 3 months during age 2 -5 years		

6.3 Status of Length/ Height measuring of < 5 year children

(use a sample of 10 children from each category using Growth Monitoring Register or CHDR B portions):

No.	Age category	Norm	No.	%
6.3.1	Children completed 2 years	Length measured at least 4 times (4, 9, 12 and 18 months)		
6.3.2	Children completed 5 years	Height measured once in six months regularly during age 2 – 5 years		
		Height measured more frequently than once in 6 months during age 2 - 5 years		

6.4 Nutritional status of < 5 year children during the last month according to H – 524

No.		No. under care	No. Weighed	Moderate Underweight < - 2 SD to -3 SD		Severe underweight < - 3 SD		Normal weight +2SD to -2SD		Overweight >+2SD	
				No.	%	No.	%	No.	%	No.	%
6.4.1	Infants										
6.4.2	Children 1 -2 years										
6.4.3	Children 2 -5 years										
	Total										

6.5 Nutritional status of < 5 year children during the last month according to Growth Monitoring Register

No.		No. under care	No. Weighed	Moderate underweight < - 2.SD to -3 SD		Severe underweight < - 3 SD		Normal weight +2SD to -2SD		Overweight >+2SD	
				No.	%	No.	%	No.	%	No.	%
6.5.1	Infants										
6.5.2	Children 1 – 2 years										
6.5.3	Children 2 – 5 years										
	Total										

Maintenance of Growth Monitoring Register:

Maintained according to instructions given - Yes / No

Analysis of Growth Monitoring Promotion Register data :

Growth Faltering by age category - Yes / No

Any growth problem by age category - Yes / No

Trend of Growth Faltering - Yes / No

No. of Severe Acute Malnutrition (SAM) children - Yes / No

Nutrition Month Data Sheets :

Data Sheets and Summary Sheets maintained by year - Yes / No

7. Breastfeeding and Complementary Feeding

(Use randomly selected 10 – 20 CHDR B portions of infants completed 6 months)

No.		No.	%	Comments
7.1	Infants who were initiated on Breast Feeding within 1 hour of birth			
7.2	Infants who were exclusively breastfed for the first 6 months			
7.3	Infants started on Complementary Feeding at the completion of 6 months			

8. Assessment of Psycho-Social Development

(Check 20 CHDR B portions to cover all age groups – infants, 1 -2 years and 2 -5 years)

No.		No.	%	Comments
8.1	Developmental stages are marked accordingly to the B Portion			
8.2	Children prone to home accidents/ Risk factors are identified			
8.3	Children wih special needs are identified			
8.4	Extra home visits done for the children who require special attention			

Part - 2

Care for Adolescents

1. Registration and Followup

No.		Yes	No	Comments
1.1	Percentage of adolescents under care (Out of estimate) (Registered in the Eligible Family Register)*			
1.2	Adolescents who are not in the eligible families are registered in the last pages in the Eligible Family Register			
1.3	Follow up and monitor children till the age of 18 years by maintaining Birth and Immunization Register			
1.4	Maintain a separate Register (Book) for adolescents care			

2. Register on consistency of data on Adolescents under care

Compare the consistency of data using different records in a selected quarter

Quarter : .....

No.	Activity	No. in H-524	No. in H-523	No. in Diary	According to Eligible Family Register
2.1	No. of Adolescents under care				
2.2	No. of Adolescents registered				
2.3	No. of Home visits for adolescents				
2.4	No. of Problems identified (New)				
2.5	No. Intervened by PHM				
2.6	No. referred to the MOH				

Section 7

Family Planning Services – Office Supervision

1. Name of the Supervising Officer : ……
2. Designation of the Supervising Officer : ……
3. Date of Supervision : ……
4. Time started Supervision : ……
5. Time endered Supervision : ……
6. MOH area : ……
7. PHM area : ……
6. Name of the PHM : ……
7. Objective of the Supervision : ……
   ……
8. Was the PHM informed regarding the Supervision : Yes/No
9. Is the PHM in complete uniform : Yes/No
10. Issues identified in the eRHMIS data related to Family Planning services :

    ……

    ……

    ……

    ……

    ……

11. Trainning on Family Planning Counselling completed : Yes/No

    If yes, date : ……

Data on previous Supervision on Family Planing Services:

12. Date of Supervision : ……
13. Designation of the Supervising Officer : ……
14. Recommendations are implemented : Yes/No
15. Note on recommendations that were not implemented:

    ……

    ……

    ……

    ……

1. Information on Family Planning

i. No. of eligible families under care :-……

ii. No. of FP current users :-……

iii. No. of FP modern method users :-……

iv. No. of Natural/Traditional method users :- ……..

2. Consistency of data on Family Planning method used according to Eligible Family Register (H 526), Family Planning Record (H-1153), Monthly Report (H-524)

No.	Village Code	No. of Eligible Families according to H-526	Moden Family Planning Methods								Natural Methods & Traditional Methods	TOTAL (Traditional & Modern)	Couples with UMN	Subfertile couples	Postpartum women < 6 months using a Modern	Postpartum women > 6 months using a Modern	Total no. of Postpartum
			P - Pills	N - DMPA	L- IUD	T – Female Sterlization	V- Male Sterlization	C- Condoms	IP -Implant	Sub total							
2.1	A																
	B																
	C																
	D																
	E																
	F																
	Total																
2.2	% Out of eligible families																
2.3	No. in H-524																
2.4	No. of H-1153																
2.5	FP entry in CHDR																

3. Actions taken to reduce the Unmet Need of Family Planning

I. Has identified the Unmet Need (UMN) correctly accordingly to the definition

II. Action Plan has been prepared to reduce UMN of Family Planning

III. Action Plan has been implemented successfully

IV. No. of UMN families changed to modern methods during the last quarter:-.....

4. Maintenance of Family Planning Record (H-1153)

i. Kept according to villages Yes/No

ii. Kept according to FP method Yes/No

iii. H-1153 tally with the Eligible Family Register Yes/No

iv. H-1153 are duly completed Yes/No

v. Follow up done satisfactorily Yes/No

vi. All women after the first pregnancy are issued a H-1153 Yes/No

Check randomly selected 25 records of H-1153 to analyze the follow-up visits.

No.	Method	No. of cards selected	Recommended frequency of follow up visits	Had regular follow-up visits		Had the last visit within last 6 months	
				Yes	No	Yes	No
4.1	Pills		Monthly				
4.2	DMPA		For the first 3 months monthly, after that once in 3 months				
4.3	IUD		For the first 3 months monthly, thereafter once in 6 months				
4.4	Implants		Once a month for 3 months, after that every 6 months				
4.5	Female sterilization		Once a month for 3 months, after that every 6 months				

5. Register of Consumables

i.	Pills and condoms were included in the register on the same day as they were obtained	Yes/No
ii.	Distribution of pills and condoms documented correctly	Yes/No
iii.	Balance no. of pills and condoms in hand, tallies with the register	Yes/No

6. Maintenance of Family Planning Stock Return (H-1158)

i.	H-1158 completed monthly & correctly	Yes/No
ii.	Has an adequate supply of Family Planning commodities	Yes/No
iii.	Has sufficient stocks for 2 months	Yes/No
iv.	Balance of OCP & Condoms tallies with the return	Yes/No

7. Availability of IEC Materials

i.	Flash Card set, Health Education materials (commodities, dildos) are available	Yes/No
ii.	Leaflets in Family Planning or Contraceptive Choices Mobile App is available	Yes/No
iii.	Hand Book on Family Planning Counselling	Yes/No
iv.	Leaflets on OCP & DMPA are available	Yes/No

8. Availability of Family Planning equipment for demonstration during Family Planning counselling

i.	Condoms	-	Yes/No
ii.	Packet of pills	-	Yes/No
iii.	Vial of DMPA	-	Yes/No
iv.	IUD	-	Yes/No

Section 8

Field Weighing Post Supervision

1. Name of the Supervising Officer : ……
2. Designation of the Supervising Officer : ……
3. Date of Supervision : ……
4. Time started Supervision : ……
5. Time ended Supervision : ……
6. MOH area : ……
7. PHM area : ……
8. Weighing Centre : ……
9. Objective of the Supervision : ……
   ……
10. Was the PHM informed regarding the Supervision : Yes/No
11. Is the PHM in complete uniform : Yes/No
12. Issues identified in the eRHMIS data related to Weighing Post : ……
    ……

Details of last Supervision of the Feld Weighing Post:

13. Date of Supervision : ……
14. Designation of the Supervising Officer : ……
15. Recommendations are implemented : Yes/No
16. Note on recommendations that were not implemented:

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1. Quality Assesment

No.	Points to be strengthened	Comments		
1.	**Organizing the Weighing Post**			
1.1	Accessibility of Weighing Post to the draining population Situated in a central location reached by all or a location with an affordable transport facility (You can use the area map of the PHM to assess this)			
1.2	Well secured place - Should be a place with adequate protection from accidents for children and parents/caregivers			
			No. expected	**No. attended**
1.3	No. of children draining to the Weighing Post (This information need to be gathered beforehand from the CHDR B portions of the particular draining area.)	Infants		
		1 – 2years		
		2 – 5 years		
		Total		
1.4	Those eligible for weighing only are attending - Monthly for all children under 2 years and those with growth problems above 2 years - Once in 3 months for normally growing children over 2 years (can check 10-15 CHDRs from the children who attend the Field Weighing Post on the day of supervision).			
	Adequacy of space - Adequate for the expected target group to be present at any given time			
2.	**Weighing technique**			
2.1	PHM checks the scale to ensure it is working properly before starting the weighing session.			
2.2	Hangs the scale securely.			
2.3	Hangs the scale with the face of the scale at the measurer's eye level.			
2.4	Trouser is in good condition			

		C1	C2	C3	C4	C5
2.5	Explains the technique to parents/caregivers properly/ they know how to support correctly.					
2.6	Hangs the trouser and balances the scale to 0.					
2.7	Parent/ caregiver undresses the child					
2.8	Infants should be weighed with no clothing at all (If in a cold climate, can wrap the baby with a blanket but this blanket has to be balanced first as done with the trouser)					
2.9	Children over 1 year of age weighed with light underclothing/ minimal clothing only					
2.10	Places the child in the trouser and then hangs the child on the scale with the support of the parent/caregiver					
2.11	Child's feet are not touching the ground once the child is hung onto the scale					
2.12	Reads the measurement accurately as soon as the pointer stops moving.					
3.	**Recording measurements & interpretation**					
3.1	PHM herself records the measurement in the growth record of the B portion of the child's CHDR.					
3.2	Then plots this measurement accurately in the weight for age graph in the CHDR-A portion.					
3.3	Interprets the measurement according to the zone (The particular code for the zone in which the measurement falls)					
	Direction of the growth curve (Whether there is growth faltering/upward deviation suggestive of overweight tendency according to the direction of the curve)					
	Writes the relevant code again in the column provided for recording of the code in growth record of the B portion					
3.4	Considers other two charts (Length/Height for age, Weight for Length/Height)					
3.5	Identifies the growth status correctly (taking into consideration all 3 charts)					
3.6	Discusses child's weight/growth status with parent/caregiver.					
3.7	Collects information from malnourished children to identify the reason for deviation from the expected weight gain. -24 hour Dietary recall					
	- Elicit relevant history e.g. Illness history (Growth Faltering, Underweight) or physical activities with (Tendency to Overweight					
	-Identifies reasons correctly					
	-Prioritizes the problems identified					
	-Selects 2-3 priority problems for counseling					

4.	Counseling and nutrition education	C1	C2	C3	C4	C5
4.1	Gives age appropriate dietary advice for the children whose growth pattern is normal					
4.2	Provides correct and appropriate nutrition messages for the identified problems in malnourished children					
4.3	Checks understanding of the information given					
4.4	Arrange follow up/ referral					
4.5	Traces absentees					
4.6	Displays good counseling skills (listening and learning skills and building confidence skills)					
4.7	PHM has a plan for Health Education at Weighing Post					
4.8	Individual counseling done at the Weighing Post					
4.9	Targeted group education is being done e.g.:- Parents/caregivers are given appointments to attend CF classes regularly. Age group wise for normal children in older age groups (as per requirements of the characteristics of children attending the Weighing Post)					
5.	**Additional points**					
5.1	Has support of volunteers to perform supportive work in organizing the Weighing Post					

Section 9

Field Supervision [Household]

(Should fill this part for any of the Supervisions done from Part 1 to Part 2)

1. Name of the Supervising Officer: : ……
2. Designation of the Supervising Officer : ……
3. Date of Supervision : ……
4. Time started Supervision : ……
5. Time ended Supervision : ……
6. MOH area : ……
7. PHM area : ……
8. Name of the PHM : ……
9. Objective of the Supervision : ……
   ……
10. Was the PHM informed regarding the Supervision : Yes/No
11. Is the PHM in complete uniform : Yes/No
12. Issues identified in the eRHMIS data:

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Data on previous Supervision

13. Date of Supervision : ……
14. Designation of the Supervising Officer : ……
15. Recommendations are implemented : Yes/No
16. Note on recommendations that were not implemented :

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Part - 1

Antenatal Care Field Supervision

Select five H-512 B (cards completed 28 weeks) and compare with H-512 A if necessary

(Obtain information from 512 A record where necessary)

	1. Basic Information	**House 1**	**House 2**	**House 3**	**House 4**	**House 5**
1.1	Registration Number (Preg. Mothers Register)					
1.2	POA at the time of registration					
1.3	POA at the time of supervision					
		Yes/ No	**Yes/ No**	**Yes/ No**	**Yes/ No**	**Yes/ No**
	2. Pre-conception care					
2.1	Received Rubella vaccine					
2.2	Has undergone Pre-conceptional screening					
2.3	Is on Folic Acid for at least 3 months at the time of registration					
	3. Antenatal care					
3.1	Registered before 8 weeks					
3.2	Is a high risk mother					
3.3	PHM has identified the risk factors of the mother correctly					
3.4	No. of home visits					
	6w - 12w					
	24w - 28w					
	36w - 38w					
3.5	No. of Antenatal classes attended (according to Trimester)					

4. Assessing mother's knowledge			House 1	House 2	House 3	House 4	House 5
4.1	Is aware of the expected date of delivery						
4.2	Has knowledge on signs of labour						
4.3	Uses Iron tablets correctly						
4.4	Stores Iron tablets correctly						
4.5	Has good knowledge on enhancing & inhibitory factors for Iron absorption						
4.6	Mother & family members are aware of danger signs of pregnancy						
4.7	Is aware of feeling of foetal movements						
4.8	Maintains a Kick Count Chart						
4.9	Has prepared necessary items for hospitalization in an emergency						
4.10	Has knowledge on initiation of breastfeeding within first hour of delivery						
4.11	Is knowledgeable on ECD						
4.12	Place of delivery & related issues are decided following a discussion with the mother						
4.13	Is aware on the importance of accepting a Family Planning method within 6 weeks of Postpartum						
4.14	Is aware of modern Family Planning methods available at the clinic						
4.15	The rapport developed with the mother	Very good					
		Good					
		Satisfactory					
		Need improvement					

Part - 2

Infant and Child Care Field Supervision

*(Select a child or an infant from a household)

No.		House 1	Housen 2	House 3	House 4	House 5
1	Age					
2	Registration Number (BI Register)					
		Yes/No	**Yes/No**	**Yes/No**	**Yes/No**	**Yes/No**
3	Registered within 5 days					
4	Child receives services from 1. MOH Field Clinics 2. Govt. Hospitals 3. Private Sector / General Practioner					
5	Birth Weight					
6	Has been on exclusive breastfeeding for first 6 months					
7	Initiated Complementary Feeding at 6/12. If not started yet, when are they planning to start Complementary Feeding?					
8	Continued breastfeeding for at least 2 years (When the child is above 2 years)					
9 *	Had received age-appropriate immunization Reasons for delays, if any.					
10 * *	According to the schedule Has the child received MMN If delayed / not received reasons…… Was MMN consumed by the child as prescribed? If not, reasons…….					
11	All 3 Growth Charts marked Parent/caregiver knowledgeable about growth status					

12 *	Developmental stages marked in CHDR by parent If not reason…					
13	Parent has read and understood at least one developmental message given in CHDR					
14	Parent is aware on the growth pattern of the child					
15	Parent is knowledgeable on AEFI					
16	Parent has knowledge on age appropriate psychological stimulation					
17	Does the child need a referral for health issues?					
18	If so, has the child been referred?					
19	If so, was the child taken there by the caregiver					
20	Follow-up status Referrals and follow-up visits					
	*Reasons:					

Twenty-four-hour Dietary Recall of the child:
(Ask dietary history of previous 24 hours and note down below)

House 1	**House 2**	**House 3**	**House 4**	**House 5**

Dietary Practices: (Based on the Dietary Recall)

No.	Dietary Practices		House 1	House 2	House 3	House 4	House 5
1.	Did the child receive breast milk? Is it appropriate for the age						
2.	How many meals of thick/solid consistency were consumed by the child yesterday (show the pictures to demonstrate thickness of food – as appropriate for the age)						
3.	Was any oil added to prepare meals yesterday Is it appropriate for this child						
4.	Was any animal origin iron rich food item consumed yesterday (e.g. meat/fish/sprats)						
5.	Was any dairy product consumed yesterday Is it appropriate for the child						
6.	Were eggs consumed yesterday						
7.	Were any legumes or nuts consumed by the child yesterday						
8.	Were any dark green leafy vegetables or yellow/orange colour fruits or vegetables consumed yesterday						
9.	Is the number of main meals and snacks consumed adequate for the age						
10.	Are the snacks given suitable for the growth status of the child Is the nutritional quality of the snack adequate						
11.	Was there an adequate time interval between two meals						
12.	Was the amount consumed per main meal adequate for the age						
13.	Did the consumption of salt & sugar/sweets meet the age-appropriate recommendations						
14.	Did the caregiver assist the child during the meals						
15.	Did the child receive any vitamin or mineral supplements						
16.	The rapport developed with the mother	Very good					
		Good					
		Satisfactory					
		Need improvement					

Part - 3

Postnatal Care Field Supervision

Randomly select 5 B protions of H-512B for the mothers who have completed Postpartum period of 3 months and do the home visit

1. Basic Information		**House 1**	**House 2**	**House 3**	**House 4**	**House 5**
1.1	Registration Number (Pregnant Mothers' Register)					
1.2	Date of delivery					
1.3	Mode of delivery					
1.4	Date of arrival at home					
2. Postpartum Visits		**Yes/No/ NR**	**Yes/No/ NR**	**Yes/No/ NR**	**Yes/No/ NR**	**Yes/No/ NR**
2.1	1st visit within first 5 days					
2.2	1st visit within 6-10 days					
2.3	1st visit within 11-13 days					
2.4	Once during 14-21 days					
2.5	Once around 42 days					
3. Postnatal Care		**Yes/No/ NR**	**Yes/No/ NR**	**Yes/No/ NR**	**Yes/No/ NR**	**Yes/No/ NR**
3.1	Breastfeeding initiated within 1 hour of delivery					
3.2	Mother received Vitamin A Mega dose					
3.3	PHM has examined the mother					
3.4	PHM has examined the infant					
3.5	Mother was educated on risk conditions					

*(NR:- Not Recorded)

3.6	Family members were educated on behavioural changes of the mother during early postpartum period						
3.7	Was counseled on use of Family Planning method						
3.8	Is using a Family Planning method (specify)						
3.9	Has received family support						
4. Assessing mother's knowledge							
4.1	Is aware of exclusive breastfeeding						
4.2	Is aware of the correct technique for breastfeeding						
4.3	Is aware on adequate nutrition						
4.4	Mother & family members are aware about the postpartum complications						
4.5	Mother & family members are aware about the danger signs of infant						
4.6	Mother & family members are aware about early childhood developmental promotion						
4.7	The rapport developed with the mother	Very good					
		Good					
		Satisfactory					
		Need improvement					

Part - 4

Family Planning Field Supervision

Please answer with 'v' or 'X' or provide the relevant information.

1. Indicator		House 1	House 2	House 3	House 4	House 5
1.1	Registration Number (Eligible Family Register)					
1.2	Couple uses a Family Planning method					
1.3	If 'YES', method used:					
1.4	Duration of current method:					
2. Mothers using a modern Family Planning method						
2.1	Service provider: i. PHM/MOH Clinic ii. Government Hospital iii. Private Sector / General Practioner					
2.2	Client is given a Family Planning Client Record (H-1155)					
2.3	PHM has done regular home visits (depending on the Family Planning method)					
2.4	Mother/ client has knowledge on Family Planning method					
	i. Frequency					
	ii. How to use					
	iii. Side effects					
	iv. Where to seek help/ advice when needed					
2.5	Client is aware on other available Family Planning methods that she can use					
2.6	This is the desired Family Planning method that the client wanted					
2.7	If 'NO', what is the reason					

No.	Indicator		House 1	House 2	House 3	House 4	House 5
3. Unmet need							
3.1	Registration Number (Eligible Family Register)						
3.2	Need to use a Family Planning method has been discussed with the client						
3.3	If 'YES', by whom						
3.4	Client is given a Family Planning client record (H-1155)						
3.5	What is the reason for not using any Family Planning method						
3.6	Client is aware on modern Family Planning methods suitable for herself						
3.7	Aware on service provider if Family Planning services needed						
3.8	Client has access to Family Planning services without any hindrance						
4. Sub-fertile couples							
4.1	Registration Number (Eligible Family Register)						
4.2	Client is given a client record (H-1155)						
4.3	Referred to MOH						
4.4	Further referral or intervention done						
4.5	Followed up by PHM						
4.6	The rapport developed with the mother	Very good					
		Good					
		Satisfactory					
		Need improvement					

Section 10

Supervision of a Poly Clinic

1.	Name of the Supervising Officer	:	……
2.	Designation of the Supervising Officer	:	……
3.	Date of Supervision	:	……
4.	Time started Supervision	:	……
5.	Time ended Supervision	:	……
6.	MOH area	:	……
7.	Name of the Clinic	:	……
8.	Objective of the Supervision	:	…… ……
9.	Were the PHM Polyclinic staff informed regarding the Supervision	:	Yes / No
10.	Frequency of the clinic	:	……
11.	No. of PHM areas covered by the clinic	:	……
12.	Population covered by the clinic	:	……
13.	No. of PHMM participated in the clinic	:	……
14.	Officer conduct the clinic	:	MOH AMOH MO RMO AMO
15.	Other staff categories available in the clinic on the Supervision day	:	RSPHNO PHNS SPHM

Data on previous Supervision on Poly Clinic:

16.	Date of Supervision	:	……
17.	Designation of the Supervising Officer	:	……
18.	Recommendations are implemented	:	Yes/No

19. Note on recommendations that were not implemented:

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Part - 1

Overview

1. No. of Clients for the Clinic from each PHM area:

No.	Target Group	PHM Area 1	PHM Area 2	PHM Area 3	PHM Area 4	PHM Area 5
1.1	No. of Antenatal mothers					
1.2	No. of Postpartum mothers					
1.3	No. of H-512 B cards brought to the clinic					
1.4	No. of Infants					
1.5	No. of Preschoolers					
1.6	No. of Young children					
1.7	No. of CHDR B portions brought to the clinic					
1.8	No. of Family Planning clients					

2. Clinic environment :

a.	Cleanliness of the clinic	:	Satisfactory		Not satisfactory	
b.	Ventilation	:	Adequate		Not Adequate	
c.	Electricity	:	Available		Not Available	
d.	Seating facilities	:	Adequate		Not Adequate	
e.	Toilet facilities	:	Available		Not Available	
f.	Accessibility	:	Satisfactory		Not Satisfactory	
g.	Adequate water	:	Available		Not Available	

3. Clinic Organization :

No.		Yes	No	Comments
3.1	Clinic Duty Roster is available			
3.2	Clinic preparation done on previous day			
3.3	Health Education materials displayed on the wall			
3.4	Place is organized for different clinic activities			
3.5	Numbers given to all clients at registration			
3.6	Clinic sessions are organized for different target groups (eg. ANC – 8.30 am – 11.00, CWC /PNC 11.00 am 12.30 pm, FPC 1.00 pm – 3.30 pm)			
3.7	Clean linen and a clean examination bed is available			
3.8	Health Education is provided according to a plan			
3.9	Reading materials available for the use of clients			
3.10	Waste Management is satisfactory			

4. Sterilization Procedure (if any):

a.	Sterilization Chart is displayed in the clinic	:	Yes		No	
b.	It is supervised and signed by a senior officer	:	Yes		No	
c.	PHMM is capable of sterilizing the equipment on time	:	Yes		No	
d.	Handle sterilized equipment with cheatle forceps	:	Yes		No	

5. Disposal of waste and cleaning:

a.	Adequate number of Safety Boxes are available	:	Yes		No	
b.	Waste disposal is hygienic	:	Yes		No	
c.	At the end of the clinic, the equipment and the clinic are cleaned	:	Yes		No	

Part - 2

Antenatal Care

1. Conduct of Health Education Session:

No.	Activity	Yes	No	Remarks
1.1	Planned Health Education schedule is available for each clinic session			
1.2	PHM is pre-prepared for the health talk			
1.3	Use appropriate HE material			
1.4	Content is relevant to the topic			
1.5	Correct messages given			
1.6	PHM assesses whether the client has increased the knowledge at the end of the session (by feedback)			
1.7	Summarize the important messages			

2. Investigations performed

a.	Blood testing (collection of samples)	Performed	Not Performed	Remarks
2.1	VDRL / HIV testing			
2.2	Hb testing			
2.3	Blood Grouping and Rh			
b.	**Urine testing**	**Yes**	**No**	**Remarks**
2.4	Separate place is allocated for this activity			
2.5	Availability of equipment/reagent or strips			
	For Protein			
	For Sugar			
2.6	Enter the results in both Mothers' Cards			
2.7	Give feedback to the mother on the test findings			
2.8	Discard urine appropriately			

3. Assist MOH in examining the mother :

a.	Inform the mother that she is going to be examined	:	Yes		No	
b.	Provide a brief history to the MOH	:	Yes		No	
c.	Assist mother in positioning on the bed	:	Yes		No	
d.	Check the mother's understandability on information provided by MOH	:	Yes		No	
e.	Inform mother on next visit	:	Yes		No	
f.	Help mother on getting up from the examination bed	:	Yes		No	
g.	Explain mother regarding referral to specialist care	:	Yes		No	

4. Height & Weight measuring of Pregnant Mothers:

No.	Activity	Yes	No	Remarks
4.1	Check to clarify all the equipment are in order			
4.2	Use correct technique in taking height			
4.3	Use correct technique in taking weight			
4.4	Record reading in relevant documents			
4.5	Mother is provided with the feedback			
4.6	Inform the MOH if there are any unusual findings in the weight			
4.7	Accuracy of weighing scale is checked (if so, when)			

5. Providing Micronutrients:

a.	Drugs are packed and ready for distribution among mothers	:	Yes		No	
b.	Explain the mother on how to use drugs	:	Yes		No	
c.	Explain the mother on how to store them	:	Yes		No	
d.	Cross check from the mother whether she takes them correctly		Yes		No	

Part - 3

Child Care

1. Weighing of Infants:

No.	Activity	Yes	No
1.1	Weight of all infants under 6 months (and of 6-12 months if required) is weighed using the Beam Balance Scale		
1.2	Scale is kept on a flat surface		
1.3	It works properly (Ascertain by measuring a known weight)		
1.4	Who measures weight	PHM/Volunteers/Other	
1.5	It is kept in a well-lighted place, on a stable top		
1.6	Infant's clothes are removed prior to keeping on the scale		
1.7	Weight is measured following correct balancing		
1.8	The reading is taken sitting in front of the scale		
1.9	Weight is written on the B portion immediately after weighing		
1.10	Weight is plotted correctly in the Weight for Age Chart		
1.11	Nutritional status of the infant is informed explained to mother/ parent/caregiver		

2. Measure of Length of Infants:

No.	Activity	Yes	No
2.1	Appropriate length measuring board is available		
2.2	Infantometer is kept on the table correctly		
2.3	Length of infants and young children is measured at recommended intervals		
2.4	Infant is kept on the infantometer correctly (The head, shoulders, buttocks and knees should touch the scale)		
2.5	The base is touching the infant's feet		
2.6	The measurement is read correctly		
2.7	It is written in the B portion correctly		
2.8	Length is plotted correctly in the length/height for age chart		
2.9	Length curve is explained to the parent/caregiver		

3. Height & Weight measuring of Children

No.	Activity	Yes	No
3.1	Check to clarify all the equipment are appropriate and are in order		
3.2	Use correct technique in taking height (Ref. GMP Guideline)		
3.3	Use correct technique in taking weight (Ref. GMP Guideline)		
3.4	PHM herself records the measurement in the growth record of the B portion of the child's CHDR and plot in the CHDR A		
3.5	Inform the child's weight/growth status to mother.		
3.6	Accuracy of weighing scale is checked (if so when) ……..		

4. Immunization Procedure

No.	Immunization activities	Yes	No
4.1	Use AD syringes for all immunizations		
4.2	Use Safety Boxes to collect used syringes		
4.3	Safe technique is used for disposal of used syringes		
4.4	Separate area is prepared		
4.5	Emergency tray is available		
	4.5.1. A list of drugs available		
	4.5.2. Expiry date of drugs clearly mentioned		
	4.5.3. Instruction for use is available		
4.6	Check CHDR before immunization for appropriateness of the vaccination		
4.7	Discuss with the mother to identify any contraindications		
4.8	Ask for AEFI for the previous immunization		
4.9	Cold Chain is maintained		
4.10	Check vaccine vials before vaccination for quality assurance		
4.11	Follow the correct technique to draw vaccine		
4.12	Maintain sterility in the process of immunization		
4.13	Educate mothers before immunization on reporting of AEFI		
4.14	Keep clients 20 minutes to observe adverse reactions		
4.15	Proper Record Keeping (Date, Batch Number etc.)		
4.16	Inform clients on next visit		
4.17	Maintain Vaccine Movement Register correctly		
4.18	Maintain Open Vial Policy		

5. Providing multiple micronutrients:

a.	Drugs are packed and ready for distribution among children	:	Yes		No	
b.	Explain the mother on how to use MMN	:	Yes		No	
c.	Explain the mother on how to store them	:	Yes		No	
d.	Cross check from the mother whether she gives them correctly	:	Yes		No	

Part - 4

Postnatal and Family Planning Services

1. Postnatal Clinic activities

No.	Activity	No.	Comment
1.1	No.of Postpartum mothers examined		
1.2	No. of Newborns undergone neonatal examination (1 month)		
1.3	No. of Mothers screened for Pospartum depression (by using Edinborough Postpartum Depression Scale)		

2. Family Planning activities

No.	Activity	Yes	No	Remarks
2.1	Methods available in the clinic			
	Pills			
	Condoms			
	DMPA			
	IUD			
2.2	Entries made when issuing Family Planning items			
2.3	Entries made when issuing Family Planning items tallies with book balance			
2.4	Adequate stocks are available			
2.5	Equipment needed for insertion of at least 5 IUDs are available			
2.6	Equipment are in working condition			
2.7	Special bed used for IUD insertion is available in good condition			
2.8	Privacy is maintained for each & every mother			
2.9	Mother allowed to ask questions with regard to the Family Planning methods			
2.10	Family Planning items are shown to mother before enrolling into a method			
2.11	Mothers counselled before being introduced to a method			
2.12	Use Flash Cards for Health Education			
2.13	Issues a Client Record			
2.14	Clinic Record is correctly maintained			

Part - 5

Staff Attitude and Client Satisfaction

1. Attitudes of staff towards Client:

Comments Positive ☐ Negative ☐

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2. Client Satisfaction (Interview 5 Clients)

No.	Target group		Client 1	Client 2	Client 3	Client 4	Client 5
2.1	Waiting time (Minutes)						
2.2	Number of services obtained						
2.3	Overall Rating	Excellent					
		Good					
		Satisfactory					
		Need to improve					

Client's suggestions to improve services:

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Overall comments :

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Part - 6

Maintaining Clinic Records and Improving Data Quality

1. Record Keeping

a.	The Clinic Attendance Register (H-517) is correctly filled	:	Yes		No	
b.	Clinic Summary (H-518) is correctly filled	:	Yes		No	
c.	Activities are done according to the Duty Roster	:	Yes		No	
d.	Clinic Returns are correctly filled and sent to relevant institute	:	Yes		No	
e.	Family Planning Records (H-1153) are correctly maintained	:	Yes		No	

Comments on Record Keeping

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2. Review Clinic performance based on Clinic Summary and H-527 for the last quarter:

No. of Clinic sessions held during the last quarter :-……

No. of Clinic sessions conducted by					
MOH/AMOH		MO		Other	

Average attendance of Clinic per session:									
Pregnant Mothers		Post Partum Mothers		Infants		1 – 5 yr Old		Family Planning clients	

1. No. of Family Planning new acceptors recruited : ……
2. No. of DMPA new acceptors : ……
3. No. of IUCD inserted : ……
4. No. of Infants weighed in the Clinic : ……
5. No. of 1-5 year old weighted in the Clinic : ……
6. No. of Infants length measured in the Clinic : ……
7. No. of 1-5 year old height measured in the Clinic : ……
8. No. of Mothers received Thiposha supplement : ……
9. No. of Children received Thiposha supplement : ……
10. No. of Children received Vitamin A Megadose : ……

Section 11

Supervision of a Well Woman Clinic

1.	Name of the Supervising Officer	:	……
2.	Designation of the Supervising Officer	:	……
3.	Date of Supervision	:	……
4.	Time started Supervision	:	……
5.	Time ended Supervision	:	……
6.	MOH area	:	……
7.	Objective of the Supervision	:	…… ……
8.	Was the PHM informed regarding the Supervision	:	Yes/No
9.	Name of the Clinic		……
10.	Frequency of the Clinic	:	……
11.	No. of PHM areas covered by the Clinic	:	……
12.	Population covered by the Clinic	:	……
13.	No. of PHMM participated in the Clinic	:	……
14.	Officer conducts the Clinic	:	MOH AMOH MO RMO AMO
15.	Other staff categories available in the Clinic on the Supervision day	:	RSPHNO PHNS SPHM

Data on previous Supervision on Well Woman Clinic:

16.	Date of previous Supervision	:	……
17.	Designation of the Supervising Officer	:	……
18.	Recommendations are implemented	:	Yes/No

19. Note on recommendations that were not implemented : -

……

……

……

……

Part - 1

Overview

1. Number of clients for the clinic from each PHM area

No.	Target group	PHM Area 1	PHM Area 2	PHM Area 3	PHM Area 4
1.1	No. of Women 35 years				
1.2	No. of Women 45 years				
1.3	No. of Women other years				
1.4	No. of Women re-visits				

2. Clinic environment:

a.	Cleanliness of the clinic	:	Satisfactory		Not satisfactory	
b.	Ventilation	:	Adequate		Not Adequate	
c.	Electricity	:	Available		Not Available	
d.	Seating facilities	:	Adequate		Not Adequate	
e.	Toilet facilities	:	Available		Not Available	
f.	Accessibility	:	Satisfactory		Not Satisfactory	
g.	Adequate water	:	Available		Not Available	

3. Clinic organization

No.		Yes	No	Comments
3.1	Clinic Duty Roster is available			
3.2	Clinic preparation done on previous day			
3.3	Health Education materials displayed on the wall			
3.4	Clinic is organized to improve quality			
3.5	Place is organized for different clinic activities			
3.6	Registration numbers and Well Woman Clinic Record given to all clients at registration			
3.7	Clean linen and a clean examination bed is available			
3.8	Health Education is provided before commencing the clinic			
3.9	Reading materials available for the use of clients			
3.10	Place prepared to ensure privacy of the client			
3.11	Waste Management is satisfactory			

4. Equipment for Cervical smears taken

No.	Equipment	Available	Not available	Comments
4.1	Speculum			
4.2	Spatula			
4.3	Coplin jar			
4.4	95% Alcohol			
4.5	Diamond pencil			
4.6	Glass slides			
4.7	Cheatle forceps			
4.8	Spot lamp			
4.9	Kidney Tray			
4.10	Gloves			
4.11	Sponge forceps			
4.12	Transport Boxes			

Part - 2

Clinic Procedures

1. Conduct of Health Education Session:

No.	Activity	Yes	No	Remarks
1.1	Planned Health Education schedule is available for each clinic session			
1.2	PHM is pre prepared for the health talk			
1.3	Use appropriate Health Education materials Eg. Self-Breast Examination Flash Card			
1.4	Content is relevant to the topic			
1.5	Correct messages given			
1.6	Presentation skills of PHM is satisfactory			
1.7	PHM assesses whether the client has increased the knowledge at the end of the session (by feedback)			
1.8	Summarizes the important messages			

2. Procedure of BMI

No.	Activity	Yes	No	Remarks
2.1	Availability of relevant equipment			
2.2	Correct technique is used for measuring height			
2.3	Correct technique is used for weighing			
2.4	Height and weight tallied with BMI chart and record on the Well Woman Clinic note			
2.5	Woman is provided with a feedback			
2.6	Accuracy of the weighing scale is checked			

3. Procedure of measuring Blood Pressure

No.	Activity	Yes	No	Remarks
3.1	Blood Pressure apparatus works properly			
3.2	Woman positioned on the chair and check her blood pressure			
3.3	Blood Pressure is measured correctly			
3.4	It is recorded correctly			
3.5	Inform the women on any unusual findings of Blood Pressure			
3.6	Referrals are done when necessary			

4. Sterilization procedure (if any)

a. Sterilization chart is displayed in the clinic : Yes ☐ No ☐

b. It is supervised and signed by a senior officer : Yes ☐ No ☐

c. PHMM is capable of sterilizing the equipment on time : Yes ☐ No ☐

d. Handle sterilized equipment with cheatle forceps : Yes ☐ No ☐

5. Disposal of waste and cleaning

a. Adequate number of Safety Boxes are available : Yes ☐ No ☐

b. Waste disposal is hygienic : Yes ☐ No ☐

c. At the end of the clinic, the equipment and the clinic are cleaned : Yes ☐ No ☐

Part - 3

Evaluation of assistance given by the PHM

1. Evaluate the assistance to MOH/PHNS in Breast Examination

a.	Assess the suitability of the woman for the procedure	:	Yes		No	
b.	Appropriate place is allocated for Breast Examination	:	Yes		No	
c.	Inform the woman that she is going to be examined	:	Yes		No	
d.	Assist the woman in position on the bed	:	Yes		No	
e.	Steps were taken to maintain her privacy	:	Yes		No	
f.	Open the upper part of the body for Breast Examination	:	Yes		No	
g.	After examination, assist her in wearing clothes	:	Yes		No	
h.	Support the mother to get up from the bed	:	Yes		No	
i.	Explain to the woman regarding referral to specialist care	:	Yes		No	

2. Evaluate the assistance to MOH/PHNS in taking Cervical Smear

a.	Assess the suitability of the woman for the procedure	:	Yes		No	
b.	Inform the woman before taking cervical smear	:	Yes		No	
c.	Keep the woman in the correct position	:	Yes		No	
d.	Steps taken to maintain her privacy	:	Yes		No	
e.	Assist with giving necessary equipment	:	Yes		No	
f.	Help the woman on getting down from the bed	:	Yes		No	
g.	Inform the woman on the next visit	:	Yes		No	
h.	Assist in preparing the Cervical Smears to send for testing	:	Yes		No	

Part - 4

Staff Attitude and Client Satisfaction

1. Attitudes of staff towards client

Attitudes of staff towards client: Positive ☐ Negative ☐

Comments

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……

2. Client Satisfaction

No.			Client 1	Client 2	Client 3	Client 4	Client 5
2.1	Waiting time (Minutes)						
2.2	No. of services obtained						
2.3	Overall Rating	Excellent					
		Good					
		Satisfactory					
		Need to improve					

Client's suggestions to improve services

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Overall comments

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Part - 5

Maintaining Clinic Records and Improving Data Quality

1. Record Keeping

a.	Well Woman Clinic Register is correctly maintained	:	Yes		No	
b.	Well Woman Clinic Record is correctly filled and given to the woman	:	Yes		No	
c.	Activities are done according to the Duty Roster	:	Yes		No	
d.	Clinic Returns (H-527) are correctly filled	:	Yes		No	

2. Cervical Cancer Screening

2.1 PAP Smear

No.	Registers	Clinic attendance			No. of Cervical Smears taken	No.of reports received	No. of Positive Cervical Smears	No. of referrals
		35 yrs	45 yrs	Other ages				
2.1.1	Well Woman Clinic Register							
2.1.2	Quarterly MCH Clinic Return (H-527)							
2.1.3	Well Woman Clinic Positive Client's follow up Register							

2.2 HPV DNA Testing

No.	Registers	Clinic attendance			No. of tests done	No. Positive	No. of referrals
		35 yrs	45 yrs	Other ages			
2.2.1	Well Woman Clinic Register						
2.2.2	Well Woman Clinic Positive Client's follow up Register						

Section 12

Supervision of School Health Services

Supervised on	Supervisor
Date:	Name:
Time Started: am/pm	Designation:

Part 1

PHI Office Supervision

1. General information		
1.1	RDHS area	
1.2	MOH area	
1.3	Name of the local authority (Pradeshiya Sabha/Municipality area/Urban Council)	
1.4	PHI area	
1.5	Name of the PHI	
1.6	Date appointed to this station	
1.7	Date of first appointment	

2. Transport facilities				
2.1	Available	Yes ☐	Personal ☐	Departmental
		No ☐	Date obtained ……	
2.2	Is it in working condition (if applicable)	Yes ☐	No ☐	
3. Uniform				
3.1	Dressed according to circular	Yes ☐	No ☐	
3.2	Reason / Explanation, if "NO"			

4. Schools in the PHI area							
4.1	No. of Schools	<200		Government		Private	
		>200					
4.2	No. of Pre-Schools			Government		Private	

4.3	School Profile		No. of schools	No.of students	Target (for Schools with >200 Students)			
					Grade 1	Grade 4	Grade 7	Grade 10
4.3.1	Government Schools	< 200						
		> 200						
4.3.2	Private School	< 200						
		> 200						
4.3.3	International Schools	< 200						
		> 200						
4.3.4	Piriven	< 200						
		> 200						

5.	Separate file for each School (Maintained for current year)	Yes	No
	Reason/Explanation, if 'NO':		
		Yes	**No**
5.1	School Health Survey		
5.2	Defect Sheet		
5.3	Health Promoting School evaluation formats*		

* Use the Evaluation Format given in page 88 in the Guidelines for School Health Promotion Programme (2021)

6.	**Boards**						
6.1	Administration & Statistics - Area Map		Yes		No		Comments
	i.Number of Schools marked is correct						
	ii.Marked Schools are spotted at correct locations						
6.2	School Health (each in A-4 size papers)		Available		Updated		Comments
			Yes	No	Yes	No	
	i. Bar Chart for the percentage of SMI completed						
	ii. Bar charts (2) for SMI,with; • RED - Number to be examined • BLACK - Number examined • BLUE - Number with defects • YELLOW - Number of defects • GREEN- Number corrected	Current Year					
		Previous Year					
	iii. Bar Charts (2) showing 4 most prominent defects detected	Current Year					
		Previous Year					
	iv. Bar Charts (2) showing Immunization of School Children, (aTd) with; RED - Target BLACK - No. Immunized	Current Year					
		Previous Year					
	v. Bar Charts (2) for School Sanitary Survey, with; RED - Number of Schools BLACK - Survey Completed YELLOW - Adequate Sanitary facilities	Current Year					
		Previous Year					
6.3	No. of Schools without health hazardous sites						
6.4	Miscellaneous (any School Health Activity displayed)						

7.	Quarterly Advance Programme (H-1016)	Previous year		Current year		Remarks
7.1	Forwarded to MOH before;	Yes	No	Yes	No	
	- for 1st Quarter : December 25th					
	- for 2nd Quarter: March 25th					
	- for 3rd Quarter : June 25th					
	- for 4th Quarter : September 25th					
7.2	Aproved copies filed at the Office of the PHI					
	- for 1st Quarter					
	- for 2nd Quarter					
	- for 3rd Quarter					
	- for 4th Quarter					
7.3	Planned according to Monthly Advance Programme					
7.4	Implemented according to Monthly Advance Programme					

8.	Annual Advance Programme (H-1016)	Yes	No	Remarks
8.1	Forwarded to MOH before 25th October of previous year			
8.2	Approved copy filed at the Office of the PHI			

9.	**Summary of Data (H-1016),** After completion of the Previous Year's 2nd Quarter Advance Programme;	Yes	No	Remarks
9.1	Forwarded to MOH			
9.2	Copy Forwarded to MO(MCH)			

10.	School Sanitary Surveys	School		Informed higher authorities for the improvement
		No.	%	
10.1	Total Surveys done during last / current year[1]			
	10.1.1 Surveys done in 1st Quarter of current year[1]			
10.2.	Schools without any sanitation facility[2]			
10.3	Schools with inadequate sanitation facility[2]			
	10.3.1 Unavailability of a mechanism for cleaning			
	10.3.2 Unavailability of water supply to the toilet			
10.4	Schools without drinking water facilities			
10.5	Schools without adequate water for washing			
10.6	Schools with unprotected wells			
10.7	Schools with unhealthy foods & drinks sold within the school premises			
10.8	Schools with improper garbage disposal/waste management			
10.9	Schools with any health hazards			

[1]Out of total Schools to be surveyed [2]Out of total School Surveys completed

11	Notes on S.M.I. (Check for past 3 months)	Available		Maintained up-to date	
		Yes	No	Yes	No
11.1	Pocket Note Book				
11.2	Summary of Activities				
11.3	Monthly Statement (H-1014)				
11.4	Immunization Registers				

12.	A. Defect Type	School 1				School 2			
		Identified		Corrected		Identified		Corrected	
		No.	%	No.	%	No.	%	No.	%
12.1	Visual Defects								
12.2	Hearing Defects								
12.3	Heart Diseases								

13.1	A. Follow-up visits made for School Medical Inspection (Out of SMI done within last six months, randomly select Defect Sheets of 2 schools and compare it with Monthly Return)												
		School 1						School 2					
		Defect Sheet (H-456)			According to H-1247 / H-1014			Defect Sheet (H-456)			According to H-1247 / H-1014		
		Heart Disease	Vision	Hearing	Heart Disease	Vision	Hearing	Heart Disease	Vision	Hearing	Heart Disease	Vision	Hearing
13.1.1	No. of defects												
13.1.2	No. Followed												

13.2	Cross-checked with defects in	School 1		School 2	
		Defect Sheet (H-456)	Summary of SMI (H-1247)	Defect sheet (H-456)	Summary of SMI (H-1247)
13.2.1	Total number of children with defects				
13.2.1	Total No. of defects				

14	Submission of H-1014 to MOH (During Last 3 months)	Date of submission	Timely submission	
			Yes	No
14.1	1st Month			
14.2	2nd Month			
14.3	3rd Month			

15	Status of SMI activities (up to last quarter of the Current Year)			
Type of School	Details	No.	%	Any Remarks
<200	Schools to be completed			
	Schools screened by PHI		%	
	Schools completed SMI		%	
	Children to be examined			
	Children examined		%	
	Schools completed Immunization		%	
	Schools commenced De-worming		%	
	Schools commenced weekly Iron-Folate supplementation		%	
>200	Schools to be completed		%	
	Schools screened by PHI		%	
	Schools completed SMI		%	
	Children to be examined			
	Children examined		%	
	Schools completed immunization		%	
	Schools commenced De-worming		%	
	Schools commenced Iron-Folate supplementation		%	

16	Summary of S.M.I. (During Last Year)	No.	%	Any Remarks
16.1.	Total no. of children with defects			
16.2.	Total defects/problems identified			
16.3.	Referred defects/problems			
16.4.	Referrals followed-up			

17	Immunization & other* Micronutrient coverage	Targeted Number	Number protected (at any time)	% Covered	Reported AEFI (specify effect/s)
17.1	DT/OPV**				
17.2	aTd				
17.3	Other vaccines				
	HPV 1				
	HPV 2				
	MMR/MR				
17.4	Vitamin - A				
17.5	Weekly Iron Folate cycle commenced				
17.6	Worm treatment				

* Check with H-1014 for Supervision

** 17.1 DT/OPV - Number protected means "Children who have received the vaccine in the field + Number received in the school"

18	Health Promoting Activities (During Last quarter)	No.	%	Any Remarks / Action Taken
18.1	Total no. of schools in PHI area			
18.2	Health Promoting Schools * (as of indicators for HP Schools)			
	18.2.1 GOLD > 80			
	18.2.2 SILVER 70-79			
	18.2.3 BRONZE 60 - 69			
18.3	Evidence available for HP/HE activities done	Yes	No	
18.4	Newly established Health Promoting Schools during the last quarter (as of Monthly Statement/HP Schools Register)			
18.5	Participated for School Health Advisory Committees (cross-check with the Pocket NoteBook)			
18.6	No. of School Canteens			
18.7	No. of School Canteens H-1306 classified			
18.8	No. of schools with mid-day meal programme conducted			
18.9	No. of schools with mid-day meal programme conducted where H-800 classified			

* Categorized by Total Points (>60 points) obtained according to the marking scheme of the 'School Health Promotion Programme' (Ministry of Education, Cir. No. ED 1/21/1/2/2-2007/21) or School Health Guide

19	Health Education/ Promotion Activities (During Last Year)	%	Based on H-1014	Cross-check with Diary, Pocket Note Book and Comment
19.1	Reproductive Health Programmes *			
19.2	Nutrition Programmes **			
19.3	Life Skills Programmes ***			
19.4	Communicable Diseases Programmes			
19.5	Non-Communicable Diseases Programmes			
19.6	Other Programmes			

No. of Students participated in RH programmes * No. of Students in Grade 8
No. of Students participated in Nutrition programmes ** No. of Students in Grade 6-7
No. of Students participated in Life-skills programmes *** No. of Students in Grade 6-9

Part 2

Field Level School Supervision

1. Name of School .....
2. PHI area .....
3. MOH area .....

1	School Inspection		According to Sanitary Survey	Current Status	Any Remarks/Comments / Actions for improvement
1.1	Findings on Sanitation				
1.1.1	Usable Toilets	Adequacy			
		Water facilities			
		Cleanliness			
1.1.2	Drinking Water	Adequacy			
		Safety			
1.1.3	Waste Management	Classification of garbage			
		Proper disposal			
1.1.4	Kitchen (school/hostel)	H-1306 classified			
		Hygienic condition			
1.1.5	Unattended hazardous sites				
1.2	Canteen (H-1306 classified)				
1.3	Water Sampling done				
1.4	Availability of School Health Clubs				
1.5	Adherence to School Canteen Policy				
1.6	Provision of School Mid-day Meal				
1.7	School Mid-Day meal H-1306				
1.8	Health Promotion Status score				

2	**Randomly select one classroom and compare and cross-check for follow-up visits with Log Book, PHI's Pocket Note Book and Defect Sheet**				
	School Medical Inspection	Pocket Note Book (If available)	Log Book (If available)	Defect Sheet	Remarks
2.1	No. of children with defects				
2.2	No. followed up				

3. Meeting a Class Teacher (of Grade 1/4/7/10) or the Principal

Comment on the opinion of the Teacher/Principal on School Health Programme implemented within the school

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4. Issues identified by the PHI for his work performance

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5. Ideas of the PHI & Opinion for more effective service delivery

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Supervision Outcome Report

1. Components covered in the Supervision

1 ……

2 ……

3 ……

4 ……

5 ……

2. Overall comments

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……

……

3. Strong points/ areas identified during Supervision

1 ……

2 ……

3 ……

4 ……

5 ……

4. Action Plan for areas/ points to be strengthened**

No.	Points to be strengthened	Proposed activity	Time frame
4.1			
4.2			
4.3			
4.4			
4.5			

**Please limit the Action Plan only for 5 activities per Supervision.

5. Suggestions of the Supervisee to improve service provision

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Name of Supervising Officer : ..... Designation : .....

Signature of Supervising Officer : ..... Date : .....

Date for next Supervision : .....

6. Recommendations of Senior Supervising Officer

1.....

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Date : ..... Signature : .....

Designation : ..... Date : .....

2.....

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Date : ..... Signature : .....

Designation : ..... Date : .....

CHAPTER 03

Tools for Supervision of Supervising Officers

Section 1

Supervising Public Health Midwife - Office Supervision

Name of the Supervising Officer : ……

Designation of the Supervising Officer : ……

Date of Supervision : ……

Time started Supervision : ……

Time ended Supervision : ……

MOH area : ……

Name of the SPHM : ……

Objective of the Supervision : ……

Was the SPHM informed regarding the Supervision : Yes / No

1. Basic Information

Population : ……

No. of PHMs to be Supervised : ……

Date of first appointment : ……

Date of appointment to this area : ……

Duration of service as a SPHM : ……

Transport facilities : Provided / Not provided

I. Is the SPHM given transport facilities : Yes / No

II. Does she use it : Yes / No

III. If not, reasons for not using the transport facility :

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……

Is the SPHM in complete uniform : Yes / No

No. of PHMS to be Supervised : ……

Approved No. of SPHMM : ……

2. General condition of the Office

No.		Yes	No	Remarks
i.	Cleanliness of the Office is satisfactory			
ii.	Office is well organized			

3. Items to be displayed on the wall

No.			Yes	No	Remarks
3.1	Map	The approved map of the MOH area is displayed			
		Demarcations of PHM areas are marked			
		Offices and Clinics are marked in each PHM area			
3.2	Vital Statistics	Estimated values of vital statistics of the MOH area is displayed			
		National, District and MOH area vital statistics are displayed in a table			
		Has she displayed achievements of vital statistics by quarters			
3.3	Information on Clinics	Details on clinics in her area are displayed			
		Annual Clinic Plan of the area is displayed			
		Clinic Participation Plan of PHM is available			
		Schedule for Field Weighing Posts is displayed			
		Specialized and Special Clinics in hospitals are displayed			
3.4	Advance Program	Approved Advanced Program is displayed			
		It is forwarded to the MOH through PHNS			
		It is planned according to the Supervision Roster			
		Specific areas such as Office/ Field /Clinics & Field Weighing Post Supervision correctly identified			
		Dates of Monthly Conferences, Local Conferences & In-Service Training are mentioned			
3.5	Charts	Details on population No. of houses, No. of eligible families are updated according to PHM areas			
3.6	Graphs	Indicators on Antenatal Care, Outcome of Pregnancy, Postnatal Care, Family Planning and Nutritional status of children for the past 2 yrs and quarterly for the current year are displayed in bar charts.			

4. Maintenance of Registers, Records and Returns in the Office

No.			Yes	No	Remarks
4.1	List of Duties	Duty Lists of the following mentioned Officers are available - SPHM - PHM			
			Satisfactory	Unsatisfactory	Remarks
4.2	Diary	Pages are numbered			
		Completed for the due date Tallies with the Advanced Program			
		No. of houses visited and the services provided is mentioned during field visits			
		Tallies with Form-B in the eRHMIS			
		At the end of the month, Diary and Supervision Reports are forwarded to the MOH through PHN			
		If deviated from the Advance Programme, whether it is indicated in the Deviation Book			
4.3	Registers and Records	Separate files are available for each PHM under care with regard to Supervision			
		Clinic Supervision Report			
		File for Form - B			
		Basic information on all PHMs available			
		File containing Supervision Reports given by higher officials			
		Visitor's Book			

5. Action Plan of SPHM:

No.		Yes	No	Remarks
5.1	Has she identified problems in PHM areas under her purview and directed them to overcome problems through preparation of Action Plan			
5.2	Has she identified targets for the year			
5.3	Has she made an Annual Plan to achieve the goals			
5.4	Has she made objectives to achieve targets			
5.5	Has she prepared an Action Plan to overcome identified problems in the area			
5.6	Has MOH / PHNS been made aware of the Action Plan			
5.7	Has she directed the PHM to implement the Action Plan			
5.8	Has she assessed the progress through follow-up visits			
5.9	Has she discussed it at Monthly & Local Conferences			

6. Supervision Activities

No.		No.	%	Remarks
6.1	No. of Supervisions Planned for the last quarter			
6.2	No. of Supervisions done in the quarter			
6.3	According to the Diary, the no. of Supervisions done in last quarter			
6.4	No. of Supervisions done according to Monthly Statement withing the last quater			

7. Types of Supervision done in last quarter

No.		No.	Remarks
7.1	PHM Office Supervisions		
7.2	PHM Service component - Office Supervisions		
7.3	PHM Service Component - Field Supervision		
7.4	Supervisions of Field Weighing Posts		
7.5	Clinic Supervisions		

8. Supervision Remarks

No.		No.	%	Remarks
8.1	No. of Supervision Reports generated during the last quarter			
8.2	No. of Supervision Reports forwarded to MOH for approval during the last quarter			
8.3	No. of Supervision Reports submitted to PHM within 2 weeks during the last quarter			

9. Quality of Supervision Reports

(See whether the details given below are included in the Supervision Report by examining few reports)
No. of Reports examined: ……..

No.		Satisfactory	Unsatisfactory	Remarks
9.1	Objective of Supervisions			
9.2	Justification of the objective			
9.3	Data comparison done			
9.4	Doing a Field Supervision as indicated			
9.5	Appropriate recommendations are made on Supervision done			

10. Follow up Supervisions

No.		Yes	No	Remarks
10.1	Follow-up Supervision have been done to assess the progress			
10.2	PHMs with low performance have been correctly identified			
10.3	Close attention has been given to those PHMs			
10.4	Has she developed a mechanism to identify the best-performed officers			

11. Maintenance of Management Information System (MIS)

No.		Yes	No	Remarks
11.1	Has she taken steps to get the relevant Returns from the PHM on time i.e H-524 ,H-527			
11.2	Separate Register is maintained to record the receipt of Returns			
11.3	Has she taken action to ensure the quality of data			
11.4	Has she cross-checked the data with relevant Records (Diary, Daily Return and Monthly Return)			
11.5	Is she able to analyze H-524			
11.6	Identified problems are discussed at the Monthly and Local Conferences and interventions are made			

12. Special Services

1. Creative interventions

   a. To improve quality of service of PHMM

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   b. To strengthen the Management Information System

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   ……

   ……

   ……

   ……

2. Does she cooperate with other staff members to maintain team spirit ?

   ……

3. Interventions done to upgrade the health status in the field

   ……

   ……

   ……

4. Communication skills – Action taken to improve her communication skills

   ……

   ……

   ……

5. Number of training programs participated during the last 2 years

   ……

   ……

   ……

Section 2

Public Health Nursing Sister - Office Supervision

Name of the Supervising Officer	:	……
Designation of the Supervising Officer	:	……
Date of Supervision	:	……
Time started Supervision	:	……
Time ended Supervision	:	……
MOH area	:	……
Name of the PHNS	:	……
Objective of the Supervision	:	……
Was the PHNS informed regarding the Supervision	:	……

1.Basic Information

Size of the area	:	……sqKm
Population	:	……
Date of first appointment	:	……
Date of appointment to this area	:	……
Duration of service as a PHNS	:	……
Transport facilities	:	Provided / Not provided
Is the PHNS in complete uniform	:	Yes / No
Number of PHMs to be supervised	:	……
Number of SPHMs to be supervised	:	……
Approved cadre of PHNS for the MOH area	:	……
Available no. of PHNSs for the MOH area	:	……

2. General condition of the Office

No.		Yes	No	Remarks
2.1	Maintained in a place approved by the MOH			
2.2	Situated in a suitable area			
2.3	Official Name Board is displayed			
2.4	Cleanliness of the Office is satisfactory			
2.5	Office is well organized			
2.6	During duty hours, Office is accessible for Supervision			

3. Office arrangements

No.	Details to be displayed in the wall	Yes	No	Remarks
3.1	Area Map			
	i. Maintains according to Department Guidelines			
	ii. Following places are marked in the PHM areas of the map			
	• Clinic Centers			
	• Weighing Posts			
	• Health Institutions			
	• Schools			
3.2	Vital Statistics and important indicators Following are displayed according to National, Provincial, District and MOH levels			
	• Birth Rate			
	• Infant Mortality Rate			
	• Child Mortality Rate (Children less than 5 years)			
	• Maternal Mortality Ratio			
	• Low Birth Weight Rate			
	• Contraceptive Prevalence			
3.3	Approved Advanced Program for the month is displayed			
3.4	Annual Clinic Plan			
3.5	Annual Plan with dates of clinic sessions available			
3.6	Schedule for Clinic participation of PHMs is displayed			
3.7	Names of PHMs under her Supervision, population, number of houses, and eligible couples are displayed			
3.8	Annual Supervision Roster is displayed			

4. Graphs on Maternal and Child Health

[Display of MCH indicators in Bar Charts for each PHM area (Quarterly basis)]

No.	Indicator	Yes	No	Remarks
4.1	**Antenatal Care** % of Pregnant mothers registered before 8 weeks (of total pregnant mothers registered)			
4.2	**Outcome of pregnancy** % of Deliveries reported (of estimated births)			
	% of Low Birth Weight reported (of total reported births)			
4.3	**Postnatal Care** **%** of Mothers received Postpartum visits within 1st 10 days (of estimated births)			
4.4	**Family Planning**			
	% of Modern Family Planning method users (of eligible families under care)			
	% of couples with Unmet Need for Family Planning (of eligible families under care)			
4.5	**Nutritional status of children: <** 5 **years** **%** of Infants weighed (of total infants under care)			
	% of Infants underweight (moderate + severe) (of total infants weighed)			
	% of 1-2 year weighed (of total 1-2 years under care)			
	% of 1-2 years underweight (moderate + severe)(of total 1-2 years weighed)			
4.6	% of Women referred to Well-Woman Clinics (of 35 years age group – 0.8% of the population)			
4.7	% of Women referred to Well-Woman Clinics (of 45 years age group – 0.8% of the population)			

5. Maintenance of Registers, Records and Returns at Phns's Office

No.			Yes	No	Remarks
5.1	Duty List	Duty List of following officers are available			
		PHNS			
		SPHM			
		PHM			
5.2	Diary	Duly completed			
		Tallies with the Advanced Program and Deviation Book			
5.3	Registers	Register for Departmental Circulars			
		Inventory Register			
		Register on issues of printed forms, Drugs, Stationery and equipment for PHMM			
5.4	Files	Separare files for each PHM and SPHM (may be used commonly by both PHNS & SPHM)			
		Supervision Reports file			
		Diary of PHNS			
		Monthly Statement of PHNS Form A			
		Files for MCH/FP Returns (eg : H-524 ,H-527)			
		File for quarterly evaluation reports			
		File on special activities			
		Reports of Infant Death investigations			

6. MCH Services - Planning, Implementation and Monitoring

No.	Main problems identified by the PHNS	Action Plan is Available/ Not available	Obtained the MOHs' Approval Yes/No	Progress
1.				
2.				
3.				
4.				
5.				

7. Contribution for the Management of Information System (MIS)

No.		Yes	No	Remarks
7.1	A process in place to get Monthly Returns from PHMs' on time			
7.2	Analyses Monthly and Quarterly data sets in eRHMIS and identify quality gaps			
7.3	Identified problems are discussed at the Monthly and Local Conferences and interventions are made			
7.4	Infant Deaths are investigated timely and reports are submitted			
7.5	At the end of each quarter, quarterly evaluation reports are submitted to the MOH			
7.6	A mechanism is in place to evaluate the service delivery of PHM on a regular basis			

8. Capacity Building of Health Staff

No.	Training needs of PHMs identified	Training programs planned Yes/No	Training programs conducted Yes/No
1.			
2.			
3.			
4.			
5.			

9. In- service Training received by the PHNS

No.	Training	Yes/No	If received, the date of training
9.1	Training on Management Information System		
9.2	GBV (3 days)		
9.3	Training on WWC program		
9.4	Infant & Young Child Feeding (IYCH) Counselling		
9.5	Family Planning		
9.6	Growth Monitoring & Promotion (GMP)		
9.7	Adolescent Sexual & Reproductive Health (ASRH)		
9.8	Early Child Care Development (ECCD)		
9.9	Preconception Care		
9.10	Life Skills (3 days)		
9.11	EPI Middle-Level Managers		
9.12	eRHMIS		

10. Service provision according to service needs

No.		Yes	No	Remarks
10.1	A model clinic has been organized in the MOH area			
10.2	Clinics are conducted in the absence of MOH			
10.3	PAP smears are taken under the supervision of the MOH			
10.4	Draws blood for VDRL / Grouping & Rh			
10.5	Participates in School Health activities			
10.6	Supports MOH in Maternal Death investigations			
10.7	Conduct training programs for volunteers			
10.8	Identifies children with special needs in the area and pays special attention to them			
10.9	Supporting health-promoting sessions			

11. No. of Supervisions – (Done in the last quarter):

No.		Yes	No	Remarks
11.1	No. of Supervisions planned			
11.2	No. of Supervisions done according to the Diary			
11.3	No. of Supervisions done according to Monthly Statement			
11.4	No. of Supervisions done as follow-up Supervisions			

12. Types of Supervisions conducted

Total number of Supervisions done during the previous quarter : ……..

No.		No.	Remarks
12.1	PHM Office – General Supervision		
12.2	PHM service component – Office Supervision		
12.3	PHM service component – Field Supervision		
12.4	Clinics		
12.5	Weighing Posts		
12.6	SPHM office		
12.7	Planned supervision conducted for PHMs based on identified problems		
12.8	Identifies children with special needs in the area and pays special attention to them		

13. Supervision Reports of PHM / SPHM : (Supervisions done during the previous quarter)

No.		No.	%	Remarks
13.1	No. of Supervision reports completed			
13.2	No. of Reports submitted to the MOH for approval			
13.3	No. of Supervision Reports given to PHM / SPHM within a week			

14. Quality of Supervisions: (Analyze 3 Supervision Reports done recently)

No.		Report 1 Yes / No	Report 2 Yes / No	Report 3 Yes / No	Comments
14.1	There is an objective for the Supervision				
14.2	Supervision has been done according to the objectives				
14.3	Relevant Registers have been analyzed in depth				
14.4	Field visits have been done as part of the Supervision				
14.5	Recommendations have been made according to the observations				
14.6	Follow-ups are planned				
14.7	An Action Plan has been made for the problems identified				

15. Supervision of Supervising Public Health Midwife (SPHM):

Supervisions conducted and submission of Reports: ……

(No. of Supervisions done in the last 2 quarters)

No.		No.	Remarks
15.1	No. of Supervisions planned for SPHM		
15.2	No. of Supervisions done according to the diary		
15.3	No. of Supervisions done according to Format A		
15.4	No. of Reports handed over to the SPHM		
15.5	No. of Reports submitted according to Format A		

16. Under 5 year Deaths / Still Births Investigations : (In the previous year)

Reported no. of Under 5 year Deaths & Still Births :- ……

No. Investigated :- ……

17. Role of PHNS in implementation and evaluation of the MCH Programme:

No.		Yes	No	Remarks
17.1	Has she guided PHMs on preparation of Advance Programmes to provide a quality service			
17.2	Has she checked whether PHMs maintain their Offices according to Department Guidelines			
17.3	Has she evaluated MCH and Family Planning services quarterly			
17.4	Has she given correct guidance to praise the strong points and strengthen the weak points of PHMs			
17.5	Has she prepared Evaluation Reports of PHMs and shown them to the MOH to get his recommendations to improve their services			

18. Distribution of Printed Forms, Family Planning commodities and Micronutrients:

No.		Printed forms		Family Planning commodities		Books and leaflets		Micronutrients	
		Yes	No	Yes	No	Yes	No	Yes	No
18.1	Annual estimates are prepared								
18.2	Estimates are made individually for each PHM								
18.3	Correct distribution is done through a register								
18.4	Logistics flow from PHM is monitored through H-1158								
18.5	H-1158 is prepared monthly at MOH and forwarded as required								
18.6	H-1158 information is taken into consideration when preparing annual estimates								

19. Special activities

No.	Program / Activity	Reasons for the activity	Team participated	Date
1.				
2.				
3.				
4.				
5.				

20. Has she done a self–evaluation to maintain her duties in an optimum capacity:

No.		Yes	No	Remarks
20.1	At the end of every day, she evaluates whether activities were done according to the Advanced Program			
20.2	She is keen on using the Diary, Advanced Program, Supervision Roster, and Action Plans for this purpose			
20.3	Has she used a checklist to do all these			
20.4	She has taken steps to rectify the problems			

21. List the problems identified by PHNS during self-evaluation:

……

……

……

……

……

Supervision Outcome Report

1. Components covered in the Supervision

1 .....

2 .....

3 .....

4 .....

5 .....

2. Overall comments

.....

.....

.....

3. Strong Points / Areas identified during Supervision

1 .....

2 .....

3 .....

4 .....

5 .....

4. Action Plan for areas / Points to be strengthened**

No.	Points to be strengthened	Proposed activity	Time frame
1			
2			
3			
4			
5			

**Please limit the Action Plan only for 5 activities per Supervision.

5. Suggestions of the Supervisee to improve service provision

.....

.....

.....

.....

.....

.....

Name of Supervising Officer : ..... Designation : .....

Signature of Supervising Officer : ..... Date : .....

Date for next Supervision : .....

6. Recommendations of Senior Supervising Officer

1.....

.....

.....

.....

Date : ..... Signature : .....

Designation : ..... Date : .....

2.....

.....

.....

.....

.....

Date : ..... Signature : .....

Designation : ..... Date : .....

CHAPTER 04

Tools for Supervision of Institutions

Section 1

Supervision of MOH Office

Basic information

RDHS area : .....

MOH area : .....

Date of visit : .....,.....

Extent of the area (sq. km) : .....

Population : .....

Local authorities : .....

Divisional Secretary area/s : .....

No. of Grama Niladhari Divisions : .....

No.	Institutions within the area	TH	PGH	DGH	BH		Divisional			CD/ PHCU
					A	B	A	B	C	
1.	No. of Institutions									
2.	Lactation Management Centres									
3.	Family Planning Clinics									

4.	Adolescent Clinics/YFHS Centres										
5.	Mithuru Piyasa										
6.	Hospital Nutrition Clinic										
7.	Outreach Nutrition Clinics (by either Consultant Paediatrician / Consultant Clinical Nutrition Physician/ MO Nutrition)										
8	No. of Schools	≤200									
		>200									
9.	Health Promotion Settings	No. of Mothers' Support Groups									
		No. of Health Promoting Schools									
		Youth Working Groups	No. available								
			No. of quarterly functioning groups								
		Other Health Promotion Settings									

1. General appearance and Basic facilities

1.1.	General appearance		Available / Yes	Not available/ No	Comments
1.1.1	Office Identification Board	In all 3 languages			
1.1.2..	Cleanliness and Safety	Cleanliness inside the office, including equipment			
		Cleaning Roster /Schedule maintained			
		Cleanliness of the outside environment			
		Garbage disposal method identified			
		Color-Coded Waste Management System in place (separate bins, burning site, composting, recycling)			
		Standardized visuals/safety and security measures in place (electricity, fire)			
		Availability of an Emergency Plan for MOH office			
1.1.3.	Walls and Notice Boards	Free of obsolete notices			
		Quality/ Creativity of Notice Boards			
		Display of Central Clinic dates and service availability			
1.1.4.	Directional Boards and labelling marks	Entrance, Exit, Direction of travel, Rooms			
		Site Map			

1.2	Display of Administrative Details and Statistics		Available /Yes	Not available/No	Comments
1.2.1	Updated area Map with important landmarks and demarcations	Health Institutions, Clinics			
		PHI areas			
		PHM areas			
		Schools, Offices, Road network			
		Field Weighing Posts by population served as a Colour-Coded Spot Map			
		Overall presentation of the map (direction marked, clarity etc.)			
1.2.2.	Displayed in Tables	Population by GN/PHM/PHI area			
		Vital statistics (National/Provincial /District/MOH)			
		Clinic Centres/Type/ Population served			
		Weighing Posts by population served			

1.3	Statistics (Should be available for last 2 years and quarterly for the current year)		Available / Yes	Not available/ No	Comments
1.3.1.	Pregnancy Care	Pregnant Mothers' Registration			
		Antenatal Clinic attendance			
		Delivery reporting			
		Postpartum home visits			
1.3.2.	Child Care	Low Birth Weight			
		Infant, 1-2 years, 2-5 years weighing coverage and undernutrition			
		Immunization coverage (for at least 3 vaccines)			
1.3.3.	School Health	SMI coverage			
		Screening coverage of students			
		Specific defects identified			
		Defects corrected			
1.3.4.	Well Woman Clinics Services	Coverage of 35 years cohort			
		Coverage of 45 years cohort			
1.3.5.	Family Planning	New acceptors and current users by methods (as a % of eligible families)			
1.3.6.	Others	Spot Map of the Communicable Diseases (current and cumulative)			
		Any other important indicators depending on Epidemiological evidence			

1.4.	Basic facilities	Available	Not Available	Remarks
1.4.1.	Water Supply			
1.4.2.	Electricity			
1.4.3.	Toilets for Staff/Clients			
1.4.4.	Furniture – Tables/Chairs etc.			
1.4.5.	MOH Office/Space			
1.4.6.	Clinic Room/Space			

1.5.	Other supportive facilities	Available/ Not Available	No.	Remarks
1.5.1.	Photocopy Machine			
1.5.2.	Fax Machines			
1.5.3.	Desktop Computer			
1.5.4.	Laptop Computers			
1.5.5.	Printers			
1.5.6.	Multimedia			
1.5.7.	TV			
1.5.8.	Public Address System			

2. Human Resource Availability

No.	Category	MOH	AMOH	CDS	PHNS	SPHI	PHI	SPHM	PHM	SDT	PPA/PPO	DO	Clerk	Driver	FA	KKS	Watcher	Others
2.1	Approved Cadre																	
2.2	Number Available																	

3. Clinic Information

Comment on the clinic arrangement (No. of clinic centres, type, schedule and population served) based on the information gathered according to the table below

Name of the Clinic Center	Type of Clinic			Frequency			Officer conducting	No. of PHM participated	Population served	Resource/ Service gaps identified
	Single	Combined	Poly	Weekly	Fortnightly	Monthly	MOH			

No.			No. of Centers	Clinic Population Ratio		Comments
3.1.	Availability of Clinics	MCH Clinic				
		Family Planning Clinic				
		Well Woman Clinic				
		Dental Clinic				
				Yes	**No**	
3.2.	Displayed in Tables	Conducted every Saturday				
		Conducted regularly for last year				
3.3	Adolescent Health Clinic	At least, one Adolescent and Youth-Friendly Health Clinic conducted once or twice a month on a fixed day (e.g. 4th Saturday morning) at MOH Office or in a Field Clinic.				
		Conducted regularly for last year				
		At least one Adolescent and Youth-Friendly Health Clinic conducted once or twice a month on a fixed day				
		Conducted regularly for last year				
		Adolescent Health Clinic Register maintained regularly				
3.4.	Pre-conceptional Sessions	Conduct at least 1 per month				
		Conducted regularly for last year				
3.5.	Well Woman Clinic Referrals	Well Woman Clinic Positive Client's follow-up Register maintained properly				
3.6.	Referral	Dates for different referral clinics are available				

4. Planning

4.1.	Annual Plans		Yes	No
4.1.1.	Availability	Available for the current year		
4.1.2.	Process in place	Situational analysis		
		Identification and prioritization of problems		
		Components of the Plan mentioned (Goals, Objectives, Activities)		
4.1.3.	Activity Plan	Identification of activities, Responsible person, Time frame, Resources, and Indicators to monito		
4.1.4.	Implementation	Evidence for implementation - Plan, Review done		
4.1.5.	Disaster Management Plan	Availability		
4.1.6.	Annual Advance Programmes – available/filled	Health Education - Covers important topics		
		SMI		
		All field officers (approved for current month and previous 6 months)		
4.2	**Conferences**			
4.2.1.	Monthly Conferences	Conducted every month for the last year		
		Reports available for all conferences		
		Dates scheduled for this year		

4.2.2.	Local Conferences	Conducted every month for the last year for each PHI area		
		Reports available for all		
		Dates scheduled for this year		
		Participation of all categories observed		
4.2.3.	Conduct Regular Reviews	Monthly / Quarterly / Annually		
4.2.4.	Implementation	Evidence for implementation - Plan, Review done		
4.3.	**Surveys**			
4.3.1.	Self-initiated survey/s organized for the MOH area	Conducted at least two for the last year		
		Report available/pending		
		Evidence for utilization of findings		
4.3.2.	Customer Satisfaction Surveys	Conducted for last year		
		Report available/pending		
		Evidence for utilization of findings		

5. Immunization

No.			Yes	No	Comments
5.1.	Refrigerator	Ice-lined refrigerator available			
		Condition of the Ice-liner satisfactory			
		Cool packs are adequate			
5.2.	Vaccine Movement Register	Available			
		Updated			
		Responsibility assigned for maintenance			
		Vaccine carriers are available			
5.3.	Cold Chain Monitoring	VVM/Log Tag / Freeze Tag indicator (reading done daily)			
		Standard Temperature Monitoring Chart available			
		Temperature Monitoring Chart updated			
		Log Tag Temperature Chart printout is taken two weekly			
		Responsibility assigned for maintenance			
		Power backup available for power failures			
5.4.	Vaccine Storage	Stored according to guidelines			
		Vaccines arranged on first come first out basis			
		Vaccines arranged according to expiry dates			
5.5.	Autoclaves	Availability of Sterilization Chart			

6. Office and Stores Management

6.1	Annual Estimations		Yes	No	Comments
6.1.1.	Micronutrients	Annual estimations carried out for the current year			
		Documents available			
		Accurate			
6.1.2.	Printed formats	Annual estimations carried out for the current year			
		Documents available			
		Accurate (Maximum, minimum & buffer stock levels indicated)			
6.1.4.	Vaccines/ AD Syringes	Annual estimations carried out for the current year			
		Accurate			
6.4.5.	Family Planning commodities	Annual estimations carried out for the current year			
		Accurate			
6.2.	**Storage**				
6.2.1	All the items kept on shelves				
6.2.2	Properly labeled				
6.2.3	Stored in a logical manner				
6.2.4	Shelf grids are marked with reference numbers				
6.2.5	Stock levels marked (Max-Green, Re-load-Orange, Min – Red) and accurate				
6.2.6	Free of unnecessary items				

6.3.	Stock Balance		Yes	No	Comments
6.3.1	Micronutrients	Stock Balance documented and updated accurately. (To check accuracy - usage from H-1158, buffer stock etc. should be taken into consideration)			
6.3.2.	Printed formats	Stock Balance documented and updated accurately			
6.3.3.	Family Planning commodities	Stock Balance documented and updated accurately (stock level within maximum & buffer stock levels)			
6.3.4.	H-1158	Maintained by PHMs and sent to MOH Office on time			
		Maintained at MOH Office and sent to RDHS Office on time			
		Accurate			
6.4.	**Vehicle and Equipment maintenance (Files /Maintenance of records/Manuals)**				
6.4.1.	Equipment	Available and updated			
6.4.2.	Vehicles	Available and updated			
6.5.	**Files, Folders, Cupboards**	Arranged to facilitate identification			
6.6.	**Inventory**	Available for all staff members			

7. Monitoring and Evaluation

7.1.	Staff Performances		Yes	No	Comments
7.1.1.	Performance Appraisal of staff based on Objective Methodology (Based on Indicators)	PHM			
		PHI			
		Others			
7.1.2.	Performance Appraisal	Available Quarterly/Annually			
		A rewarding mechanism in place			
		Accuracy			
7.2.	**Timeliness**				
7.2.1.	Timeliness of Records	Maintain timeliness for all Records received and sent			
		Displayed (PHM,PHI)			

7.3.	Death Investigation			Yes	No	Comments
7.3.1.	Maternal Deaths	No. of Maternal Deaths Reported during last year				
		How the information is obtained	PHM			
			Hospital			
			Media			
			Other (specify)			
				Yes	**No**	**Date/s:**
		Notification done within 24 hour				
		Field Maternal Death investigations done within 14 days				
		Report sent in time with relevant documents				
		Supervision conducted on the relevant area PHM				
		PHM Supervision Report available				
		Lessons learnt from Maternal Death discussed at Monthly Conference				
7.3.2	Infant Deaths	No. of Infant Deaths reported during last year				
		How the information is obtained	PHM			
			Hospital			
			Media			
			Other (specify)			
				Yes	**No**	**Date/s:**
		Notification done within 24 hours				
		Field Infant Death Investigations done within 14 days				
		Report sent in time with relevant documents				
		Lessons learnt from Infant Death discussed at Monthly Conference				

7.4	Family Planning			
7.4.1.	Failures of Family Planning methods:			
	Family Planning method	No. of failures reported by PHMM	No. notified*	No. investigated*

*Please include only the ones where the relevant format has been sent.

7.4.2.	Complications due to Family Planning methods:				
	Complication	Method	No. of complications reported by PHMM	No. notified*	No. investigated*

*Please include only the ones where the relevant format has been sent.

7.5.	Maintenance of Data / Information		Yes	No	Comments
7.5.1.	Record Storing	Availability of a Record Room/Space			
		Organized by the return type and the year			
7.5.2.	Data Management	Computer-Based Data Management System available (Other than eRHMIS)			
		Database for a minimum of 2 years			

7.6.	Review of MOH performances quarterly	Yes	No	Comments
7.6.1.	Analysis of the problems done			
7.6.2.	Presented to the staff			
7.6.3.	Discussed for action			

8. Supervision

		Yes	No	Comments
Roster	Common Supervision Roster available			
	Timely updated			
% of Supervisions done by the Supervising Officers $\frac{\text{Total no. of Supervisions done by Supervising Officers in last year}}{\text{Total no. of Supervisions due by Supervising Officers in last year}} \times 100$				
Availability of Supervision Reports $\frac{\text{Total no. of Supervision Reports available for Supervising Officers in last year}}{\text{Total no. of Supervisions according to the monthly statement in eRHMIS}} \times 100$				
Quality of Supervision Reports (Select Supervision Reports randomly, one from each category available)	Objective mentioned			
	Supervision tally with the objectives			
	Recommendations done			
	Action Plan to overcome weak points included			
	Positive findings identified			
	To be improved areas identified			
	Follow up process suggested			
Separate files are maintained for the respective supervisee				

9. Human Resource Development (Last Year)

No.		Yes	No	Comments
9.1.	In-service training schedule available			
9.2.	In-service training conducted			
9.3.	Training needs identified for all categories according to an objective method			
9.4.	Reports of the training available			

Trainings received by Officers	No. available							Number trained						
	MOH	AMOH	PHNS	SPHM	SPHI	PHM	PHI	MOH	AMOH	PHNS	SPHM	SPHI	PHM	PHI
MOH Training														
Preconception Care														
Basic Maternal Care														
IYCF Counseling														
Growth Monitoring & Promotion														
Earliy Child Care Development														
Life Skill / Health Promoting Schools														
Adolescent Health														
Family Planning including, Family Planning Counseling and IUD insertion														
Gender base Violance														
eRHMIS Training														

10. Collective performances of MOH staff during last year in different service components (can be taken from eRHMIS)

No.			%	Comments
10.1.	Antenatal	% of Eligible families registered		
		% of Early registration (before 8 weeks)		
		% of Pregnant mothers protected for Rubella		
		Average no. of Antenatal Home Visits		
		VDRL coverage		
10.2.	Intranatal	% of Delivery reporting		
10.3.	Postnatal	% of Postpartum mothers having visited at least once during 1st 10 days		
		% of Postpartum visits around 42 days		
		% of Mothers reported with antenatal morbidities		
		% of Mothers reported with postnatal morbidities		
10.4.	Infant and Child	% of Infant registration		
		Weighing coverage in infants		
		% of Infants underweight		

10.4.		Weighing coverage in 1-2 years		
		% of 1-2 years underweight		
		Weighing coverage in 2-5 years		
		% of 2-5 years underweight		
		% of Infant deaths reported		
10.5.	School Health	SMI coverage		
		SMI coverage within Q1 + Q2		
		aTd coverage		
		% of School Sanitary Surveys conducted within Q1		
10.6.	Well Woman Clinic Services	Coverage of 35 year cohort in WWC clients		
		Coverage of 45 year cohort in WWC clients		
10.7.	Family Planning	Contraceptive Prevalence		
		Modern Method Prevalence		
		% of UMN in Family Planning		
		% of IUD users		
		% of Teenage Pregnancies		

11. Responsiveness

No.			Yes	No	Comments
11.1	Clients	Information desk for outsiders available			
		Display of service availability			
		Complaint Box available			
		Maintenance of a Complaint Book			
		Evidence for attending complaints			
11.2.	Staff	Staff Motivation Survey/s done			

12. Special activities done

At least 1 activity done for each/ per year - (Except to routine activities)

No.		Yes	No	Comments
12.1	Adolescent Health (for out of school attendees)			
12.2	NCD prevention			
12.3	Counseling services			
12.4	Volunteers			
12.5	Community mobilization			
12.6	Advocacy			

13. Observations

No.	Strong points	Points to be strengthened
1.		
2.		
3.		
4.		
5.		

Supervision Outcome Report

1. Components covered in the Supervision

1 ……

2 ……

3 ……

4 ……

5 ……

2. Overall comments

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3. Strong points/ areas identified during Supervision

1 ……

2 ……

3 ……

4 ……

5 ……

4. Action Plan for Areas/ Points to be strengthened**

No.	Points to be strengthened	Proposed activity	Time frame
1			
2			
3			
4			
5			

**Please limit the Action Plan only for 5 activities per Supervision

5. Suggestions of the Supervisee to improve service provision

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Name of Supervising Officer : ..... Designation : .....

Signature of Supervising Officer : ..... Date : .....

Date for next Supervision : .....

6. Recommendations of Senior Supervising Officer

1.....

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Date : ..... Signature : .....

Designation : ..... Date : .....

2.....

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Date : ..... Signature : .....

Designation : ..... Date : .....

Section 2

Supervision of the Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health [Rmncayh] Services in a Hospital

Part – 1 need to be filled & attached to the relevent Supervision Tool in all Hospital Supervisions.

Part - 1

Overview

1. Basic Information

Date and Time of Inspection : …….

Name of the Institution : …….

Type of Hospital : …….

Inspection Team : …….

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Catchment Population/MOH areas: : …….

Last Supervision done by: : ……

Date : ……

Recommendations made:

1. ……

2. ……

3. ……

Were they corrected? : Yes / No

If not, give reasons : ……

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2. Human Resources

No.	Category	Cadre	Available	Available staff at the time of inspection	Remarks
2.1.	VOG				
2.2.	Paediatrician / Neonatalogist				
2.3.	Anaesthetist				
2.4	Consultant Cinical Nutrition Physician				
2.5.	Medical Officers - - Senior Registrar - Registrar - SHO - RHO - HO/MO (Gyn/Obs done) - MO (Gyn /Obs not done) - MO Human Nutrition - MO Public Health - MO Health Education				
2.6.	Registered Medical Officers				
2.7.	Nursing Sister				
2.8.	Nursing Officers – - Midwifery trained - Ordinary				
2.9.	Midwives				
2.10.	Labourer				
2.11.	Other staff				

3. Patient Statistics

No.		Previous Month	Average/Month
3.1.	Total admission to the Maternity Unit		
3.2.	Total Deliveries		
3.3.	Total Live Births		
3.4.	Babies < 37 completed weeks		
3.5.	Babies 34-36 completed weeks		
3.6.	Babies 32-33 completed weeks		
3.7.	Babies 28-31 completed weeks		
3.8.	LBW (<2500g)		
3.9.	NVD		
3.10.	Vacuum/Forceps		
3.11.	LSCS – Elective/Emergency		
3.12.	Still Birth – Fresh/Macerated		
3.13.	Manual removal of placenta		
3.14.	Serious complications need intervention - APH - PPH - Rupture of uterus		
3.15.	Transfer out – Maternal Cases		
3.16.	Maternal Deaths		

4. Facilities for patient transfer

No. of Functioning ambulances : .....

If not available; reason : .....

Part - 2

Maternity Wards

Ward No. : ……

Name of the Consultant Obstetrician : ……

Beds

- Antenatal Wards : ……
- Postnatal Wards : ……
- Overcrowding : ……
- Bed Occupancy : ……

Obstetric BHT (H-1252) is used : Yes / No

If “No” reasons : ……

Distance to the Obstetric Theatre : ……

Distance to the Mother Baby Centre : ……

Distance to the Neonatal Unit : ……

Distance to Lactation Management Center : ……

Building – ventilation, lighting etc : ……
……

1. Antenatal Ward

1.1	Arrangement of the Antenatal Ward	Satisfactory	Not satisfactory
1.1.1.	General cleanliness		
1.1.2.	Reception /Admission Area		
1.1.3.	Examination Area		
1.1.4.	Dining Area		
1.1.5.	Changing Area (mothers)		
1.1.6.	Toilets/Bath Rooms		
1.1.7.	Staff Rooms		
1.1.8.	Comment about the arrangement		
1.1.9.	Hand washing facilities		
1.1.10.	Availability of Hand Rub within easy access		
1.1.11.	Breastfeeding Policy clearly displayed in common language/languages		
1.1.12.	Contact Numbers of area MOOH available		
1.1.13.	Availability of Obstetric Guidelines		
1.1.14.	Availability of Neonatal Guidelines		

1.2	**Health Promotion Activities**		
1.2.1.	Organized and regular education activities on: - Breastfeeding - Postpartum danger signs - Care of the New-born - Family Planning		
1.2.2.	Availability of useful reading material/display IEC material		
1.2.3.	Counseling for needy mothers		
1.3.	**Procedures in the Antenatal Ward**		
1.3.1.	Availability of Obstetric Formats		
1.3.2.	Examination of mothers on admission		
1.3.3.	Assessment of mothers, including basic investigations		
1.3.4.	Completeness of BHT		
1.3.5.	Readiness for emergency (Ambu bag, Resuscitation tray)		
1.4.	**Knowledge of mothers in the Antenatal Ward**		
1.4.1.	Danger signs		
1.4.2.	Breastfeeding		
1.4.3.	New-born Care		
1.4.4.	Risk conditions		
1.4.5.	Family Planning		

2. Postnatal Ward

2.1.	Arrangement of the Postnatal Ward	Satisfactory	Not satisfactory
2.1.1.	General cleanliness		
2.1.2.	Reception /Admission Area		
2.1.3.	Examination Area		
2.1.4.	Dining Area		
2.1.5.	Changing Area (mothers)		
2.1.6.	Toilets/Bath Rooms		
2.1.7.	Staff Rooms		
2.1.8.	Comment about the arrangement		
2.1.9.	Hand washing facilities		
2.1.10.	Availability of Hand Rub within easy access		
2.1.11.	Breastfeeding Policy clearly displayed in common language/languages		
2.1.13.	Contact numbers of area MOOH available		
2.1.14.	Availability of Obstetric Guidelines		
2.1.15.	Availability of Neonatal Guidelines		

2.2	Procedures in the Postnatal Ward	Available	Not Available
2.2.1.	Pain relief to mother		
2.2.2.	Newborn Examination by MO		
2.2.3.	Newborn Screening - - Congenital Hypothyroidism - Congenital Deafness - Pulse oximetry - Eye examination for Red Reflex		
2.2.4.	Rooming in /Bedding in of mother and baby		
2.2.5.	Delayed bathing (After 24 hours)		
2.2.6.	Rubella vaccination		
2.2.7.	BCG		
2.2.8.	Administration of Rhogam		
2.2.9.	Issuing of CHDR		
2.2.10.	Issuing of Preterm Growth Charts as and when indicated		
2.2.11.	Completing the relevant sections of CHDR in the ward (sections on delivery details, newborn screening, hearing screening)		
2.2.12.	Facilities provided for mothers to breastfeed		
2.2.13.	Supporting mothers and babies to breastfeed		
2.2.14.	Establishing breastfeeding before discharge		
2.2.15.	Examination of mother before discharge		
2.2.16.	Adhering to discharge check list in Obstetric Format (in Mothers Record H-512 A)		
2.2.17.	Adhering to discharge check list in Neonatal Examination Format		

No.	Availability of drugs	Available		Not Available
		Adequate	Not Adequate	
1	Antihypertensives – Hydralizine, Nifedipine			
2	Magnesium Sulphate			
3	Rhogam			
4	Prostaglandins			
5	Ergometrine			
6	Syntocinon			
7	IV Fluids			
8	V Cannula			

Client Satisfaction

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Staff Satisfaction

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Part - 3

Labour Room Supervision

Name of the Consultant/s in-charge:- ……..

No. of Staff

No. of Medical Officers - ……..

No.of Midwifery trained Nursing Officers - ……..

No. of Nursing Officers - ……..

No. Midwives - ……..

No. of Officers available at time of Supervison

No. of Medical Officers - ……..

No. of Nursing Officers - ……..

No. Midwives - ……..

1	Basic Facilities	Yes	No	Comments
1.1	Suitability of building			
1.2	Venilation is satisfactory			
1.3	24 hour supply of electricity			
1.4	Generator supply in an emergency			
1.5	Communication (telephone/ direct line)			
1.6	Water supply (24 hours)			
1.7	Availability of On Call Roster with contact numbers			
1.8	24 hour allocation of HO/MO to the Labour Room			
1.9	Display the name of mothers inside the Labour Room			
1.10	Availability of emergency protocols			
1.11	Availability of emergency trolley			
1.12	Adequate measures for the maintenance of privacy and dignity of mothers			
1.13	Practicing analgesics during labour			

2	Areas		Yes	No	Comments
2.1	Reception area				
2.2	Trolley-to-trolley transfer area				
2.3	Delivery area				
2.4	Staff Changing Rooms				
2.5	New-born Resuscitation area				
2.6	Duty Rooms for staff				
2.7	Nurses Duty Station				
2.8	Utility Room	Clean			
		Dirty			
2.9	Sterilized Good Store				
2.10	Washing Room				
2.11	Cleaners Room				

3	Furniture/Equipment	Yes	No	Comments
3.1	Labour Room beds			
3.2	Spot Lamps			
3.3	Delivery Sets			
3.4	Episiotomy Sets			
3.5	Suturing Set			
3.6	ARM set			
3.7	Vacuum Sets/ Forceps			
3.8	Doppler Machines			
3.9	CTG Machines			
3.10	USS Machines			
3.11	Neonatal Suckers			
3.12	Resuscitaries			
3.13	Baby Warmers			
3.14	Mini Autoclaves			
3.15	Weighing Scales			
3.16	Infanto-meters			
3.17	Infusion Pump			
3.18	Multipara Monitor			
3.19	Syringe Pump			

4	Emergency items of drug trolley	Availability (Yes / No)	Remarks
4.1	**For PPH –**		
4.1.1	Oxytocin		
4.1.2	IV drips		
4.1.3	Prostaglandins		
4.1.4	Wide bore cannula (14 -16G)		
4.1.5	IV sets		
4.1.6	DT bottles		
4.2	Normal Saline		
4.2.1	20G Folley Catheter		
4.2.2	Condom		
4.2.3	Pressure cuffs		
4.3.	**For collapse patients –**		
4.3.1	Hetastarch		
4.3.2	IV fluid		
4.3.3	Oxygen		
4.3.4	Ambu bag		
4.3.5	Wide bore cannula		
4.4	**For PIH –**		
4.4.1	Nifedepine		
4.4.2	Magnesium Sulphate		
4.4.3	Hydralazine		
4.4.4	Analgesics		
4.5	**Neonatal Resuscitation –**		
4.5.1	Naloxone		
4.5.2	Adrenaline		
4.5.3	Sodium Bicarbonate		
4.5.4	Normal Saline		
4.5.5	10% Desxtrose		

5	Linen	Availability	No. needed	Remarks
5.1	Gowns			
5.2	Washable aprons			
5.3	Sterile mackintosh (1.5 meters)			
5.4	Sterile vaginal packs			
5.5	Sterile sanitary pads			
5.6	Washable curtains			
5.7	GS towels			
5.8	Bed sheets			
5.9	Dressing/Cotton wool			
5.10	Gloves			

6	Infection control in the Labour Room	Yes	No	Remarks
6.1	Hand washing facilities (elbow tap and wash basin)			
6.2	Availability of soap and water			
6.3	Autoclaved packeted system (Delivery sets/epis sets/baby sets)			
6.4	Cleanliness – Entrance – Changing shoes			
6.5	Hand drying			
6.6	Washing – wall			
6.7	Cleaning of floor			
6.8	Cleaning of Furniture			
6.9	Availability of unused furniture			
6.10	Regular monitoring of infection control in the labour room			

7	Cleaning Procedure	Method of cleaning
7.1	Linen	
7.2	Equipment	
7.3	Blood stain/blood stained equipment – cleaning procedure	
7.4	Delivery Set	
7.5	Epis Set	
7.6	Suturing Sets	
7.7	Vaginal Examination Sets	
7.8	Gloves	

8	Waste Disposal	Available	Not available
8.1	Colour Code System		
8.2	Placental Disposal Systerm		
8.3	Sharp Disposal System		
		Satisfactory	**Not satisfactory**
8.4	Use of safety measures by the staff		
8.5	Removal of bodies of stillborn babies		

9	Procedures in Labour Room	Satisfactory	Unsatisfactory	Remarks
9.1	Takeover of mothers to Labour Room from Antenatal Ward			
9.2	Changing clothes when entering the Labour Room			
9.3	Maintaining of Partogram (Standard format)			
9.4	Display Emergency protocols			
9.5	Active management of 3rd Stage			
9.6	Inspection of placenta – by whom?			
9.7	Suturing of an episiotomy – time, by whom			
9.8	PostPartum monitoring of mothers			
9.9	Respecting mothers inside the Labour Room			
9.10	Handing over mothers to Post Natal Ward – Procedure			

10	Care of the Baby - Neonatal Care	Satisfactory	Not Satisfactory
10.1	Deliver baby onto the abdomen/sterile towel		
10.2	Drying/cleaning the baby		
10.3	Sets for cleaning of baby		
10.4	Keeping the baby warm (cover with a dry towel, head cap, booties)		
10.5	Temperature of the Labour Room		
10.6	Changing gloves before cutting the cord		
10.7	Delayed cord clamping		
10.8	Skin to skin care		
10.9	Initiation of breastfeeding within one hour		
10.10	Keeping mother and baby together at least for one hour		
10.11	Resuscitation if needed		
10.12	Birth weight measurement (delaying measurements)		
10.13	Birth length measurement		
10.14	Neonatal examination (weight, length, anus, gross malformation)		
10.15	Measures taken to control infection of the baby		
10.16	Issuing Neonatal Examination Format		
10.17	Availability of services of PHM when necessary		

11	Equipment	Availability		Condition
		Yes	No	
11.1	Weighing Scale (Beam/Digital)			
11.2	Other weighing scales			
11.3	Length Board			
11.4	Neonatal Suckers			
11.5	Infant Magill's Laryngoscope (straight blade)			
11.6	Neonatal Resuscitate			
11.7	Neonatal cots			
11.8	Low Tech Incubator			
11.9	Neonatal Ambu Bag			
11.10	Rectal Thermometer			

12	Training needs	Number trained			Number need to train		
		MO	NO	PHM	MO	NO	PHM
12.1	Infection Control						
12.2	Provision of EmOC						
12.3	Neonatal Advanced Life Support						
12.4	Essential Newborn Care						
12.5	Lactation Management						
12.6	Baby Friendly Hospital Initiative						

13	Surgical Consumable	Availability		Condition
		Yes	No	
13.1	Cord Clamps			
13.2	Naso Gastric Tubes			
13.3	Endotracheal tubes			
13.4	Flexible Stiletto (for stiffening endotracheal tube)			

14	Record Keeping	Satisfactory	Not Satisfactory	Comments
14.1	Antenatal Card: Available /Not available			
14.2	BHT entries			
14.3	Birth information			
14.4	Postpartum monitoring			
14.5	Birth Register			
14.6	Neonatal Examination Format			
14.7	Maternal Statistics (H-830)			

Part 4

Inspection of the Neonatal Unit

Date and Time of inspection : .....

Name of the Institution : .....

Level of the unit : Level III + / Level III / Level II / Level I

Distance from Labour Room : .....

Distance from Obstetric Theatre : .....

Distance from Mother - Baby Unit : .....

Inspection Team:

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Last Supervision done by; : .....

Date; : .....

Recommendations made;

1. .....

2. .....

3. .....

Were they corrected : Yes / No

If not, give reasons :

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1.	Human Resources				
	Category	**Cadre**	**Available**	**Available staff at the time of inspection**	**Remarks**
1.1.	Consultant Neonatologist/Paediatrician				
1.2.	Medical Officers - SR - Registrar - Medical Officers				
1.3.	Nursing Sister				
1.4.	Nursing Officers - NICU trained - Ordinary				
1.5.	Labourer				
1.6.	Other staff				

2	Patient Statistics	Previous month	Average/month
2.1	Total admissions to the Neonatal Unit		
2.2	Total deliveries in the hospital		
2.3	Total admissions from the Labour Room		
2.4	Total admissions from the Operation Theatre		
2.5	Total admissions from the Postnatal Ward		
2.6	***Admissions according to POA in completed weeks***		
2.7	Total admissions of neonates > 42 weeks		
2.8	Total admissions of neonates 37-41 weeks		
2.9	Total admissions of neonates 34-36 weeks		
2.10	Total admissions of neonates 31-33 weeks		
2.11	Total admissions of neonates 28-30 weeks		
2.12	Total admissions of neonates < 28 weeks		
2.13	Total transfers in		
2.14	Total transfers out		
2.15	Neonatal deaths 1 -7 days		
2.16	Neonatal deaths 8 – 28 days		

3.	Facilities & Services	Yes	No	Remarks
3.1	Suitable Building			
3.2	Adequate Ventilation			
3.3	Adequate Lighting			
3.4	24 hr supply of electricity			
3.5	Generator supply in an emergency			
3.6	Communication (Telephone/Direct Line)			
3.7	Computer			
3.8	Internet facility (Wi-Fi/Dongle)			
3.9	Water supply (24 hrs)			
3.10	Availability of On Call Roster with contact number			
3.11	24 hr allocation of MO to the Neonatal Unit			
3.12	Availability of Emergency Protocols			
3.13	Availability of Neonatal Guidelines			
3.14	Availability of NICU/SCBU/MBC Guidelines (FHB, 2012)			
3.15	Availability of Emergency Trolley			
3.16	Provision for the mothers to visit babies in the Neonatal Unit			
3.17	Provision for the fathers to visit babies in the Neonatal Unit			
3.18	Restroom for the mother near the Neonatal Unit			
3.19	Practice of Kangaroo Mother Care			
3.20	ROP screening in the Neonatal Unit			

4	Areas suggested in the NICU/SCBU	Yes	No	Remarks
4.1	Stabilization Room			
4.2	High Dependency area			
4.3	Low Dependency area			
4.4	Isolation area			
4.5	Mother Baby Unit			
4.6	Procedure Room			
4.7	Sterilization area			
4.8	Sterilized Goods Store			
4.9	Duty Station			
4.10	Drugs Store Room			
4.11	Incubator washing and drying area			
4.12	Cleaner's area			
4.13	Dirty Utility area			
4.14	Gas Room and Unloading Bay			

5	Furniture/Equipment	Availability (Yes / No)	No. needed	Remarks
5.1	Multipara Monitors			
5.2	Incubators			
5.3	Ventilators			
5.4	CPAP Machines			
5.5	Transport Incubators			
5.6	Pulse oximeters with Neonatal Probes			
5.7	Open Resuscitation Table with an Overhead Warmer			
5.8	Neonatal Resuscitation Trolley			
5.9	Syringe Pumps			
5.10	Infusion Pumps			
5.11	Nebulizer			
5.12	Electronic Weighing Scale (digital)			
5.13	Portable Suckers			
5.14	Cold light for IV cannulation			
5.15	Spot Lamp			
5.16	Computer			
5.17	UPS			
5.18	Central Suction			
5.19	Umbilical Probes			
5.20	Phototherapy Units			
5.21	Perspex Shields			
5.22	Neonatal Stethoscopes			
5.23	Steel Drums			
5.24	X ray Illuminator			
5.25	Digital Thermometers			
5.26	Head Boxes			
5.27	Portable USS			

6	Neonatal Resuscitation Trolley	Availability (Yes / No)	Remarks
6.1	Overhead Radiant Warmer with a Stop Clock		
6.2	Low-Pressure Sucker		
6.3	Oxygen cylinder with functioning Flow Meter		
6.4	Neonatal - Ambu Bag (250 ml) - Term Face Mask - Pre term Face Mask		
6.5	Laryngoscope		
6.6	ET Tubes		
6.7	ET Tube with introducer		
6.8	Emergency Tray ; - Syringes 2ml - Syringes 5ml - Syringes 10ml - Cannula 23G/Cannula 25G - Umbilical Catheterization pack		
6.9	Emergency Tray Drugs: - Adrenaline - Nalaxone - 0.9% saline - 8.4 % NaHCO3 - 10% Dextrose - Distilled Water		
6.10	Blood Sample Bottles, Culture Bottles		

Part 05

Baby Friendly Initiative Practices

Total No. of Babies in the unit on the day of Supervision : .....

No. of Babies on Exclusive Breastfeeding: : .....

No. of Babies on Mixed Feeding: : .....

No. of Babies on Formula Feeds: : .....

No. of Formula packs used in the previous month in the unit; : .....

1. Infection Control in the Neonatal Unit		Yes	No
1.1	24 hour water supply		
1.2	Hand washing facilities (elbow tap and wash basin) at the entrance		
1.3	Availability of soap and water		
1.4	Change of clothes		
1.5	Change of shoes		
1.6	Availability of sinks in all sub-sections of the unit		
1.7	Pictorial hand washing poster		

2. Use of Formats and Registers		Yes	No
2.1	NICU/SCBU Register is used		
2.2	NICU/SCBU History Record Sheet is used		
2.3	NICU/SCBU History Record Sheet complete		
2.4	Neonatal Examination Format complete		
2.5	Neonatal Transfer Forms available		

Part - 6

Supportive Services

1. Blood Bank

Blood Bank	:	Available / Not available			
No. of Medical Officers	:	……..	No. of Nursing Officers	:	……
Functioning for 24 hrs	:	Yes/No			
Availability of Equipment	:	Satisfactory / Not satisfactory			
Availability of Blood/Blood products	:	Adequate / Not adequate			
Availability of Blood Grouping facilities for the field	:	Satisfactory / Not satisfactory			

2. Laboratory

Number of MLTT	: ……
Availability of services after 4 pm	: Yes/No
Offering facilities for VDRL to the catchment area	: Yes/No
Pap Smear facilities	: Yes/No

3. Intensive Care Unit (ICU)

No. of Beds	:	……			
No. of Medical Officers	:	……	No. of Nursing Officers	:	……
Equipment	:	Adequate /Not adequate			

Any other comments :

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4. High Dependency Unit (HDU)

No. of Beds : ……

No. of Medical Officers : …… No. of Nursing Officers : ……

Equipment : Adequate /Not adequate

Any other comments:

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……

5. Operation Theater

Distance from the Labour Room : ……

Availability of Obstetric Theatre : ……

If not, time allocation for Obs unit : ……

Operation Theater time for LRT : ……

Equipment; Number of LSCS sets available : ……

Condition of Anaesthetic Machine : ……

Newborn Equipment : Resuscitator : Available / Not available

Weighing Scale : Available / Not available

Other Equipment : ……

……

6. Central SSD

Availability of CSSD : ……

Availability of High Pressure Sterilization : ……

Whether they issue equipment /linen to LR from CSSD : ……

7. Family Planning Services

Availability of facilities for sterilization	:	Yes / No
No of LRT done / during the month	:	……
Postpartum IUD insertion facilities available	:	Yes / No
No. of Post Parttum IUD inserted during last month	:	……
Outlets on Family Planning	:	……
Designated Family Planning Clinic	:	……
Opening hours	:	……
Family Planning Clinic	:	Availability of

IUD ☐

Oral pills ☐

Implant ☐

8. Mother Baby Unit

Availability	:	Yes / No
No. of beds in the Mother Baby Care Unit	:	Adequate / Not adequate
Distance from the Postnatal Ward	:	……
Distance from the Neonatal Unit	:	……
No. of Nursing Officers attached	:	……
No. of Midwives attached	:	……

Do they stick to proper way of referring babies to Mother Baby Care Unit :

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Do they practice Kangaroo Mother Care in the Mother Baby Care Unit?
Yes / Only intermittently / No.
any comments about KMC :

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9. Lactation Management Centre (LMC)

Lactation Management Centre : Available/ Not available

Location of the Lactation Management Centre : ……

Opening hours : ……

Staff attached:

Nursing Officers:- …… Midwives:- ……

Staff trained in Breast Feeding Counselling Course (40 hrs).

Nursing Officers:- …… Midwives:- ……

Direct telephone line for incoming calls : Available / Not available

No. of in-mothers seen in the previous month : ……

No. of outside mothers seen in the previous month : ……

Monthly Lactation Management Centre Return (PH-1270) :

Properly filed and available for inspection : Yes / No

Regularly send to FHB : available / Not available

Other activities conducted by the LMC staff:

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Other comments:

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10. Nutrition Rehabilitation Programme

				Response
1	Are SAM children admitted for in-ward treatment in the institution (in Paediatric Ward)			Yes / No
	If yes how many children were admitted during the previous month			
2	Are SAM children being treated as Out Patients in the facility			Yes / No
	Hospital Nutrition Clinic is available			Yes / No
	Nutrition clinic is conducted by a Medical Officer with MSc in Human Nutrition			Yes / No
	Nutrition Rehabilitation Programme Register maintained at - Nutrition Clinic - Paediatric Ward			 Yes / No Yes / No
3	If yes, what are the units attending to Outpatient Management in the hospital? A unit may be a Paediatric Clinic/Nutrition Clinic etc. How many children are currently enrolled for management of SAM in each Clinic/Unit		**Name of the Unit**	**Number enrolled for SAM management**
		Unit 1		
		Unit 2		
		Unit 3		
		Unit 4		
		Unit 5		
		Unit 6		

		Unit 1	**Unit 2**	**Unit 3**	**Unit 4**	**Unit 5**	**Unit 6**
4	Is the SAM guideline available in each unit managing SAM children? (√ if yes)						
5	Is the Therapeutic Food available in each of these units at the time of data collection? (√ if yes)						
	Were there any stock-outs of the commodities during the past year? (√ if yes)						
	If yes - When?						
	For how long?						

		1 Unit	2 Unit	3 Unit	4 Unit	5 Unit	6 Unit
6.	Are equipment for anthropometric measurements available at each of the treatment locations? (√ if yes)						
	Infant Weighing Scale						
	Weighing Scale for older children						
	Length Board						
	Height Rod						
	MUAC tape for children (to be used for children with disabilities who cannot be weighed or measured for length/height using standard equipment)						
7.	Is a register for SAM children being maintained at each of the treatment locations? (√ if yes)						
8.	Does the unit prepare the Monthly Feedback Summary Form on details of children treated with Ready to use Therapecitic Food (RUTF) (√ if yes)						
	If 'YES', Who is the officer preparing it?						
9.	Does the institution send Monthly Feedback Summary Forms on details of children treated with RUTF?						
	If 'YES' - who is the Officer preparing the return?						
	- Return sent to whom						
	- in the current year						
10.	Does the unit prepare a monthly return on supplies (√ if yes)						
	If 'YES' who is the officer preparing						
11.	Does the institution send monthly return on supplies (H-1158)						
	If 'YES' - Who is the officer preparing the return?						
	- Return sent to who						
	- How many returns were sent in last year						
12.	General comments if any						

11. Mithuru Piyasa

No.		Yes	No	Remarks
1	Mithuru Piyasa is located in OPD			
2	Suitable space is allocated for functioning of the Mithuru Piyasa			
3	The necessary staff has been allocated			
4	The staff has undergone the training conducted by the Family Health Bureau			
5	Designated Medical Officer is available			
6	Designated Nursing Officer is Available			
7	Direction has been given by the Head of the Institution to Supervisory Staff (Matron/MOIC-OPD) to fulfil the staff requirements of the Mithuru Piyasa			
8	A referral system has been established within the institution			
9	Head of Institution Conducts a brief monthly meeting to review the progress of the unit before singed the Monthly Return			

12. Yowun Piyasa / Adolecent Health Clinic

No.		Yes	No	Remarks
1.	Suitable space for functioning of the Yowun Piyasa / Adolescent Health Clinic			
2.	Is there a signboard that mentions the facility operating hours? Is it clearly visible?			
3.	The necessary staff has been allocated			
4.	Direction has been given by the Head of Institution to Supervisory Staff (Matron/MOIC-OPD) to fulfil the staff requirements of the Yowun Piyasa / Adolescent Health Clinic			
5.	The register on service utilization has age, sex and cause-specific data			
6.	A Referral Register is available			
7.	Confidentiality maintained at all times			
8.	Conduct a Brief Monthly Meeting to review the progress of the Unit			

Supervision Outcome Report [Institutions]

1. Components/Areas covered during the Supervision

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2. Observations

Strong Points/ Areas	Areas to be strengthened

3. Overall comments on RMNCAH services in the institution

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4. Overall comments on RMNCAH services in the institution

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5. Supervision Team

Name	Designation

CHAPTER 05

Tools for Performance Evaluation

Section 1

Performance Evaluation of Public Health Midwife (PHM)

At Medical Officer of Health Level

Inclusion Criteria: Minimum of 1 year service in the PHM area

Exclusion Criteria: Documented disciplinary action taken

Stage One - Written MCQ Examination

A team comprising of RDHS, MOMCH, RE, RSPHNO will conduct the Stage One Assessment. The initial selection is based on assessment of the knowledge of PHM using a written MCQ Paper prepared at District Level. (Let the MOH and PHNS to send the MCQs to assess the basic knowledge and skills of a PHM to a common question bank located at the RDHS level under the care of MOMCH). This written exam has to be conducted in one location in one day, where all PHMM in that district can participate. Preparation of the question paper should be done just prior to the commencement of the exam. These measures will improve the transparency and the standard of the exam.

Preparation of Question Papers -

- 25 questions with 4 statements each (each correct stem scores 1 mark).
  No negative marks for incorrect answers.
  Total marks will be given out of 100.
- One hour Model paper (5 questions) with answer script is annexed. Model paper will help district managers to get an idea about the depth of the test.
- Paper should cover most of the aspects of the PHMs work and problems specific to each district.

Once the test is completed, papers should be examined at the District Level. Candidates, who scored above the cut-off score (objective is to select the top scoring 10%) decided by the panel, will be assessed at Stage Two at MOH level.

Stage Two - Field Level Assessment

- **Step One**

The Evaluation Team should comprise of at least 3 members. First Officer should be from same MOH area of the selected PHM (MOH/ AMOH/ PHNS/ SPHM).

Second Officer should be from the district level (MOMCH/ RE/ RSPHNO etc).

Third Officer should be from the adjacent MOH area (MOH/ AMOH/ PHNS/ SPHM) .

Always the team should be lead by a Medical Officer.

Depending on the requirement, multiple teams can be formed. The PHMs selected from the Stage One will be assessed for their field activities and a composite score is given based on their performance.

- **Step Two**

The same team at local level will assess PHM on following competencies and Office maintenance.

Randomly selected 2 competencies are assessed based on a checklist. (Candidate should give the opportunity to select the 2 areas by drawing lots.)

1. Home visit to a Pregnant mother and examination at home
2. Procedures at Antenatal Clinic setting
3. Follow up visit for current OCP user and issuing of contraceptive pills
4. Follow up visit for current Family Planning user (IUCD or DMPA)
5. Examination of a Postpartum mother at the Postpartum visit
6. Care for a New born/ Infant at home
7. Weighing of an Infant, plotting and interpretation and advice to the mother
8. Technique of vaccination and advice to mother
9. Counselling a mother to accept a Family Planning method
10. Evaluation of a Health Education session given by PHM
11. Procedure of sterilization of equipment at a Family Planning Clinic
12. Distribution of Micronutrients and relevant advice

At District Level

Three members from the categories of RDHS, MOMCH, RE, RSPHNO, PHNS and a representative from Provincial Level will form the district team. If necessary, a resource person from FHB could also participate at the selection committee.

The assessment will be conducted as an **Oral Examination (Viva)** at district level.

Themes

Creativity	25%
Managerial skills	25%
Knowledge	25%
Special activities	25%

For the final mark, the respective marks obtained for the following steps will have to be considered.

I. Marks obtained at the written MCQ examination

II. Marks at the field level assessment

III. Marks obtained at the oral examination

A merit list is formed (based on the Grand Total) for each district and sent to the National Level, using the format given below.

Name	MOH area	Contact numbers	Written exam (100) (A)	Field level (100) (B)	Total marks (%) (A+B/ 2)	75% of total marks (C)	Oral exam (100)	25% of oral marks (D)	Grand total (C+ D)

Step One

Tool to evaluate the performance of Public Health Midwife on MCH field services

No.	Indicator	Calculation	Means of verification	Sample to be evaluated and the place	Rating Schedule	Marks obtained
1	**Maternal Care**					
1.1	% of Pregnant mothers registered before 8/52	No. of Pregnant mothers registered before 8/52 / No. of H-512 B checked	PMR H-513 H-512 B	Check all H-512 B **(PHM Office)**	>80% 70-79% 50-69% <49%	4 3 1 0
1.2	Average number of Home Visits done by a PHM for high risk pregnant mothers	Total no. of Antenatal home visits done / No. of high risk mothers assessed (10)	H-512 B	Check randomly selected H-512 B of 10 high risk mothers who delivered during any quarter **(PHM Office)**	>6 3-5 <3	4 2 0
1.3	% of Deliveries reported during yea	No. of deliveries reported x100 / Registered infants during the year	EDDR, H-524, PMR BI Register	Check the delivery reporting over the period **(PHM Office)**	> 80% 70-79% 60-69% < 59 %	4 3 1 0
1.4	% of Mothers who received Postpartum care within first 5 days in any quarter	No. received post partum visit within first 5 days x 100 / Total no. of reported normal vaginal deliveries(10)	H-512 B, PMR	Check 10 mothers of any quarter who had normal vaginal deliveries **(PHM Office)**	> 90% 80-89% 70-79% < 69 %	4 3 1 0

2	Infant Care					
2.1	% of Infants with improved weight gain over 6 months	No. of infants with improved weight gain over 6 months x 100 No. of moderate /severe underweight infants(10)	Weighing Registers, CHDR - B portions	Selected 10 infants from the weighing register who had moderate /severe underweight **(PHM Office)**	>80% 70-79% 50-69% <49%	4 3 1 0
2.2	% of Infants weighed regularly	No. weighed 9 or more times x100 No. of children completed 12 months(10)	Weighing Registers, CHDR – B portions	No. of weighing done for 10 randomly selected infants completed 12 months of age **(PHM Office)**	> 90% 60%-89% 40%-59% < 39%	4 3 1 0

3	Family Planning					
3.1	% of Mothers accepted modern Family Planning method at the end of 2 months after childbirth	No. of mothers using modern Family Planning method x100 No. of mothers completed 2 months after childbirth (10)	CHDR	Interview 10 randomly selected mothers of infants come for immunization at 2/4/6 months **(Immunization Clinic)**	> 90% 60%-89% 30%-59% < 29%	4 3 1 0
3.2	% of correct maintenance of Family Planning Client Record by PHM (H-1154)	No. of field records maintained accurately x100 No. of Field Records checked(20)	E/F Registers H-1154 (should tally in both)	Check randomly selected 20 current users of any method of Family Planning **(PHM Office)**	75% -100% 50% – 74% 20% - 49% < 19%	4 3 1 0
3.3	% of couples of Unmet Need accept Family Planning method	No. of couples accept FP method X100 No. of couples with unmet need	E/F Registers H-1154 (should tally in both)	Check couples had unmet need over last two quarters **(PHM Office)**	>25% 15% - 24% 05% –14% < 04 %	4 3 1 0

4	**MIS**					
4.1	Timeliness of Returns	No. of H-524 sent before 5th of next month during the last year	MOH Records	Quarterly Returns of last year	Sent on time Not sent on time	4 0
5	**Locality**					
	Add **three marks** for PHMs serving an area with difficult terrain (RDHS, MOMCH, RE & MOHs' should decide on criteria)					
	Add **three marks** for PHMs serving an area with a population of more than 5000 rural and 7000 urban setting					
	Add **four marks** for PHMs covering another area					
Marks **(Out of 50) 50x7=350**						
Total marks **(Out of 350)**						

Step Two

Check-list to assess competencies of Public Health Midwife

Category 1 (marks 100)	Category 2 (marks 50)
Home visit to a pregnant mother and examination at home	Follow up visit for current OCP user and issuing of contraceptive pills
Examination of a Postpartum mother at the Postpartum visit	Follow up visit for current Family Planning user - IUCD,DMPA
Care for a new born at home	Evaluation of a Health Education session given by a PHM
Weighing of an Infant, plotting and interpretation and advice the mother	Procedure of sterilization of equipment at a Family Planning Clinic
Technique of giving immunization and advice the mother	Distribution of micronutrients and necessary advice
Counseling of a mother to accept a Family Planning method	

Examine one skill each from both categories (all together 2 skills should be examined) and give a total mark out of 150

1. **Home visit to a Pregnant mother and examination at home (Marks out of 100)**

No.	Activity	Allocated Marks	Score
1	Entering the house • Develop a good rapport with the mother • Explain the purpose of the visit	5	
2	Select a suitable place • Get support from the mother and family members	5	
	• Adequate lighting and well aerated place	5	
	• Respect privacy	2.5	

3	Preparation • Availability of a wristwatch (Seconds can be measured) • Pinard • Clean drape • Tape • Clean water • Soap • Pregnancy Record • Diary	If all present 5 marks	
4	Obtain the history • POA • Fetal movements • Any discomforts	For all 5 marks	
5	Prepare to examine mother • Explain the procedure to the mother • Ask mother to empty the bladder • Ask for a urine sample • Get the mother to lying position	For all 5 marks	
6	Self preparation • Remove the wristwatch • Wash hands with soap and water	All done 5 marks	
7	General examination of the mother • Head – For wounds / scars and hygiene • Eyes – Betot spots, colour (icterus), aneamia • Face – swelling • Mouth - Oral hygiene, Gum disorders, Colour and coating of the tongue, Angular stomatitis • Ear – For infections • Neck – Visible Goitres • Breast – Lumps, Dimpling, Cracked nipple, Discharges • Palms – Colour • Pulse – Rate, Rhythm • Legs – Varicose veins, Swelling	10 marks	

8	Abdominal examination • Inspection – scars, wounds, shape of the abdomen, size	2.5
	• Palpation – - Palpate the abdomen softly with palms - measurement of Symphysio- Fundal Height - compare fundal height with POA - check the position and presenting part - engagement of the presenting part	5
	• Listen to the Fetal Heart Rate and count it	5
9	Examine the Perineum • Observe for bleeding, discharges, foul smell, engorged veins • Interpretation of findings • Wash hands after examination	If all done 5 marks
10	Provide information to the mother/ husband/ family • Mother's health • Fetal growth	5
10.1	• Information relevant to the trimester • Explain the current situation	5
10.2	• Regarding investigation results • Any information regarding specific risk factors	5
11	Special referrals if required to MOH, Hospital, Specialist Care	5
12	Record Keeping, Diary	5
13	Give the next clinic date	5
14	Friendly Goodbye	5

/100

2. Examination of a Postpartum mother at the Postpartum visit (Marks out of 100)

No.	Activity	Allocated Marks	Score
1	Enter the house • Friendly approach • Explain the purpose of the visit	5	
2	Preparation for the examination • Post partum visit kit containing a tape, sterilized gloves, two thermometers, cotton swabs, surgical spirit, one artery forceps and one pair of scissors • Soap • Clean water container and serviette • Torch • Bag to collect waste	5	
3	Select a place to examine the mother (Most suitable place available) • Well aerated place • Clean place • Safe place • Adequate lighting • Respect privacy	5	
4	Prepare the mother • Explain the procedure to the mother • Ask for any discomforts – Headache, Leg pain,Adequate Sleep, Breathlessness • Examine the pad • Ask the mother to empty the bladder and to clean the perineum • Correct positioning to examine the mother	5	
5	Self preparation • Remove the wristwatch & wash hands with soap and water • Keep the equipment in to an order	5	
6	Observe the mother • How the mother looks – happy, in pain, depressed (Objective is to assess whether the PHM consider the possibility of postpartum psychosis) • Cleanliness	5	
7	Examine the mother • For pallor – conjunctivae, tongue, palms • Check the temperature • Check pulse • Check respiratory rate • Ability to detect any abnormalities	5	

8	Examine Breasts • Breast engorgement • Cracked nipples • Axillary lymph node enlargement • Colour changes • Tenderness	5	
9	Examine the Fundus • Correctly measuring Symphysio-Fundal Height • Compare it with the expected fundal height from the date of delivery	5	
10	Examine legs • Redness of legs and calf tenderness • Varicose veins	5	
11	Prepare for the perineal examination • Wear the gloves • Keep mother in lithotomy position	5	
12	Inspect the perineum • Excessive tenderness • Cleanliness • Perineal tears • Condition of episiotomy sutures • Look for any foreign material in the vagina Eg:- Swabs (If relevant)	5	
13	Inspect lochia for colour, smell, amount	5	
14	Advice on importance of perineal hygiene	5	
15	Ask the mother to use a pad	2	
16	Keep the mother in a comfortable position	2	
17	Wash hands	5	
18	Provide information to the mother • Breastfeeding – (Observe a breastfeeding session) Position / Attachment	6	
	• Use of flash cards to explain breastfeeding	2	
	• Nutrition • Rest and adequate sleep • Danger signals of possible illnesses • (Eg. Severe headache…)	3	
19	Record keeping • On pregnancy record – State of the fundus, lochia, breast examination findings • Diary	5	
20	Make any necessary referrals	2.5	
21	Leave with assuring another visit soon	2.5	

/100

3. Care for a Newborn at home (Marks out of 100)

No.	Activity	Allocated Marks	Score
1	Visit the house • Develop a good rapport with the households and explain the purpose of the visit • Inquire about the baby	5	
2	Preparation for the examination • Carry the Postpartum visit kit • Soap, serviette and water container • Torch • Baby nappies and a bag to collect waste • CHDR	5	
3	Select a place to examine the baby • With good ventilation • Adequate lighting • A secure place • Good surface to keep the baby • Calm and quiet place	10	
4	Self-preparation • Remove the wristwatch and wash hands with soap and water • Get the necessary equipment to close proximity	5	
5	Prepare the baby for examination • With mother's help, fully expose the child • Wash hands again and dry hands with a clean cloth or tissue	5	
6	Inspect the baby • Check the temperature • Pallor, jaundice, bluish discoloration and BCG site • Move limbs of the baby • Check for respiratory distress • Check for any physical abnormalities	15	
7	Gather necessary information regarding the child (By questioning the mother / from CHDR) • Nature of the birth • Birth Weight • Frequency of feeding and urination to ensure the adequacy of breastfeeding • Ask about the nature of the cry and about baby's sleep • BCG injection	For all marks from 10	

8	Examine the umbilicus • Whether the umbilicus is dry • Necessary action for any detected abnormalities	5	
9	Finishing the examination • Inform mother about the findings • Keep the baby comfortable • Dress the baby up • Keep the baby warm • Keep the baby safely	5	
10	Clean up the equipment	3	
11	Wash the hands again	3	
12	Provide information • Observe a feed - Check for positioning and attachment and do the necessary corrections - Discuss the importance of Breast Feeding with the Family Planning • Uses Breast Feeding Flash Cards to explain	5 4	
	• Discuss the Family Planning issues with parents • Uses Family Planning Flash Cards to explain	2 1	
	• Information regarding ECCD • Uses ECCD Flash Cards to explain	2 1	
	• Information regarding alert situations and next clinic visit	2	
	• Communicate with the family members	2	
	• Information regarding the importance of the new CHDR	5	
13	• Correct recording	5	

/100

4. Weighing of an Infant, plotting and interpretation and advice to the mother
(Marks out of 50)
Total 50x2=100

No.	Activity	Allocated Marks	Score
1	Prepare the place • Adequate lighting • Adequate space • Good ventilation • Appropriate place to hang the balance • Safe environment	5	
2	Collect the appropriate material • A table and a chair • Seating facilities are available for mothers and children • A balance with two hooks and a strong rope to hang the balance • Availability of trunks which are used for weighing • B parts of CHDR	5	
3	Preparation of the balance • Clean the balance • Check whether the equipment is in order • Hang the balance properly • Keep the scale at the eye level	10	
4	Prepare the mother • Allow the mother and child to sit • Explain the procedure to mother	2	
5	Prepare the child • Develop a good rapport with the child • With the help of the mother, remove any additional clothes of the child	2	

6	Weigh the child • With the help of the mother keep the child on the balance • With the help of the mother keep the child still • Correctly position the child, without contacting the floor • When the child is still, get the reading by directly looking at the balance (Not at an angle) • Get the child out of the balance safely • Remove the weighing trunk and give the child to the mother • Help the mother to dress the child up • Inform the mother on the weight of the child • Record the weight immediately in CHDR A and B portions after weighing • Provide adequate information	10	
7	Record keeping • Plot the weight in the weight graph of CHDR	1	
	• Connect with the previous plot in a straight line if it is a consecutive measurement **or** • Connect with a dashed line if it is not a consecutive measurement	2	
	• Do appropriate coding eg. N, X, XX	1	
	• Interpret and explain the nutritional status of the child to the mother	6	
	• Hand over the CHDR back to the mother	1	
8	Clean the place • Remove the balance from the rope • Remove the rope • Keep the equipment at appropriate places • Clean the place • Re-arrange the place as it was earlier	5	

/50 X 2 = 100

5. Technique of giving immunization and advice to mother
(Marks out of 100)

No.	Activity	Allocated Marks	Score
1	Ask the necessary equipment required for an immunization clinic • Sterilized forceps • Sterilized cotton swabs put into a sterilized bottle • Diluents • A Safety Box for sharps • A paper bag to dispose waste cotton swabs • Vaccine vials • Vaccine carrier • Soap, water and clean cloth to wipe hand	10	
2	Decide whether the child suitable for vaccination • Check the temperature • Any contraindications for vaccination • Check the skin • AEFI in previous occasions • Check for any special instructions given previously	10	
3	Check the vaccine vial for • Type • Colour • Appearance • Expiry date and last date used	10	
4	Self-preparation • Remove rings • Remove the wrist-watch • Wash hands with soap and water • After washing hands not to touch anything • Use a clean cloth to wipe hands or allow it to air dry	3	
5	Maintain the Cold Chain • Keep the vaccine carrier properly closed during the procedure • Keep the vaccine vial away fromdirect sunlight	5	

6	Prepare for vaccination • Use the correct diluents	2	
	• Draw the correct dose of vaccine to the syringe	3	
	• Keep the syringe at eye level and remove air bubbles	2	
7	Injecting the vaccine • Is it the correct vaccine for the correct child - Cross check with the CHDR	5	
	• Hold the syringe and the needle without getting contaminated • Select the injecting site • Technique of the injection – - Hold the syringe properly in the correct angle – 45 degrees in subcutaneous, - 60-90 degrees in intramuscular, parallel to the skin intra-dermal. - In IM injections hold the muscle in be tween thumb and index fingers • Inject the full dose of the vaccine • With the withdrawal of the needle, apply pressure with a cotton swab • Dispose of the syringe and needle appropriately	If all are present, 15	
8	Observe 20-30 minutes for AEFI	5	
9	Provide information • How to identify possible reaction • How to respond to a possible reaction • Provide clear information • Next vaccination due date • Answer to any inquiries by the mother	10	
10	Record Keeping • Mark in the CHDR • Write the Batch Number	10	
11	Ask what is to be done at the end of the sessions (Clean the equipment)	10	

/100

6. Counseling of a couple to accept a Family Planning method
(Marks out of 50) 50x2=100

No.	Activity	Allocated Marks	Score
1	Develop a good rapport • Have a friendly approach and welcome them • Discuss with the client • Respect the privacy • Maintain eye contact • Sit with close proximity to the client	5	
2	Gather information • No. of children, spacing and age of last child • Mother's age and her illnesses eg. DM, Hypertension ect • Family Planning methods used if any • Income of the family • Attitudes, habits (Alcoholism etc) and level of eduction of the couple	10	
3	Listen to the couple • Allow the client to talk and listen actively • Consider non-verbal communication	5	
4	Discuss the problems • Maintain silence and give the time to the client to think • Encourage the client to talk • Do not disturb the client when she/he is talking • Do not occupy in other work when listening counselling • Cross check the ideas and clarify	10	
5	Help the client • Explain what is Family Planning • Describe all available methods and advantages and disadvantages of each method • Identify and change the myths on Family Planning • Assist in decision-making and elaborate on chosen method • Inquire for any questions	10	
	• Uses Family Planning Flash Cards to explain	2	
6	Appreciate the client • Pose questions on the selected method • Check for accuracy of knowledge in the client	4	
7	Referral for services • Inform the places from where they can get services • Inform dates and times	4	

/50 * 2 = 100

7. Follow up visit for current OCP user and issuing of contraceptive pills (Marks from 25) 25x2=50

No.	Activity	Marks allocated	Score
1.	**Pills**		
1.1	Preparation at office with correct records	2.5	
1.2	Carry other logistics	2.5	
1.3	Issue pack/s to the client	2.5	
1.4	Ask for side effect	2.5	
1.5	If side effects present counsel appropriately	2.5	
1.6	Cross check on practice of use	2.5	
1.7	Elaborate on continuous use in 24 hour intervals / Carry the pack wherever the client goes, what to do on missed pills (Specifically ask what to do when 1,2 or 3 missed pills)	7.5	
1.8	Record Keeping- Field Card, Diary, Register	2.5	

/25 X 2 =50

8. Follow up visit for current Family Planning user - IUCD or Depo Provera

(Marks from 12.5) 12.5x4=50

Choose ONLY Depo Provera or IUCD)

No.	Activity	Allocated Marks	Score
1	**Depo-Provera**		
1.1	• Visit the client once in every 3 months	2.5	
1.2	• Ask for side effects, menstruation, abdominal pain	2.5	
1.3	• Explain weight gain is due to increased appetite	2.5	
1.4	• Ensure the compliance	2.5	
1.5	• Record Keeping	2.5	
2	**IUCD**		
2.1	• First 3 months, monthly visits followed by visits once in every 3 months	2.5	
2.2	• Ask for side effects, spotting, and menorrhagia. If present, refer to the clinic	2.5	
2.3	• Advise to continue with the method	2.5	
2.4	• Advise to check for threads after each menstruation	2.5	
2.5	• Record Keeping	2.5	

9. Evaluation of a Health Education Session
(Marks out of 25) 25x2=50

No.	Activity	Allocated Marks	Score
1	Availability of planned Health Education schedule	5	
2	Availability and use of appropriate Health Education material	5	
3	Presentation skills of PHM	5	
4	Assess the client's knowledge at the end of the session (feedback)	5	
5	Summarizes the important messages	5	

/25 X 2 = 50

10. Sterilization of equipment at a Family Planning Clinic
(Marks out of 25) 25x2=50

No.	Activity	Allocated Marks	Score
1	Maintenance of Clinic Sterilization Chart	5	
2	Soap/Vim available to clean the equipment	5	
3	Sterilized equipment is in the sterilizer / autoclave	5	
4	Use cheatle forceps to take out the equipment	5	
5	Sterilized equipment are placed in a sterile container with a lid	5	

/25 X 2 = 50

11. Distribution of Micronutrients and necessary advice
(Marks out of 25) 25x2=50

No.	Activity	Allocated Marks	Score
1	Availability of adequate stocks of micronutrients	5	
2	Preparation of PHM on distributing the micronutrients (e.g. packing the tablets appropriately)	5	
3	Issue the correct amount to every mother	5	
4	Provide correct information	5	
5	Correct record keeping	5	

/25 X 2 = 50

Mark sheet

PHM identification details

Name of the PHM :- ……

District :- ……

MOH area :- ……

PHM area :- ……

Stage 1

Marks for the written Paper : …… x 5 = ……

(Out of 100) (Out of 500)

Stage 2

Step 1 : Marks obtained from the tools ……

(Out of 350)

Step 2 : Skills testing

Category 1

Selected Skill ……

Marks Obtained ……

(Out of 100)

Category 2

Selected Skill ……

Marks obtained x 2 ……

(Out of 50)

Total marks for Stage 2 : …… (Out of 500)

Grand Total :

…… + ……= ……=……%

Stage 1 Stage 2 Out of 1000

Section 2

Performance Evaluation of Public Health Nursing Sister (PHNS)/ Supervising Public Health Midwife (SPHM)

Inclusion Criteria: Minimum of 2 years service in the MOH area

Exclusion Criteria: Documented breach of discipline and any disciplinary action

(Code of conduct to be considered when nominating)

Stage I - Screen at District level using Monthly Statements

Criteria :-

I. No. of Supervisions conducted during last 12 months >=70% of the expected norm. (Data source Monthly Returns of PHNS/SPHM)

II. % of Supervision Reports available is >= 60% of expected Supervisions. (Data source Monthly Returns of PHNS/SPHM)

III. 60% of the Supervision Reports are of Office & Field Supervisions

PHNS/SPHM who have fulfilled the above criteria will be selected and nominated to the respective RDHS division. Thereafter, Stage II assessment will be done at district level.

Stage II – District selection using Evaluation Tool

Work performance of selected PHNSS/SPHMM will be assessed using the Evaluation Tool. (Annex A)

A district team comprising of any 3 members from RDHS, Provincial CCP (if available), MOMCH, RE, any MOH, RSPHNO, and Nursing Tutor (PH) will perform this assessment on PHNS/SPHM.

Based on the marks of Stage II, the final mark will be decided and a common merit list will be formed.

Those who score the highest marks will be rewarded.

Annex A

For the use in Stage II:

Tool to Evaluate Performance of PHNS/SPHM (at RDHS level)

Section A – Maps and charts related to Family Health and Vital Statistics				
No.		**Grade**	**Marks allocated**	**Marks obtained**
1	**Area map** **(**Updated area map displayed on the board according to the guidelines)			
1.1	Not smaller than A4 size	Yes / No	Yes=2 / No=0	
1.2	PHM/SPHM/PHNS areas demarcated	Yes / No	Yes=2 / No=0	
1.3	Offices of the PHMM indicated in the map with the population	Yes / No	Yes=2 / No=0	
1.4	Clinic Centers and Institutions are indicated	Yes / No	Yes=2 / No=0	
1.5	Updated annually	Yes / No	Yes=2 / No=0	
	Sub Total		**10**	
2	**Vital Statistics**			
2.1	Updated Vital Statistics (CBR, MMR,IMR) of District and National level by PHM areas and by MOH area	Yes / No	Yes=4 / No=0	
2.2	Figures of important 5 MCH indicators displayed by PHM area (e.g.: LBW, CPR, Immunization coverage etc.)	Yes / No	Yes=4 / No=0	
	Sub Total		**8**	
3	**MCH Charts** Displayed important 5 MCH performance indicators by Bar Charts for the current year and the previous year by PHM area	2 marks per Bar Chart	**10**	
4	**Advance Programme** Approved Advance Programme for the month is displayed		**2**	
	Sub Total		**12**	
Total marks			**30**	

Section B – Details of PHMM under Supervision of PHNS/SPHM				
No.		**Grade**	**Marks allocated**	**Marks obtained**
3.1	Separate files are maintained for each PHM	If 100% (if less than that - 3 marks)	8 marks	
3.2	Basic information on all PHMM under her Supervision are available	If 100% (if less than that - 3 marks)	6 marks	
3.3	Supervisions are planned for all PHMM based on identified problems	If 100% (if less than that - 3 marks)	6 marks	
Total marks			**20**	

Section C – Supervisions during last quarter					
No		**Means of verification**	**Grade**	**Marks allocated**	**Marks obtained**
4.1	% of Supervisions done	No. of Supervisions/Target	>80%	5	
			60-79%	4	
			50-59%	3	
			30 49%	2	
			<29%	0	
4.2	% of Field / Office Supervisions out of all Supervisions done	Monthly Statement & Supervision	>40%	5	
			30-39%	3	
			<30%	0	
4.3	% of Clinics supervised	Monthly Statement & Supervision	>30%	5	
			20-29%	3	
			<20%	0	
4.4	No. of Supervisions on Field Weighing Posts	Monthly Statement & Supervision	3	5	
			2	3	
			1	1	
4.5	No. of Postpartum Supervisions	Supervision Reports	6	5	
			4	3	
			2	1	
4.6	Follow-up Supervisions conducted (of the planned)	Supervision Reports	>50%	5	
			30-49%	3	
			<29%	0	
Total marks				**30**	

Section D (a) - Availability of Supervision Reports and Files					
No.		**Means of verification**	**Grade**	**Marks allocated**	**Marks obtained**
5.1	Separate files for Supervision of each PHM/SPHM available	Files of PHM	Yes No	5 0	
5.2	% of Supervision Reports available (Select a quarter with least disturbance to the routine work)	Supervision Reports	75-100% 50-74% 25-49% <24%	10 7 4 0	
5.3	% of Supervision notes submitted with Diary to MOH with the Supervisor's recommendations	Supervision Reports	>75% 50-74% <49%	10 7 3	
5.4	Summary of progress for each PHM available	PHMM files	Yes No	5 0	
Total marks				**30**	

Section D (b) - Quality of Supervisions				
No.	**Availability of comprehensive Supervision Notes** – *check for following data in randomly selected 5 Supervision Notes*			
6.1	Objective of the Supervision	If available in 4 or more If available in 3 If available in < 3	3 marks 2 marks 0 marks	
6.2	Supervisions done according to the plan	If available in 4 or more If available in 3 If available in < 3	4 marks 2 marks 0 marks	
6.3	In depth evaluation done	If available in 4 or more If available in 3 If available in < 3	4 marks 2 marks 0 marks	
6.4	Documents are cross checked for data comparison	If available in 4 or more If available in 3 If available in < 3	4 marks 2 marks 0 marks	
6.5	Field Supervisions are included	If available in 4 or more If available in 3 If available in < 3	4 marks 2 marks 0 marks	
6.6	Positive and negative aspects identified	If available in 4 or more If available in 3 If available in < 3	4 marks 2 marks 0 marks	
6.7	Recommendations made according to the findings	If available in 4 or more If available in 3 If available in < 3	4 marks 2 marks 0 marks	
6.8	Action Plans prepared with PHM at the end of supervision	If available in 4 or more If available in 3 If available in < 3	4 marks 2 marks 0 marks	
6.9	Follow up actions done	If available in 4 or more If available in 3 If available in < 3	4 marks 2 marks 0 marks	
Total marks			**35**	

Section E - Maintenance of eRHMIS					
No.		**Means of verification**	**Grade**	**Marks allocated**	**Marks obtained**
7.1	Accuracy of data - Check 10 random indicators in H-524	eRHMIS	100% 85-99% 70-84% <70%	5 4 3 2	
7.2	Timeliness of Data submitted by PHM Diary - H-524 - H-527 sent before 5th of following month	Relevant records	Yes No	5 0	
7.3	Cross-checked for validity and accuracy of data in - H-524 - H-527	H-524, H-527 (check 10 random data entries from all entries)	1 mark for one data	10	
7.4	Feedback given to PHMM on above records	PHMM files, minutes of Local & Monthly Conferences, Supervision Notes	Yes No	5 0	
7.5	Organization and contribution on Data maintenance at Local Conferences	Minutes of local & Monthly Conferences	Good Poor	5 0	
Total marks				**30**	

Section F - Capacity Building of PHMM					
No.		**Means of verification**	**Grade**	**Marks allocated**	**Marks obtained**
8.1	Performance Evaluation of PHMM/SPHMM	Master Sheet /PHM Records	Yes/ No	Yes=10 No=0	
8.2	Regular Performance Evaluation done (quarterly)		Yes/no	Yes=10 No=0	
8.3	PHMM are categorized according to their performance	Documented appraisal system is available	Yes/no	Yes=10 No=0	
8.4	Identified training needs of PHMM	Quarterly Need assessments	Yes/no	Yes=10 No=0	
8.5	Training programmes conducted during a quarter	Documents	Yes/no	one mark for each program (Maximum 10 marks)	
Total Marks					**50**
Total Marks (From Section A – F)				**225**	
Additional marks for covering up duties				**25**	
TOTAL					**250**

Section G: Field Clinic and other Special Activities (only for PHNS)					
No.		**Means of verification**	**Grade**	**Marks allocated**	**Marks obtained**
9.1	Blood drawing for VDRL and other antenatal testing	Monthly Statement	Yes/ No	Yes=5 No=0	
9.2	Insertion of IUD	Monthly Statement	Yes/ No	Yes=5 No=0	
9.3	Obtaining of Pap smears	Monthly Statement	Yes/ No	Yes=5 No=0	
9.4	Organizing and conducting special clinics	Diary	Yes/ No	Yes=5 No=0	
9.5	Conduct of volunteer training programs	Reports	Yes/ No	Yes=5 No=0	
9.6	Establishment of model village, model clinic etc.	Reports	Yes/ No	Yes=5 No=0	
9.7	Logistic Management of Micronutrients/ Family Planning items and Printed Forms	Reports	Yes/ No	Yes=5 No=0	
9.8	Infant Death Investigation % of Infant Death Investigations done up to date (within 2 weeks of reporting)	Reports	100 % 75-99% 50-74% < 49%	5 3 2 1	
9.9	Contribution at Monthly Conference	Reports	Good poor	5 1	
9.10	Organizing and contribution at Local Conferences	Reports	Good poor	5 1	
Total Marks				**50**	
GRAND TOTAL				**300**	
Category		**Total marks obtained**			
SPHM		**……/250**			
PHNS		**……/300**			

Section 3

Performance Evaluation of MOH Office Services

Tool has 3 Basic Sections;

A - Section : General appearance and maintenance of the MOH office - 50
B - Section : MOH Office performance - 305
C - Section : Observation of a Polyclinic - 145
Total - 500

Section A - General Appearance and Maintenance of the MOH Office

Elements to be observed (Present situation)	Marks allocated	Marks obtained
Office Identification Board (All 3 languages)	Good – 3, Fair – 2, Poor – 1, Not available – 0	……./3
General appearance, cleanliness (including equipment) and cleaning practice schedule available	Good – 3, Fair – 2, Poor – 1	……./3
Walls and Notice Boards are free of obsolete notices & quality/creativity of notice boards	Good – 3, Fair – 2, Poor – 1 Not free of obsolete notices – 0	……./3
Directional Boards and labeling /markings available / quality of them	Good – 3, Fair – 2, Poor – 1, Not available – 0	……./3
Premises free of unwanted items (Condemning items are tagged)	Good – 3, Poor – 1, Unwanted items are seen – 0	……./3
Standardized visuals/ safety and security measures in place (Electricity, fire….)	Good – 3, Fair – 2, Poor – 1, Not available – 0	……./3
Outside environment (Cleanliness, Orderliness)	Good – 3, Fair – 2, Poor – 1, Not available – 0	……./3

SUB TOTAL - /21

Elements to be observed (Present situation)	Marks allocated	Marks obtained
Vehicle and equipment maintenance (files/maintenance records/manuals)	Very good - 8, Good – 5, Fair – 3, Poor – 1, Not available – 0	……./8
Placing of files (folder systems/ Place for everything/ easy retrieval/quality/creativity)	Very good - 7, Good – 5, Fair – 3, Poor – 1, Not available – 0	……./7
Stores Management (Register maintenance / Visual aids for stock levels / First come First out methods/Cleanliness)	Very good - 7, Good – 5, Fair – 3, Poor – 1, Not available – 0	……./7
Colour-Coded Waste Management system in place (Separate bins, burning site, composting, recycling)	Very good - 7, Good – 5, Fair – 3, Poor – 1, Not available – 0	……./7

SUB TOTAL - /29

Total of Section A - …… / 50

Section B - MOH Office Performance

Work area	Indicator	Elements to be observed	Marks obtained
Display of administrative details of the area (Present situation)	Maps	Area map Quality – (Good – 3, Fair – 2, Poor – 1, Not available – 0) (Updated – add 2 marks)	
		a) Institutions, Clinics, Offices of the staff and road network	……./5
		b) PHI areas	……./5
		c) PHM areas	……./5

Display of Administrative details of the area (Present situation)	Statistics	Availability of at least a Map/Chart from following areas Quality – (Good – 3, Fair – 2, Poor – 1, Not available – 0) (Updated – add 2 marks)	
		a) Population and other vital statistics	……./5
		b) Clinic Centres – Type – Population served	……./5
		c) Weighing Centres – Population served	……./5
		d) Pregnancy Care - Mothers registered / AN Clinic attendance / Deliveries / PP home visits /	……./5
		e) Child Nutrition (Infant / 1-2yrs / 2-5yrs)	……./5
		f) Immunization - coverage	……./5
		g) School Health – SMI coverage / Specific defects & defects corrected	……./5
		h) Well Woman Clinic - % coverage of the 35y cohort	……./5
		i) Family Planning – By methods / New acceptors / Current users	……./5
		j) Spot Map of the Communicable Diseases & Dengue status	……./5
		k) Water Source Map	……./5

SUB TOTAL - /70

Planning	Annual Plans (……..)	Available – 3, Not available - 0	……./3
		Quality of the Plan (Situation analysis, Identification, Prioritization of the problems, Set Goals & Objectives, Activities) [Very good - 5, Good – 3, Fair – 2, Poor – 1, Not available – 0]	……./5
		Activity Plan (Identification of the correct activities, responsible person, time frame, resources required, indicators to monitor) [Very good - 5, Good – 3, Fair – 2, Poor – 1, Not available – 0]	……./5
	Self initiated Survey/s done within ……	Report [available -2, pending – 1, Not done – 0]	……./2
		Utilized the finding (ask for an example) [Yes – 2, No – 0]	……./2
	Customer Satisfaction Surveys done (……..)	Done & report available -2, Done report pending – 1, Not done – 0	……./2
		Utilized the finding (ask for an example) [Yes – 2, No – 0]	……./2
	Disaster Management Plan (……)	[Available – 2, Not available – 0]	……./2
		Staff oriented on the Plan, [Yes – 2, No -2]	……./2

SUB TOTAL - /25

	Annual Advance Program for Health Education (……)	[Available – 3, Not available – 0]	……./3
	Annual Advance Program for School Health (20…….)	[Available – 3, Not available – 0]	……./3
	Clinic Schedule (……)	[Available – 3, Not available – 0]	……./3
	Central Clinic (20……)	[Available – 3, Not available – 0]	……./3
	Availability of the approved Advance Programs of the officers for the **Current Month**	Total number of approved Advanced Programs displayed X 100 / Total number of approved Advanced Programs should available [>95% - 5, 95% - 90% - 3, < 90% - 0]	……./5
Vaccines (Records / Cold chain / Other arrangements …….) (Present situation)	Maintenance of Clinic Vaccine Movements Registers	[Available and updated - 3, Available but not updated– 1, Not available – 0]	……./3
	Maintenance of MOH Vaccine Movement Register	[Very good - 3, Good – 2, Poor – 1, Not available – 0]	……./3
	VVM/Log Tag / Freeze Tag Indicator (reading done daily)	[Very good - 3, Good – 2, Poor – 1, Not available – 0]	……./3
	Temp. Monitoring Chart maintenance	[Very good - 3, Good – 2, Poor – 1, Not available – 0]	……./3

SUB TOTAL - /29

	Arrangement of Vaccines	(First come - First out, Appropriate compartment of the refrigerator) [Very good - 3, Good – 2, Poor – 1]	……./3
	Arrangements for power failures	[Power backup or a Contingency Plan available – 4, No - 0]	……./4
	Autoclaves	[Sterilization Chart available – 2, Not – 0]	……./2
Inventory Management (Present Situation)	All the items / equipment in the office are inventoried	[Updated – 3, Yes -2, No -0]	……./3
	All the items/ equipment are labelled	[Yes -4, No -0]	……./4
	Annual Stock Verification	Available with documented evidence [Yes -3, No -0]	……./3
Micronutrients and Printed formats (Present situation)		Annual estimations carried out for the year, Micronutrients [Documents available – 2, No - 0] Printed Formats [Documents available – 2, No - 0]	……./2 ……./2
		Kept on Racks/Shelves [Yes – 2, No - 0]	……./2
		Name / labelling in a logical manner [Yes – 2, No - 0]	……./2
		Stock levels marked (Accuracy of stock levels) [Yes – 2, No - 0]	……./2
Staff Appraisal System in place		Objective (based on indicators) Methodology to identify staff performances [Available – 2, Not available -0]	……./2

SUB TOTAL - /31

Monitoring of eRHMIS/ Surveillance (**Year of evaluation –** 20……)		Available Quarterly – 6, Annual Basis – 3, Not available – 0 (documented evidence in revelant year)	……./6
		Maintain a timeliness record at the MOH office of all returns received from the PHM and PHI [Yes – 2, No - 0]	……./2
		% Sending Return on time (according to the above record) [> 80% – 4, 80 – 70% - 3, <70% - 0]	……./4
		Timeliness of uploading returns for last year as indicated by the eRHMIS / e-Surveillance / WIBIIS Monthly Statements – all [Yes - 2 marks, No -0]	……./2
		• H-524 all [Yes - 2 marks, No -0]	……./2
		• H-527 all [Yes - 2 marks, No -0]	……./2
		• H-1247 all [Yes - 2 marks, No -0]	……./2
		• H-1015A [Yes - 2 marks, No -0]	……./2
		• EPI - all 4 [Yes - 2 marks, No -0]	……./2
		• WRCD - randomly selected 10 [Yes - 2 marks, No -0]	……./2
		% of Infant Deaths investigated (Number investigated acc.to available reports) / Total deaths in last year according to the H-524 **X 100** [> 80% – 9, 80 – 70% - 6,<70%-0]	……./9
		Availability of Record Room/space, organized by year and return type [Available – 2, No - 0]	……./2
Supervision (Year of evaluation – **20……)**	Availability of common Supervision Rosters	[Yes -3, No - 0]	……./3
		SUB TOTAL -	**/40**

	Supervisions done by the Supervising Officers according to eRHMIS	Total no. of Supervisions done by available Supervising Officers (All MOHs / All PHNSs / All SPHMs) in last year **X** 100	……./8
		Total number of Supervisions due by available Supervising Officers in last year (MOH – 6, PHNS – 6, SPHM – 10 per month) [>75% - 8, 75% - 60% - 5, 60% - 50% - 3, <50% - 0]	
	Availability of Supervision Reports	Total no. of Supervisions Reports available (All supervising staff) in last year X 100	……./8
		Total no. of Supervisions according to to Form C in last year [>75% - 8, 75% - 60% - 5, 60% - 50% - 3, <50% - 0]	
Human Resource Development (Year of evaluation – **20…….)**		In-service Training Schedule /Day [available -3, No – 0]	……./3
		Training needs identified according to an objective method [available -4, No – 0]	……./4
		Reports of the training [available -4, No – 0]	……./4
Performance Review Mechanism (based on the evidence e.g. minutes available) (Year of evaluation – **20…….)**	% of Local Conferences conducted (Last Year)	Done (only if the reports available) /expected* 100 [> 80% – 2, 80 – 70% - 1, <70% - 0]	……./2
	% of Monthly Conferences conducted (last year)	Done (only if the reports available)/expected* 100 [> 90% – 2, 90 – 80% - 1, <80% - 0]	……./2
Collective performances of MOH staff in different service areas (Year of evaluation – **20…….)**	Antenatal	% **Early registration (<**8 **weeks)** (No. of Pregnant mothers registered before 8 weeks / Total Pregnant mothers registered*100) [**>** 80% – 4**,** 80 – 70% - 3**, <**70% - 0]	……./4

SUB TOTAL - /35

		Rubella Coverage (No. of Pregnant mothers registered protected with rubella / Total Pregnant mothers registered **X** 100) [> 95% – 4, 95% – 90% - 3, <90% - 0]	……./4
		Average no. of Antenatal Home Visits Average of H-509 all 4 (First visits + Subsequent visits / First visits) [>5 – 3, <5 - 0]	……./3
		VDRL coverage (No. Mothers tested for VDRL reported at the time of delivery / Total No. of Pregnant mothers delivered **X** 100) (>75% - 3, <75% - 0)	……./3
	Intranatal	**% Delivery reporting** (No. of Delivery reported/Estimated births **X** 100) [> 80% – 4, 80 – 70% - 3, <70% - 0]	……./4
	Postnatal	**% of PP mothers having visited at least once during first 10 days** (No. of 1st visits during 1st 10 days / Estimated births **X** 100) [> 80% – 4, 80 – 70% - 3, <70% - 0]	……./4
		% visits around 42 days (No. of Visits around 42 days / No. of Deliveries reported **X** 100) [> 70% – 4, 70 – 60% - 2, <60% - 0] ……./4	……./4
	Infant and Child	**Infant registration by PHMMs** (No. of Infants registered/Estimated births **X** 100) [> 90% – 4, 90 – 80% - 3, <80% - 0]	……./4

SUB TOTAL - /26

		% Weighing coverage in infants **(**No. of infants weighed / Infants under care **X** 100) [**>** 90% – 4**,** 90 – 80% - 3**, <**80% - 0]	……./4
		% **Weighing coverage in 1-2ys** (No. of 1-2ys weighed / **1-2**ys under care **X** 100) [> 90% – 4**,** 90 – 80% - 3**, <**80% - 0]	……./4
		% **Weighing coverage in 2-5ys** **(**No. of 2-5ys weighed / 2-5ys under care **X** 100) [**>** 90% – 4**,** 90 – 80% - 3**, <**80% - 0]	……./4
		% Pentavalent 3 coverage **(**No. of infants given DPT **3 /** Infants under care **X** 100) [**>**95% - 3**,** 95% - 90% - 2**, <**90% - 0]	……./3
	School Health	**SMI coverage** **(**No. of SMI completed schools / Total No. of School **X** 100) [**>** 90% – 6**,** 90 – 80% - 4**, <**80% - 0]	……./6
	Well Woman Clinic Services & Women's Health	**Coverage of 35 year age cohort** (No. of first visits of 35 yrs to WWC / % of the population **X** 100) [> 35% – 4, 35 – 30% - 3, <30% - 0] **Coverage of 45 year age cohort** (No. of first visits of 5 yrs to WWC / % of the population **X** 100) [> 35% – 4, 35 – 30% - 3, <30% - 0]	……./6
	Family Planning	**Contraceptive Prevalence** **(**Eligible families using a contraceptive method (Modern + Traditional) / Eligible families under care **X** 100) [**>** 70% – 3**,** 70 – 65% - 2**, <**65% - 0	……./3

/30

SUB TOTAL-

		Unmet need of Family Planning (Eligible families with unmet need of Family Planning / Eligible families under care **X** 100) [**<**6% – 3**,** 6 – 8% - 2, >8% - 0]	……../3
Responsiveness (Present situation)	Clients	Information desk for outsiders [Available -3, Not available **-** 0]	……../3
		Display of service availability [Available -3, Not available **-** 0]	……../3
		Complain Box [Available -3, Not available - 0]	……../3
		Compliant Book maintenance [Available -3, Not available - 0]	……../3
Other activities done (Year of evaluation - ……)	GBV, Adolescent Health, Life Skills, NCD prevention, Counseling services	At least 1 activity per quarter [Please give a mark out of 4]	……../4

SUB TOTAL- /19

Total of Section B …….. / 305

Section C - Observation of a Polyclinic

(Visit a randomly selected Polyclinic held at a place other than at the MOH Office)

General	Availability of different time allocations for ANC/CWC/FP, [Yes – 2, No – 0]	……./2
	Client Friendly Clinic arrangement, (Reception, Seating Facility, Numbering systems, Services are arranged in a sequential manner, minimal delays) [Yes – 4, No – 0]	……./4
	Duty Roster :- [Available – 2, Not available – 0]	……./2
	Privacy:- [Well preserved – 2, Average – 1, Poor – 0]	……./2
	Hospital Clinics where referrals done:- [Displayed – 2, Not displayed -0]	……./2
ANC	Equipment:- Weighing Scales calibrated, timely – 2, Not – 0 (Availability of a Chart)	……./2
	Working order Height measuring equipment [Available – 2, Not available – 0]	……./2
	Working order BP apparatus [Available – 2, Not available – 0]	……./2
	Other (Beds, Pinnard..) [Available in working order – 2, Not available – 0]	……./2
	Testing :- Urine Tests (Place, Equipment & Test strips) [yes – 3, No -0]	……./3

SUB TOTAL - /23

	VDRL/HIV tests arranged from STD clinic or Government Hospital [Yes-3, No – 0]	……./3
	Blood Grouping Test arranged from Government Blood Bank [Yes- 3, No – 0]	……./3
	Haemoglobin testing (either blood drawing or other arrangement is in place [Yes– 3 No – 0]	……./3
	Clinic Attendance Register updated [Yes – 9, No – 0]	……./9
	Clinic Summary updated [Yes – 9, No – 0]	……./9
CWC	Equipment in working order:- Weighing Scales are used in CWC, [Calibrated timely – 2, Not – 0]	……./2
	Height / Length measuring equipment [Available – 2, Not -0]	……./2
	ECCD equipment / Play corner:- [Available – 2, Not available – 0]	……./2
	Immunization Register updated [Yes – 9, No – 0]	/9
	AEFI Register updated [Yes – 10, No - 0]	……./10
	CHDR B portions available & updated [Yes – 10, No - 0]	……./10
Family Planning	No. of methods (Condom, OCP, Depo, IUCD, Jadelle) available [At least 4 methods – 9 marks, 3 methods - 5 marks, < 3 methods – 3]	……./9

SUB TOTAL - /71

Clinic care for Postnatal mothers	H-1153 Clinic Record [Available & updated– 8, Not available – 0])	……./8
	Available and Conducted at least for past 6 months [Yes – 10, No – 0] [Records available at clinic register]	……./10
BCC	IEC materials (Flash Cards / Posters) [Utilized - 3 / Available but not utilized – 1 / Not available – 0]	
	Breast Feeding	……./3
	ECCD	……./3
	Complementary Feeding	……./3
	Growth Monitoring	……./3
	Family Planning	……./3
	Well Woman Clinic Services	……./3
	Functioning Resource Centre (Corner) Audio-Visuals [Available – 5, No - 0]	……./5
Emergency Care	**Mobile Emergency Box** Essential drugs within expiry days (Adrenalin) Equipment in working order (Ambu Bag, Syringes, Needles) Dose of drugs displayed according to the age Availability of a Routine Checking Chart **[**Best – 10, Good – 6, Average -3, Not available – 0]	……./10

SUB TOTAL - /51

Total of Section C …… / 145

Total Marks

Sections	Marks
A	..... / 50
B	..... / 305
C	...../ 145
Total	...../ 500
	..... / 100

Section 4

Selection of Best Performed District Maternal & Child Health Unit (MCH Unit)

RDHS Area: …….

Unit details

Population	
Number of MOH areas	
Staff identified for the MCH Unit	
- MO/MCH	
- RSPHNO	
- SPHID	
- HEO	
Availability of identified area for MCH unit	

Selection Process;

- Selection of Best 3 MCH Units, out of 28 Units.
- Selection Criteria; Performance based - 90%, Physical appearance based - 10%

Summary of Marking Scheme

1.	General appearance	10
2.	Display of District Statistics	115
3.	Planning and Organization	335
4.	Office and Stores Management	140
5.	Monitoring eRHMIS	60
6.	Supervision, Monitoring and Evaluation	480
7.	Collective performances in different indicators	165
8.	Staff Appraisal	55
9.	Emergency Preparedness	65
10.	Comments following the visits	120
	Total	**1545**

Work area	Elements to be observed	Description	Marks allocated	Marks obtained
General appearance (10 **marks)**	MCH Unit Identification Board	All 3 languages	6 / 4 / 2 / 0	……/ 6
	General appearance, cleanliness and safety	Maintained inside the unit	2	……/ 4
		Maintained outside the unit	2	
Display of District Statistics (115marks)	Administrative details	District Map - showing population, MOH areas, Hospitals, other important landmarks	7	……./7
	Vital Statistics - given as National, and District levels	a. Birth Rate b. Maternal Mortality Ratio c. Infant Mortality Rate d. Perinatal Mortality Rate e. Under five Mortality Rate f. Low Birth Weight Rate g. Contraceptive Prevalence Rate Modern/ Traditional	5 5 5 5 5 5 5	……/35
	Availability of details on following;	a. Hospitals – by types b. Maternity Homes c. Central Dispensaries PMCU d. MCH Clinics e. DS Offices f. Local Government Institutions g. Zonal Education Offices	2 2 2 2 2 2 2	……./14

	Separate Files for each MOH area with;	a) MOH area map including PHM, PHI, PHNS areas and Clinic Centers	2	
		b) Population according to MOH area, PHNS area, PHI area and PHM area (Updated)	2	
		c) Clinic Schedule including Weighing Posts	2	
		d) Dates of In-service training, Monthly Conferences, Special programmes	2	
		e) Details of Supervising Officers in each MOH area	1	
		f) Information on Cadre – Approved Cadre, No. in Position, Vacancies	1	
		g) Details of Schools, Pre-schools, NGOs, Pvt. Medical Institutions, Elderly and Children's Homes, Other institutions related to health	2	
		h) Supervision Report of Supervisions done by MOH	2	……/14
	Performances by MOH area	Graphically for previous 2 years (RDHS area)Annually and Quarterly for the current year		
		a) Early registration of Pregnant mothers	5	
		b) Postpartum Care Coverage	5	
		c) Contraceptive Prevalence Rate (Modern, Traditional)	5	
		d) Immunization Coverage (DPT 1/ Pentavalent 1 /MMR /JE)	5	
		e) Low Birth Weight Rate	5	
		f) Underweight prevalence among infants and 1-2 year old children	5	
		g) Coverage of SMI	5	
		h) Coverage of Pap smear screening	5	
		i) Trend in Family Planning new acceptors by method for the district (past 5 years)	5	……../45

Planning and Organization (335 marks)	Monthly Advance Programme	Availability for the current month	MOMCH	5	
			RSPHNO	5	
			SPHID	5	
		Approved by RDHS		5	……/20
	District MCH/ Development Plan	Availability Yes / No		30/0	
		Amount allocated for Field and Institutional MCH Care is identified for current year Planned based on Objective/Cadre /Performance/Key issues of the district		30/0	……/60
	Human Resource Development Plan	District Training Plan available for last year		20/0	……/20
		Training needs identified for each category (MOH/PHNS/SPHM/PHM/SPHI/PHI)		30	……./30
		No. of Training Programmes conducted/coordinated % of Training Programmes conducted as planned during last year [>80% / 80 – 70% / < 70%]		10/6/0	……/10
		Reports of the Trainings [available for all / for some/ No]		10/5/0	……./10
	Annual Sacility survey conducted for the current year	Completed for Human Resources/Clinic Centers/Equipment 20/20/20		60	
		Resource availability updated 10/10/10		30	
		Database maintained 10/10/10		30	…../120
	Report on the MCH status of the district for the previous year/Annual Report	Availability		50/0	……/50

Office and Stores Management (140 marks)	Annual estimations carried out for the current year for each MOH area	Micronutrients Printed Formats Vaccines/AD syringes Family Planning commodities			15/0 15/0 15/0 15/0	……/60
	Monitoring the estimation, supply and distribution of items received at RDHS office (check with the stores)	Availability	Amount received documented	5	….20	……/60
			Distribution List available	5		
			Balance documented	5		
			Balance accurate	5		
		Manuals and Guidelines	Amount received documented	5	….20	
			Distribution List available	5		
			Balance documented	5		
			Balance accurate	5		
		IEC materials	Amount received documented	5	….20	
			Distribution List available	5		
			Balance documented	5		
			Balance accurate	5		
	Measures taken to obtain equipment and supplies from available funds				20/0	……/20

Monitoring of eRHMIS (60 marks)	Consolidation of Data	Responsibilities assigned to monitor eRHMIS database of the district 20/0 Timely summarization done 20/0 Feedback sent to relevant institutions 20/0	60	…/60
Supervision, Monitoring and Evaluation (480 marks)	Common Supervision Roster	Available/ Not available Updated	10/0 10/0	…/20
	% of Supervisions done by the MO/MCH (Norm:4/ month)	>75% / 75% - 60% / 59% - 50% / <50% (according to MOMCH Monthly Statement) (Comment on the places of Supervisions done/all relevant areas visited) MOH Offices, Labour Rooms/Maternity Wards, School Health activities, RMSD,Estates supervised where relevant …… …… …… …… …… …… …… ……	20/12/7/0 10	…/30
	% of Supervision Reports available	Total no. of Supervision Reports available / Total no. of Supervisions according to Monthly Statement **X 100** >75% / 75% - 60% / 59% - 50% / <50% (if < 50% , only half marks to be given)	20/18/ 15/10	…../20
	Quality of Supervision Reports	Select Supervision Reports randomly and look for following; Objective mentioned Supervision tally with the objective Recommendations done Action Plan for improvement	 5 5 5 5	
		Positive, to be improved areas identified Yes/No	10/0	
		Follow up process suggested Yes/No	10/0	….40

RSPHNO	% of Supervisions done by the RSPHNO (Norm: 6/month)	>75% / 75% - 60% / 59% - 50% / <50% (according to proof available) (Comment on the places of Supervisions done) …… …… …… …… …… …… ……	20/12/7/0 10	…/30
	% of Supervision Reports available	Total no. of Supervision Reports available **X** 100 Total no. of Supervisions done according to proof available >75% / 75% - 60% / 60% - 50% / <50% (if < 50% , only half marks to be given)	20/18/ 15/10	…../20
	Quality of Supervision Reports	Select Supervision Reports randomly and look for following; Objective mentioned Supervision tally with the objective Recommendations done Action Plan for improvement	 5 5 5 5	….../40
		Positive, to be improved areas identified Yes/No	10/0	
		Follow up process suggested Yes/No	10/0	
SPHID	% of Supervisions done by the SPHID (Norm: 6 /month)	>75% / 75% - 60% / 59% - 50% / <50% (according to proof available) (Comment on the places of supervision done) …… …… …… …… …… ……	20/12/7/0 10	…/30
	% of Supervision Reports available	Total no. of Supervision Reports available X 100 Total no. of Supervisions done according to proof available >75% / 75% - 60% / 60% - 50% / <50% (if < 50% , only half marks to be given)	20/18/ 15/10	…../20
	Quality of Supervision Reports	Select Supervision Reports randomly and look for following; Objective mentioned Supervision tally with the objective Recommendations done Action Plan for improvement	 5 5 5 5	….../40
		Positive, to be improved areas identified Yes/No	10/0	
		Follow up process suggested Yes/No	10/0	

Separate Files are maintained for respective Supervisee in the MCH unit/RDHS Yes for all/ Yes for some/No		10/5/0	……./10
Maternal Death Investigation	Timely completion of investigations of all reported deaths for the current year – Field investigation – Institutional investigation	 10/0 10/0	……../20
MO/MCH Monthly Return	Submission of MO/MCH Monthly Return to D/MCH and PDHS through eRHMIS	30	……./30
Conduct of Review Meetings	District MCH/EPI Review for the current year – Quarterly /Bi annually	15	……./40
	National MCH/EPI Review for the past year - Annually	15	
	Maternal Death Review	10	
Perinatal Death Conferences	Conduct of Perinatal Death Conferences in all hospitals No. held/No. to be held (Minutes should be available)	10/0	……./10
	Participation at the Perinatal Death Conferences No. participated/No. held (Minutes should be available)	10/0	……./10
Participation at other regular meetings	Attendance in Monthly Conferences (one per quarter for each MOH) >90% / 90 – 70% / 69 – 50% / <50%	15/10/8/0	……/15
	No.of Monthly Meetings for MOOH at RDHS office.	10/0	……./10
	Provincial and Zonal committee on Health Promoting Schools – convene	10/0	……./10
	District Child Right Promotion Meeting	10/0	……./10
	Conducting School Health coordinating meetings at District level/Zonal level/Divisional level	15/0	……./15
	District Drug Review Committee (check for the approval of all common items including drugs to be given at the SMI)	10/0	……./10

Collective Performances of Indicators (165 marks) (Can be obtained from the eRHMIS)	Antenatal (20 marks)	**% of Early registration (< 8 weeks)** (No. of regnant mothers registered before weeks/ Total pregnant mothers registered **X** 100) [90 -80% / 79 – 75% / 74 – 70% / < 70%]	10/8/5/0	...../10
		Rubella Coverage (No. of Pregnant mothers protected with Rubella / Total Pregnant mothers registered **X** 100) [> 95% / 95% – 90% / <90%]	5/2/0	...../5
		VDRL Coverage (No. Mothers tested for VDRL reported at the time of delivery / Total No. of Pregnant mothers delivered **X** 100 [≥ 75% / <75%]	5/0	...../5
	Intranatal (10 marks)	% **of Delivery Reporting** (No. of Deliveries Reported / Estimated births **X** 100) [> 80% / 80 – 70% / <70%]	10/6/0	...../10
	Postnatal (20 marks)	**% of PP mothers having visited at least once during first 5 days** (No. of 1st visits during 1st 5 days / Estimated births **X** 100) [> 80% / 80 – 70% / <70%]	10/6/0	...../10
		% Visits around 42 days (No. of visits around 42 days / No. of deliveries reported **X** 100) [> 70% / 70 – 60% / <60%]	10/6/0	...../10
	Infant and Child (35 marks)	**Infant registration by PHMM** (No. of infants registered / estimated births **X** 100) [> 90% / 90 – 80% / <80%]	5/3/0	...../5
		Weighing coverage in infants (No. of infants weighed / Infants under care **X** 100) [> 90% / 90 – 80% / <80%]	10/6/0	...../10
		Weighing coverage in 1-2ys (No. of 1-2ys weighed / 1-2ys under care **X** 100) [> 90% / 90 – 80% / <80%]	10/5/0	...../10
		Weighing coverage in 2-5ys (Nutrition Month)(No. of 2-5ys weighed / 2-5ys under care **X** 100) [> 90% / 90 – 80% / <80%]	10/5/0	...../10

	School Health (20 marks)	**SMI coverage (total)** (No. of SMI completed schools / Total No. of Schools **X** 100) [**>** 90% / 90 – 80% / **<**80%]	6/4/0	……./6
		SMI coverage within Q1 + Q2 [> 80% / 80 – 70% / < 70%]	5/3/0	……/5
		% of School Sanitation Surveys conducted within Q1 (check reports) [> 90% / 90% - 80% / **<** 80%]	5/3/0	……./5
		% of Health Promoting Schools [**>**80% / 79% - 70% /69% - 60% / < 60%	4/3/2/0	……./4
	Well Woman Clinic Services & Women's Health (20 marks)	**Coverage of 35 year age cohort** (No. of first visits of 35 yrs to WWC / 1% of the population **X** 100) [> 60% / 60 – 40% / 40 – 30% / <30%]	10/6/4/0	……/10
		Coverage of 45 year age cohort (No. of first visits of 35 yrs to WWC / 1% of the population **X** 100) [**>** 60% / 60 – 40% / 40 – 30% / **<**30%]	10/6/4/0	……./10
	Family Planning (40 marks)	**Contraceptive prevalence for modern methods** Eligible Families using a modern contraceptive method / Eligible Families under care **X** 100) [**>** 50% / 50 – 40% / **<**40%]	10/6/0	……./10
		Unmet need for Family Planning (Eligible Families with unmet need for Family Planning / Eligible families under care **X** 100) [**<**5% / 5 – 6% / **>**6%]	10/6/0	……/10
		% **of IUCD users** (IUCD users/Eligible Families under care **X** 100) [**>**15% / 15 – 10% / 9 - 7% / **<**7%]	10/6/4/0	……./10
		% of Teenage Pregnancies [<6% / > 6%]	10/0	……/10

Staff Appraisal (55 marks)	Objective (based on indicators) Methodology to identify staff performances at MOH, PHNS, SPHM, PHM, SPHI,PHI levels (6 X 5) [Available for all/ for some/not available]		30/15/0	...../30
	Appraisal done: Annually/Not regular/Not done		10/4/0	...../10
	Rewarding mechanism in place		15/0	...../15
Emergency Preparedness (65 marks)	Disaster Management Plan	Available for the District Staff 15/0 Aware of it 15/0	30	...../30
	Emergency Preparedness Plan	Available for the RDHS office 2/0 Availability of emergency contact numbers 3/0	5	...../5
	Resonsiveness	Yes/No	30/0	...../30
Comment on the following visits / activities done (120 marks)				
RMSD-visit		Comment on the Return sent/Stock out/ Distribution List etc.	50/0	...../50
Divisional Pharmacist		Availability of drugs for SMI	30/0	...../30
Innovative approaches		Hospital	10/0	...../10
		Field	10/0	...../10
Other activities done			20/0	...../20

Summary

No.	Section	Marks obtained
1.	General Appearance	**……/10**
2.	Display of District Statistics	**……/115**
3.	Planning and Organization	**……/335**
4.	Office and Stores Management	**……/140**
5.	Monitoring of eRHMIS	**……/60**
6.	Supervision, Monitoring and Evaluation	**……/480**
7.	Collective Performances of indicators	**……/165**
8.	Staff Appraisal	**……/55**
9.	Emergency Preparedness	**……/65**
10.	Comments following the visits	**……/120**
	TOTAL	**……/1545**
	%	**……/100**

Annex - B

Sample Supervision Roster for MOH Office

Identify the Place/Officers to be Supervised (PHM, PHI, PHNS, SPHM, Clinic centers. Field weighing posts etc.) and indicate the Place/Officer of Supervision by an individual Supervising Officer every month.

MOH Office:: …….. Year: ……..

Officer/Place	January	Date for follow-up visit*	February	Date for follow-up visit	March	Date for follow-up visit
PHM 1	MOH1					
PHM 2			SPHM			
PHM 3						
Clinic 1	PHNS					
Clinic 2			SPHM			
PHI 1	MOH2					
PHI 2			SPHI			
FW Post 1	PHNS.					
FW Post 2			SPHM			
SPHM	MOH2					
PHNS			MOH1			
SPHI					MOH1	

This schedule will help Supervising Officers to plan their work more effectively as a team. In addition it is a tool to evaluate the coverage of Supervisions carried out by the team annually.

* Follow-up visits can be carried out by the same Supervisor or any other Supervisor, and after completing, those should be updated in the roster. MOH is supposed to discuss with other **Supervising Officers** on follow-up visits quarterly to monitor corrective actions.


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