**Section 1**

**Public Health Midwife – Basic Information Form**

1. RDHS area :…………………………………………………………….
2. MOH area : ……………………………………………………………
3. PHM area : ……………………………………………………………

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1. Extent of the area (sq km) : ……………………………………………………………
2. Population :…………………………………………………………….
3. District Birth Rate : ……………………………………………………………
4. Estimated births for PHM area : ……………………………………………………………
5. Date of first appointment :……………………………………………………………
6. Date of appointment to this area :……………………………………………………………
7. Duration of service as a PHM :…………………………………………………………...
8. Whether PHM was provided with a quarters in her area : Yes/No
	1. Is she living in the quarters? : Yes/No
	2. If no, is she living in the area : Yes/No
9. If she is not living in the area,
	1. Distance (in km) to the PHM office from her residence : …………………
	2. How long will it take to reach the PHM office (in hours) : …………………
10. Transport facilities

 Is the PHM provided with transport facilities : Yes/No

* 1. Bicycle, Moped/scooter : Yes/No
	2. Does she use it : Yes/No
	3. If not, reasons for not using the transport facility :

…………………………………………………………………………………………………………………

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**Grading received in Annual Supervision (last 5 years)**

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**Training programmes attended for the last 5 years**

**Training programme**

**Date attended**

1

IYCF

2

GMP

3

Life skills

4

FP Counselling (3 days training only)

5

GBV

6

Preconception care

7

Health sector response to GBV

8

ECCD

9

Adolescent Health

10

Other (specify)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year** | **Marks** | **Grade\*** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

(\* Grade A - > 80, Grade B- 60-79, Grade C – 40 – 59, Grade D - <40) last updated on – Date - …………………………

Name of the Supervisory officer – ……………………… Signature - ………………………………….