



Centre for Health Development - Eastern Visayas
Family Health Cluster
Basic Emergency Obstetric and Newborn Care (BEmONC)

Supportive Supervision at RHU/DHC - Feedback sheet

Facility:	Date:
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- 1) Supervisors need to discuss among themselves to verify their findings, following this form
- 2) When all is agreed on, ask all staff who are available to attend the feedback session.
- 3) Obtain some additional data as directed

Data on Maternal and Neonatal Deaths since January this year (infant death includes neonatal deaths)

1. No. of maternal deaths	3. No. of neonatal deaths	5. No. of infant deaths	
2. Review carried out	4. Review carried out	6. Review carried out	

Assessment (unless indicated otherwise):

V. Good means yes, almost complete. 90- 100% Good: 60%-89% Of questions are answered 'yes',

Poor: less than half (30-50%) was answered 'yes' V. Poor: Most are answered No (0-29%)

Assess the followings based on check lists	Assessment	Important issues to be discussed
1	Human resources is adequate	
	BEmONC trained (No. trained)	Current no.
	Midwives trained (No. trained)	Current no.
	Facility in good condition, organized and clean	
	Readiness for receiving cases/ for emergency	
	LGU's commitment for drugs/supplies, forms and equipment maintenance	
	MDR being conducted (% of reviewed/deaths)	%
	NDR being conducted (% of reviewed/deaths)	%
	Delivery service provided and functionality of tracking system	
	LGU resolutions/ordinances implemented	
	Current PhilHealth accreditation	No/MCP/MCP+
	PhilHealth Reimbursement (regular, sometimes, never)	
	2	ANC(including EDC, AOG calculation)
Labor and Partograph		
Immediate Postpartum care		
Postpartum care		
Newborn care		
3	Practices observed are correct and staff are competent	
	Signal BEmONC functions and other clinical skills are performed. (BEmONC Team)	No. Performed
	Skills for which Midwives are trained	Skills practiced
	Staff's knowledge level	
4	Client's satisfaction	
	Care during labor (If applicable)	
	MC Book or HBMR and Birth plan	

5	Referred cases reached to the intended facility		% or no data
	Two-ways referral system is functioning		%
	Referral were justified		%
6	Quality of CHT monthly reports		
Over all Strengths (Emphasize these, If there is a good practice, note down):			
Areas to be improved:			
In the feedback session, discuss the following together with the MHO/DHC and staff of the facility. Invite a representative of LGU.			
7	Give feedback stressing strengths, then areas to improve		
8	Compare the feedback with the results of last SSV. If the same problem(s) persists, ask why? Still the same problem Yes () Some () No ()		
9	Ask to show the action plan from them last SSV. Update the situation together. If all done, congratulate. If not, analyze why. All done () Partially () None ()		
10	Ask to show you the action plan based on the last MNDR if any. Update the situation together. If not done, why? N/A () All done () Partially () None () No action plan made ()		
11	After analyzing all above, select a priority problem(s), which can be solved within their own capability. Priority problems for which Action plan is made. 1) 2)		
12	Make a new action plan for the next 3 months. (Follow the instruction on the Action Plan)		
13	For those problems beyond the capability of RHU/DHC staff, how LGU can help to solve such problems?		
14	Does your hospital need to take actions to support the RHU/DHC to improve their current situation? If so, what can you do?		
15	Requests to PHO/CHO 1) 2) 3)		
16	Any other concern of the facility staff		

Next supervision

It was agreed with RHU/Hospital teams that the next SSV will be on _____

MHO/DHO/OIC _____

Rep. Local Government: _____

Supervisors; _____

