

## Section 2

### Public Health Nursing Sister - Office Supervision

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

#### 1. Basic information

- Size of the area :.....sq km
- Population :.....
- Date of first appointment :.....
- Date of appointment to this area :.....
- Duration of service as a PHNS :.....
- Transport facilities : Provided / Not provided
- Is the PHNS in complete uniform? : Yes / No
- Number of PHMs to be supervised :.....
- Number of SPHMs to be supervised :.....
- Approved cadre of PHNS for the MOH area :.....
- Available no. of PHNSs for the MOH area :.....

## 2. General condition of the office

No.		Yes	No	Remarks
i	Maintained in a place approved by the MOH			
ii	Situated in a suitable area			
iii	Official name board is displayed			
iv	Cleanliness of the office is satisfactory			
v	Office is well organized			
vi	During duty hours. Office is accessible for supervision			

## 3. Office arrangements

	Details to be displayed in the wall	Yes	No	Remarks
a	Area Map			
	i. Maintains according to department guidelines			
	ii. Following things are marked in the map PHM areas			
	Clinic centers			
	Weighing posts			
	Health institutions			
	Schools are marked			
b	Vital Statistics and important indicators			
	Followings are displayed according to national, Provincial, District and MOH levels			
	Birth rate			
	Infant mortality rate			
	Child mortality rate ( Children less than 5 years)			
	Maternal mortality rate			
	Low birth weight rate			
	Contraceptive prevalence			
c	Approved advanced program for the month is displayed			
d	Annual clinic plan			
	Annual plan with dates of clinic sessions available			
	Schedule for clinic participation pf PHMs is displayed			
e	Names of PHMs under her supervision, population, number of houses, and eligible couples are displayed			
f	Annual supervision roster is displayed			

## 4. Graphs on Maternal and Child Health

[Display of MCH indicators in bar charts for each PHM area (quarterly basis)]

No	Indicator	Yes	No	Remarks
i	<b>Antenatal Care</b> % of pregnant mothers registered before 8 weeks (of total pregnant mothers registered)			
ii	<b>Outcome of pregnancy</b> % of deliveries reported (of estimated births)			
	% of low birth weight reported (of total reported births)			
iii	<b>Postnatal Care</b> % of mothers received postpartum visits within 1 <sup>st</sup> 10 days (of estimated births)			
iv	<b>Family planning</b>			
	% of modern family planning method users (of eligible families under care)			
	% of couples with unmet need for family planning (of eligible families under care)			
v	<b>Nutritional status of children:&lt; 5 years</b> % of infants weighed (of total infants under care)			
	% of infants underweight ( moderate + severe ) (of total infants weighed)			
	% of 1-2 year weighed (of total 1-2 years under care)			
	% of 1-2 years underweight (moderate + severe) (of total 1-2 years weighed)			
vi	% of women referred to Well-Woman clinics (of 35 years age group – 0.8% of the population)			
vii	% of women referred to Well-Woman clinics (of 45 years age group – 0.8% of the population)			

## 5. Maintenance of registers, records and returns at PHNS's office

No.			Yes	No	Remarks
i	Duty List	Duty list of following officers are available PHNS			
		SPHM			
		PHM			
ii	Diary	Duly completed			
		Tallies with the advanced program and deviation book			
iii	Registers	Register for Departmental circulars			
		Inventory Register			
		Register on issues of printed forms, Drugs, stationery and equipment for PHMM			
iv	Files	Separate files for each PHM and SPHM ( may be used commonly by both PHNS & SPHM )			
		Supervision reports file			
		Diary of PHNS			
		Monthly statement of PHNS form A			
		Files for MCH/FP returns ( eg : H 524 ,H 527 )			
		File for quarterly evaluation reports			
		File on special activities			
		Reports of infant death investigations			

## 6. MCH services - planning, implementation and monitoring

No	Main problems identified by the PHNS	Action Plan is Available/ Not available	Obtained The MOHs' Approval Yes/No	Progress
1				
2				
3				
4				
5				

## 7. Contribution for the Management of Information System (MIS)

No		Yes	No	Remarks
i	A process in place to get monthly returns from PHMs' on time			
ii	Analyses monthly and quarterly data sets in eRHMS and identify quality gaps			
iii	Identified problems are discussed at the monthly and local conferences and interventions are made			
iv	Infant deaths are investigated timely and reports are submitted			
v	At the end of each quarter, quarterly evaluation reports are submitted to the MOH			
vi	A mechanism is in place to evaluate the service delivery of PHM on a regular basis			

## 8. Capacity building of health staff

Training needs of PHMs identified	Training programs planned Yes/No	Training programs conducted Yes/No

## 9. In- service training received by the PHNS

Training	Yes/No	If received. The date of training
Training on Management Information System		
GBV (3 DAYS)		
Training on WWC program		
IYCF Counselling		
Family planning		
GMP		
ASRH		
ECCD		
Preconception care		
Life skills (3 days)		
EPI Middle-Level Managers		
eRHMIS		

## 10. Service provision according to service needs

No.		Yes	No	Remarks
i	A model clinic has been organized in the MOH area			
ii	Clinics are conducted in the absence of MOH			
iii	PAP smears are taken under the supervision of the MOH			
iv	Draws blood for VDRL / Grouping & Rh			
v	Participates in school health activities			
vi	Supports MOH in maternal death investigations			
vii	Conduct training programs for volunteers			
viii	Identifies children with special needs in the area and pays special attention to them			
ix	Supporting health-promoting sessions			

## 11. Number of supervisions – (done in the last quarter):

No.		Yes	No	Remarks
i	Number of supervisions planned			
ii	Number of supervisions done according to the diary			
iii	Number of supervisions done according to Monthly statement			
iv	Number of supervisions done as follow-up supervisions			

## 12. Types of supervisions conducted

Total number of supervisions done during the previous quarter: .....

No.		No.	Remarks
i	PHM office – General supervision		
ii	PHM Service component – Office supervision		
iii	PHM Service component – Field supervision		
iv	Clinics		
v	Weighing posts		
vi	SPHM office		
vii	Planned supervision conducted for PHMs based on identified problems		
viii	Identifies children with special needs in the area and pays special attention to them		

## 13. Supervision reports of PHM / SPHM : (supervisions done during the previous quarter)

No.		No.	%	Remarks
i	Number of supervision reports completed			
ii	Number of reports submitted to the MOH for approval			
iii	Number of supervision reports given to PHM / SPHM within a week			



**14. Quality of supervisions: ( please analyze 3 supervision reports done recently)**

No.		Report 1 Yes / No	Report 2 Yes / No	Report 3 Yes / No	Comments
i	There is an objective for the supervision				
ii	Supervision has been done according to the objectives				
iii	Relevant registers have been analyzed in depth				
iv	Field visits have been done as part of the supervision				
v	Recommendations have been made according to the observations				
vi	Follow-ups are planned				
vii	An action plan has been made for the problems identified				

**15. Supervision of supervising public health midwife (SPHM):**

Supervisions conducted and submission of reports: .....

(Number of supervisions done in the last 2 quarters )

No.		No.	Remarks
i	Number of supervisions planned for SPHM		
ii	Number of supervisions done according to the diary		
iii	Number of supervisions done according to Format A		
iv	Number of reports handed over to the SPHM		
v	Number of reports submitted according to Format A		

## 16. Infant death investigations : (in the previous year)

Reported number of infant deaths :- .....

Number of infant deaths investigated :- .....

## 17. Role of PHNS in implementation and evaluation of the MCH Programme:

No.		Yes	No	Remarks
i	Has she guided PHMs on preparation of advance programmes to provide a quality service?			
ii	Has she checked whether PHMs maintain their offices according to department guidelines?			
iii	Has she evaluated MCH and family planning services quarterly?			
iv	Has she given correct guidance to praise the strong points and strengthen the weak points of PHMs			
v	Has she prepared evaluation reports of PHMs and shown them to the MOH to get his recommendations to improve their services?			

## 18. Distribution of printed forms, family planning commodities and micronutrients:

No.		Printed forms		FP commodities		Books and leaflets		Micronutrients	
		Yes	No	Yes	No	Yes	No	Yes	No
i	Annual estimates are prepared								
ii	Estimates are made individually for each PHM								
iii	Correct distribution is done through a register								
iv	Logistics flow from PHM is monitored through H1158								
v	H 1158 is prepared monthly at MOH and forwarded as required								
vi	H 1158 information is taken into consideration when preparing annual estimates								

## 19. Special activities

No	Program / Activity	Reasons for the activity	Team participated	Date
i				
ii				
iii				
iv				
v				

## 20. Has she done a self-evaluation to maintain her duties in an optimum capacity:

No		Yes	No	Remarks
i	At the end of every day, she evaluates whether activities were done according to the advanced program			
ii	She is keen on using the diary, advanced program, supervision roster, and action plans for this purpose			
iii	Has she used a checklist to do all these?			
iv	She has taken steps to rectify the problems			

## 21. List the problems identified by PHNS during self-evaluation:

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# Supervision Outcome Report

## 1. Components covered in the supervision

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

## 2. Overall comments

.....  
.....  
.....

## 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

.....  
.....  
.....  
.....

Name of supervising officer : ..... Designation : .....

Signature of supervising officer : ..... Date : .....

Date for next supervision: .....

## 6. Recommendations of senior supervising officer

1. ....  
.....  
.....  
.....  
.....

Date : ..... Signature : .....

Designation : .....

2. ....  
.....  
.....  
.....  
.....

Date : ..... Signature : .....

Designation : .....