

Section 9

Field Supervision [Household]

1. Name of the supervising officer :
2. Designation of the supervising officer :
3. Date of supervision :
4. Time started supervision :
5. Time ended :
6. MOH area :
7. PHM area :
8. Name of the PHM :
9. Objective of the supervision :
10. Was the PHM informed regarding the supervision Yes/No
11. Is the PHM in complete uniform? Yes/No
12. Issues identified in the eRH MIS data –
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.....
.....

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:

.....
.....

Part - 1

Antenatal care field supervision

Select five H-512 B (cards completed 28 weeks) and compare with H-512 A if necessary

(Pl. Obtain information from 512 a record where necessary)

		House 1	House 2	House 3	House 4	House 5
	Registration Number (Preg. Mothers Register)					
	POA at the time of registration					
	POA at the time of supervision					
	Indicator	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Pre-conception care						
1	Received Rubella vaccine					
2	Has undergone pre-conceptional screening					
3	Is on Folic acid for at least 3 months at the time of registration					
Antenatal care						
1	Registered before 8 weeks					
2	Is a high risk mother					
3	PHM has identified the risk factors of the mother correctly					
4	No. of home visits					
	6w - 12w					
	24w - 28w					
	36w - 38w					
5	No. of antenatal classes attended (according to trimester)					

Assessing mother's knowledge						
1	Is aware of the expected date of delivery					
2	Has knowledge on signs of labour					
3	Uses Iron tablets correctly					
4	Stores Iron tablets correctly					
5	Has good knowledge of enhancing & inhibitory factors for Iron absorption					
6	Mother & family members are aware of danger signs of pregnancy					
7	Is aware of feeling of foetal movements					
8	Maintains a kick count chart					
9	Has prepared necessary items for hospitalization in an emergency					
10	Has knowledge on initiation of breastfeeding within first hour of delivery					
11	Is knowledgeable on ECD					
12	Place of delivery & related issues are decided following a discussion with the mother					
13	Is aware on the importance of accepting a FP method within 6 weeks of postpartum					
14	Is aware of modern FP methods available at the clinic					

The rapport developed with the mother – Very good / Good / Satisfactory / Need improvement

Part - 2

Infant and child care field supervision

(Please select a child or an infant from a household)

No		House 1	House 2	House 3	House 4	House 5
	Age					
	Registration Number (BI Register)					
		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
1	Registered within 5 days					
2	Child receives services from i. Field clinics ii. Govt. hospitals iii. Private					
3	Birth weight					
4	Has been on exclusive breastfeeding for first 6 months					
5.	Initiated complementary feeding at 6/12. If not started yet, when are they planning to start CF?					
6	Continued breastfeeding for at least 2 years (when the child is above 2 years)					
7	Had received age-appropriate immunization Reasons for delays, if any.					
8	According to the schedule Has the child received - MMN If delayed / not received reasons..... Was MMN consumed by the child as prescribed? If not, reasons....					
9	All 3 growth charts marked? Parent/caregiver knowledgeable about growth status?					
10	Developmental stages marked in CHDR by parent If not reason...					

11	Parent has read and understood at least one developmental message given in CHDR					
12	Parent is aware of the growth pattern of the child					
13	Parent is knowledgeable on AEFI					
14	Parent has knowledge on age-appropriate psychological stimulation					
15	Does the child need a referral for health issues?					
16	If so, has the child been referred?					
17	If so, was the child taken there by the caregiver?					
18	Follow-up status Referrals and follow-up visits					

Twenty-four-hour dietary recall of the child: (Pl ask dietary history of previous 24 hours and note down below.

House 1	House 2	House 3	House 4	House 5

Dietary practices: (based on the dietary recall)

Dietary practices	House 1	House 2	House 3	House 4	House 5
Did the child receive breast milk? Is it appropriate for the age?					
How many meals of thick/solid consistency were consumed by the child yesterday? (show the pictures to demonstrate thickness of food – as appropriate for the age)					
Was any oil added to prepare meals yesterday? Is it appropriate for this child?					
Was any animal origin iron rich food item consumed yesterday? (e.g. meat/fish/sprats)					
Was any dairy product consumed yesterday? Is it appropriate for the child					
Were eggs consumed yesterday?					
Were any legumes or nuts consumed by the child yesterday?					
Were any dark green leafy vegetables or yellow/orange colour fruits or vegetables consumed yesterday?					
Is the number of main meals and snacks consumed adequate for the age?					
Are the snacks given suitable for the growth status of the child? Is the nutritional quality of the snack adequate?					
Was there an adequate time interval between two meals?					
Was the amount consumed per main meal adequate for the age?					
Did the consumption of salt & sugar/sweets meet the age-appropriate recommendations?					
Did the caregiver assist the child during the meals?					
Did the child receive any vitamin or mineral supplements?					

The rapport developed with the mother – Very good / Good / Satisfactory / Need improvement

Part - 3

Postnatal care field supervision

Randomly select 5 B protions of H-512B for the mothers who have completed postpartum period of 3 months and do the home visit

No		House 1	House 2	House 3	House 4	House 5
1	Registration Number (Preg. Mothers reg)					
2	Date of delivery					
3	Mode of delivery					
4	Date of arrival at home					
Postpartum visits		Yes/No/ NR	Yes/No/ NR	Yes/No/ NR	Yes/No/ NR	Yes/No/ NR
1	1st visit within first 5 days					
2	1st visit within 6-10 days					
3	1st visit within 11-13 days					
4	Once during 14-21 days					
5	Once around 42 days					
Postnatal Care		Yes/No/ NR	Yes/No/ NR	Yes/No/ NR	Yes/No/ NR	Yes/No/ NR
1	Breastfeeding initiated within 1 hour of delivery					
2	Mother received Vit. A mega dose					
3	PHM has examined the mother					
4	PHM has examined the infant					
5	Mother was educated on risk conditions					

(NR:- Not recoded)

6	Family members were educated on behavioural changes of the mother during early postpartum period					
7	Was counseled on use of FP method					
8	Is using a FP method (specify)					
9	Has received family support					
Assessing mother's knowledge						
1	Is aware of exclusive breastfeeding					
2	Is aware of the correct technique for breastfeeding					
3	Is aware on adequate nutrition					
4	Mother & family members are aware about the postpartum complications					
5	Mother & family members are aware about the danger signs of infant					
6	Mother & family members are aware about early childhood developmental promotion					

The rapport developed with the mother – Very good / Good / Satisfactory / Need improvement

Part - 4

Family Planning Field Supervision

Please answer with '√' or 'X' or provide the relevant information.

No	Indicator	House 1	House 2	House 3	House 4	House 5
	Registration Number (Eligible Family Reg)					
1	Couple uses a family planning method					
1.1	If 'yes', method used:					
1.2	Duration of current method:					
Mothers using a modern FP method						
1	Service provider: i. PHM/MOH clinic ii. Government hospital iii. Private sector					
2	Client is given a FP client record (H1155)					
3	PHM has done regular home visits (depending on the FP method)					
4	Mother/ client has knowledge on FP method					
	i. frequency					
	ii. how to use					
	iii. side effects					
	iv. where to seek help/ advice when needed					
5	Client is aware on other available FP methods that she can use					
6	This is the desired FP method that the client wanted					
	If 'NO', what is the reason?					

No	Indicator	House 1	House 2	House 3	House 4	House 5
Unmet need						
	Registration Number (Eligible F. Reg)					
1	Need to use a FP method has been discussed with the client					
	i. If 'YES', by whom					
2	Client is given a FP client record (H1155)					
3	What is the reason for not using any FP method?					
4	Client is aware on modern FP methods suitable for herself					
5	Aware on service provider if FP services needed					
6	Client has access to FP services without any hindrance					
Sub-fertile couples						
	Registration Number (Eligible F. Reg)					
1	Client is given a client record (H1155)					
2	Referred to MOH					
3	Further referral or intervention done					
4	Followed up by PHM					

The rapport developed with the mother – Very good / Good / Satisfactory / Need improvement