

# Chapter 01

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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 been 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.	Divisional Supervising Public Health Inspector [SPHID]	06
04.	Regional Supervising Public Health Nursing Officer [RSPHNO]	06
05.	Supervising Public Health Inspector [SPHI]	10
06.	Public Health Nursing Sister [PHNS]	06
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 eRHMS 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 3, report should include the relevant section of the tool and the **Supervision Outcome Report [Field Health Services]** given in the page 91 For supervision of healthcare institutions, tools are given in the chapter 04 and report should include the relevant section of the tool and the **Supervision Outcome Report [Healthcare Institution]** given in the page 181
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 -I

## 01. Medical Officer Maternal and Child Health (MOMCH)

Minimum number of supervisions	04
Guidance ( <i>as given in the duty list</i> )	<p>Should supervise and provide necessary guidance for successful implementation of all components of the RMNCAYH programme.</p> <p>Supervision Team with the district administrative and technical officers (RDHS, RE, RSPHNO, SPHID) should be encouraged.</p> <p>Should ensure that a minimum of four supervisions are carried out during a month in following settings;</p> <ol style="list-style-type: none"> <li>1. MOH office (Health units)</li> <li>2. MCH/FP/WWC clinics</li> <li>3. Institutions (labour room, maternity wards, LMC, Mithurupiyasa, Yovun piyasa)</li> <li>4. Regional Medical Supplies Division (RMSD)</li> <li>5. Office of Public Health Nursing Sister</li> <li>6. Office of Supervising Public Health Midwife</li> <li>7. Schools</li> </ol> <p>When supervising a healthcare institution within the district, head of the institution should be informed prior to the supervision.</p> <p>MOMCH may supervise PHMM (field) on requests made by the other supervising officers.</p> <p>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.</p> <p>Follow-up actions should be taken to monitor recommendations.</p> <p>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.)</p>
Other strategies can be used	<p>MOMCH is supposed to perform 12 supervisions in a quarter. The following composition is suggested to strengthen the RMNCAYH service components.</p> <ol style="list-style-type: none"> <li>1. MOH office - 2</li> <li>2. Poly/FP/WWC clinics - 2</li> <li>3. Institutions (labour room, maternity wards, LMC, Mithurupiyasa, Yovun piyasa) - 2</li> <li>4. Regional Medical Supplies Division (RMSD) - 1</li> <li>5. Office of Public Health Nursing Sisters - 2</li> <li>6. Office of Supervising Public Health Midwives - 1</li> <li>7. School Health - 2</li> </ol> <p>eRHMS database can be used to identify the places/persons to be supervised.</p>

<b>02. Medical Officer of Health / Additional Medical Officer of Health (MOH/AMOH)</b>	
Minimum number of supervisions	06
Guidance ( <i>as given in the duty list</i> )	<p>Job functions of the MOH / Chief MOH.</p> <p>The MOH / CMOH shall monitor and evaluate the work of all members of his team and the AMOOH.</p> <p>Job functions of the AMOOH managing the sub-units.</p> <p>AMOOH shall not have any administrative function other than the Technical and Supervisory function within the sub-unit.</p>
Other strategies can be used	<p>According to the minimum expected number, MOH is supposed to perform 6 supervisions in a month.</p> <p>The following supervisions (out of 6 per month) are suggested to strengthen the RMNCAYH service components.</p> <ol style="list-style-type: none"> <li>1. PHM office/field Supervision – 1</li> <li>2. Supervision of school health services - 1</li> </ol> <p>Supervise SPHM, PHNS and SPHI at least bi-annually.</p> <p>All the PHMM needs to be evaluated using the PHMM annual supervision form during the month of December with PHNS and SPHM.</p> <p>[Please see Annex I - Sample supervision roster for MOH Office]</p> <p>eRHMIS database can be used to identify the places/persons to be supervised.</p>
<b>03. Regional Supervising Public Health Nursing Officer (RSPHNO)</b>	
Minimum number of supervisions	06
Guidance ( <i>as given in the duty list</i> )	<p>Job functions of the RSPHNO</p> <p>She should be an active member of the district supervising team and should supervise the following officers and sites.</p> <ol style="list-style-type: none"> <li>1. Public Health Nursing Sister</li> <li>2. Supervising Public Health Midwife</li> <li>3. Public Health Midwife</li> <li>4. Clinics: Maternal and Child Health/ Family planning/ Well woman clinics/Adolescent clinics</li> <li>5. Field weighing posts</li> <li>6. Field</li> </ol> <p>At least six supervisions should be carried out monthly, according to the staff's needs and availability. Supervision reports should be</p>

	<p>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 second to the relevant Head of the Institution, and the third to be retained in her office.</p> <p>The concurrence of the Head of the Institution should be obtained when supervising health institutions.</p> <p>Shall scrutinize supervision reports and plans submitted by PHNSs and SPHMs and guide them to strengthen supervision in the district.</p>
Other strategies can be used	<p>Supervision from each category (within a given month) is suggested to strengthen the RMNCAH service components.</p> <ol style="list-style-type: none"> <li>1. Public Health Nursing Sister - 1</li> <li>2. Supervising Public Health Midwife -1</li> <li>3. Public Health Midwife - 1</li> <li>4. Clinics: Poly/ Family planning/ Well woman clinics/Adolescent clinics -1</li> <li>5. Field weighing posts - 1</li> <li>6. Field -1</li> </ol> <p>eRHMIS database can be used to identify the places/persons to be supervised.</p>
<b>04. Supervising Public Health Inspector (SPHI)</b>	
Minimum number of supervisions	10
Guidance (as given in the duty list)	<p>Shall guide, lead and supervise the Public Health Inspectors in his area to carry out the duties in respect of:</p> <ol style="list-style-type: none"> <li>(a) Environmental health with special reference to sanitation, latrine construction, food hygiene housing, licensing of trades, meat inspection and hospital sanitation.</li> <li>(b) Control of communicable diseases.</li> <li>(c) School Health</li> <li>(d) Occupational Health, including estate health</li> <li>(e) Special campaign</li> <li>(f) Health education</li> <li>(g) Any other duties assigned to them by frequent inspections of office and field</li> </ol> <p>Shall-submit reports of all supervisions carried out by him to the MOH/AMOH for further follow-up actions.</p>
Other strategies can be used	<p>Suggest performing two supervisions out of the ten per month on school Health.</p> <p>Please see Annex I - Sample supervision roster for MOH Office</p>

<b>05. Public Health Nursing Sister (PHNS)</b>	
Minimum number of supervisions	06
Guidance (as given in the duty list)	<p>Job functions of the PHNS</p> <p>Guidance, supervision and performance evaluation of public health midwives in her area.</p> <p>Shall guide and supervise the work of all the midwives in her area both in the field and at the clinic centers.</p> <p>Shall guide and supervise the work of SPHM.</p> <p>Shall discuss the work with the PHMM and identify strengths and weaknesses regarding program implementation within her area.</p> <p>Shall discuss problems/deficiencies and suggest solutions for improvement.</p> <p>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.</p> <p>Shall evaluate the work of the PHMs &amp; 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.</p> <p>Shall maintain appraisal forms of all in her area and submit to the MO with her comments.</p>
Other strategies can be used	<p>Out of the total number of working days in a month, at least 6 days must be devoted only for supervision activities.</p> <p>The following composition is suggested to strengthen the RMNCAYH service components during a month.</p> <ol style="list-style-type: none"> <li>1. PHM Office Supervision - 2</li> <li>2. PHM Field supervisions - 2</li> <li>3. Field weighing post supervisions - 1</li> <li>4. Clinic supervision (Poly/FPC/PC/WWC/NC/AHC) – 1</li> </ol> <p>eRHMIS database can be used to identify the places/persons to be supervised.</p> <p>All the PHMM needs to be evaluated using the PHMM Annual Supervision Form during the month of December every year with MOH and SPHM.</p> <p>[Please see Annex I - Sample supervision roster for MOH Office]</p>

<b>06. Supervising Public Health Midwife [SPHM]</b>	
Minimum number of supervisions	10
Guidance (as given in the duty list)	<p>Guidance and supervision of PHMM of her areas</p> <p>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.</p> <p>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.</p> <p>Shall supervise and guide PHM to organize and maintain the clinics in her area. She will visit clinics according to prearranged programme or according to needs identified by MOH/PHNS.</p> <p>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.</p>
Other strategies can be used	<p>Out of the total number of working days in a month, 10 days must be devoted solely for supervision activities.</p> <p>The following composition is suggested to strengthen the RMNCAYH service components during a month.</p> <ol style="list-style-type: none"> <li>1. PHM Office Supervision - 3</li> <li>2. PHM Field supervisions - 4</li> <li>3. Field weighing post supervisions - 3</li> </ol> <p>eRHMIS database can be used to identify the places/persons to be supervised.</p> <p>All the PHMM needs to be evaluated using the PHMM Annual Supervision Form during the month of December every year with MOH and PHNS. [Please see Annex i - Sample supervision roster for MOH Office]</p>