

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 :.....
- 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 :
.....
.....
- Number of PHMS to be supervised
- Is the SPHM in complete uniform ? : Yes / No

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

			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.			

4. 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 eRHMS 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			

5. 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 quarter			

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			

12. Special services

1. Creative interventions

a. To improve quality of service of PHMM

.....

.....

.....

.....

.....

.....

.....

b. To strengthen the Management Information System

.....

.....

.....

.....

.....

.....

.....

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

.....

.....