

Section 1

Public Health Midwife – Basic Information Form

1. RDHS area :
2. MOH area :
3. PHM area :
4. Extent of the area (sq km) :
5. Population :
6. District Birth Rate :
7. Estimated births for PHM area :
8. Date of first appointment :
9. Date of appointment to this area :
10. Duration of service as a PHM :
11. Whether PHM was provided with a quarters in her area : Yes/No
 - a. Is she living in the quarters? : Yes/No
 - b. If no, is she living in the area : Yes/No
12. If she is not living in the area,
 - a. Distance (in km) to the PHM office from her residence :
 - b. How long will it take to reach the PHM office (in hours) :
13. Transport facilities
Is the PHM provided with transport facilities : Yes/No
 - a. Bicycle, Moped/scooter : Yes/No
 - b. Does she use it : Yes/No
 - c. If not, reasons for not using the transport facility :
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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)	

Grading received in Annual Supervision (last 5 years)

	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 -