**Section 2**

**Public Health Midwife – Annual Supervision**

# Part 1 - Basic information

Name of the supervising officer :…………………………………………………………………… Designation of the supervising officer:……………………………………………………………...........

|  |  |  |
| --- | --- | --- |
| Date of supervision  |   | :………………………………………………………………….... |
| MOH area  |   | :………………………………………………………………….... |
| PHM area  |   | :…………………………………………………………………… |
| Name of the PHM  |   | :……………………………………………………………………  |
| Reported population  |   | :…………………………………………………………………… |

# 1. Care for newly married couples

Quarter: ……………………………

(During the last month of the last quarter, according to the eligible family register)

|  |  |
| --- | --- |
|  | **Marks** |
| Percentage of newly married couples registered (Out of estimate) | Marks out of 5\* |  |
| Percentage of newly married couples who receive preconception care (Out of couples registered) | Marks out of 5\* |  |
| A mechanism is available to follow-up of the couples with identified problems  | Yes (5) | No (0) |  |
| Data tallied between Diary, EFR and H 523 | Yes (5) | No (0) |  |
| Total out of 20 |  |
| \* >90%– 5 , 80-89% - 4 , 70-79% - 3 , >65% -2 , >50% -1 , <50% -0 |

|  |
| --- |
|  |
|  | **2. Care for infants and postpartum mothers during last quarter** |
| Compare the consistency of data using different records in a selected month |

 Quarter /Month : …………………………………….

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** |  | **No. in** **H524** | **No. in** **H523** | **No. in****Diary** | **No. in****CHDR****B portions** | **No. in****H 512** **B** | **According to BI** **Register** | **Total****Marks out of 10**  |
| 1 | Birth reporting |  |  |  |  |  |  |  |
| 2 | No of postpartum mothers under care |  |  |  |  |  |  |  |
| 3 | No of infants under car |  |  |  |  |  |  |  |
| 4 | Postpartum first visits during 1st 10 days after delivery |  |  |  |  |  |  |  |
| 5 | Infants registered |  |  |  |  |  |  |  |
| 6 | Infants received home visit after 42 days |  |  |  |  |  |  |  |
| 7 | Low birth weight reported |  |  |  |  |  |  |  |
|  | Total marks out of 35 |  |  |  |
| \* All records tallied – 5 One record not tallied – 3 Other - 0 |  |  |  |

# 3. Family planning services

3.1 Maintenance of family planning record (H 1153)

1. Kept according to villages Yes/No 0 / 5
2. Kept according to FP method Yes/No 0 / 5
3. Field records tally with the eligible couple registry Yes/No 0 / 5

  **Total marks out of 15 = ………..**

3.2 Check randomly selected 20 (5 From each method) records of H 1153 to analyze the follow-up visits made in correct frequency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Method** | **Recommended frequency** **of follow up visits** | **Had regular follow up visits** | **Had the last visits within 6 months** |
| Number | Marks out of 5 | Number | Marks out of 5 |
| a. | Pills | Monthly |  |  |  |  |
| b. | DMPA | For the first 3 months monthly, thereafter once in 3 months |  |  |  |  |
| c. | IUD | For the first 3 months monthly, thereafter once in 6 months |  |  |  |  |
| d | Implant | For the first 3 months monthly, thereafter once in 6 months |  |  |  |  |
|  | Sub Total |  |  |  |  |  |
|  |  **Total marks out of 40** |  |  |  |

# 4. Checking whether the mothers from outside the area are included in the register

* Time period (Quarter /Month) ………………………………………………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Indicator** | **H 524** | **Pregnant mothers register** | **H 512 B** |
| 1 | No of mothers who had come to the area from outside during the \*last quarter/last month |  |  |  |
|  | Total marks out of 10 |  |  |  |
|  | \* All records tallied – 10 One record not tallied – 5 Other - 0 |  |

* If there were no mothers during the last quarter, extend the time duration up to a level where there were mothers from outside. This time period should be documented above.
* >95%– 5 , 90-94% - 4 , 85-89% - 3 , >75% -2 , >50% -1 , <50% -0

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Marks** |
| Percentage of adolescents under care (Out of estimate) (Registered in the eligible family register) \* | Marks out of 5\* |  |
| Adolescents who are not in the eligible families are registered in the last pages in the eligible family register. | 5 | 0 |  |
| Follow up and monitor children till the age of 18 years by maintaining birth and immunization register | 5 | 0 |  |
| Maintain a separate register (in addition to above) for adolescents care | 5 | 0 |  |
| **Total out of 20** |  |  |  |
| \* >95%– 5, 90-94% - 4, 85-89% - 3, >75% -2, >50% -1, <50% -0 |  |

For vaccines 1 to 4 the denominator should be No of children completed 1 year under care. For MMR II It should be the number of children completed 3 years and for DT children completed 5 years under care, respectively

**. Immunization coverage**

**5**

**No**

**Vaccine**

**No to be immunized**

**(**

**for estimated births**

**)**

**No Immunized**

**(**

**B1 register**

**)**

**%**

**\*Marks**

**out of 5**

1

BCG

2

PENTAVALENT 1

3

JE

4

MMR 1st dose

5

MMR 2nd dose

6

DT & OPV (5th dose)

**Total out of 30**

# 6. Care for adolescents

**7. Care for gender based violence survivors**

|  |  |  |
| --- | --- | --- |
|  |  | **Marks** |
| Percentage of GBV survivors identified (out of estimate) | Marks out of 5\* |  |
| Percentage of GBV survivors referred to Mithurupiyasa (Out of identified GBV survivors) | Marks out of 5\* |  |
| **Total out of 10** |  |  |
| \* >15%– 5, 15-12 - % - 4 , 11-7% - 3 , 6-2% -2 , <2% - 1 |  |

# 8. Maintenance of records and registers

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Records/registers** |  | **Maintenance** |  | **Marks** **out of 15** |
| **Clean & orderly****(Marks out of 5)** | **Correctly filled** **(Marks out of 5)** | **Up to date (Marks out of 5)** |
| 1 | Diary |  |  |  |  |
| 2 | Daily statement (H523) |  |  |  |  |
| 3 | Pregnant mother’s register |  |  |  |  |
| 4 | Monthly list of expected deliveries  |  |  |  |  |
| 5 | Eligible family register |  |  |  |  |
| 6 | BI register |  |  |  |  |
| 7 | Growth monitoring register |  |  |  |  |
|  | **Total marks out of 105** |  |  |  |

**9. MCH planning and implementation**

|  |  |  |
| --- | --- | --- |
|  | **Documents** | **Marks** |
| 01 | Annual action plan (10 marks) |  |
| 02 | Special activity file (5 Marks) |  |
|  | **Total marks out of 15** |  |

# 10. Mark sheet

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Component** | **Allocated marks allocated** | **Marks obtained** |
| 1 | Care for newly married couples | 20 |  |
| 2 | Care for infants and postpartum mothers during last quarter | 35 |  |
| 3 | Maintenance of family planning record (H 1153) 2.1  | 15 |  |
| 4 | Maintenance of family planning record (H 1153) 2.2 | 40 |  |
| 5 | Check whether the mothers from outside the area are included in the registers | 10 |  |
| 6 | Immunization coverage | 30 |  |
| 7 | Care for adolescents | 20 |  |
| 8 | Care for gender-based violence survivors | 10 |  |
| 9 | Maintenance of records and registers | 105 |  |
| 10 | MCH planning, implementation | 15 |  |
|  | **Total marks** | 300 |  |