

Section 1

Supervision of MOH Office

1. Basic information

RDHS area :.....

MOH area :.....

Date of visit :.....

Extent of the area (sq. km) :.....

Population :.....

Local authorities :.....

Divisional Secretary area/s :.....

No. of Grama Niladhari Divisions :.....

Institutions within the area	TH	PGH	DGH	BH		Divisional			CD/ PHCU
				A	B	A	B	C	
Number of institutions									
Lactation Management Centres									

Institutions within the area		TH	PGH	DGH	BH		Divisional			CD / PHCU
					A	B	A	B	C	
Adolescent clinics/YFHS centres										
Mithuru Piyasa										
Hospital Nutrition clinic										
Outreach nutrition clinics (by either Cons. Paed/ Cons. Clinical Nutrition Physician/ MO nutrition)										
Number of schools	≤ 200									
	>200									
Health promotion settings	Number of Mothers' Support Groups									
	Number of Health Promoting Schools									
	Youth working groups	Number available								
		Number of quarterly functioning groups								
Other Health-Promotion settings										

1. General appearance and basic facilities

A. General appearance		Available / Yes	Not available/ No	Comments
Office identification board	In all 3 languages			
Cleanliness and safety	Cleanliness inside the office, including equipment			
	Cleaning roster /schedule maintained			
	Cleanliness of the outside environment			
	Garbage disposal method identified			
	Color-coded waste management system in place (separate bins, burning site, composting, recycling)			
	Standardized visuals/safety and security measures in place (electricity, fire)			
Walls and Notice boards	Availability of an emergency plan for MOH office			
	Free of obsolete notices			
	Quality/ Creativity of notice boards			
Directional boards and labelling marks	Display of Central Clinic dates and service availability			
	Entrance, exit, direction of travel, rooms			
	Site map			

B. Display of administrative details and statistics		Available / Yes	Not available/ No	Comments
Updated area Map with important landmarks and demarcations	Health Institutions, Clinics			
	PHI areas			
	PHM areas			
	Schools, Offices, Road network			
	Field Weighing posts by population served as a colour-coded spot map			
	Overall presentation of the map (direction marked, clarity etc.)			
Displayed in tables	Population by GN/ PHM/PHI area			
	Vital statistics (national/provincial/ district/MOH)			
	Clinic centres/Type/ Population served			
	Weighing posts by population served			

Statistics (Should be available for last 2 years and quarterly for the current year)		Available / Yes	Not available/ No	Comments
Pregnancy care	Pregnant mothers' registration			
	Antenatal clinic attendance			
	Delivery reporting			
	Postpartum home visits			
Child care	LBW			
	Infant, 1-2 years, 2-5 years weighing coverage and undernutrition			
	Immunization coverage (for at least 3 vaccines)			
School Health	SMI coverage			
	Screening coverage of students			
	Specific defects identified			
	Defects corrected			
Well Woman	Coverage of 35 years cohort			
	Coverage of 45 years cohort			
Family Planning	New acceptors and current users by methods (as a % of eligible families)			
Others	Spot map of the communicable diseases (current and cumulative)			
	Any other important indicators depending on epidemiological evidence			

C. Basic facilities	Available	Not Available	Remarks
Water Supply			
Electricity			
Toilets - Staff/Clients			
Furniture – Tables/Chairs etc.			
MOH Office/space			
Clinic Room/space			
D. Other supportive facilities	Available	Not Available	Remarks
Photocopy Machine			
Fax			
Computer / Laptop			
Laptop			
Multimedia			
TV			
Public Address System			

2. Human resource availability

	Category	MOH	AMOH	CDS	PHNS	SPHI	PHI	SPHM	PHM	SDT	PPA/PPO	DO	Clerk	Driver	FA	KKS	Watcher	Other
a.	Approved Cadre																	
b.	Number available																	

3. Clinic information

Comment on the clinic arrangement (number of clinic centres, type, schedule and population served) based on the information gathered according to the table below.

Name of the clinic center	Type of clinic			Frequency			Officer conducting	No. of PHM participated	Population served	Resource/ service gaps identified
	Single	Combined	Poly	Weekly	Fortnightly	Monthly	MOH/			

		No. of centers	Clinic - Population ratio		Comments
Availability of clinics	MCH Clinic				
	FP Clinic				
	WWC				
	Dental Clinic				
			Yes	No	
Displayed in tables	Conducted every Saturday				
	Conducted regularly for last year				
Adolescent health clinic	At least, one adolescent and youth-friendly health clinic conducted once or twice a month on a fixed day (e.g. fourth Saturday morning) at MOH office or in a field clinic.				
	Conducted regularly for last year				
	At least one nutrition clinic conducted once or twice a month on a fixed day				
	Conducted regularly for last year				
	Nutrition clinic register maintained regularly				
Pre-conceptual sessions	Conduct at least 1 per month				
	Conducted regularly for last year				
Well Woman Clinic Referrals	Well Woman Clinic – Positive Client’s follow-up Register maintained properly				
Referral	Dates for different referral clinics are available				

4. Planning

A. Annual plans		Yes	No
Availability	Available for the current year		
Process in place	Situational analysis		
	Identification and prioritization of problems		
	Components of the plan mentioned (Goals, Objectives, Activities)		
Activity plan	Identification of activities, responsible person, time frame, resources, and Indicators to monitor		
Implementation	Evidence for implementation - plan, review done		
Disaster Management Plan	Availability		
Annual Advance Programmes – available/filled	Health Education - Covers important topics		
	SMI		
	All field officers (approved for current month and previous 6 months)		
B. Conferences			
Monthly Conferences	Conducted every month for the last year		
	Reports available for all conferences		
	Dates scheduled for this year		

Local Conferences	Conducted every month for the last year for each PHI area		
	Reports available for all		
	Dates scheduled for this year		
	Participation of all categories observed		
Conduct regular reviews	Monthly / Quarterly / Annually		
Implementation	Evidence for implementation - plan, review done		
C. Surveys			
Self-initiated survey/s organized for the MOH area	Conducted at least two for the last year		
	Report available/pending		
	Evidence for utilization of findings		
Customer satisfaction surveys	Conducted for last year		
	Report available/pending		
	Evidence for utilization of findings		

5. Immunization		Yes	No	Comments
Refrigerator	Ice-lined refrigerator available			
	Condition of the ice-liner satisfactory			
	Cool packs are adequate			
Vaccine Movement Register	Available			
	Updated			
	Responsibility assigned for maintenance			
	Vaccine carriers are available			
Cold Chain Monitoring	VVM/Log tag / Freeze tag indicator (reading done daily)			
	Standard temperature monitoring chart available			
	Temperature monitoring chart updated			
	Log tag temperature chart printout is taken two weekly			
	Responsibility assigned for maintenance			
	Power backup available for power failures			
Vaccine storage	Stored according to guidelines			
	Vaccines arranged on first come – first out basis			
	Vaccines arranged according to expiry dates			
Autoclaves	Availability of sterilization chart			

6. Office and stores management

A. Annual estimations		Yes	No	Comments
Micronutrients	Annual estimations carried out for the current year			
	Documents available			
	Accurate			
Printed formats	Annual estimations carried out for the current year			
	Documents available			
	Accurate (Maximum, minimum & buffer stock levels indicated)			
Vaccines/AD Syringes	Annual estimations carried out for the current year			
	accurate			
FP commodities	Annual estimations carried out for the current year			
	accurate			
B. Storage				
	All the items kept on shelves			
	Properly labeled			
	Stored in a logical manner			
	Shelf grids are marked with reference numbers			
	Stock levels marked (Max-green, Re-load-orange, Min – red) and accurate			
	Free of unnecessary items			

C. Stock balance		Yes	No	Comments
Micronutrients	Stock balance documented and updated accurately			
	To check accuracy - usage from H1158, buffer stock etc. should be taken into consideration			
Printed formats	Stock balance documented and updated accurately			
FP commodities	Stock balance documented and updated accurately (stock level within maximum & buffer stock levels)			
H-1158	Maintained by PHMs and sent to MOH Office on time			
	Maintained at MOH Office and sent to RDHS Office on time			
	Accurate			
D. Vehicle and equipment maintenance (Files /Maintenance records/manuals)				
Equipment	Available and updated			
Vehicles	Available and updated			
E. Files, folders, cupboards	Arranged to facilitate identification			
F. Inventory	Available for all staff members			

7. Monitoring and evaluation

A. Staff Performances		Yes	No	Comments
Performance appraisal of staff based on objective methodology (based on indicators)	PHM			
	PHI			
	Others			
Performance appraisal	Available quarterly/annually			
	A rewarding mechanism in place			
	Accurate (Maximum, minimum & buffer stock levels indicated)			
B. Timeliness				
Timeliness records	Maintain timeliness for all records received and send			
	Displayed (PHM,PHI)			

C. Death investigation					Yes	No	Comments
Maternal Deaths	Number of maternal deaths reported during last year						
	How the information is obtained	PHM	Hospital	Media	Other (specify)		
	Notification done within 24 hours						Date/s:
	Field maternal death investigations done within 14 days						
	Report sent in time with relevant documents						
	Supervision conducted on the relevant area PHM						
	PHM supervision report available						
	Lessons learnt from maternal death discussed at Monthly Conference						
Infant Deaths	Number of infant deaths reported during last year						
	How the information is obtained	PHM	Hospital	Media	Other (specify)		
	Notification done within 24 hours						Date/s:
	Field infant death investigations done within 14 days						
	Report sent in time with relevant documents						
	Lessons learnt from infant death discussed at Monthly Conference						

D. Family planning

1. Failures of family planning methods:

Family Planning method	No. of failures reported by PHMM	No. notified*	No. investigated*

*Please include only the ones where the relevant format has been sent.

2. Complications due to family planning methods:

Complication	Method	No. of complications reported by PHMM	No. notified*	No. investigated*

*Please include only the ones where the relevant format has been sent.

E. Maintenance of data / information		Yes	No	Comments
Record storing	Availability of a record room/space			
	Organized by the return type and the year			
Data Management	Computer-based data management system available (Other than eRHMIS)			
	Database for a minimum of 2 years			

F. Review of MOH performances quarterly		Yes	No	Comments
Analysis of the problems done				
Presented to the staff				
Discussed for action				

8. Supervision

		Yes	No	Comments
Roster	Common Supervision Roster available			
	Timely updated			
% of Supervisions done by the supervising officers $\left(\frac{\text{Total no. of supervisions done by supervising officers in last year}}{\text{Total no. of supervisions due by supervising officers in last year}} \right) \times 100$				
Availability of supervision reports $\left(\frac{\text{Total no. of supervision reports available for supervising officers in last year}}{\text{Total no. of supervisions according to the monthly statement}} \right) \times 100$				
Quality of supervision reports (Select supervision reports randomly, one from each category available)	Objective mentioned			
	Supervision tally with the objectives			
	Recommendations done			
	Action plan to overcome weak points included			
	Positive findings identified			
	To be improved areas identified			
	Follow up process suggested			
Separate files are maintained for the respective supervisee				

9. Human resource development (last year)

	Yes	No	Comments
In-service training schedule available			
In-service training conducted			
Training needs identified for all categories according to an objective method			
Reports of the training available			

	Trainings received by officers	Number trained	Category
1	Family Planning		
2	eRHMIS Training		
3	IUD insertion		
4	Life skill		
5	Adolescent health		
6	IYCF counseling		
7	GMP		
8	MOH Training		
9	Preconception care		
10	ECCD		

10. Collective performances of moh staff in different service areas last year (can be taken from eRHMIS)

		%	Comments
Antenatal	% of Eligible families registered		
	% of early registration (before 8 weeks)		
	% of pregnant mothers protected for Rubella		
	Average number of Antenatal home visits		
	VDRL coverage		
Intranatal	% of delivery reporting		
Postnatal	% of postpartum mothers having visited at least once during 1st 10 days		
	% of postpartum visits around 42 days		
	% of mothers reported with antenatal morbidities		
	% of mothers reported with postnatal morbidities		
Infant and Child	% of infant registration		
	Weighing coverage in infants		
	% of infants underweight		

	Weighing coverage in 1-2 years		
	% of 1-2 years underweight		
	Weighing coverage in 2-5 years		
	% of 2-5 years underweight		
	% of infant deaths reported		
School Health	SMI coverage		
	SMI coverage within Q1 + Q2		
	aTd coverage		
	% of School Sanitary Surveys conducted within Q1		
Well Woman	Coverage of 35 year cohort in WWC clients		
	Coverage of 45 year cohort in WWC clients		
Family Planning	Contraceptive Prevalence		
	Modern Method Prevalence		
	% of UMN in FP		
	% of IUD users		
	% of Teenage Pregnancies		

11. Responsiveness

		Yes	No	Comments
Clients	Information desk for outsiders available			
	Display of service availability			
	Complaint box available			
	Maintenance of a Complaint book			
	Evidence for attending complaints			
Staff	Staff motivation survey/s done			

12. Special activities done

At least 1 activity done for each/ per year - (Except to routine activities)

	Yes	No	Comments
Adolescent Health (for out of school attendees)			
NCD prevention			
Counselling services			
Volunteers			
Community mobilization			
Advocacy			

13. Observations

	Strong points	Points to be strengthened
1.		
2.		
3.		
4.		
5.		

Supervision Outcome Report

1. Components covered in the supervision

- I.
- II.
- III.
- IV.
- V.

2. Overall comments

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3. Strong points/ areas identified during supervision

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

4. Action plan for areas/ points to be strengthened

	Points to be strengthened	Proposed activity	Time frame
1			
2			
3			
4			
5			

**Please limit the action plan only to 5 activities per supervision.

5. Suggestions of the supervisee to improve service provision

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Name of supervising officer : Designation :

Signature of supervising officer : Date :

Date for next supervision:

6. Recommendations of senior supervising officer

1.
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Date : Signature :

Designation :

2.
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.....
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Date : Signature :

Designation :