

## Section 10

### Supervision of a Poly Clinic

1. Name of the supervising officer : .....
2. Designation : .....
3. Date of supervision : .....
4. MOH area : .....
5. Name of the Clinic : .....
6. Objective of the supervision : .....
7. Were the PHM polyclinic staff informed regarding the supervision : Yes / No
8. Frequency of the clinic : .....
9. No. of PHM areas covered by the clinic : .....
10. Population covered by the clinic : .....
11. No. of PHMM participated in the clinic : .....
12. Officer conduct the clinic : MOH / AMOH / MO/ RMO / AMO
13. Other staff categories available in the clinic on the supervision day : RSPHNO/PHNS/SPHM

#### Data on previous supervision on Poly Clinic:

- Date of supervision : .....
- Designation of the supervising officer : .....
- Recommendations are implemented : Yes/No

Note on recommendations that were not implemented:

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## Part - 1

### Overview

#### 1. Number of clients for the clinic from each PHM area

Target Group	PHM Area 1	PHM Area 2	PHM Area 3	PHM Area 4	PHM Area 5
No. of antenatal mothers					
No. postpartum mothers					
No. of H 512 B cards brought to the clinic					
No. of infants					
No. of preschoolers					
No. of young children					
No. CHDR B portions brought to the clinic					
No. of family planning clients					

#### 2. Clinic environment

- a. Cleanliness of the clinic : Satisfactory  Not satisfactory
- b. Ventilation : Adequate  Not Adequate
- c. Electricity : Available  Not Available
- d. Seating facilities : Adequate  Not Adequate
- e. Toilet facilities : Available  Not Available
- f. Accessibility : Satisfactory  Not Satisfactory
- g. Adequate water : Available  Not Available

### 3. Clinic organization

No.		Yes	No	Comments
1	Clinic duty roster is available			
2	Clinic preparation done on previous day			
3	Health education materials displayed on the wall			
4	Place is organized for different clinic activities			
5	Numbers given to all clients at registration			
6	Clinic sessions are organized for different target groups (eg. ANC – 8.30 am – 11.00, CWC /PNC 11.00 am 12.30 pm, FPC 1.00 pm – 3.30 pm)			
7	Clean linen and a clean examination bed is available			
8	Health education is provided according to a plan			
9	Reading materials available for the use of clients			
10	Waste management is satisfactory			

### 4. Sterilization procedure (if any)

- a. Sterilization chart is displayed in the clinic                                 Yes          No
- b. It is supervised and signed by a senior officer                                 Yes          No
- c. PHMM is capable of sterilizing the equipment on time                                 Yes          No
- d. Handle sterilized equipment with heatle forceps                                 Yes          No

### 5. Disposal of waste and cleaning:

- a. Adequate number of safety boxes are available                                 Yes          No
- b. Waste disposal is hygienic   Yes          No
- c. At the end of the clinic, the equipment and the clinic are cleaned                                 Yes          No

## Part - 2

### Antenatal care

#### 1. Conduct of health education session

No.	Activity	Yes	No	Remarks
1	Planned health education schedule is available for each clinic session			
2	PHM is pre-prepared for the health talk			
3	Use appropriate HE material			
4	Content is relevant to the topic			
5	Correct messages given			
6	PHM assesses whether the client has increased the knowledge at the end of the session (by feedback)			
7	Summarize the important messages			

#### 2. Investigations performed

a.	Blood testing (collection of samples)	Performed	Not Performed	Remarks
1	VDRL / HIV testing			
2	Hb testing			
3	Blood Grouping and Rh			
b.	Urine testing	Yes	No	Remarks
1	Separate place is allocated for this activity			
2	Availability of equipment/reagent or strips			
	For protein			
	For sugar			
3	Enter the results in both mother's cards			
4	Give feedback to the mother on the test findings			
5	Discard urine appropriately			

### 3. Assist MOH in examining the mother

- a. Inform the mother that she is going to be examined Yes  No
- b. Provide a brief history to the MOH Yes  No
- c. Assist mother in positioning on the bed Yes  No
- d. Check the mother's understandability on information provided by MOH Yes  No
- e. Inform mother on next visit Yes  No
- f. Help mother on getting up from the examination bed Yes  No
- g. Explain mother regarding referral to specialist care Yes  No

### 4. Height & weight measuring of pregnant mothers

No.	Activity	Yes	No	Remarks
1	Check to clarify all the equipment are in order			
2	Use correct technique in taking height			
3	Use correct technique in taking weight			
4	Record reading in relevant documents			
5	Mother is provided with the feedback			
6	Inform the MOH if there are any unusual findings in the weight			
7	Accuracy of weighing scale is checked (if so, when)			

### 5. Providing micronutrients

- a. Drugs are packed and ready for distribution among mothers Yes  No
- b. Explain the mother on how to use drugs Yes  No
- c. Explain the mother on how to store them Yes  No
- d. Cross check from the mother whether she takes them correctly Yes  No

## Part - 3

### Child care

#### 1. Weighing of infants:

No.	Activity	Yes	No
1	Weight of all infants under 6 months (and of 6-12 months if required) is weighed using the beam balance scale		
2	Scale is kept on a flat surface		
3	It works properly (Ascertain by measuring a known weight)		
4	Who measures weight?	PHM/Volunteers/Other	
5	It is kept in a well-lighted place, on a stable top		
6	Infant's clothes are removed prior to keeping on the scale		
7	Weight is measured following correct balancing		
8	The reading is taken sitting in front of the scale		
9	Weight is written on the B portion immediately after weighing		
10	Weight is plotted correctly in the weight for age chart		
11	Nutritional status of the infant is informed explained to mother/ parent/caregiver		

## 2. Measure of length of infants

No.	Activity	Yes	No
1	Appropriate length measuring board is available		
2	Infantometer is kept on the table correctly		
3	Length of infants and young children is measured at recommended intervals		
4	Infant is kept on the infantometer correctly (The head, shoulders, buttocks and knees should touch the scale)		
5	The base is touching the infant's feet		
6	The measurement is read correctly		
7	It is written in the B portion correctly		
8	Length is plotted correctly in the length/height for age chart		
9	Length curve is explained to the parent/caregiver		

## 3. Height & weight measuring of children

No	Activity	Yes	No
1	Check to clarify all the equipment are appropriate and are in order		
2	Use correct technique in taking height (Ref. GMP Guideline)		
3	Use correct technique in taking weight (Ref. GMP Guideline)		
4	PHM herself records the measurement in the growth record of the B portion of the child's CHDR and plot in the CHDR A		
5	Inform the child's weight/growth status to mother.		
6	Accuracy of weighing scale is checked (if so when) .....		

#### 4. Immunization procedure

No.	Immunization activities	Yes	No
1	Use AD syringes for all immunizations		
2	Use safety boxes to collect used syringes		
3	Safe technique is used for disposal of used syringes		
4	Separate area is prepared		
5	Emergency tray is available		
	5.1 A list of drugs available		
	5.2 Expiry date of drugs clearly mentioned		
	5.3 Instruction for use is available		
6	Check CHDR before immunization for appropriateness of the vaccination		
7	Discuss with the mother to identify any contraindications		
8	Ask for AEFI for the previous immunization		
9	Cold chain is maintained		
10	Check vaccine vials before vaccination for quality assurance		
11	Follow the correct technique to draw vaccine		
12	Maintain sterility in the process of immunization		
13	Educate mothers before immunization on reporting of AEFI		
14	Keep clients 20 minutes to observe adverse reactions		
15	Proper record keeping (Date, batch number etc)		
16	Inform clients on next visit		
17	Maintain vaccine movement register correctly		
18	Maintain open vial policy		

#### 5. Providing multiple micronutrients

- a. Drugs are packed and ready for distribution among children      Yes       No
- b. Explain the mother on how to use MMN      Yes       No
- c. Explain the mother on how to store them      Yes       No
- d. Cross check from the mother whether she gives them correctly      Yes       No



## Part - 4

### Postnatal and family planning services

#### 1. Postnatal clinic activities

No.	Activity	No.	Comment
1	Number of postpartum mothers examined		
2	Number of newborns undergone neonatal examination (1 month)		
3	Number of mothers screened for postpartum depression (by using Edinborough Postpartum Depression Scale)		

#### 2. Family planning activities

No.	Activity	Yes	No	Remarks
1	Methods available in the clinic			
	Pills			
	Condoms			
	DMPA			
	IUD			
2	Entries made when issuing FP items			
3	Entries made when issuing FP items tallies with book balance			
4	Adequate stocks are available			
5	Equipment needed for insertion of at least 5 IUDs are available			
6	Equipment are in working condition			
7	Special bed used for IUD insertion is available in good condition			
8	Privacy is maintained for each & every mother			
9	Mother allowed to ask questions with regard to the FP methods			
10	FP items are shown to mother before enrolling into a method			
11	Mothers counselled before being introduced to a method			
12	Use flash cards for Health Education			
13	Issues a client record			
14	Clinic record is correctly maintained			

## Part - 5

### Staff attitude and client satisfaction

#### 1. Attitudes of staff towards client

Attitudes of staff towards client                      Positive                                            Negative                     

#### Comments

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#### 2. Client satisfaction (interview 5 clients)

Target group	Client 1	Client 2	Client 3	Client 4	Client 5
Waiting time (Minutes)					
Number of services obtained					
Satisfied					
Not satisfied					

Client's suggestions to improve services

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Overall comments

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## Part - 6

### Maintaining clinic records and improving data quality

#### 1. Record keeping

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|---|-----|--------------------------|----|--------------------------|
| a. The clinic attendance register (H 517) is correctly filled         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Clinic summary (H 518) is correctly filled                         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Activities are done according to the duty roster                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. Clinic returns are correctly filled and sent to relevant institute | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. FP records (H1153) are correctly maintained                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

#### Comments on record keeping

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**2. Review clinic performance based on clinic summary and H 527 for the last quarter:**

No. of clinic sessions held during the last quarter: .....

No. of clinic sessions conducted by				
MOH/AMOH		MO		OTHER

Average attendance of clinic per session									
Pregnant Mothers		Post partum mothers		Infants		1 – 5 yr Old		FP clients	

- No of FP new acceptors recruited : .....
- No. of DMPA new acceptors : .....
- No. of IUCD inserted : .....
- No. of infants weighed in the clinic : .....
- No. of 1-5 year old weighted in the clinic : .....
- No. of infants length measured in the clinic : .....
- No. of 1-5 year old height measured in the clinic : .....
- No. of mothers received thiposha supplement : .....
- No. of children received thiposha supplement : .....
- No. of children received Vit A megadose : .....