Section 1

Performance evaluation of PHM

At Medical Officer of Health Level

Inclusion criteria; Minimum of 1 year service in the PHM area

Exclusion Criteria; Documented disciplinary action taken

Stage one - written MCQ examination

A team comprising of RDHS, MOMCH, RE, RSPHNO will conduct the stage one assessment. The initial selection is based on assessment of the knowledge of PHM using a written MCQ paper prepared at district level. (Let the MOH and PHNS to send the MCQs to assess the basic knowledge and skills of a PHM to a common question bank located at the RDHS level under the care of MOMCH). This written exam has to be conducted in one location in one day where all PHMM in that district can participate. Preparation of the question paper should be done just prior to the commencement of the exam. These measures will improve the transparency and the standard of the exam.

Preparation of question papers

- 25 questions with 4 statements each (each correct stem scores 1 mark), No negative marks
- One hour Model paper (5 questions) with answer script is annexed. Model paper will help district managers to get an idea about the depth of the test.
- Paper should cover most of the aspects of the PHMs work and problems specific to each district.

Once the test is completed, papers should be examined at the district level. Candidates, who scored above the cut-off score (objective is to select the top scoring 10%) decided by the panel, will be assessed at stage two at MOH level.

Stage two - field level assessment

• Step one

The evaluation team should comprise of at least 3 members' First officer should be from same MOH area of the selected PHM (MOH/ AMOH/ PHNS/ SPHM)' Second officer should be from the district level (MOMCH/ RE/ RSPHNO etc)' Third officer should be from the adjacent MOH area (MOH/ AMOH/ PHNS/ SPHM) 'Always the team should lead by a medical officer' Depending on the requirement multiple teams can be formed. The PHMs selected from the stage one will be assessed for their field activities and a composite score is given based on their performance.

Step two

The same team at local level will assess PHM on following competencies and office maintenance. Randomly selected 2 competencies are assessed based on a checklist. (Candidate should give the opportunity to select the 2 areas by drawing lots.)

- I. Home visit to a pregnant mother and examination at home
- II. Procedures at antenatal clinic setting
- III. Follow up visit for current OCP user and issuing of contraceptive pills
- IV. Follow up visit for current family planning user (IUCD or DMPA)
- V. Examination of a postpartum mother at the postpartum visit
- VI. Care for a new born/ infant at home
- VII. Weighing of an infant, plotting and interpretation and advice to the mother
- VIII. Technique of vaccination and advice to mother
- IX. Counselling a mother to accept a Family Planning method
- X. Evaluation of a health education session given by PHM
- XI. Procedure of sterilization of equipment at a family planning clinic
- XII. Distribution of micronutrients and relevant advice

At district level

Three members from the categories of RDHS, MOMCH, RE, RSPHNO, PHNS and a representative from provincial level will form the district team. If necessary, a resource person from FHB could also participate at the selection committee.

The assessment will be conducted as an **oral examination** (Viva) at district level.

Themes

•	Creativity	25%
•	Managerial skills	25%
•	Knowledge	25%
•	Special activities	25%

For the final mark, the respective marks obtained for the following steps will have to be considered.

- i. Marks obtained at the written MCQ examination
- ii. Marks at the field level assessment
- iii. Marks obtained at the oral examination

A merit list is formed (based on the grand total) for each district and sent to the national level, using the format given below.

Name	MOH area	Contact numbers	Written exam (100) (A)	Field level (100) (B)	marks	75% of total marks ©	exam	of oral	

Step one: Tool to evaluate PHM performance on MCH field services

	Indicator	Calculation	Means of verification	Sample to be evaluated and the place	Rating Schedule	Marks obtained
1	Maternal car	·e				
1.1	% of pregnant mothers registered before 8/52	No. of pregnant mothers registered <u>before 8/52</u> No. of H 512 B checked	PMR H 513 H 512 B	Check all H 512 B (PHM office)	>80% 70-79% 50-69% <49%	4 3 1 0
1.2	Average number of home visits done by a PHM for high risk pregnant mothers	Total No of antenatal home <u>Visits done</u> No of high risk mothers assessed (10)	H 512 B	Check randomly selected H 512 B of 10 high risk mothers who delivered during any quarter (PHM office)	>6 3-5 <3	4 2 0
1.3	% of deliveries reported during year	No. of deliveries reported x100 Registered infants during the year	EDDR, H 524, PMR BI Register	Check the delivery reporting over the period (PHM office)	> 80% 70-79% 60-69% < 59 %	4 3 1 0
1.4	% of mothers who received post partum care within first 5 days in any quarter	No. received post partum visit within first 5 days x 100 Total number of reported normal vaginal deliveries(10)	H 512 B, PMR	Check 10 mothers of any quarter who had normal vaginal deliveries (PHM office)	> 90% 80-89% 70-79% < 69 %	4 3 1 0
2	Infant care					
2.1	% of infants with improved weight gain over 6 months	No. of infants with improved weight gain over 6 months x 100 No. of moderate / severe underweight infants(10)	Weighing registers, CHDR - B portions	Selected 10 infants from the weighing register who had moderate /severe underweight (PHM office)	>80% 70-79% 50-69% <49%	4 3 1 0
2.2	% of infants weighed regularly	No. weighed 9 or more times x100 No. of children completed 12 months(10)	Weighing registers, CHDR – B portions	No. of weighing done for 10 randomly selected infants completed 12 months of age (PHM office)	> 90% 60%-89% 40%-59% < 39%	4 3 1 0

3	Family Planning							
3.1	% of mothers accepted modern FP method at the end of 2 months after childbirth	No. of mothers using modern FP method x100 No. of mothers completed 2 months after childbirth (10)	CHDR	Interview 10 randomly selected mothers of infants come for immunization at 2/4/6 months (Immunization Clinic)	> 90% 60%-89% 30%-59% < 29%	4 3 1 0		
3.2	% of correct maintenance of FP client record by PHM (H 1154)	No. of field records maintained <u>accurately x100</u> No. of field records checked(20)	E/F registers H 1154 (should tally in both)	Check randomly selected 20 cur- rent users of any method of family planning (PHM office)	75% -100% 50% - 74% 20% - 49% < 19%	3		
3.3	% of couples of unmet need accept family planning method	No. of couples accept FP method X100 No. of couples with unmet need	E/F registers H 1154 (should tally in both)	Check couples had unmet need over last two quarters (PHM office)	>25% 15% - 24% 05% -14% < 04 %	1		
4	MIS							
4.1	Timeliness of returns	No. of H 524 sent before 5th of next month during the last year	MOH records	Quarterly returns of last year	Sent on time Not sent on time	0		
5	Locality		1	1	ı			
		rks for PHMs serving an decide on criteria)	area with diff	icult terrain (RDHS,	MOMCH, R	Е &		
	Add three marks for PHMs serving an area with a population of more than 5000 rural and 7000 urban setting							
	Add four mar	ks for PHMs covering an	other area					
M	Marks (Out of 50) 50x7=350							
То	tal marks (Out	of 350)						

Step two: Check-list to assess competencies of PHM

Category 1 (marks 100)	Category 2 (marks 50)
Home visit to a pregnant mother and examination at home	Follow up visit for current OCP user and issuing of contraceptive pills
Examination of a postpartum mother at the postpartum visit	Follow up visit for current family planning user - IUCD,DMPA
Care for a new born at home	Evaluation of a health education session given by a PHM
Weighing of an infant, plotting and interpretation and advice the mother	Procedure of sterilization of equipment at a family planning clinic
Technique of giving immunization and advice the mother	Distribution of micronutrients and necessary advice
Counselling of a mother to accept a FP method	

Examine one skill each from both categories (all together 2 skills should be examined) and give a total mark out of $150\,$

1. Home visit to a pregnant mother and examination at home (marks out of 100)

No	Activity	Allocated Marks	Score
1	 Entering the house Develop a good rapport with the mother Explain the purpose of the visit 	5	
2	Select a suitable place • Get support from the mother and family members	5	
	Adequate lighting and well aerated place	5	
	Respect privacy	2.5	
3	Preparation	If all present 5 marks	
4	Obtain the history POA Fetal movements Any discomforts	For all 5 marks	
5	Prepare to examine mother Explain the procedure to the mother Ask mother to empty the bladder Ask for a urine sample Get the mother to lying position	For all 5 marks	
6	Self preparation Remove the wristwatch Wash hands with soap and water	All done 5 marks	
7	General examination of the mother • Head – For wounds / scars and hygiene • Eyes – Betot spots, colour (icterus), aneamia • Face – swelling • Mouth - Oral hygiene, gum disorders, colour and coating of the tongue, angular stomatitis • Ear – For infections • Neck – Visible goitres • Breast – Lumps, dimpling, cracked nipple, discharges • Palms – Colour • Pulse – Rate, rhythm • Legs – Varicose veins, swelling	10 marks	

8	Abdominal examination • Inspection – scars, wounds, shape of the abdomen, size	2.5	
	 Palpation – Palpate the abdomen softly with palms, measurement of symphysio- fundal height, compare fundal height with POA, check the position and presenting part, engagement of the presenting part 	5	
	Listen to the fetal heart rate and count it	5	
9	 Examine the perineum Observe for bleeding, discharges, foul smell, engorged veins Interpretation of findings Wash hands after examination 	If all done 5 marks	
10	Provide information to the mother/ husband/ family • Mother's health • Fetal growth	5	
	Information relevant to the trimesterExplain the current situation	5	
	Regarding investigation resultsAny information regarding specific risk factors	5	
11	Special referrals if required to MOH, hospital, specialist care	5	
12	Record keeping, diary	5	
13	Give the next clinic date	5	
14	Friendly goodbye	5	

2. Examination of a postpartum mother at the postpartum visit (marks out of 100)

No	Activity	Allocated Marks	Score
1	Enter the house	5	
2	Preparation for the examination • Post partum visit kit containing a tape, sterilized gloves, two thermometers, cotton swabs, surgical spirit, one artery forceps and one pair of scissors • Soap • Clean water container and serviette • Torch • Bag to collect waste	5	
3	Select a place to examine the mother (Most suitable place available) • Well aerated place • Clean place • Safe place • Adequate lighting • Respect privacy	5	
4	Prepare the mother • Explain the procedure to the mother • Ask for any discomforts – headache, leg pain, adequacy sleep, breathlessness • Examine the pad • Ask the mother to empty the bladder and to clean the perineum • Correct positioning to examine the mother	5	
5	Self preparation Remove the wristwatch & wash hands with soap . and water Keep the equipment in to an order	5	
6	Observe the mother • How the mother looks – happy, in pain, depressed (Objective is to assess whether the PHM consider . the possibility of postpartum psychosis) • Cleanliness	5	
7	Examine the mother • For pallor – conjunctivae, tongue, palms • Check the temperature • Check pulse • Check respiratory rate • Ability to detect any abnormalities	5	

		Γ	
8	 Examine breasts Breast engorgement Cracked nipples Axillary lymph node enlargement Colour changes Tenderness 	5	
9	 Examine the fundus Correctly measuring symphysio-fundal height Compare it with the expected fundal height from the date of delivery 	5	
10	Examine legs	5	
11	Prepare for the perineal examination • Wear the gloves • Keep mother in lithotomy position	5	
12	 Inspect the perineum Excessive tenderness Cleanliness Perineal tears Condition of episiotomy sutures Look for any foreign material in the vagina Eg:- Swabs (If relevant) 	5	
13	Inspect lochia for colour, smell, amount	5	
14	Advice on importance of perineal hygiene	5	
15	Ask the mother to use a pad	2	
16	Keep the mother in a comfortable position	2	
17	Wash hands	5	
18	Provide information to the mother • Breastfeeding – (Observe a breastfeeding session) Position / Attachment	6	
	Use of flash cards to explain breastfeeding	2	
	 Nutrition Rest and adequate sleep Danger signals of possible illnesses (Eg. Severe headache) 	3	
19	Record keeping On pregnancy record – State of the fundus, lochia, breast examination findings Diary	5	
20	Make any necessary referrals	2.5	
21	Leave with assuring another visit soon	2.5	

3. Care for a newborn at home (marks out of 100)

	(marks out of 100)				
No	Activity	Allocated Marks	Score		
1	Visit the house • Develop a good rapport with the households and explain the purpose of the visit • Inquire about the baby	5			
2	Preparation for the examination	5			
3	 Select a place to examine the baby With good ventilation Adequate lighting A secure place Good surface to keep the baby Calm and quiet place 	10			
4	 Self-preparation Remove the wristwatch and wash hands with soap and water Get the necessary equipment to close proximity 	5			
5	 Prepare the baby for examination With mother's help, fully expose the child Wash hands again and dry hands with a clean cloth or tissue 	5			
6	Inspect the baby Check the temperature Pallor, jaundice, bluish discoloration and BCG site Move limbs of the baby Check for respiratory distress Check for any physical abnormalities	15			
7	Gather necessary information regarding the child (By questioning the mother / from CHDR) Nature of the birth Birth weight Frequency of feeding and urination to ensure the adequacy of breastfeeding Ask about the nature of the cry and about baby's a sleep BCG injection	For all marks from 10			
8	Examine the umbilicus • Whether the umbilicus is dry • Necessary action for any detected abnormalities	5			

9	Finishing the examination Inform mother about the findings Keep the baby comfortable Dress the baby up Keep the baby warm Keep the baby safely	5	
10	Clean up the equipment	3	
11	Wash the hands again	3	
12	Provide information • Observe a feed' Check for positioning and attachment and do the necessary corrections'	5	
	Discuss the importance of breastfeeding with the family Uses breastfeeding flash cards to explain	4	
	Discuss the family planning issues with parents	2	
	Uses FP flash cards to explain	1	
	Information regarding ECCD	2	
	Uses ECCD flash cards to explain	1	
	Information regarding alert situations and next clinic visit	2	
	Communicate with the family members	2	
	Information regarding the importance of the new CHDR	5	
13	Correct recording	5	

4. Weighing of an infant, plotting and interpretation and advice to the mother (marks out of 50) Total 50x2=100

No	Activity	Allocated Marks	Score
1	Prepare the place	5	
2	 Collect the appropriate material A table and a chair Seating facilities are available for mothers and children A balance with two hooks and a strong rope to hang the balance Availability of trunks which are used for weighing B parts of CHDR 	5	
3	Preparation of the balance	10	
4	Prepare the mother • Allow the mother and child to sit • Explain the procedure to mother	2	
5	Prepare the child • Develop a good rapport with the child • With the help of the mother, remove any additional clothes of the child	2	

6	 Weigh the child With the help of the mother keep the child on the balance With the help of the mother keep the child still Correctly position the child, without contacting the floor When the child is still, get the reading by directly looking at the balance (Not at an angle) Get the child out of the balance safely Remove the weighing trunk and give the child to the mother Help the mother to dress the child up Inform the mother the weight of the child Record the weight immediately in CHDR A and B portions after weighing Provide adequate information 	10	
7	Record keeping • Plot the weight in the weight graph of CHDR	1	
	Connect with the previous plot in a straight line if it is a consecutive measurement or connect with a dashed line if it is not a consecutive measurement	2	
	Do appropriate coding eg. N, X, XX	1	
	Interpret and explain the nutritional status of the child . to the mother	6	
	Hand over the CHDR back to the mother	1	
8	Clean the place Remove the balance from the rope Remove the rope Keep the equipment at appropriate places Clean the place Re-arrange the place as it was earlier	5	

5. Technique of giving immunization and advice to mother (marks out of 100)

No	Activity	Allocated Marks	Score
1	Ask the necessary equipment required for an immunization clinic • Sterilized forceps • Sterilized cotton swabs put into a sterilized bottle • Diluents • A safety box for sharps • A paper bag to dispose waste cotton swabs • Vaccine vials • Vaccine carrier • Soap, water and clean cloth to wipe hand	10	
2	Decide whether the child suitable for vaccination Check the temperature Any contraindications for vaccination Check the skin AEFI in previous occasions Check for any special instructions given previously	10	
3	Check the vaccine vial for Type Colour Appearance Expiry date and last date used	10	
4	Self-preparation Remove rings Remove the wristwatch Wash hands with soap and water After washing hands not to touch anything Use a clean cloth to wipe hands or allow it to air dry	3	

5	Maintain the cold chain Keep the vaccine carrier properly closed during the procedure Keep the vaccine vial away from direct sunlight	5	
6	Prepare for vaccination • Use the correct diluents	2	
	Draw the correct dose of vaccine to the syringe	3	
	Keep the syringe at eye level and remove air bubbles	2	
7	Injecting the vaccine •Is it the correct vaccine for the correct child - Cross check with the CHDR	5	
	 Hold the syringe and the needle without getting contaminated Select the injecting site Technique of the injection – Hold the syringe properly in the correct angle – 45 degrees in subcutaneous, 60-90 degrees in intramuscular, parallel to the skin intra-dermal. In IM injections hold the muscle in be tween thumb and index fingers Inject the full dose of the vaccine With the withdrawal of the needle, apply pressure with a cotton swab Dispose of the syringe and needle appropriately 	If all are present, 15	
8	Observe 20-30 minutes for AEFI	5	
9	Provide information How to identify possible reaction How to respond to a possible reaction Provide clear information Next vaccination due date Answer to any inquiries by the mother	10	
10	Record keeping Mark in the CHDR Write the batch number	10	
11	Ask what is to be done at the end of the sessions (Clean the equipment)	10	

6. Counselling of a couple to accept a FP method (marks out of 50) 50x2=100

No	Activity	Allocated Marks	Score
1	Develop a good rapport Have a friendly approach and welcome them Discuss with the client Respect the privacy Maintain eye contact Sit with close proximity to the client	5	
2	 Gather information No. of children, spacing and age of last child Mother's age and her illnesses eg. DM, Hypertension ect FP methods used if any Income of the family Attitudes, habits (Alcoholism etc) and level of eduction of the couple 	10	
3	Listen to the couple	5	
4	Discuss the problems • Maintain silence and give the time to the client to think • Encourage the client to talk • Do not disturb the client when she/he is talking • Do not occupy in other work when listening counselling • Cross check the ideas and clarify	10	
5	 Help the client Explain what is family planning Describe all available methods and advantages and disadvantages of each method Identify and change the myths on family planning Assist in decision-making and elaborate on chosen method Inquire for any questions 	10	
	Uses FP flash cards to explain	2	
6	Appreciate the client • Pose questions on the selected method • Check for accuracy of knowledge in the client	4	
7	Referral for services	4	

7. Follow up visit for current OCP user and issuing of contraceptive pills (marks from 25) 25x2=50

No	Activity	Marks allocated	Score
	Pills		
	Preparation at office with correct records	2.5	
	Carry other logistics	2.5	
	Issue pack/s to the client	2.5	
	Ask for side effect	2.5	
	If side effects present counsel appropriately	2.5	
	Cross check on practice of use	2'5	
	-Elaborate on continuous use in 24 hour intervals, carry the pack wherever the client goes, what to do on missed pills (Specifically ask what to do when 1,2 or 3 missed pills)	7.5	
	- Record keeping- field card, diary, register	2.5	

8. Follow up visit for current family planning user- IUCD OR Depo Provera (marks from 12'5) 12'5x4=50 Choose ONLY Depo Provera OR IUCD)

No	Activity	Allocated Marks	Score
1	Depo-Provera		
	Visit the client once in every 3 months	2.5	
	Ask for side effects, menstruation, abdominal pain	2.5	
	Explain weight gain is due to increased appetite	2.5	
	Ensure the compliance	2.5	
	Record keeping	2.5	
2	IUCD		
	• First 3 months, monthly visits followed by visits once in every 3 months	2.5	
	Ask for side effects, spotting, and menorrhagia. If present, refer to the clinic	2.5	
	Advise to continue with the method	2.5	
	Advise to check for threads after each men- struation	2.5	
	Record keeping	2.5	

9. Evaluation of a health education session (marks out of 25) 25x2=50

No	Activity	Allocated Marks	Score
1	Availability of planned health education schedule	5	
2	Availability and use of appropriate health education material	5	
3	Presentation skills of PHM	5	
4	Assess the client's knowledge at the end of the session (feedback)	5	
5	Summarizes the important messages	5	

10. Sterilization of equipment at a family planning clinic (marks out of 25) 25x2=50

No	Activity	Allocated Marks	Score
1	Maintenance of clinic sterilization chart	5	
2	Soap/vim available to clean the equipment	5	
3	Sterilized equipment is in the sterilizer / autoclave	5	
4	Use cheatle forceps to take out the equipment	5	
5	Sterilized equipment are placed in a sterile container with a lid	5	

11. Distribution of micronutrients and necessary advice (marks out of 25) 25x2=50

No	Activity	Allocated Marks	Score
1	Availability of adequate stocks of micronutrients	5	
2	Preparation of PHM on distributing the micronutrients (e.g. packing the tablets appropriately)	5	
3	Issue the correct amount to every mother	5	
4	Provide correct information	5	
5	Correct record keeping	5	

Mark sheet

PHM identification details

Name of the PHM	:
District	:
MOH area	:
PHM area	:

Stage 1			
Marks for the written Pape	r:	x 5	; =
	(Out	of 100)	(Out of 500)
Stage 2			
Step 1 -Mar	rks obtained from t	the tools	
			(Out of 350)
Step 2 - Ski	lls testing		
Ca	ategory 1		
	Selected Skill		
	Marks Obtaine	d	
		(Out	of 100)
Cat	tegory 2		
	Selected Skill		
	Marks obtained	x 2 =	
		(Out	of 50)
Total mark for Stage 2			(Out of 500)
Grand Total	+		=
	Stage 1	Stage 2	Out of 1000