



NATIONAL HEALTH MISSION
General Hospital Junction, Thiruvananthapuram 695035
Tel fax: 91-471 2301181, 2302784
email: smdnrhm@gmail.com
Website: www.arogyakeralam.gov.in

NATIONAL HEALTH MISSION

CIRCULAR

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Dated, Thiruvananthapuram, 15.05.2024

Sub:- Guidelines for Supportive Supervision by District Urban Health Co-ordinators to health facilities, institutions and outreach activities

Ref :- Nil

The following guidelines are issued in the interest of streamlining the supervision by District Urban Health Co-ordinators on the implementation of NUHM programme and the effective functioning of UPHCs and U-HWCs in the State.

1) Each District Urban Health Co-ordinator shall dedicate a minimum of nine days in a month for field supervision related to institution visits and coordination with urban local bodies and for involving in the outreach activities of UPHCs and U-HWCs.

2) Field visits for a month shall be planned as given below:

- At least four days shall be utilised to involve in outreach activities including Mahila Arogya Samitis, outreach camps, immunisation sessions, wellness sessions etc.
- At least one day shall be dedicated to visit functionaries of urban local bodies (Chairperson, Health standing committee chairperson, secretary, health officer) to coordinate health activities in the urban local body and to converge the strengths of ULBs with the requirements of UPHCs and UHWCs.
- Minimum of four visits shall be concurrent visits with other district level stakeholders such as District Surveillance Officer, District RCH Officer, District Leprosy Officer, District Programme Officer (NCD), District Accounts Manager, NUHM Accountant, District Quality Assurance Officer, Consultant (Civil Engineer), Consultant (Bio medical Engineer), District RBSK Co-ordinator, JC(HWC), JC (MIS) and other programme officers from DMO Office and DPM office.
- All UPHCs and UHWCs in the district (or jurisdiction) shall be visited by the urban health coordinator at least once in two months for supportive supervision.

3) An advance tour plan shall be submitted by each District Urban Health Co-ordinator to the DPM on the last working day of every month with details of activity in the field. It shall contain date, planned activities and the description of each activity. While submitting the plan, at least one line shall be used to describe each activity in detail. Intended dates of concurrent visits with other programmes

shall also be clearly included in the advance tour plan.

4) Actual work report of the previous month based on the actual work done shall be submitted to the DPM on the last working day of the month. Actual work report must detail the date-wise activities and key observations from them. Concurrent visits with other programmes shall be clearly indicated in the actual work report.

5) If there are two Urban Health Co-ordinators engaged in the district, for the convenience in supervision, total institutions (UCHCs, UPHCs and UHWCs) shall be divided among them by a proceedings issued by the District Programme Manager. Supportive supervision shall be offered independently by each urban health coordinator within their area without clubbing with the other. Each Urban Health Coordinator shall undertake a minimum of 9 days of field visits separately as per points (1) and (2) above.

6) While on visits, sufficient time shall be spent in each facility for a comprehensive review of all aspects onsite. If the visit is concurrent with another programme officer, the joint visit must delve into the implementation of that programme in the UPHC/UHWC.

7) NUHM Accountants shall prepare their supportive supervision plans for UPHCs and UHWCs for monitoring of the financial aspects of the programme in consultation with the District Accounts Manager and coordinate with the District NUHM Coordinator.

8) All such visits shall be duly registered in the Inspection Register maintained at the institution wherein observations/comments shall be properly recorded. Also, a brief plan of action with timeline shall be mentioned in the register to traverse the gaps found.

9) Visit reports for each institution shall be submitted to the DPM for his/her information and approval after each institution visit.

10) District Urban Health Coordinators shall maintain a running DDFS file to upload their advance tour programme, monthly activity report, and institution visit reports. In districts with more than one NUHM coordinator, separate files shall be maintained by each NUHM coordinator. Approvals by the DPM on the advance tour programme, the actual work report, and institution visit reports should be made in this DDFS file.

11) District Urban Health Co-ordinator shall coordinate the HMC meetings of all UPHCs and facilitate effective conduct of the HMC meeting.

12) There shall be an exclusive full-day District Level Monthly review meeting of Urban Health to be facilitated by the District Urban Health Co-ordinator co-chaired by the DMO and DPM. Formats provided for review of NUHM activities must be used for review of general NUHM activities. Review of all national and state health programmes and XV Finance Commission Health Grants must be undertaken in the same meeting.

13) Relevant entries have to be made in the log-book of the vehicle used for supportive supervision and in the movement register of DPMSU by specifying the purpose of visit. DPMs shall verify log books

and movement registers at appropriate intervals.

14) DPMs shall conduct a desk review of the work of NUHM coordinators and accountants on a specific day every month. The review must preferentially be conducted on a day prior to the district level urban health review. Advance and actual tour programme of the officers, their institution visit reports, reports of concurrent visits with other programme officers and district level NUHM review format must be used for desk review by the DPM every month.

Jeevan Babu K. I.A.S
State Mission Director

Approval Valid

Digitally Approved By
Jeevan Babu K. I.A.S
Date: 15.05.2024
Reason: Approved

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