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பிராந்திய மேற்பார்வை பொது சுகாதார தாதிய உத்தியோகத்தர்
Monthly Statement of Regional Supervising Public Health Nursing Officer

General information		
RDHS area …….	Month ……...	Year …….
Number of RSPHNO Available:		

1.Supervision of classes and sessions	**No Planned**	**No Supervised**	**No Submitted**
1. Preconception Care			
2. Antenatal Classes			
3. Complementary Feeding			
4. Early Childhood Development			

2.Supervision of officers		**No Planned**	**No Supervised**	**No Submitted**
1. PHNS	Office supervision			
2. SPHM	Office supervision			
3. PHM	1. Office supervision			
	2. Antenatal care			
	3. Postnatal care			
	4. Infant and Child care			
	5. Weighing Posts			
	6. Family Planning			
	7. Poly Clinics			
	8. Well Women Clinics			
	9. Field			
4.Others (Specify)	1……...			
5.Others (Specify)	2……...			

3.Supervision (others)				
Place / Group		No Planned	No Supervised	No Submitted
1. Creches				
2. Mother supportive groups				
3.Other (Specify)	…….			
4.Other (Specify)	…….			

4.Supervision of clinics				
Clinic			No Supervised	No Submitted
1. Polyclinics				
2. Combined				
3. Antenatal				
4. Child Welfare				
5. Family Planning				
6. Well Women				
7. Nutrition				
8. Adolescent				
9. Other (Specify)	…….			

5. Total supervision	
No. of Supervisions Done	
No. of Reports Submitted	
No. of Follow-up Supervisions Done	
No. of Reports Submitted	

6.Reviews and Conferences		No Planned	No Participated
1.Monthly Conferences			
2. Local Conferences			
3. MCH Reviews - District			
4. Nutrition Reviews			
5. School Health Reviews			
6. District Maternal Death Reviews			
7. Other (Specify)	……....		
8. Other (Specify)	……....		

7.Death data verification	No Reported	No Verified
1. Maternal		
2. Infant		
3. Child		
4. Adolescent		

8.Training programmes attended as Master Trainer		No Planned	No Participated
1. IYCF			
2. GMP			
3. ECCD			
4. Family Planning			
5. Life Skills			
6. Adolescent Health			
7. Other (Specify)	……..		
8. Other (Specify)	……..		

9. Research and Surveys	
No. of Research conducted / participated	
No. of Surveys conducted / participated	

Name of RSPHNO: ……..……

Signature: ……

Date: ……