



Quarterly Supportive Supervision Report

Date of field visit: 25th Feb to 4th March 2023

S/N	Name and Title of Visiting Staff(s)	Title
1	Mahad Omar Hirsi	Executive Director
2	Ayanle Abdullahi	H&N program Manger
3	Farhia Abdiwahab Mohamed	Senior Program officer
4	Zaytun Mohamoud ismail	IYCF supervisor
5	Amina Mohamed ismail	Health and nutrition officer
6	Mohamed Mohamud Mahamed	MEAL Officer
7	Yaasin Mohamed Osman	Logistic Officer

Section 1: Itinerary

S/N	Projects/ facilities visited	Region	District	Project supported by	Date
1.	Unuun HC	Bari	Qandala	SHF	26/02/2023
2.	Xijijle HC	Bari	Qandala	SHF	27/02/2023
3.	Canjeel HC	Bari	Qandala	SHF	27/02/2023
4.	Balidhidin Hospital SC	Bari	Qandala	SHF	28/02/2023
5.	Tuulo-Ciise PHU	Bari	Qandala	SHF	28/02/2023
6.	Dhaan- Kadus PHU	Bari	Qandala	SHF	01/03/2023
7.	Tuur-Massale PHU	Bari	Qandala	SHF	01/03/2023
8.	Xamure IERT Mobile site	Bari	Qandala	SHF	02/03/2023

9.	Buq-Catooti	Bari	Qandala	SHF	03/03/2023
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Section 2: Purpose of the visit

1. To monitor progress and implementation of SHF integrated health and nutrition services such as (deliveries, EPI, TSFP, IYCF, OTP, SCs and CHW)
2. To see if the implementation of the projects to meet the quality benchmarks.
3. To check the availability of health and nutrition equipment, materials/tools, and supplies.
4. See the integration service improvement
5. To identify any weaknesses and to provide on the job training accordingly, to correct.
6. Support and follow up of previously identified technical monitoring issues and gaps
7. To provide constructive feedback to health and nutrition staff for their efforts to improve.

Section 3: visiting details.

The aim of the Supportive supervision to improve the service delivery quality by providing support to the field staff who are in the service delivery unit , this OJT will improve the staff capacity furthermore the supportive supervision is aimed to improve staff accountability regarded the expected Job description and also meet with them to understand field challenges to report and come up improvement , the supportive supervision is caried out continuedly to the hard reach areas on monthly and quarterly bases

In this reporting time we visited Qandala district supported SHF health facilities the supervision was caried out while routine service is delivering.

Supportive supervision was undertaken while routine activities are carried out. During the follow-up, performance is observed, and immediate feedback is provided. The supervisor provides on job assistance and comes up with solutions to solve. The followed a protocol that involved a combination of observation and assessment of performance facilitated through checklists and other monitoring tools. after quick introduction with the facility in charge as well as the other staff we explore our tour aim by telling that this is supportive supervision which aimed to monitor health and nutrition service delivery as well as the other service at the facility by using various methodologies including observation , using monitoring checklist and available guidelines, we

emphasized that unlike audit we will give quick feedback at the sections and OJT for the findings while general feeding will be given,

Xijijle health center : during the visit the facility was opened , all staff were attended and the routine services were delivering as planned, the facility caseload is below than expected , the nutrition OTP nurse was on leave during the visit and the covering staff managed well to use the guidelines as required, some columns in the follow up charts like Oedema and caretakers back sachets weren't recorded , Gabs related documentation was corrected at the facility during the visit.

Unuun Health Center: health and nutrition integrated services were going on in this health center, all activities were delivering normally with high quality and integrated, the reports and ONA were matched , the staff had high motivation and experience regarding the service , however they previously complained CNV which is now on board and we trained how CNV should work with the OTP nurse support , the only gab I had noticed was the IYCF counsellor was on sick leave during the visit but cover one of the staff her duties and IYCF service was on going.

Canjeel health center At this facility the work was ongoing normal , all activity were delivered as intended, the health staff were present and were well motivated to deliver the service to the community, its infrastructure was excellent, for reporting the OTP was correct both from ONA and registers however IYCF report wasn't matched from the report as well as the registers , daily LMS register wasn't reported in a week, all documentation gabs were corrected at the field

Tuulo-Ciise primary health Unit :The facility was operating normal, all the staff were present and the intended services were ongoing, however there were gabs related addition criteria and

discharge criteria, all the admitted children weren't discharged from the program , all supply were available at the facility.

Tuur-Masalle primary health Unit: Nutrition and health integrated services were going as expected , all staffs were present and delivering the intended services, the register and the reports weren't matched , admission criteria wasn't followed constantly

We used to give full day OJT and agreed to adhere the available guidelines. Which we used during our training.

Dhaan-Kadus primary health Unit During the supervision the facility was operating normal, all staff were present and were well organized , the report was exact matched the ONA one during crosscheck, no gabs were observed.

:The service delivery was ongoing normal, all staff acknowledged that they received training and were present to serve the community as intended , the facility serves both host and huge IDPs, the facility water system wasn't functional while they provide delivery service , the latrines doesn't have good sanitation because of the water lack, the facility doesn't receive enough medical supply

Xamure IERT Mobile site: health and nutrition integrated services were going on in this mobile site, the staff was trained, the staff was present and the site was functional However there were some gabs we observed like poor follow up for the malnutrition children in the OTP, systematic treatment wasn't provided on time to the caretakers.

Balidhidin stabilization Center: Stabilization center is open the F-75 and F-100 milk is ready for Children with appetite, children admitted mainly are children from outside Balidhidin town in the rural areas, the cooker was available and center providing meals for caretakers and mothers appreciated this service.

The number of staff in the SC were 7 (one medical doctor, 3Nurse and 3 auxiliary nurse), so the shifts were functional and scheduled enough to manage the SC.

so in order to avoid many children becoming defaulter from the SC it will be better to get something to eat the mothers or caretakers

Maternity ward: providing a complete health care for both maternity and OPD requires to get all necessary equipment in place, in fact most of the health facilities visited had the fundamental equipment including HP tests and Sterilized machine (stove) and ANC card, Micronutrient, Iron folic acid and amoxicillin tab to undertake ANC, PNC

Essential drugs: the essential drugs like amoxicillin (250mg and 500mg) is required to health facility. the quantity supplied of drugs to the health facilities was very small which is not enough particularly main populated villages like Unuun and cajeel however since the project will end 31st March 2023 we informed regional ministry of health to provide essential drugs.

Overall Support Provided

The team of the joint monitoring and supervision have done great work mainly on job training (new HMIS tools, nutrition guidelines, data collection EPI procedures, monitoring and updating all required topics) and solving issues at site plus information sharing health and nutrition teams in the field and the communities met during the visit.

- On job training on how to schedule and conduct weekly IYCF group sessions in the static and mobile clinics.
- On the job training on how to provide individual IYCF counselling cards among caretakers with children under 2 years of age and pregnant women.
- Explained importance of home visiting for follow up of slow responders without IMCI danger signs
- Explained the importance and how to use RUTF stock card.
- Show how to do fallow up for the SAM and MAM beneficiaries in the register and cards
- Coached how IMCI and IMAM guiltiness and registration cards and registers.
- Discussed the importance of the integration and its benefits.
- Give OJT regarded data management and filling procedures

Section 4: Key challenges & recommendations

Section 6: Supports provided

We were given on-job training accordingly to our observations of their weakness for instance showing practical demonstrations and explanation for those observed incompleteness of OTP cards and registers, also we have spent much time to review the guideline together with team and giving focused the changes of the new IMAM as routine medicine prescription, appetite test, early diagnosis of failure to respond, admission and discharge criteria of OTP and TSFP.

Also for all health facilities we have visited, after we conclude our observations and assessment we were sited the health facility incharge and staff and presented feedback of our observation to improve quality issues that we have observed. we were encouraged and enlightened the health facilities staff the importance giving high priority on preventive service especially infant and young child feeding (IYCF), maternal nutrition (maternal nutrition assessment and services provided)

Finally, at the end of our visit, we shared the key monitoring findings with district ministry of health separately and requested to give their attention certain issues such close follow up for beneficiaries and data tool registration filling like registers and card

Recommendation

We recommend addressing all the mentioned gabs/findings, do fallow up for the corrected activities in the site for its improvement during the supervision and monitoring done by the ISDP officials and district ministry of health

Section 6:Annex phot



