**Section 1**

**Supervising Public Health Midwife - Office Supervision**

1. Name of supervising officer : ………………………………………………………………………………
2. Designation of the supervising officer: -…………………………………………………...………………
3. Date of supervision: -………………………………………………………………………..………………
4. MOH area: -……………………………………………………………………………...…..………………
5. Name of the SPHM:- ………………………………………………………………………..………………
6. Objective of the supervision: -……………………………………………………………...………………
7. Was the SPHM informed regarding the supervision: Yes / No

# 1. Basic information

Population :………………………………………………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** |  | **Yes** | **No** | **Remarks** |
| i | Cleanliness of the office is satisfactory |  |  |  |
| ii | Office is well organized |  |  |  |

Number 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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Number of PHMS to be supervised

Is the SPHM in complete uniform ? : Yes / No

# 2. General condition of the office

1. **Items to be displayed on the wall**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | **Yes** | **No** | **Remarks** |
| a | 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 |  |  |  |
| b | 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 |  |  |  |
| c | 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 |  |  |  |
| d | 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 |  |  |  |
| e | Charts | Details on population number of houses, number of eligible families are updated according to PHM areas |  |  |  |
| f | 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. |  |  |  |

1. **Maintenance of registers, records and returns in the office**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | **Yes** | **No** | **Remarks** |
| a | List of duties | Duty lists of the following mentioned officers are available   * SPHM * -PHM |  |  |  |
|  |  |  | **Satisfactory** | **Unsatisfactory** | **Remarks** |
| b | Diary | Pages are numbered |  |  |  |
| Completed for the due date Tallies with the advanced program |  |  |  |
| Number of houses visited and the services provided is mentioned during field visits |  |  |  |
| Tallies with from-B in the eRHMIS RH – MIS |  |  |  |
| At the end of the month, diary and  supervision reports are forwarded to the MOH through PHNS |  |  |  |
| If deviated from the advance programme, whether it is indicated in the deviation book. |  |  |  |
| c | Registers and records | Separate files are available for each PHM under care with regard to supervision |  |  |  |
| Clinic supervision reports |  |  |  |
| File for Form B |  |  |  |
| Basic information on all PHMs available |  |  |  |
| File containing supervision reports given by higher officials |  |  |  |
| Visitor’s book |  |  |  |

1. **Action plan of SPHM:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** |  | **Yes** | **No** | **Remarks** |
| I | Has she identified problems in PHM areas under her purview and directed them to overcome problems through preparation of action plan |  |  |  |
| ii | Has she identified targets for the year |  |  |  |
| iii | Has she made an annual plan to achieve the goals |  |  |  |
| iv | Has she made objectives to achieve targets |  |  |  |
| v | Has she prepared an action plan to overcome identified problems in the area |  |  |  |
| vi | Has MOH / PHNS been made aware of the action plan |  |  |  |
| vii | Has she directed the PHM to implement the action plan |  |  |  |
| viii | Has she assessed the progress through follow-up visits |  |  |  |
| ix | Has she discussed it at monthly & local conferences |  |  |  |

# 6. Supervision activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** |  | **No.** | **%** | **Remarks** |
| i | Number of supervisions planned for the last quarter |  |  |  |
| ii | Number of supervisions done in the quarter |  |  |  |
| iii | According to the diary, the number of supervisions done in last quarter |  |  |  |
| iv | Number of supervisions done according to Monthly statement withing the last quater |  |  |  |

**7. Types of supervision done in last quarter**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** |  | **No.** | **Remarks** |
| I | PHM office supervisions |  |  |
| ii | PHM Service component - office supervisions |  |  |
| Iii | PHM Service Component - field supervision |  |  |
| iv | Supervisions of field weighing posts |  |  |
| v | Clinic supervisions |  |  |

# 8. Supervision remarks

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** |  | **No.** | **%** | **Remarks** |
| i | Number of supervisions reports during the last quarter |  |  |  |
| ii | Number of supervisions forwarded to MOH for approval |  |  |  |
| iii | Number of supervisions reports submitted to PHM within 2 weeks |  |  |  |

# 9. Quality of supervision reports

(See whether the detail given below are included in the supervision report by examining a few reports)

No. of reports examined: …………………………………………..

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** |  | **Satisfactory** | **Unsatisfactory** | **Remarks** |
| i | Objective of supervisions |  |  |  |
| ii | Justification of the objective |  |  |  |
| iii | Data comparison done |  |  |  |
| iv | Doing a field supervision as indicated |  |  |  |
| v | Appropriate recommendations are made on supervision done |  |  |  |

**10. Follow up supervisions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** |  | **Yes** | **No** | **Remarks** |
| i | Follow-up supervision have been done to assess the progress |  |  |  |
| ii | PHMs with low performance have been correctly identified |  |  |  |
| iii | Close attention has been given to those PHMs |  |  |  |
| iv | Has she developed a mechanism to identify the best-performed officers |  |  |  |

# 11. Maintenance of Management Information System (MIS)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** |  | **Yes** | **No** | **Remarks** |
| i | Has she taken steps to get the relevant returns from the PHM on time i.e H 524 ,H 527 |  |  |  |
| ii | Separate register is maintained to record the receipt of returns |  |  |  |
| iii | Has she taken action to ensure the quality of data |  |  |  |
| iv | Has she cross-checked the data with relevant records (diary, daily return and monthly return ) |  |  |  |
| v | Is she able to analyze H 524 |  |  |  |
| vi | Identified problems are discussed at the monthly and local conferences and interventions are made |  |  |  |

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b. To strengthen the Management Information System

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| --- | --- |
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| **12. Special services** |  |
| 1. Creative interventions  a. To improve quality of service of PHMM |

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

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

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

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

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