



Guidebook For Enhancing Performance of Multi-Purpose Worker (Female)

Includes Prototype

- Work Charter for MPW(F)s posted at Sub Centers
- Weekly Work Plan with Detailed Mapping of Activities
- Terms of Engagement
- Performance Measurement Process



National Health Mission Ministry of Health
& Family Welfare, Government of India

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3. Terms of Engagement
4. Performance Measurement Process



Ministry of Health and Family Welfare
Government of India, New Delhi



Note for the Reader:

‘The Guidebook for Enhancing Performance of Multi-Purpose Workers (Female) is a comprehensive work charter for MPW (F) posted at the Sub Center. The guidebook also consist of weekly prototype work calendar for MPW (F), distribution of work and terms of reference for the activities being carried out in sub center coverage area. A section of the guidebook also lists performance indicators for performance assessment and appraisal of MPW (F). The work areas listed are not exhaustive and consist of those that an MPW (F) needs to focus on. Others can be co-opted as and when new programs are introduced.

This guidebook is intended as a reference document for use by the states, which can then be augmented or modified according to state-specific needs and priorities.



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FOREWORD

Health Sub Centres are the first point of contact for delivery of healthcare services to the community. Even though it is relatively a small unit of health systems, it is expected to provide a range of important services of the community including preventive, promotive and primary healthcare services.

Sub Centre services have been strengthened and augmented under the National (Rural) Health Mission with the provision of additional financial resources and deployment of 2nd ANMs in many Sub Health Centres. Despite significant increase in the number of ANMs [now referred as Multi-Purpose Worker (Female)], commensurate improvement in terms of service output has not been evident. In addition, since work allocation between the two MPWs (F) was not streamlined, in many States, it has been a challenge to carve objective criteria to assess the individual performance. The guidebook addresses these challenges. It provides not only 'what' the MPW (F) ought to do but also 'how' to do.

The 'Guidebook for Enhancing Performance of Multi-Purpose Worker (Female)' includes Prototype Work Charter for MPW (F) posted at Sub Centres; their Weekly Work Plan with Detailed Mapping of Activities; Term of Engagement and Performance Measurement Process.

Development of the guidebook has been a joint effort of the Ministry of Health & Family Welfare and the National Health Systems Resource Centre with inputs from other stakeholders including State Governments and Technical Support Agency. The process including regional consultative workshops involving MPW (F), LHVs and Nursing Administrators from the EAG and NE States .

One of the major aims of the guidebook has been to clearly define weekly schedules and activities to be carried out from the Sub Centre, during the field / home visits and in the VHNDs. It also intends to rationalize work distribution between two MPWs (F) placed at the Sub Centre (delivery point / non delivery point) and standardizes work at single MPW (F) Sub Centres. This guidebook is one of the first type initiatives, which summarizes the activities that an MPW (F) needs to perform under various programs and policy guidelines. Another important feature is the objective criteria set for the assessment of the MPW (F) performance, which can be used to incentivize them.

This guidebook is a prototype and States have the liberty to modify according to their priorities and state-specific needs. We expect this initiative to streamline MPW (F) work and strengthen their performance management.

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PREFACE

Sub-Health Centres are extremely important for delivery of public health and primary care services to the community. Sub-Health Centres within and across the States have different set of staff posted therein. Some Sub-Health Centres have only one ANM [now called as Multi Purpose Worker (Female)], while others have two and still some Sub-Health Centres have one Multi-Purpose Worker (Male) besides the MPW (F). The workers posted in the Sub-Health Centre provide healthcare services both at the facility (including delivery in many Sub Centres) as well as during outreach sessions / home visits. There are over 2.3 lakh MPWs(F) and over 50,000 Multi-Purpose Workers (Male). There is wide variation in the performance of the Sub-Health Centres. Some workers plan and organise their work systematically and are efficient and effective in delivering healthcare both at the facility level as well as at the community level through outreach sessions and VHNDs. Such workers contribute significantly in improving the health outcomes of the population they serve. The community is happy with their work. On the other hand, there are workers who are not able to organise their work systematically and fail to provide the requisite level of healthcare services to the community.

There has been a concern in the Government and amongst public health professionals and public that additions in the human resources effected under NRHM have not yielded commensurate outcome and output of services. This guidebook is designed to help the MPWs(F) in different settings to organise their work better to enhance their performance. It is also designed to help the supervisory officers of MPWs(F) to assess and monitor their performance. The Guidebook defines activities to be carried out by the MPWs(F) in different staff setting at Sub-Centre and in outreach sessions and provides weekly schedules for carrying out the activities. The guidebook should be immediately examined and modified, if necessary, based on the local context and health needs and then translated into local language. This should then be disseminated amongst all the MPWs(F), field worker and their supervisory officers / Medical Officers by organising at least one-day orientation workshop for them. The guidebook should certainly be utilised to assess the female MPW's performance and for providing performance linked incentives.

Lot of effort has gone in developing this guide book and I would urge the States / UTs to take maximum benefit out of this book. The Guidebook should help improve the performance of Sub-Health Centres and help them develop as an effective first port of call for the community for seeking healthcare.

(Manoj Jhalani)

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ABBREVIATIONS

| | |
|-------|---|
| ANC | Ante-Natal Care |
| ANM | Auxiliary Nurse Midwife |
| API | Annual Parasite Incidence |
| AEFI | Adverse events following immunization |
| AWW | Anganwadi Worker |
| ASHA | Accredited Social Health Activist |
| ARI | Acute Respiratory Infection |
| BPM | Block Program Manager |
| CHC | Community Health Centre |
| DPT | Diphtheria Pertussis Tetanus |
| GPE | General Physical Examination |
| HIV | Human Immunodeficiency Virus |
| HLEG | High Level Expert Group |
| HMIS | Health Management Information System |
| IDSP | Integrated Disease Surveillance Program |
| IFA | Iron Folic Acid |
| IPHS | Indian Public Health Standard |
| IUCD | Intra-Uterine Contraceptive Devices |
| LHV | Lady Health Visitor |
| LLIN | Long-lasting insecticidal nets |
| MCTS | Mother Child Tracking System |
| MO | Medical Officer |
| MMR | Maternal Mortality Rate |
| MPW | Multi-Purpose Worker |
| MTP | Medical Termination of Pregnancy |
| MUAC | Mid upper arm circumference |
| NCD | Non- Communicable Diseases |
| NHM | National Health Mission |
| NSSK | Navjaat Shishu Suraksha Karyakram |
| ORS | Oral Rehydration Solution |
| OPD | Out Patient Department |
| PHC | Primary Health Centre |
| PNC | Post-natal Care |
| PRI | Panchayati Raj Institution |
| RCH | Reproductive and Child Health |
| RD | Routine Diagnostic |
| RNTCP | Revised National TB Control Program |
| RTI | Reproductive Tract Infection |
| SBA | Skilled Birth Attendant |
| SC | Sub Center |
| STI | Sexually Transmitted Diseases |
| TBA | Traditional Birth Attendant |
| VHND | Village Health Nutrition Days |
| VHSNC | Village Health Sanitation and Nutrition Committee |

INTRODUCTION

Sub Centers are the hub for delivering effective outreach services in rural areas. Most outreach activities will take place at the village level, with the Anganwadi Center being the usual platform for service delivery. For the sub centers to become the first port of call, an assured set of services would need to be provided.

The set of services that the sub-center will provide is laid down under the India Public Health Standards. Where the population to be covered is high, and the numbers of women and children are large, the priority will remain RCH services. But in areas where RCH Indicators are good, there is potential for transition of the sub center to becoming the first point of access for a comprehensive range of primary care services. This may entail strengthening the staffing at sub center level, through an additional MPW (F) also known as ANM, a Multipurpose Worker (Male), a Lab Technician and a Community Health Officer and further augmentation based on-case loads.

While developing these guidelines the high degree of variability between sub-centers across and within states and districts has been taken into account. Broadly speaking the workload of the sub-center functionaries and ASHAs depends on the following six parameters, each of which is independent of each other:

- (a) The number of staff posted there (one or two MPW (F)s with or without one male worker),
- (b) The geographic distribution or scatter of the habitations (from within 1 sq. km to over 30 sq. km),
- (c) The population to be served (though ideally 3000 in tribal and hilly areas, and 5000 in the plain, it could in practice vary from 1000 to 10,000)
- (d) The total fertility rate (TFR) or crude birth rate (CBR) (a Total fertility rate of above 3 and CBR of above 30/1000 would mean above 150 children below one year of age and 150 pregnant women (165 pregnant women, inclusive of 10% wastage) for a 5000 population, and a CBR of 20 or less would mean less than 100 children and an approximately equal number of pregnant women.
- (e) The frequency with which midwifery services of the MPW (F) are sought/ available. (Could range from less than 1% of sub-centers in most non high focus states, to as high as 30% of all sub-centers in some of the high focus districts within the high focus states)
- (f) The high endemicity of malaria or kala-azar in that sub-center area. At API levels above 10, the work of the MPW (F) would be overwhelmed by malaria control activity. Below an API of two there would be very little work on this score.

Permutations and combinations between these variables, would lead to a very wide variety of contexts. Activities related to the existing disease control programs are briefly incorporated in this document. However states can prioritize and include disease control activities as per their

JOB RESPONSIBILITIES OF THE MULTI-PURPOSE WORKER (FEMALE)

01

Understanding problems elucidated in Introduction the guidelines below classifies the MPW (F)s' tasks into six activity categories:

- (a) Out-patient Services at the sub-center.
- (b) Services delivered in the Outreach Mode: Immunization Sessions/Village Health and Nutrition Day.
- (c) Services delivered during home visits and visits to the community.
- (d) In-patient midwifery services of the sub-center
- (e) Maintaining records & reports, planning her work, building her capacity etc.
- (f) Referral of high-risk pregnancies, sick neonates and other emergencies.

These guidelines also indicate how work allocation between these six categories of work would vary based on the six context parameters, so that districts and states could adapt and issue these guidelines to suit their contexts- but at all times ensuring that the work of the MPW (F)s, the male worker, the ASHA and the Anganwadi Worker are all synergized and maximized.

The estimate is that every week, 30 hours of each MPW (F) or male MPWs time is spent on service delivery in one or other of the first four activity categories and another 10 to 14 hours on the 5th activity category- records, planning, meetings, inter habitation movement etc. Whereas for an ASHA it is 15 hours per week, all of it spent on contact with the community/ household- except on those days where she has to leave the village to accompany patients or to attend training programs.

Note: The outreach activities carried out by the Mobile Medical Units (MMUs) is supplementary to the activities conducted by Sub Center MPW (F)s. MMUs are placed to bridge service delivery gaps and should not be considered as the replacement of Sub Center activities.

1.1 Activities to be carried out at the Sub Center

- (a) General OPD
 1. Treating those with common ailments - fever, cough, diarrhea, deworming, minor injuries, RTI/STI & others
 2. Any acute fever for which blood smear/RD test must be done, and anti-malarial given or referral made as indicated

Any patient with chronic illness coming to meet her to collect their monthly free drugs / follow-up visit. (Including TB, leprosy, and if included in package- Non-communicable diseases like hypertension, diabetes, epilepsy, asthma etc. In all such cases, drugs have been initiated at a higher level- follow-up function). Immediately notify medical officer of nearest PHC about any disease outbreak.

(b) Reproductive and Child Health

1. Attending to those who missed attending the immunization outreach services or VHND and therefore could not avail of the services offered there (ANC registration & check-up, immunization, IFA tablets, access to contraceptives etc.) and also report serious AEFI
2. Midwifery Services in Sub Centers where institutional deliveries take place
3. Beneficiaries coming for special family planning needs – e.g. emergency contraceptives, IUD insertion, oral contraceptives, condoms etc.
4. Help ASHA with replenishment of drugs in her kit

(c) Diagnostic Services

1. Pregnancy Test
2. Hemoglobin
3. Urine Test
4. Blood Sugar
5. Visual Inspection of Cervix with Acetic Acid (whenever introduced)

(d) Those referred to see her by the ASHA (could be for any of the reasons cited earlier)

(e) Maintenance of Records & Registers and preparation of Reports. The details (address, contact details, services available) of all the nearby referral facility should be readily available with the MPW (F).

(f) Special “Day Clinics” can enhance attendance for ambulatory outpatient services. Each of these could be held once a week:

1. Adolescent wellness clinic/session
2. Family counseling clinic
3. Chronic illness clinic
4. Elderly care session

1.2 Activities to be carried out during VHNDs

- (a) Routine immunization
- (b) Antenatal care (all components)
- (c) Postnatal care (all components)
- (d) Issue of IFA tablets to all
- (e) Delivery of condoms or pills
- (f) Counseling on family planning

- (g) Treatment of patients with any minor illness, who come to seek her services
- (h) Follow-up visit for any chronic illness who come to seek care (in remote and inaccessible areas)
- (i) Making blood slides/doing RD tests on any patient with fever and giving treatment if required.
- (j) Growth monitoring and counseling on nutrition, breast feeding, especially for pregnant women and children

1.3 Activities to be carried out during Field/ Home Visits

- (a) Prioritize visit to pregnant women who did not attend their regular ANCs in the VHND, especially if they are in their 9th month of pregnancy bring them back to the system - motivate them for institutional deliveries
- (b) Midwifery services to pregnant women along with visits to post-partum mothers for home based services and providing care - either as indicated by ASHA after a home visit, or if ASHA is not there, because they failed to attend VHND
- (c) Identify children who missed their immunization sessions and ensure that they get vaccinated during next immunization session
- (d) Visit sick new born/ low-birth weight babies and children who need referral but are unable to go, as indicated by ASHA and malnourished children who did not go for the medical reference - ensure they get care at a higher center
- (e) Motivate Families with whom ASHA is having difficulty in motivating for changing health-seeking behaviors, adopting family planning methods and who did not come to VHND.
- (f) Patients having chronic illnesses, who have not reported for follow-up at the sub center or VHND and encourage them to attend special-day clinics
- (g) Prioritizing visits in areas where Fever Treatment Depots/ASHAs have not been deployed - Collecting blood smears or performs RDTs from suspected malaria cases during domiciliary visits and maintains records. Providing treatment to positive cases
- (h) Support ASHA to ensure home based new born care for all home deliveries. In cases where ASHA is not able to manage with home based care, MPW (F) should provide appropriate treatment or refer to higher centers.
- (i) Distribution and utilization of LLIN Bed Nets; facilitate and ensure quality spray in households and insecticide treatment of community-owned bed nets
- (j) Verbal autopsy/ or at least preliminary inquiry into any maternal or child death.
- (k) During a visit clusters of families or beneficiaries may be collected and locally relevant health issues discussed or necessary counseling given

- (l) Identify and refer all cases of blindness, deafness, mental illness, epilepsy and disability to the nearest higher center also ensure identification and referral of infants with birth defects, sick neonates and children with deficiency conditions and developmental delays.

1.4 Community - Health Education Topics

- (a) Danger signs during pregnancy
- (b) Importance of institutional delivery and where to go for delivery
- (c) Importance of seeking post-natal care
- (d) Nutrition
- (e) Exclusive Breastfeeding
- (f) Weaning and complementary feeding
- (g) Care during diarrhea, use of ORS with Zinc, signs of dehydration
- (h) Care during acute respiratory infections (Signs of Pneumonia and Respiratory Distress)
- (i) Prevention of malaria, TB, leprosy and other communicable and locally endemic diseases (eg. Kala-Azar, encephalitis)
- (j) Prevention of STIs, HIV/AIDS
- (k) Importance of safe drinking water

Family Planning/ Personal hygiene/ Household sanitation/ Education of children/ Dangers of sex selection/ Age at marriage/ Information on RTIs, STIs, HIV and AIDS/ Disease outbreak/ Disaster management/ Adolescent Health

1.5 Reports & Record Maintenance

- (a) In addition, to all the above work, register entries and housekeeping work would be about 1 hour/day, with Saturdays devoted to catch up on registers; data entry; report preparation and review meetings.
- (b) The main purpose of records should be to improve the quality of care provided to service users and to measure and plan for service needs and health outcomes in the population. The use of records to monitor her work, should flow from this priority- rather than dictate the design of registers and their use. HMIS/MCTS data should also be regularly updated and maintained. In addition, MPW (F) should also ensure timely documentation and registration of all births and deaths under the jurisdiction of Sub Center
- (c) This implies first and foremost that the sub-center functionaries have a common list of all households in their service area with their family members. Then households are distributed amongst them

- (d) Ideally every sub-center should have a folder for every family under her care. This should be ideally in a digitized form but even a manual register with two pages dedicated to every family will also suffice for the time being. They should maintain this register with help of the ASHA and must have detailed records e.g. name-based list of children who require immunization, line listing of high risk pregnant women etc.

This folder should have:

- ⦿ MCP card for all mothers and children
- ⦿ Simple card/register to line-list all the health events
- ⦿ Separate card for anyone on a TB/HIV/Leprosy/Kala-azar treatment protocol.

Separate card for anyone attending the special clinics – adolescent wellness, family planning, chronic illness etc. or being followed up at home for any chronic illness.

- (e) Attend VHSNC meetings as far as possible and ensure that the minutes of the meetings are recorded and maintained. MPW (F) should also ensure that the untied funds are utilized as per the rules and guidelines.
- (f) Making and timely submission of reports for various programs i.e. MCTS, HMIS etc



WEEKLY WORK PLAN FOR MULTI-PURPOSE WORKER (FEMALE)

02

Key Principles:

- It is estimated that in a population of 5000, the weekly load of patients would be about 30-50. We expect 100 infants in non-high focus states and 150-200 in high-focus states, with an equal number of pregnancies. This translates to 60 children per month for immunization and 15 children per immunization session in non-high focus states. In high focus states, there would be around 100 children per month and 25 children per immunization session.
- Where hamlets are scattered or population is larger than 5000, one would need 2 immunization sessions per week and it is desirable to have 2 MPW (F)s. In others, one session per week is adequate, and it is quite possible for one MPW (F) to manage.
- If there are 2 MPW (F)s at sub center, then 4 full days can be devoted to community visits per week i.e. 30 hours of home visits with the sub center being open on all 5 days of the week.
- In addition each ASHA makes about 12 to 15 hours of home visits per week and since we expect 5 ASHAs in a population of 5000, we should add another 60 to 75 hours of home visits.
- Given an approximate number of 1000 to 1200 households in a sub Center area and about 30 minutes taken for each household visit, 500 to 600 hours is needed for all households to be visited once. So even at peak availability of current human resources we would provide only 100 hours per week of home visit, which would mean only one visit per household will take place in 6 weeks. This is why it is essential to strategize the visits and make it a team effort.
- It is expected that on an average one MPW (F) will cover 10-12 households in a full day field visit. The home visit sessions can either be done door to door or with a group of 4-5 households together at a common place. MPW (F) can also use Self Help Groups (SHGs), Mahila Mandals (Women Group), Youth Groups for community health education.

All households are divided between the two MPW (F)s - as evenly as possible, with some adjustment for distances. No household should be without an assigned MPW (F) and an ASHA

The weekly work plan of MPW (F) is described under three scenarios:

- 2.1 Two MPW (F) Sub Center at Delivery Point
- 2.2 Two MPW (F) Sub Center at Non-Delivery Point
- 2.3 Single MPW (F) Sub Center

WEEKLY WORK PLAN FOR 2 MPW (F) SUB CENTERS (DELIVERY POINTS)

For delivery points with two MPW (F)s the group recommended that one MPW (F) should be in SC while the 2nd MPW (F) should in the field either doing home visits, outreach/community work. An MPW (F) cover for the Sub center on all days of the week ensures that any pregnant women requiring midwifery care can be attended to.

One MPW (F) conducts 10-12 home/cluster visits during a day in the field

| Days | 1 st MPW (F) | 2 nd MPW (F) |
|-------|--|--|
| | Site of service delivery | Site of service delivery |
| Day 1 | SC Special Day Clinic: Adolescent Wellness Clinic (apart from regular activities) | Field visits (home visits/outreach) including school health program wherever and whenever applicable |
| Day 2 | Field visits (home visits/outreach) including school health program wherever and whenever applicable | SC Special Day Clinic: Family Counseling Clinic (apart from regular activities) |
| Day 3 | SC | VHNDs |
| Day 4 | VHNDs | SC |
| Day 5 | Morning Half: SC | |
| | Afternoon Half: Weekly meeting at SC with the ASHA, Facilitators, AWW etc. | |
| Day 6 | SC Special Day Clinic: Chronic Illness Clinic (apart from regular activities) | Field visits (home visits/outreach) including school health program wherever and whenever applicable |

*An alternate arrangement can be weekly rotation among the 2 MPW (F)s whereby each MPW (F) spends alternate weeks in the Sub Center and for Community Visits

**The MPW (F) when stationed at the Sub Center will devote one hour every day toward maintaining Registers/Records and Reports

WEEKLY WORK PLAN FOR 2 MPW (F) SUB CENTERS (NON-DELIVERY POINTS)

These MPW (F)s will undertake home visits on a daily basis with clear deliverables, for which a weekly calendar is already used at most Sub centers. But this calendar may be standardized to ensure that there is definite work allocation and distribution between the 2 MPW (F)s, in terms of geographical distribution (population coverage) or allocation of work (sub center vs outreach/RCH/home visits) or a mix of both.

One MPW (F) spends half day at SC and conducts 6-8 home/cluster visits in afternoon while the second spends the whole day conducting home/cluster visits (10-12)

| Days | 1 st MPW (F) | 2 nd MPW (F) |
|-------|---|--|
| | Site of service delivery | Site of service delivery |
| Day 1 | Morning Half: SC Special Day Clinic: Adolescent Wellness Clinic (apart from regular activities) | Field visits (home visits/outreach) including school health program wherever and whenever applicable |
| | Afternoon Half: Field visits (home visits/outreach) | |
| Day 2 | Field visits (home visits/outreach) including school health program wherever and whenever applicable | Morning Half: SC Special Day Clinic: Family Counselling Clinic (apart from regular activities) |
| | | Afternoon Half: Field visits (home visits/outreach) |
| Day 3 | Morning Half: SC | VHNDs |
| | Afternoon Half: Field visits (home visits/outreach) | |
| Day 4 | VHNDs | Morning Half: SC |
| | | Afternoon Half: Field visits (home visits/outreach) |
| Day 5 | Morning Half: Field visits (home visits/outreach) | |
| | Afternoon Half: Weekly meeting at SC with the ASHA, Facilitators, AWW etc. | |
| Day 6 | Morning Half: SC Special Day Clinic: Chronic Illness Clinic (apart from regular activities) | Field visits (home visits/outreach) including school health program wherever and whenever applicable |
| | Afternoon Half: Field visits (home visits/outreach) | |

*An alternate arrangement can be weekly rotation among the 2 MPW (F)s whereby each MPW (F) spends alternate weeks in the Sub Center and for Community Visits

**The MPW (F) when stationed at the Sub Center will devote one hour every day toward maintaining Registers/Records and Reports

WEEKLY WORK PLAN FOR SINGLE MPW (F) SUB CENTERS

If there is only one MPW (F) and one immunization outreach session/VHND per week, then there are 2 days of sub center work and only 2 days available for community visits.

However, where the sub center is located in a large village or population is not dispersed, the MPW (F) can open the sub center for 2 to 3 hours in the mornings and then make home visits in the afternoon session, which makes 4 days of home visits or 12-15 hours of home visits.

| Days | Site of service delivery | Services provided | Detailed activities to be undertaken/Remarks |
|-------|--------------------------|--|---|
| Day 1 | Sub Center | Immunization services (Forenoon) & Clinic OPD services (Afternoon) | Fetch vaccines from the collection point, prepare due list of vaccination beneficiaries in coordination with AWWs, Immunization, ANC, treatment of minor ailments |
| Day 2 | Field | Community Visits | Follow up of missed out PNC/ANC cases, discharged lap. operated cases, screening-reporting of IDSP cases, Health education |
| Day 3 | Field/ AWW Center | VHND and Record maintenance | ANC, PNC, distribution of IFA tablets, Vaccination, Counseling on Nutrition & care (like early breastfeeding and weaning practices), Update and distribute MCP cards, counter-filing and record maintenance |
| Day 4 | Sub Center | Clinic OPD (Forenoon) and Family Planning services (Afternoon) | IUCD insertion, accompanying women to higher centers for sterilization and MTP procedures, counsel couples on adopting FP services and distribute contraceptives, update eligible couple registers |
| Day 5 | Block HQs/ Field | Fortnightly Meetings at Block HQs (1 st & 4 th week)/Community visits/VHNDs (2 nd & 3 rd week) | Submission of monthly work schedule (1 st week meeting) and report submission (4 th week meeting); identification & referral of LBW and malnourished infants & children (aged 0 to 5 years) with help of AWWs. Community visit days may also be utilized for VHNDs if the VHNDs on designated weekdays don't suffice the requirements |
| Day 6 | Sub Center | Clinic OPD services (Forenoon) and Weekly/ fortnightly meeting with ASHAs & Health Workers (Afternoon) and Record Maintenance | Treatment of minor ailments, ANC of missed out cases, Identification & referral of high risk pregnancies, Orientation, guidance and monitoring of ASHAs |

***In Delivery Points:** When a pregnant woman is in labor, it is mandatory for the MPW (F) to be with her, until at least 4 hours after the 3rd stage of labor is completed

The single MPW (F) should prioritize her tasks in case her presence is required at sub center either to attend to any woman in labor or to conduct deliveries at sub center based on the case and delivery loads.

Every sub center is provided the medicines and consumables. In case there is requirement of drugs and supplies beyond this or replenishment of the following the indent should be raised at the designated site by the MPW (F) timely and well in advance. It is the responsibility of the MPW (F) to ensure continuous availability of drugs and supplies within the Sub Center.

3.1 GENERAL MEDICINES & SUPPLIES

- ⊙ Oral Rehydration Salts
- ⊙ Iron & Folic Acid Tablets (IFA)
- ⊙ Trimethoprim & Sulphamethoxazole Tablets
- ⊙ GV Crystals (Methylrosanilinium Chloride)
- ⊙ Zinc Sulphate Dispersible Tablets
- ⊙ Iron & Folic Acid Syrup
- ⊙ Vitamin A Syrup
- ⊙ Paracetamol Tablets
- ⊙ Albendazole Tablets
- ⊙ Dicyclomine Tablets
- ⊙ Inj. Salbutamol
- ⊙ Chloramphenicol Eye Ointment
- ⊙ Povidone Iodine Ointment
- ⊙ Cotton Bandage
- ⊙ Absorbent Cotton
- ⊙ Pregnancy Test Kit

3.2 FOR EMERGENCY OBSTETRIC CARE (Where the Sub Center is a Delivery Point)

- ⊙ Inj. Gentamycin
- ⊙ Inj. Magnesium Sulphate
- ⊙ Cap. Ampicillin
- ⊙ Tab. Metronidazole
- ⊙ Tab. Misoprostol 200 µg

3.3 OTHER DRUGS & VACCINES

- ⊙ BCG, DPT, OPV, Measles, TT, Hepatitis B, JE and any other vaccines as per Immunization Schedule and Campaign Vaccines (if any). (At PHC level, cold chain)
- ⊙ Cap. Amoxycillin
- ⊙ Inj. Vitamin K
- ⊙ Syrup Cotrimoxazole
- ⊙ Tab. Cotrimoxazole 80+400 mg (for adults)
- ⊙ Syrup Paracetamol
- ⊙ Adhesive Tape (Leucoplast & Micropore)

- ⊙ Savlon Solution (Anti-septic Solution)
- ⊙ Betadine Solution (Povidone Iodine solution 5%)
- ⊙ Clove Oil
- ⊙ Gum Paints

3.4 FOR FAMILY PLANNING

- ⊙ Condoms (Nirodh)
- ⊙ Oral Pills
- ⊙ Copper - T (380-A)
- ⊙ Emergency Contraceptive Pills

3.5 FOR NATIONAL DISEASE CONTROL PROGRAMS

- ⊙ Tab. and Syrup Chloroquine for treatment of P. vivax and A.C.T Blister Pack for treatment of P.F. cases.
- ⊙ Tab. Primaquine (2.5 mg and 7.5 mg).
- ⊙ Tab. DEC (Di Ethyle Carbamazine - only in Filaria endemic areas)
- ⊙ Anti Leprosy Drugs (MDT blister Packs) for patients under treatment.
- ⊙ Rapid Diagnostic kits for Malaria under National Vector Borne Disease Control Program
- ⊙ Anti-tuberculosis drugs as supplied under RNTCP (only in DOT Centers).

3.6 EQUIPMENTS

- ⊙ Thermometer
- ⊙ Weighing scale
- ⊙ BP apparatus
- ⊙ Stop watch
- ⊙ Cold box
- ⊙ Vaccine carrier
- ⊙ MUAC
- ⊙ Haemoglobinometer
- ⊙ Hub cutter
- ⊙ Color coded bins
- ⊙ Urine test kits

The following checklists can be utilized by MPW (F)s to map their activities:

4.1 CHECKLIST 1: Danger Signs During The Course Of A Pregnancy

Ante-Natal Period

- ⊙ Anemia: Palpitations, easy fatigability, breathlessness at rest
- ⊙ Excessive nausea and vomiting
- ⊙ High fever
- ⊙ Headache / Blurring of Vision / Dizziness
- ⊙ Convulsion / Fits
- ⊙ Swelling all over the body
- ⊙ Pain / Burning while urinating
- ⊙ Increased frequency of urination
- ⊙ Foul smelling discharge with or without fever
- ⊙ High blood pressure
- ⊙ Leaking for more than 24 hours without labour pain
- ⊙ Bleeding from vagina or abnormal discharge
- ⊙ Loss of Fetal Movements

Intra-Natal Period

- ⊙ Bursting of water bag without labor pains
- ⊙ Bleeding from vagina
- ⊙ Convulsions / Fits
- ⊙ Labor pain for more than 12 hours
- ⊙ Retained Placenta

Post-Natal Period

- ⊙ Excessive bleeding i.e. soaking more than 2–3 pads in 20–30 minutes after delivery.
- ⊙ Convulsions with or without swelling of face and hands, severe headache and blurring of vision
- ⊙ Fever
- ⊙ Severe abdominal pain
- ⊙ Difficulty in breathing and breastfeeding
- ⊙ Foul-smelling lochia
- ⊙ Breast engorgement, cracked nipple
- ⊙ Perineal swelling and infection
- ⊙ Inability to pass urine or burning while urination
- ⊙ Post-partum mood changes

4.2 CHECKLIST 2: Danger Signs To Be Looked Out For In Newborns

- ⊙ The baby has fever or feels cold to the touch
- ⊙ The baby is not accepting breastfeeds- not suckling well (could have ulcers or white patches in the mouth - thrush).
- ⊙ He/she looks sick (lethargic or irritable)
- ⊙ Breathing is fast or difficult.
- ⊙ Severe chest indrawing (lower chest wall goes in when the infant breathes in)
- ⊙ Umbilical cord is red or swollen, or is discharging pus.
- ⊙ Movements of the newborn are less than normal (normally, newborns move their arms or legs or turn their head several times in a minute)
- ⊙ Jaundice
- ⊙ Skin infection (pustules) - red spots, which contain pus or a big boil.
- ⊙ Convulsions
- ⊙ The baby has diarrhea/ There is blood in the stools/ Inability to pass urine and stools
- ⊙ Congenital anomalies
- ⊙ Discharge from eyes (red or infected)
- ⊙ Dull and lethargic baby

4.3 CHECKLIST 3: For Home Visits

- ⊙ Prioritize households which have the following:
 1. Pregnant women
 2. Post partum mothers
 3. Newborns
 4. Infants and malnourished children
 5. Eligible couples
 6. Patients with chronic illnesses
 7. Children suffering from diarrhea/ ARI
- ⊙ Motivate pregnant women who did not attend their regular ANCs in the VHND
- ⊙ Home based services for post partum mothers
- ⊙ Retrieve children who missed their immunization sessions
- ⊙ Referral of sick new born and children
- ⊙ Motivation for changing health-seeking behaviors including adopting family planning methods
- ⊙ Collecting blood smears or performs RDTs from suspected malaria cases and maintains records. Providing treatment to positive cases
- ⊙ Advise chronic/ seriously ill cases (eg. Leprosy, elephantiasis) to go to higher centers or provide possible home based care
- ⊙ Distribution and utilization LL Bed Nets; facilitate and ensure quality spray in households and insecticide treatment of community-owned bed nets
- ⊙ Verbal autopsy/ or at least preliminary inquiry into any maternal or child death.
- ⊙ With the help of ASHA & AWW, mobilize clusters of households or beneficiaries for counseling and motivational sessions

4.4 CHECKLIST 4 : For Counseling Themes

- ⊙ Education of girls.
- ⊙ Age at marriage
- ⊙ Care during pregnancy
- ⊙ Tobacco use by antenatal mother
- ⊙ Birth preparedness/micro birth plan - including place of delivery and the presence of an attendant at the time of the delivery.
- ⊙ Advantages of institutional deliveries and risks involved in home deliveries.
- ⊙ Signs of labor and danger signs of obstetric complications.
- ⊙ Complication readiness - recognizing danger signs during pregnancy, labor and after delivery/abortion
- ⊙ Importance of seeking ANC and PNC
- ⊙ Care during Medical Termination of Pregnancy
- ⊙ Advise on diet (nutrition) and rest.
 1. Advice to eat more than her normal diet throughout the pregnancy - a pregnant woman needs about 300 kcal extra per day, over and above her usual diet, and 500 kcal extra in the post-partum period.
 2. Importance of a high protein diet, including items such as black gram, groundnuts, ragi, whole grains, milk, eggs, meat and nuts or any other locally available food items for anemic women.
 3. Intake of plenty of fruits and vegetables containing vitamin C (e.g. mango, guava, orange and sweet lime), as these enhance the absorption of iron.
 4. Avoid taking tea or coffee within an hour after a meal
 5. Rich fiber diet to avoid constipation.
 6. Sleep for eight hours at night and rest for another two hours during the day and refrain from doing heavy work, especially lifting heavy weights
 7. Refrain from taking alcohol, tobacco in any form or addictive drugs such as opium derivatives during pregnancy
 8. Refrain any medication unless prescribed by a qualified health practitioner.
- ⊙ Special categories of women who require additional nutrition during pregnancy include the following:
 1. Women who are underweight (less than 45 kg)
 2. Women who have an increased level of physical activity, above the usual levels, during pregnancy
 3. Adolescent girls who are pregnant
 4. Those who become pregnant within two years of the previous delivery
 5. Those with multiple pregnancy
 6. Women who are HIV positive.

- ◎ Information about breastfeeding, including exclusive breastfeeding; and complimentary feeding
 1. Initiate breast-feeding especially colostrum feeding within an hour of birth.
 2. Do not give any pre-lacteal feeds
 3. Ensure good attachment of the baby to the breast
 4. Exclusively breast-feed the baby for six months.
- ◎ Information on sex during pregnancy.
- ◎ Care of the newborn
 1. Ensure that the baby is warm, breathing normally, and accepting and retaining breast milk, and that the cord is clean.
 2. The baby should receive – BCG/ OPV-0/ Hepatitis B-0 vaccinations preferably before discharge from the health facility.
 3. Ensure care of the umbilicus, skin and eyes
 4. Ensure good suckling while breastfeeding
 5. Screen the newborn for danger signs
 6. Advise the mother and family members on immunization
- ◎ Danger signs in newborns –seek immediate care:
 1. If baby is breastfeeding poorly
 2. If baby develops fever or feels cold to the touch
 3. Breathes fast
 4. Has difficulty in breathing
 5. Has blood in the stool
 6. If the palms and soles are yellow
 7. Has convulsions
- ◎ Promoting family planning.
- ◎ Information about the JananiShishuSurakshaKaryakram (JSSK)/any other incentives offered by the state.
- ◎ Malaria prophylaxis and treatment

4.5 CHECKLIST 5: For Ante Natal Check-Up

History Taking - A detailed history of the woman needs to be taken to:

- ⊙ Confirm the pregnancy (first visit only).
- ⊙ Identify whether there were complications during any previous pregnancy/ confinement that may have a bearing on the present one.
- ⊙ Identify any current medical/surgical or obstetric condition(s) that may complicate the present pregnancy.
- ⊙ Menstrual history to calculate the Expected Date of Delivery
- ⊙ Ask her about the Nausea and vomiting / Heartburn / Constipation / Increased frequency of urination
- ⊙ Ask about symptoms indicating complications:
 1. Fever
 2. Persistent vomiting
 3. Abnormal vaginal discharge/itching
 4. Palpitations, easy fatigability
 5. Breathlessness at rest/on mild exertion
 6. Generalized swelling of the body, puffiness of the face
 7. Severe headache and blurring of vision
 8. Passing smaller amounts of urine and burning sensation during micturition
 9. Vaginal bleeding
 10. Decreased or absent fetal movement
 11. Leaking of watery fluid per vaginum (P/V)
- ⊙ Ask about her previous pregnancies or obstetric history
 1. Ask about the number of previous pregnancies. Confirm whether they were all live births, and if there was any stillbirth, abortion or any child who died.
 2. Ascertain the date and outcome of each event, along with the birth weight, if known. Find out if there was any adverse perinatal (period between 7 days before birth and 28 days after birth) outcome.
 3. Obtain information about any obstetric complications and events in the previous pregnancies – Recurrent early abortion/ Post-abortion complications / Hypertension, pre-eclampsia or eclampsia / Ante-Partum Hemorrhage (APH) / Breech or transverse presentation / Obstructed labor, including dystocia / Perineal injuries/tears / Excessive bleeding after delivery / Puerperal sepsis.
 4. Ascertain whether the woman has had any obstetrical operations (caesarean sections/ instrumental delivery/vaginal or breech delivery/manual removal of the placenta).
 5. Ask for a history of blood transfusions.

- ⊙ History of any current systemic illness / past history of illness
 1. High blood pressure (hypertension)
 2. Diabetes
 3. Breathlessness on exertion, palpitations (heart disease)
 4. Chronic cough, blood in the sputum, prolonged fever (tuberculosis)
 5. Renal disease
 6. Convulsions (epilepsy)
 7. Attacks of breathlessness or asthma
 8. Jaundice
 9. Malaria
 10. Other illnesses, e.g. Reproductive Tract Infection (RTI), Sexually Transmitted Infection (STI) and HIV/AIDS. Family history of systemic illness
- ⊙ History of intake of habit-forming or harmful substances - Chews or smokes tobacco and/or takes alcohol.

Physical Examination

- ⊙ General examination
 1. Pallor
 2. Pulse
 3. Respiratory rate
 4. Jaundice
 5. Edema
 6. Blood pressure
 7. Weight
 8. Breast examination
- ⊙ Abdominal examination
 1. Measurement of fundal height
 2. Determination of fetal lie and presentation by fundal palpation, lateral palpation and pelvic grips
 3. Auscultation of the Fetal Heart Sounds
 4. Inspection of scars/any other relevant abdominal findings.

Laboratory Investigations

- ⊙ Urine Pregnancy test
- ⊙ Blood investigations for Hemoglobin estimation and blood grouping including Rh factor
- ⊙ Urine test to assess the presence of sugar and proteins
- ⊙ Rapid test for malaria and syphilis

Interventions

- IFA supplementation along with counseling about the necessity of taking IFA and the dangers associated with anemia
- Administration of TT injection - two doses of TT injection for prevention of maternal and neonatal tetanus (tetanus of the newborn).

Micro-Birth Planning & Counseling

- Registration of pregnant woman and filling up of the Maternal and Child Protection Card and JSY card/below poverty line (BPL) certificates/necessary proofs or certificates for the purpose of keeping a record.
- Informing the woman about the dates of antenatal visits, schedule for TT injections and the EDD.
- Identifying the place of delivery and the person who would conduct the delivery.
- Identifying a referral facility and the mode of referral.
- Taking the necessary steps and contact details to arrange for transport for the beneficiary.
- Making sure that funds are available to the MPW (F)/ASHA.

4.6 CHECKLIST 6: For Post-Natal Check-Up

| Post-Partum Visit Schedule | | |
|---|--|--|
| Visits | After home delivery/ delivery at SC | After delivery at PHC/FRU (Discharged after 48 hours) |
| First visit | 1st day (within 24 hours) | Not applicable |
| Second visit | 3rd day after delivery | 3rd day after delivery |
| Third visit* | 7th day after delivery | 7th day after delivery |
| Fourth visit | 6 weeks after delivery | 6 weeks after delivery |
| First visit for mother | | |
| ● History-taking | | |
| 1. Place of delivery | | |
| 2. Person who conducted the delivery | | |
| 3. History of any complications during the delivery / bleeding per vaginum / convulsions or loss of consciousness | | |
| 4. Pain in the legs / abdominal pain / fever / dribbling or retention of urine / any breast tenderness, etc. | | |
| 5. Initiation of breastfeeding the baby | | |
| 6. Has she started her regular diet? | | |
| 7. Are there any other complaints? | | |
| ● Examination | | |
| 1. Pulse, blood pressure, temperature and respiratory rate. | | |
| 2. Presence of pallor. | | |

3. Abdominal examination.
 4. Examine vulva and perineum for the presence of any tear, swelling or discharge of pus.
 5. Examine the pad for bleeding to assess if the bleeding is heavy, and also see if the lochia is healthy and does not smell foul
 6. Examine the breasts for any lumps or tenderness, check the condition of the nipples and observe breastfeeding.
- ⊙ Management / Counseling
 1. Post-partum care and hygiene
 2. Nutrition
 3. Contraception
 4. Registration of birth
 5. IFA supplementation
 6. Breastfeeding

First visit for baby

- ⊙ History-taking
 1. When did the child pass urine and meconium?
 2. Has the mother started breastfeeding the baby and are there any difficulties in breastfeeding?
 3. Fever
 4. Not suckling well
 5. Difficulty in breathing
 6. Umbilical cord is red or swollen, or is discharging pus
 7. Movements of the newborn are less than normal
 8. Skin infection (pustules) - red spots which contain pus or a big boil
 9. Convulsions.
- ⊙ Examination
 1. Count the respiratory rate for one minute.
 2. Look for severe chest indrawing
 3. Check the baby's color for pallor / jaundice / central cyanosis (blue tongue and lips)
 4. Check the baby's body temperature.
 5. Examine the umbilicus for any bleeding, redness or pus.
 6. Examine for skin infection
 7. Examine the newborn for cry and activity
 8. Examine the eyes for discharge
 9. Examine for congenital malformations and any birth injury
- ⊙ Management / Counseling
 1. Maintain hygiene while handling the baby
 2. Delay the baby's first bath to beyond 24 hours after birth.

3. Maintain body temperature.
4. Should not apply anything on the cord, and must keep the umbilicus and cord dry.
5. Should observe the baby while breastfeeding and try to ensure proper/good attachment.

Second and third visits for mother

- ⊙ History-taking: Apart from the questions asked during the first visit, also ask about the following:
 1. Continued bleeding P/V - occurring 24 hours or more after delivery
 2. Foul-smelling vaginal discharge
 3. Fever
 4. Swelling (engorgement) and/or tenderness of the breast
 5. Any pain or problem while passing urine (dribbling or leaking)
 6. Fatigue / 'not feeling well'
 7. Unhappiness / Cry easily - post-partum depression
- ⊙ Examination
 1. Pulse, blood pressure and temperature.
 2. Check for Pallor.
 3. Conduct an abdominal examination to see if the uterus is well contracted
 4. Examine the vulva and perineum for the presence of any swelling or pus.
 5. Examine the pad for bleeding and lochia.
 6. Examine the breasts for the presence of lumps or tenderness.
 7. Check the condition of the nipples.
- ⊙ Management / Counseling
 1. Diet and rest
 2. Contraception

Second and third visits for baby

- ⊙ History-taking - same questions as during the first post- partum visit
- ⊙ Examination- observe the baby for the following:
 1. Whether he/she is sucking well
 2. If there is difficulty in breathing (fast or slow breathing and chest indrawing)
 3. If there is fever or the baby is cold to the touch.
 4. If there is jaundice (yellow palms and soles)
 5. Whether the cord is swollen or there is discharge from it
 6. If the baby has diarrhea with blood in the stool
 7. If there are convulsions or arching of the baby's body.
- ⊙ Management / Counseling - In addition to what was provided during the first visit, counsel
 1. Exclusively breastfeed the baby for six months.
 2. Should feed the baby on demand or every 2 hours
 3. Supplementary foods should be introduced at 6 months of age, while breast-feeding can continue simultaneously.

4. Baby's weight loss
5. Hygiene of the baby
6. When and where to seek help in case of signs of illness
7. Immunization

Fourth visit for mother

- ⊙ History-taking - Ask the mother the following:
 1. Has the vaginal bleeding stopped
 2. Has her menstrual cycle resumed
 3. Is there any foul-smelling vaginal discharge
 4. Does she have any pain or problem while passing urine (dribbling or leaking)
 5. Does she get easily fatigued and/or 'does not feel well'
 6. Is she having any problems with breastfeeding
- ⊙ Examination - includes the following:
 1. Check the woman's blood pressure.
 2. Check for pallor.
 3. Examine the vulva and perineum for the presence of any swelling or pus.
 4. Examine the breasts for the presence of lumps or tenderness.
- ⊙ Management / Counseling
 1. Diet and rest
 2. As in the second and third visits, emphasize the importance of Nutrition / Contraception

Fourth visit for baby

- ⊙ History-taking - Ask the mother the following:
 1. Has the baby received all the vaccines recommended so far
 2. Is the baby taking breastfeeds well
 3. How much weight has the baby gained
 4. Does the baby have any kind of problem?
- ⊙ Examination
 1. Check the weight of the baby
 2. Check if the baby is active/lethargic.
- ⊙ Management / Counseling
 1. Emphasize the importance of exclusive breastfeeding.
 2. Tell the mother that if the baby is having any of the following problems, he/she should be taken immediately to the MO at the FRU - The baby is not accepting breastfeeds / The baby looks sick (lethargic or irritable) / The baby has fever or feels cold to the touch / The baby has convulsions / Breathing is fast or difficult / There is blood in the stools / The baby has diarrhea.
 3. Counsel the mother on where and when to take the baby for further immunization

PERFORMANCE MONITORING BY MPW (F) SUPERVISOR

- The role of MPW (F) supervisor can be carried out by the Block Program Manager, Medical Officer, Lady Health Visitor or Sarpanch (Panchayati Raj Institutions member) or as maybe determined by the State. As a supervisor, they are responsible for providing supportive role in functioning of the MPW (F) and monitoring of the activities being performed by the MPW (F).

To provide necessary guidance and support, the MPW (F) supervisor should:

- Involve the MPW (F) in decision making and act more like a teacher, coach, mentor
 - Provide constant support and encouragement for efficient service delivery by the MPW (F)
- The State should also establish a District level ‘Grievance Redressal Committee’ for the MPW (F)s to register any complaints related to her work and working environment. The Chief Medical Officer or his nominee should preferably head this committee. The state has the flexibility to constitute the committees at block level as well.

5.1 Checklist for MPW (F)’s activities performed at VHND

| LOGISTICS | SERVICES |
|---|---|
| <ol style="list-style-type: none"> 1. Availability of vaccines at the site well before the day’s activities begin 2. Availability of equipment: <ul style="list-style-type: none"> ▪ Weighing scale-adult, child ▪ Examination table ▪ Bed screen/curtain ▪ Hemoglobin meters, kits for urine examination ▪ Gloves ▪ Slides ▪ Stethoscope and blood pressure instrument ▪ Measuring tape ▪ Foetoscope ▪ Vaccine carrier with ice packs ▪ Hub cutter ▪ Red and black bags for waste disposal 3. Availability of communication materials. 4. Ensure that adequate money is available for disbursement to the ASHA. | <ul style="list-style-type: none"> ▪ Registration of all pregnant women ▪ ANC for all registered pregnant women. ▪ Tracking of dropout pregnant women eligible for ANC and services are to be provided to them ▪ Vaccines against six vaccine-preventable diseases to all eligible children below one year ▪ Vaccinations of all dropout children who do not receive vaccines as per the scheduled doses ▪ Vitamin A solution is to be administered to all children. ▪ All children are to be weighed, with the weight being plotted on a card and managed appropriately in order to combat malnutrition ▪ All eligible couples are to be given condoms and OCPs as per their choice and referrals are to be made for other contraceptive services ▪ Supplementary nutrition is to be provided to underweight children from <i>Anganwadi</i> centers |

5.2 Monthly monitoring of the activities performed by the MPW (F)

(Data Source: SC Register/ HMIS Report/ MCTS records)

5.2.1 Sub Center Activities

| | Monitoring Indicator | Numbers |
|-----|--|---------|
| 1. | Total number of new pregnant women registered during the month | |
| 2. | Total number of pregnant women received ANC services | |
| 3. | Total number of deliveries conducted | |
| 4. | Total number of mothers received PNC services | |
| 5. | Total number of children received vaccination under 1 year | |
| 6. | Total number of children received vaccination b/w 1-2 year | |
| 7. | Total number of Adolescent Girls received IFA tablets | |
| 8. | Total number of Eligible couple adopted family planning methods (emergency contraception, IUD, condoms, OCP) | |
| 9. | Total number of General OPDs other than RCH services | |
| 10. | Total number of Lab Investigations (Blood Sugar, Urine) conducted | |
| 11. | Total number of malaria slides made/ RD tests done | |
| 12. | Number of children received ORS + Zinc | |
| 13. | Total number of reports submitted by MPW (F) during the month to the PHC MO or other program officers. | |

5.2.2 VHND Activities (Refer to Annexure 2)

| | Monitoring Indicator | Numbers |
|----|--|---------|
| 1. | Total number of new pregnant women registered during the month | |
| 2. | Total number of pregnant women received ANC services | |
| 3. | Total number of mothers received PNC services | |
| 4. | Total number of children received vaccination under 1 year | |
| 5. | Total number of children received vaccination b/w 1-2 year | |
| 6. | Total number of Adolescent Girls received IFA tablets | |
| 7. | Total number of Eligible couple adopted family planning methods (emergency contraception, IUD, condoms, OCP) | |

5.2.3 Home Visit Activities

| | Monitoring Indicator | Numbers |
|----|--|---------|
| 1. | Total number of home visits during the month | |
| 2. | Average house visited per field visit. | |
| 3. | Total number of missed ANC cases identified and referred to sub-center for routine services | |
| 4. | Total number of missed PNC cases identified and referred to sub-center for routine services | |
| 5. | Total number of missed Child Vaccination cases identified and referred to sub-center for routine immunization | |
| 6. | Total number of mothers given ANC/PNC care at the home. | |
| 7. | Total number of pregnant women assisted for delivery | |
| 8. | Total number of Eligible couple counseled and adopted family planning methods (emergency contraception, IUD, condoms, OCP) | |

5.2.4 Other Performance Indicators

| | Monitoring Indicator | Numbers |
|-----|--|---------|
| 1. | Total number of women counseled for nutrition during pregnancy and for infants | |
| 2. | Total number of sick/malnourished children referred to higher centers. | |
| 3. | Total number of complicated pregnancies referred to higher centers | |
| 4. | Total number of cases motivated and availed sterilization services (male/female) | |
| 5. | Total number of children under 1 year who missed any due vaccine during the month | |
| 6. | Total number of pregnant women/mothers who missed any due service during the month | |
| 7. | Number of Special Day clinics/sessions conducted during the month (Adolescent clinics, Family Counseling Clinics, Chronic illness Clinics, Immunization sessions, VHNDs) | |
| 8. | Total number of cases referred by ASHA to the Sub-Center | |
| 9. | Total number of newborn initiated breastfeeding in one hour | |
| 10. | Total number of children completed full immunization | |
| 11. | Number of Maternal Deaths recorded | |
| 12. | Number of Infant Death recorded | |
| 13. | Number of Still Birth recorded | |

TERMS OF REFERENCE FOR CONTRACTUAL MPW (F)

06

The State Health Society / District Health Society will engage MPW (F) on annual contractual basis under NHM for providing basic essential services at the sub-centers and in the communities.

6.1 Salary & Increments

- 6.1.1 During the continuance of service, MPW (F) would be paid as remuneration a sum of Rs..... per annum.
- 6.1.2 MPW (F) would be entitled to an increment of % on total remuneration annually depending on the performance based on the indicators mentioned in Annexure 1.

6.2 Code of Conduct

- 6.2.1 At the time of entry, induction training of at least one week duration is mandatory for all contractual MPW (F)s.
- 6.2.2 The Contractual MPW (F)/FHW will wear prescribed uniform for MPW (F)/FHW during duty hours, violation of which may be treated as 'misconduct' and 'breach of contract'.
- 6.2.3 Schedule for completion of tasks: The duration of assignment of the MPW (F) will be for one year. Renewal will be subject to the review of the performance appraisal by the District Health Society.
- 6.2.4 The MPW (F) should reside in the accommodation provided at the Sub Center. In case such provision is unavailable, the MPW (F) should reside in the same village or as suggested by the state. She should certainly stay within 10 kms radius of the Sub Center.

6.3 Leaves

In order for MPW (F) to be eligible for leave, she must apply for leave in accordance with the appropriate category of leave. MPW (F) will be entitled to a total ofdays of leave in a calendar year, including casual leave and maternity leave

In addition to this, the MPW (F) will be entitled to National holidays and other holidays as per provisions made by the State Government.

6.4 Transfers

- 6.4.1 If the MPW (F) is transferred on the same post, she can only be transferred within the same district
- 6.4.2 If the transfer is done on first promotion, MPW (F) can only be transferred within the division
- 6.4.3 In case of special selection or selection as a trainer or mentor, MPW (F) can be transferred within the state

Transfers on staff request will be considered for the following reasons:

6.4.4 On mutual ground

6.4.5 On administrative ground

6.4.6 On ground of serious medical conditions or any disability

MPW (F) shall join the new location of duty within 10 working days after the Issue of Transfer letter/order from the State Health Department.

6.5 Termination

Termination of contractual service of an MPW (F) can be made for the following reasons:

6.5.1 Professional misconduct, negligence of care, unsafe practices, inefficiency and insincerity

6.5.2 Committing irregularities and impropriety of administrative and financial nature

6.5.3 False reporting of information or fabrication of data in the maintained records

6.5.4 If the MPW (F) misses a case of severe anemia among the pregnant women registered for ANC but gets detected at a later stage at a higher facility

This contract can be terminated by NHM or the employee, through either a one-month written notice or one month's salary (gross) in lieu of the notice period without assigning any reason. State may also terminate this contract in the event of 7 days or more continuous absence from work without notice or adequate reason.

6.6 Services and Facilities to be provided by the District Health Society

6.6.1 District Health Society will provide medicines and equipment necessary for carrying out the duties by the contractual MPW (F).

6.6.2 District Health Society will also provide other necessary help/material for discharge of duties by contractual MPW (F).

Final outputs and reports will be required by the contractual as mentioned in the job responsibilities or any other reports required by the District Health Society

CRITERIA FOR PERFORMANCE APPRAISAL

07

Apart from regular assessment by supervisory staff, the MPW (F) will undergo an annual appraisal based on general skills and core output areas.

The appraisal will be carried out on the following parameters first as self-appraisal by the MPW (F) followed by a team consisting of the Block Program Manager, Medical Officer, Lady Health Visitor or Sarpanch (Panchayati Raj Institutions member) or as maybe determined by the State. Decisions related to contract renewals, annual increments and performance-based incentives would be centered on these appraisals.

The supervisor is also expected to consider all previous supervisory visit reports of the same Sub Center while conducting performance of the MPW (F). The supervisor should provide mandatory feedback bi-annually to every MPW (F) with a copy of the assessment score sheet. If there are differences in the scores filled by the MPW (F) as self-appraisal and the score given by the assessor, these should be discussed in detail between them to understand the MPW (F)'s areas of improvement.

GENERAL SKILLS

| Sr. No. | <u>Parameters</u> | | | | | <u>Score by MPW (F)</u> | <u>Score by Assessor</u> (MO/LHV/Sarpanch) | <u>Remarks</u> |
|---------|--|-----------|------|------|------|-------------------------|---|----------------|
| | Excellent | Very Good | Good | Fair | Poor | | | |
| | 5 | 4 | 3 | 2 | 1 | | | |
| 1. | Inter-personal relationship (<i>Attitude towards seniors, colleagues and beneficiaries especially weaker/vulnerable sections of the society</i>) | | | | | | | |
| 2. | Staff conduct and engagement (regularity and punctuality in duty hours; reporting; reviewing; number of leaves availed; average number of households covered) | | | | | | | |
| 3. | Communication (<i>ability to communicate essential information to beneficiaries including community and professional team effectively</i>) | | | | | | | |
| 4. | Flexibility and adaptability (<i>in terms of geographical location, availability during working hours, social responsibilities</i>) | | | | | | | |
| 5. | Innovative (<i>Developing creative practices for effective utilization of health facilities and use of untied funds depending on the needs of different communities</i>) | | | | | | | |

Total Score*/ Remarks (Maximum 25, Minimum 5): _____ (Score X)

* For each point in above table make a total of score given by MPW (F) and Assessor and divide it by 2. Use this average score to fill respective score from above table.

SPECIFIC ADMINISTRATIVE WORK

| Sr. No. | <u>Parameters</u> | | | | | <u>Score by MPW (F)</u> | <u>Score by Assessor</u> (MO/LHV/ Sarpanch) | <u>Remarks</u> |
|---------|--|-----------|------|------|------|-------------------------|---|----------------|
| | Excellent | Very Good | Good | Fair | Poor | | | |
| | 5 | 4 | 3 | 2 | 1 | | | |
| 1. | Timely completion and submission of monthly reports (10 th of every month or according to State protocol) | | | | | | | |
| 2. | Total number of meetings - attended against planned at SC, PHC or Block | | | | | | | |
| 3. | Average number of houses visited per field visit | | | | | | | |
| 4. | Average Number of Special Day clinics/sessions conducted per month | | | | | | | |
| 5 | Utilization of untied funds (in percentage) | | | | | | | |

Total Score*/ Remarks (Maximum 25, Minimum 5): _____ (Score X)

* For each point in above table make a total of score given by MPW (F) and Assessor and divide it by 2. Use this average score to fill respective score from above table.

CORE PERFORMANCE INDICATORS (Calculation formulae in Annexure 1)

| Sr. No. | Performance indicator | Scoring (based on percentage of achievements) | | | | |
|---------|--|---|----------------------|----------------------|----------------------|-------------------|
| | | 100% (10points) | 80-99% (8 points) | 60-79% (6points) | 50-59% (4 points) | <49% (2points) |
| 1. | Percentage of VHNDs organized against required/planned | | | | | |
| 2. | Percentage of Early ANC registration (within 12 weeks of pregnancy) | | | | | |
| 3. | Percentage of Four completed ANCs of pregnant women | | | | | |
| 4. | Percentage of PP-IUCD insertions done in the Sub Center Area | | | | | |
| 5. | Success rate of family planning counseling (Percentage of sterilizations conducted in the Sub Center Area) | | | | | |
| 6. | Rate of severe Anemic (< 7 gm) pregnant women line listed | | | | | |
| 7. | Referral rate of AEFI cases | | | | | |
| 8. | Sick infants referral rate | | | | | |
| 9. | Referral rate of suspected TB cases | | | | | |
| 10. | Percentage of infants breastfeed exclusively for six months | | | | | |
| 11. | Percentage of infants with complementary feeding within one year | | | | | |
| 12. | Awareness about danger signs during pregnancy, delivery and postnatal period in pregnant women | | | | | |
| 13. | Community awareness about ORS use in diarrhea | | | | | |
| 14. | Percentage of adolescent population accepted IFA supplementation | | | | | |
| 15. | | 0 (10points) | 1-10% (8 points) | 11-19% (6 points) | 20-29% (4points) | >29% (2points) |
| 16. | Rate of BCG to Measles dropout | | | | | |
| | Total points (aggregate) | | | | | |

Score Received/ Remarks (Maximum 150, Minimum 30): _____ (Score Z)

7.1 Annual Increment based on Performance score/grade linked to status on contract

Total Score: _____ % (Score= X+Y+Z/2)

| Sr. No. | Performance Grade | Overall Appraisal Score (%) | Incentive | Remarks |
|---------|-------------------|-----------------------------|---------------------------------|--|
| 1. | Grade 'A' | 90-100 | 10% of their total remuneration | Renewal of contract |
| 2. | Grade 'B' | 70-89 | 8% of their total remuneration | |
| 3. | Grade 'C' | 50-69 | 5% of their total remuneration | |
| 4. | Grade 'D' | 40-49 | No incentive given | Renewal with warning |
| 5. | Grade "E" | Less than 40 | Not applicable | Extension of 6 months followed by review |

7.2 Bi-Annual Incentive for Good Performance

The incentive will be calculated from the aforementioned criteria (general skills, specific administrative work and core performance indicators) by a team consisting of the Medical Officer (PHC level), Lady Health Visitor (PHC level) and *Sarpanch* (*Panchayati Raj Institutions* member).

Total Score: _____ % (Score= X+Y+Z/2)

| Sr. No. | Performance Grade | Overall Appraisal Score (%) | Incentive | Remarks |
|---------|-------------------|-----------------------------|------------------------------------|---|
| 1. | Grade 'A' | 90-100 |% of their total remuneration | Incentive criteria will be determined by the State depending on the threshold in Annual Health Survey |
| 2. | Grade 'B' | 80-89 |% of their total remuneration | |
| 3. | Grade 'C' | 70-79 |% of their total remuneration | |

ANNEXURE

ANNEXURE 1: Calculation formulae for performance appraisal indicators

| Sr. | Indicator | Calculation Formula | Data Source |
|-----|---|---|-----------------------------------|
| 1. | Percentage of VHNDs conducted against required | $\frac{\text{Number of VHNDs conducted in the village}}{\text{Number of VHNDs planned in the village}} \times 100$ | SC Register or HMIS reports/ MCTS |
| 2. | Percentage of Early ANC registration | $\frac{\text{Number of women registered within 12 weeks of pregnancy}}{\text{Total number of estimated pregnancies}} \times 100$ | SC Register or HMIS reports/ MCTS |
| 3. | Percentage of Four completed ANC's of pregnant women | $\frac{\text{Number of pregant women receiving 4 ANC's}}{\text{Total number of pregant women registered for ANC}} \times 100$ | SC Register or HMIS reports/ MCTS |
| 4. | Percentage of PP-IUCD insertions in SC area | $\frac{\text{No of PP-IUCD Insertion done in the Sub Center}}{\text{No of Eligible Couples in the Sub Center Area}} \times 100$ | SC Register or HMIS reports/ MCTS |
| 5. | Success Rate of Family Planning | $\frac{\text{Number of eligible couples adopted permanent family planning methods}}{\text{Number of eligible couples in the Sub Center Area}} \times 100$ | SC Register or HMIS reports/ MCTS |
| 6. | Rate of severe Anemic (< 7 gm) pregnant women line listed | $\frac{\text{Number of severe anemia (<7gm) pregnant women line listed}}{\text{Total number of ANC registration}} \times 100$ | SC Register or HMIS reports/ MCTS |
| 7. | AEFI referral rate | $\frac{\text{Number of AEFI referred}}{\text{Number of AEFI reported/recorded}} \times 100$ | SC register or HMIS reports/ MCTS |
| 8. | Sick infant referral rate | $\frac{\text{Number of sick infants referred to higher centers}}{\text{Number of sick infants reported/recorded}} \times 100$ | SC Register or HMIS reports/ MCTS |
| 9. | Suspected TB referral rate | 2 % of New Adult OPD attendees | SC Register or HMIS reports/ MCTS |
| 10. | Percentage of infants breastfeed exclusively for six months | $\frac{\text{Number of Infants Breastfeed exclusively for six months}}{\text{Total Number of Live Births}} \times 100$ | SC Register or HMIS reports/ MCTS |
| 11. | Percentage of infants with complementary feeding within one year | $\frac{\text{Number of Infants fed along with breastfeeding within one year}}{\text{Total Number of mothers interviewed}} \times 100$ | Community visit/ interview/MCTFC |
| 12. | Awareness about danger signs during pregnancy, delivery and postnatal period in pregnant women [†] | $\frac{\text{Number of women aware about danger signs in pregnancy}}{\text{Total Number of women interviewed (Ante Intra and Post partum)}} \times 100$ | Community visit/ interview/MCTFC |
| 13. | Community awareness about ORS use in diarrhea [†] | $\frac{\text{Number of women aware about ORS usage in Diarrhea}}{\text{Total Number of household women interviewed}} \times 100$ | Community visit/ interview/MCTFC |
| 14. | Percentage of adolescent population accepted IFA supplementation | $\frac{(\text{Number of Adolescents received IFA supplementation})!}{4}}{\text{Total number of Adolescents in the SC area}} \times 100$ | SC register or HMIS reports/ MCTS |
| 15. | Rate of BCG to Measles dropout | $\frac{\text{Number of children immunized (BCG-Measles)}}{\text{Total number of children started immunization with BCG}} \times 100$ | SC register or HMIS reports/ MCTS |

* In case, any denominator value is zero (0), the indicator will be given 10 point

** Number of maternal/infant death reported can be verified from 'In-charge of MDR & IDR Committee'

For indicator xii-xiv, data for both numerator and denominator to be collected from the community through interaction with beneficiaries. A small sample of 10-15 households per sub center should be selected for this purpose.

! IFA supplementation is a weekly process hence the total beneficiaries would be divided by four to get the numerator.

ANNEXURE 2: Calculation formulae for performance appraisal indicators

Checklist for Village Health Nutrition Days

Name of block: _____

Name of PHC: _____

Name of Sub Center : _____

Name of village: _____

| Sl. No | Parameters | Assessment Yes / No /Partial /NA-Not Applicable | Remarks |
|--|--|---|---------|
| Presence of Health Workers During VHND | | | |
| 1 | Was MPW (F) present during VHND | | |
| 2 | Was ASHA present during VHND | | |
| 3 | Was AWW present during VHND | | |
| Services Delivery During VHNDs by MPW (F) | | | |
| 1 | Was MPW (F) doing ANC check- up of pregnant women? | | |
| 2 | What the components of ANC were being provided? | | |
| i. | Tetanus toxoid injections | | |
| ii. | Blood pressure measurement | | |
| iii. | Weighing of pregnant women | | |
| iv. | Blood test for anaemia using Haemoglobinomete | | |
| v. | Examination of abdomen | | |
| vi. | Counselling of appropriate diet and rest | | |
| vii. | Inquiring about any danger signs like- swelling hole body , blurring of vision and severe headache or fever with Childs etc. | | |
| viii. | Counselling for institutional delivery | | |
| 3 | Was MPW (F) providing vaccination to children? | | |
| 4 | Did she also provide medicine or referral in case of any sickness of any child below 2 years of age? | | |
| Services provided by AWW During VHND | | | |
| 1 | Was AWW Weighing all the children of 0-6 years of age? | | |

| Sl. No | Parameters | Assessment Yes / No /Partial /NA-Not Applicable | Remarks |
|---|--|---|---------|
| 2 | Was AWW weighing the children correctly? | | |
| 3 | Did AWW record the weight on the growth | | |
| 4 | Did AWW give take home rations to children 6 months 6 years of age? | | |
| 5 | Did AWW give taken home rations to adolescent girls? | | |
| 6 | Did AWW give taken home rations to pregnant women? | | |
| 7 | Did AWW give taken home rations to lactating mothers? | | |
| Quality of Service s Delivered During VHND | | | |
| 1 | Weighing medicine of MPW (F) was in order | | |
| 2 | Weighing medicine of MPW (F) was in order | | |
| 3 | Thermometer was working accurately | | |
| 4 | BP apparatus was working accurately | | |
| 5 | Supplementary food was available | | |
| 6 | Quality of supplementary food was good | | |
| Role Played by ASHA | | | |
| 1 | Did ASHA make a list of potential beneficiaries who need either MPW (F) or AWW Services? | | |
| 2 | Was ASHA able to motivate most (>75%) of the beneficiaries to attend VHND? | | |
| 3 | Did she inform the beneficiaries at least a day before about the date of VHND? | | |
| 4 | Did she help MPW (F) or AWW in organizing the VHND? | | |
| General Question | | | |
| 1 | What was the venue of the VHND | | |
| i. | Anganwadi Centre | | |
| ii. | Sub Centre | | |
| iii. | Panchayat hall | | |
| iv. | Some other – open venue | | |
| 2 | Was VHND held on a fixed date every month? | | |

ANNEXURE 3: Operational plan for Need Based Competency Enhancement of MPW (F)s and Staff Nurses.

Background

Competency of health care providers in skills and knowledge is essential for quality health care outcomes. Multiple assessment studies have shown that the competency levels of health care providers, especially MPW (F)s & SNs, are suboptimal. Different field visits have also reflected the same fact. It has been documented by the CRM & the JRM teams that the skills during ANC, INC & PNC and also for ENBC, resuscitation, IUCD, needs improvement. The recent data released on IMR and service data from HMIS also indicate that although services are being provided as per the numbers indicated in the HMIS but the same is not translated into proportionate decrease in outcome indicators like IMR, MMR, etc.

In order to address this issue, it is suggested that a Need based Competency Enhancement of nursing staff across the country be undertaken, with the objective of strengthening their competency levels to improve their knowledge and skills. If a particular health functionary lacks competency / has lower competency in a particular area, she / he will be provided competency enhancement trainings only in that thematic area.

Need based Competency Enhancement shall be preceded by an assessment, which will be conducted using a two-step method - knowledge assessment using pre-designed questionnaires and Objective Structured Clinical Examination (OSCE). Following the assessment, a name wise data bank shall be created for imparting specific competency enhancement training only for that particular area of knowledge / skill which has been found deficient during assessment.

Strategic approach

The Need based Competency Enhancement of nursing staff will include all the MPW (F)s and Staff nurses who are employed in government health facilities. As this is a time and resource intensive exercise, the assessments will be rolled out in a phased manner, over a period of 4 to 6 months, based on the capacity of the states to undertake this exercise. The states will conduct the assessments after preparing operational plans as per their capacity and will share the operational plan for the same with the GoI.

Assessment planning for the skills of MPW (F)s and SNs

States will undertake multipronged approach for the Need based Competency Enhancement assessment of the skills as indicated below:

- MPW (F)s, SNs, LHVs and nursing supervisors working at all Delivery points will be prioritised for Competency Enhancement as per the plan indicated at the end of the guideline.
- Every State will undertake Need based Competency Enhancement of MPW (F)s, SNs, LHVs and nursing supervisors in one or two high priority districts as a pilot to get an

idea of extent of competencies available and will plan for improving the knowledge and skills only in the identified weak areas .

- In every district at least 5% of MPW (F)s to be assessed every month, starting from poor performing Sub Centers, (as per HMIS / district data).
- Data base of all the above categories for each individual assessed will need to be maintained for monitoring imparting of competencies and follow up on their performance. The competencies in the particular thematic area can be imparted through skill based trainings and skill labs.

The data emerging from these assessments will be utilized for-

- Targeted training of nursing staff in those areas only that have been identified as suboptimal.
- Prioritizing the training of nursing staff in existing / proposed RMNCH+A skills labs being established as per GoI's directive.

Each state health directorate/SIHFW will form a dedicated training management cell for the analysis and utilization of the data collected from these assessments. The state should hire additional staff if needed, for management of data emerging from this exercise.

Implementation strategy

Step 1: Orientation of state resource persons

To initiate this, a 2-day regional orientation workshop on Need based Competency Enhancement using OSCE and operational planning will be held for resource persons from each state as per the tentative plan given in table 1. 5-6 resource persons will be trained from each state in these regional workshops. The proposed composition of this team of resource persons from each state is as follows:

- State Directorate/NRHM -1
- State Nursing Council- 1
- SIHFW - 2
- Nursing Tutors- 2

These resource persons will subsequently train the district level Need based Competency Enhancement teams in their own states. Jhpiego will provide technical assistance in conducting these workshops.

Table 1: Tentative plan for the regional orientation workshop

| Venue | Respective states | Dates |
|---|---|---------------|
| Mumbai | Tamil Nadu, Kerala, Andhra Pradesh, Pondicherry, Gujarat, Maharashtra, Goa, Daman & Diu, Dadra & Nagar Haveli, Andaman and Nicobar Islands. | To be decided |
| New Delhi | Chhattisgarh, Punjab, Haryana Uttarakhand, Himachal Pradesh, Jammu & Kashmir, Delhi, Rajasthan, Madhya Pradesh | To be decided |
| College of Nursing NRS, MCH, Kolkata | UP, West Bengal and North east States, Odisha, Bihar, Jharkhand | To be decided |

Step 2: Orientation of district level assessment teams

- District-level Need-Based Competency Enhancement will be constituted in each district for assessing the skills of MPW (F) and staff nurses of that district.
- These teams will include a mixture of the following service providers – Medical Officers, Faculty of MPW (F)TC/GNMTC, Designated SBA/NSSK/IUCD trainer.
- Nursing professionals should form majority of these team as the assessment is being done for the nurses.
- These district level Need based Competency Enhancement will be trained by the resource persons who have been trained at the state/regional level orientation workshops.

Step 3: Knowledge and skills assessment at district level

At the district level, the assessment can be operationalized as follows-

- I. Identification of skills lab /assessment sites
- II. Identification of human resource
- III. Methodology of skills assessment
- IV. Activity planning

I. Identification of the assessment sites:

The MCH skills lab (Pre/In-service), which are instituted at Government MPW (F)/ GNM schools; district hospitals/ Any designated sites for SBA,NSSK and IUCD training/SIHFW/ National nodal centers/ State nodal centers /SNRC can be used to conduct OSCE

- The identified assessment site should have adequate logistics such as mannequins/ equipment/ AV aids required for all the skills listed for OSCE in a functional state, consumable items/record papers for conducting assessment in advance. (eg. Gloves, mask, apron, shoe covers, cap, partograph copies, etc.), and adequate space for conducting skills assessments.

II. Identification of Human resource:

a. Requirement –

Total human resources required are 06 for each assessment site (composition mentioned above).

- ⦿ Supervisor/overall in-charge -1
- ⦿ Examiners/Assessors - 5 (1 assessor per skills station)

b. Roles and responsibilities

Supervisor/overall in-charge

- ⦿ Identify the and keep ready the OSCE room for all skill station along with the assessors
- ⦿ Make identify the assessment dates; prepare the budget for conducting the assessment.
- ⦿ Send an intimation letter to all the MPW (F)s& SNs of their assessment dates
- ⦿ Manage logistics of the skills assessment such as seating plans, printing questions, meals etc. Ensure the good conduct of assessment by taking rounds during the examinations to assessment site during assessment
- ⦿ Maintain the time limit for each station and regularize the examinee rotation among the skills stations. The time limit for movement of examinees between stations should not exceed 10 seconds

Examiner/Assessor

- ⦿ An examiner/assessor shall be tutor/staff nurse/doctors trained for conducting skills assessment.

During Knowledge Assessment:

- ⦿ The assessors will supervise the knowledge assessment of participants and ensure smooth operations for the same.

Before OSCE:

- ⦿ Each assessor will set up the OSCE stations and shall read the instructions as given on the OSCE check list of station assigned

During OSCE:

- ⦿ Each assessor shall make the examinee write her name at the space provided in the OSCE check list
- ⦿ The assessor should NOT prompt the examinee but provide only the explicit instructions as given on the OSCE checklist
- ⦿ The assessor shall ONLY observe and record examinee performance in the OSCE sheet while the examinee performs the steps of the procedure

- ⦿ The assessor should stop the examinee and send her to the next station, if the time runs out
- ⦿ The assessor shall record the score of the examinee in the OSCE sheet simultaneously while observing and calculate the total score immediately after the examinee completes the procedure

After OSCE:

- ⦿ The assessor shall reset the station for the next examinee
- ⦿ Once the examinees complete the particular station the assessor has to collect all the scored/completed OSCE check lists of each examinee of each round.
- ⦿ The assessor (any two) will finally enter the OSCE scores in the summary sheet and will put the OSCE summary sheet and scored OSCE check lists of each MPW (F)s& SNS in an envelope, seal and send to CMO office.

III. Methodology of Need based Competency Enhancement

Skills assessment will be conducted using a two-step method – knowledge assessment using pre-designed questionnaires and Objective Structured Clinical Examination (OSCE)

A. Knowledge assessment

A 60-minute knowledge assessment will be conducted as the first step. All the assesses will complete this knowledge assessment at the same time. The knowledge questionnaire will contain 50 multiple choice questions covering the following basic nursing and midwifery concepts: Antenatal care, intra- and immediate postpartum care, management of complications during delivery, and postnatal care including family planning. 2-3 sets of such questions will be made available to assessment sites to rotate question papers. The knowledge assessment will be of 50 marks.

B. Objective Structured Clinical Examination (OSCE)

OSCE will be conducted at 5 skills stations. These will focus on a mixture of skills that can be demonstrated with and without models. The skills can be selected from the list given below-

Table 2: List of OSCE stations

| OSCE stations with models | OSCE stations without models |
|----------------------------|------------------------------|
| 1. Measurement of BP | 1. Estimation of Hemoglobin |
| 2. Newborn resuscitation | 2. Plotting partograph |
| 3. Interval IUCD insertion | |

Assesses will spend 10 minutes at each skill station and will rotate. A group of 5 MPW (F)/SNs will be assessed in one batch spanning 1 hour. Each skills station will carry weightage of 10 marks. The total marks will be 50.

- C. If a particular health functionary lacks competency in a particular area, she / he will be provided competency enhancement trainings only in that thematic area.

IV. Activity planning

Assessments will be conducted in 8 hour sessions each day including 1 hour for knowledge assessment, approximately 6 hours for OSCE and 1 hour for breaks etc.

Table 3: Estimation of total number of examinees per day

| | |
|-----------------------------------|--|
| Number of Skill station | 5 |
| Time limit for each skill station | 10 minutes |
| Total time for one round | 10x5= 50 minutes (rounded off to 1 hr) |
| Number of examinees in one round | 5 |
| Total OSCE round per day | 6 rounds |
| Total examinees per day | 30 |

Considering this, the approximate amount of time to complete the assessment of all MPW (F)s/ SNs can be calculated as following:

Table 4: Indicative calculations for Delivery Points and all health facilities

| Health care delivery centers | Number of health facilities | Delivery Point | Number of nurses/center | Total number of nurses in DPs | In all health facilities |
|------------------------------|--|----------------|-------------------------|-------------------------------|--------------------------|
| Sub centers | 1.5 lakh | 6000 | 1-2 | 12000 | 3 lakh |
| PHCs | 24000 | 6000 | 5 | 30000 | 120000 |
| CHCs | 4800 | 4000 | 10 | 40000 | 48000 |
| District hospitals | 640 | 640 | 20 | 12800 | 12800 |
| Total | | | | 94800 | 480800 |
| Load per district | <ul style="list-style-type: none"> ▪ $94800/642=148$ MPW (F)s/ SNs per district for DPs ▪ $480800/642= 749$ MPW (F)s/ SNs per district for all health facilities of the district | | | | |
| 5% of Sub Centers | <ul style="list-style-type: none"> ▪ $15000/ 642= 24$ MPW (F)s per district | | | | |

- ⦿ For all DPs and 5% of SCs, the total MPW (F)s and SNs will be approximately 180. If 30 nurses are assessed per day, it will take approximately a week to assess all the nurses of a given district with the use of a single skills lab.
- ⦿ For the pilot districts 750 MPW (F)s/ SNs for all health facilities of the district. If 30 nurses are assessed per day, it will take approximately a month to assess all the nurses of a given district with the use of a single skills lab.

Based on the details given above, each state has to develop an action plan for Need based Competency Enhancement of their nursing staff and submit the plan to NRHM, Government of India.

Key Health Messages

DANGER SIGNS DURING PREGNANCY

- Bleeding during pregnancy, excessive bleeding during delivery or after delivery
- High fever during or within one month of delivery
- Labor pain for more than 12 hours
- Severe anemia with or without breathlessness
- Headache, blurring of vision, fits and swelling all over the body
- Bursting of water bag without labor pains

IMPORTANCE OF INSTITUTIONAL DELIVERY

- Labor monitoring, active management of complications and emergencies of mother and infant post-delivery, immediate attention of the newborn, postpartum monitoring
- Skilled staff provide specific care and attention to newborn babies with special needs in order to improve their survival chances and reducing the risk of maternal mortality
- Hygienic conditions and surroundings are also important for safe delivery
- Round-the-clock supervision

DANGER SIGNS IN A NEWBORN

- Weak sucking or refuses to breastfeed
- Yellow palms and soles
- Blood in stools
- Lethargic or unconscious
- Baby unable to cry/difficult breathing
- Convulsions
- Fever or cold to touch

IMPORTANCE OF SEEKING POST NATAL CARE

- Monitor the general signs and symptoms of mother and baby to ensure management, treatment or referral of any complications that might occur
- Ensure nutritional diet of mother and baby, breastfeeding and timely immunization
- Prevention of any infections to the mother and baby

IMPORTANCE OF BREASTFEEDING

- FOR THE BABY: Improved growth and nutrition status; lower risk of overweight/obesity; Less diarrhea and respiratory infections
- FOR THE MOTHER: Faster maternal recovery and weight loss post partum; Lower risk of maternal cancer; Lower post-partum depression

BENEFITS OF COMPLEMENTARY FEEDING

- Prevention of stunting and malnutrition
- Less risk of anemia
- Better psychological development
- Less diarrhea and respiratory infections
- Lower post-partum depression

CARE OF ACUTE RESPIRATORY INFECTIONS

- Clinical signs: High Respiratory rate; Chest indrawing; Stridor
- Management: Give an appropriate antibiotic; soothe the throat and relieve the cough with a safe remedy; If coughing more than 3 weeks or if having recurrent wheezing refer for assessment

IMPORTANCE OF SAFE DRINKING WATER

- Regulation of body organs and temperature
- Lowers cholesterol and blood pressure
- Minimizes chronic pains such as rheumatoid arthritis, lower back pain, migraines and colitis
- Lowers body temperature when the weather is warm
- Flushes away bodily waste products
- Protection against cancer of the urinary tract



Ministry of Health and Family Welfare
Government of India, New Delhi