Monthly Statement of Medical Officers
(Maternal and Child Health)

To be prepared at the end of the month and to enter into the eRHMIS on or before the 10th of the following month

RDHS Area:……

Year:……

Month:…….

1. Supervision of institutions and sessions during the month				**Number done**
1.	MOH offices			
2.	Clinics (FP /Poly/WWC Clinics)			
3.	Labour rooms			
4.	Maternity Wards			
5.	Neonatal Unit			
6.	Baby Friendly Initiative Services			
7.	Supportive Services	a.	Blood Bank	
		b.	Laboratory	
		c.	Intensive Care Unit (ICU)	
		d.	High Dependency Unit (HDU)	
		e.	Operation Theater	
		f.	Central SSD	
		g.	Family Planning Services	
		h.	Mother Baby Unit	
		i.	Lactation Management Centre (LMC)	
		j.	Nutrition Rehabilitation Programme	
		k.	Mithuru Piyasa	
		l.	Yowun Piyasa/ Adolescent Health Clinic	
8.	Regional Medical Supplier Division (RMSD)			
9.	Office of Public Health Nursing Sisters (PHNS)			
10.	Office of Supervising Public Health Midwife (SPHM)			
11.	Classes/Sessions	a.	Preconception care	
		b.	Antenatal Sessions / Classes	
		c.	Complementary feeding	
		d.	Early Childhood Development (ECD)	
		e.	Other (specify) ……..	

2. Clinics supervised during the month										
	Antenatal	Child Welfare	Family Planning	Poly	Combined	GBV	Well Woman	Nutrition	Adolescent Health Services	Field Weighing Posts
1. Field clinics										
2. Hospital clinics										

3. Officers supervised (Specify) during the month							
	PHNS	SPHM	…….	…….	…….	…….	…….
1. Number done							

4. Other supervisions/Conferences attended/Reviews conducted during the month				**Number done**
1.Other supervisions	a.	Health Promoting Schools		
	b.	School Health Activities		
	c.	Estate clinics (where relevant)		
	d.	Field		
	e.	Other (specify)	……	
2.Conferences attended	a.	Local conferences		
	b.	Monthly conferences		
	c.	Perinatal Death Conferences		
3.Reviews conducted	a.	MCH reviews (District/National)		
	b.	Nutrition reviews		
	c.	School Health reviews		
	d.	Maternal Death Reviews	Hospital	
			Field	
4.Other	Specify		……	
			……	

5. Total Supervisions done during the month	**Number Done**
1. No. of Supervisions Done	
2. No. of Reports Submitted	
3. No. of Follow-up Supervisions Done	
4. No. of Follow-up Supervision Reports Submitted	

6. **Training programs done during the month**			
	Name of the programme	**Categories trained**	**Number done**
1. Conducted	1.		
	2.		
	3.		
	4.		
2. Training received (Specify)	1.		
	2.		
	3.		
	4.		
3. Overseas training programmes/ seminars attended (specify)			
4. Other meetings/ activities attended (specify)			

Name of MOMCH: ……..….

Signature: …….

Date: ……