**Section 4**

# Antenatal Care – Office Supervision

1. Name of the supervising officer: ……………………………………………………………....
2. Designation of the supervising officer: ………………………………………………………..
3. Date of supervision: …………………………………………………………………………..
4. Time started supervision: ……………………………… Time ended: ………………………
5. MOH area : ………............……………………………………………………………...
6. PHM area : ……………………………….....…………………………………………..
7. Name of the PHM : …………………………………………………………………………..
8. Objective of the supervision: ………………………………………………………………….
9. Issues identified in the eRHMIS data related to antenatal care –

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1. Was the PHM informed regarding the supervision Yes/No
2. Is the PHM in complete uniform? Yes/No

**Data on previous supervision on antenatal care:**

Date of supervision : ………………………………………………………………

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

Recommendations are implemented : Yes/No

Note on recommendations that were not implemented:

 ………………………………………………………………………………………………………

 ………………………………………………………………………………………………………

**1. Vital Statistics:**

District birth rate : ………………………………………………. Estimated births for PHM area : ……………………………………………….

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|  |
| **2. Assessment of antenatal care** |  |
|  |
| **No** | **Indicator** | **No** | **%** |
| 1 | No. of pregnant mothers should be under care at any given time (50% of estimated births) |  |  |
| 2 | No. of pregnant mothers under care according to H 524 (of 50% estimated births) |  |  |
| 3 | No. of pregnant mothers under care according to the Eligible couple register (of 50% estimated births) |  |  |
| 4 | No. of mothers under care according to the Pregnant mothers register ( of 50% estimated births) |  |  |
| 5 | No. of mothers, according to the EDD register (of 50% of estimated births) |  |  |
| 6 | No. of H 512 B cards of mothers under care (of 50% estimated births) |  |  |
| 7 | No. of primi mothers under care (of pregnant mother under care) |  |  |
| 8 | No. registered in the eligible register before becoming pregnant (of primi mothers under care) |  |  |
| 9 | No. of mothers undergone pre-conceptional screening (of primi mother under care) |  |  |
| 10 | No. of pregnant mothers registered before 8 weeks ( of pregnant mothers under care) |  |  |
| 11 | No. of pregnant mothers registered after 12 weeks (of pregnant mothers under care) |  |  |
| 12 | No of pregnant mothers less than 20 years of age (of pregnant mothers under care) |  |  |
| 13 | No. of mothers with high-risk conditions (of pregnant mothers under care) |  |  |
| 14 | No. of mothers referred to specialized clinics ( of high-risk pregnant mothers under care) |  |  |
| 15 | No. of mothers followed up after referring to specialized clinic |  |  |
| 16 | No. of mothers with P5 and above registered (of pregnant mothers under care) |  |  |
| 17 | No. of mothers protected by Rubella vaccine (of pregnant mothers registered) |  |  |
| 18 | No. of mothers participated in Antenatal classes (All 3) (of mothers delivered during last 1 or 2 quarters) |  |  |

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|  |
|  | **3. Home visits received antenatal mothers** |
| No. of mothers delivered during last 1 or 2 quarters: ………………………………………(Whether to use last quarter or last 2 quarters for the calculation should be decided considering  |

the number of mothers delivered/Population)

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|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Indicator** | **No** | **%** |
| 1 | No. who received 3 antenatal home visit from mothers who delivered during last 1 or 2 quarters(of mothers delivered during last 1 or 2 quarters) |  |  |
| 2 | No. of mothers needed extra domiciliary care (of mothers delivered during last 1 or 2 quarters) |  |  |
| 3 | No. received extra home visit (of above risk mothers) |  |  |
| 4 | No. of mothers with antenatal morbidities(of mothers delivered during last two quarters) |  |  |
| 5 | No. of mothers protected by Tetanus Toxoid(of mothers delivered during last 1 or 2 quarters) |  |  |

**4. Compare different records to assess the antenatal home visit and morbidity reporting during pregnancy by PHM**

Quarter : …………………………… Month : ……………………… No. of cards :………………

(During the last month of the last quarter, according to postnatal cards)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Indicator** | **H 524** | **H523** | **PHM** **Diary** | **H 512** **B** |
| 1 | No. of antenatal home visits done during the last month of last quarter(total of new & subsequent visits) |  |  |  |  |
| 2 | No. of mothers with antenatal morbidities reported |  |  |  |  |
| **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 |  |  |  |
| 2 | Number received once a month home visit |  |  |  |

**\* 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.**

## 6. Detailes on pregnant mothers who left the area

Maintenance of a register for pregnant mothers left the area : Yes/No

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|  |
| **5. Check whether the mothers from outside the area are included in the registers** |  |
| \* Time period (Quarter) ……………………………………………………………………………… |

No. of mothers left the area during the last quarter according to the register ……………………..

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Mechanisms available to inform the MOH about it : Yes / No

Comments:………………………………………………………………………………………………

No. indicated in the monthly statements (last quarter) …………………………………………….

## 7. Care for GBV survivors among antenatal mothers during last quarter

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Number** | **Comment** |
| Total number identified as new survivors of GBV among antenatal mothers |  |  |
| Number of survivors received emotional support for the first time among antenatal mothers |  |  |
| Number of referred survivors among antenatal mothers |  |  |