IMPLEMENTATION GUIDELINE

FOR MENTORING OF ANMs ON QUALITY VHND SERVICES

2014

NATIONAL HEALTH MISSION, ODISHA

Implementation Guideline for Mentoring of ANMS on Quality VHND Services-2014

Prepared with technical assistance from DFID supported Technical & Management Support Team

Preface

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National and international evidences indicate that reduction of maternal and neonatal mortality and morbidity can be accelerated if women are provided quality antenatal care during pregnancy and child birth. Ensuring quality of maternal and child health services through improved skills of frontline workers is one of the key interventions for reducing maternal and child mortality and morbidity.

The Government of Odisha has initiated processes to increase the availability of health workers and is focusing on quality of pre-service nursing and midwifery education in 2013-14. While this will improve nursing and midwifery education, there is a strong need to focus on skill building of existing ANMs. Although trainings of frontline workers (FLW), including ANM, ASHA and AWW, have been undertaken at different points in time, there is wide variation in skills of the workers.

In this context, NHM Odisha has conceptualized to build up the cadre of FLWs especially ANMs to offer quality ANC and PNC services and also build up a plan of mentoring of the field activities by development of this mentoring module.

I hope the present endeavour will go a long way in delivering Quality care services to the Mothers & childrens of the State.

Acknowledgement

The Resource Manual for Mentoring of ANMs on Quality VHND Services has emerged out of wide based consultation. Preparation of the module would not have been possible without the valuable contributions of Maternal and Child Health Divisions of the Directorate of Health and Family Welfare and domain experts.

Principal Secretary to Govt., Health & Family Welfare Dept, Govt. Of Odisha, **Shri Pradipta Kumar Mahapatra, IAS** envisioned the concept for a stronger field level workforce and initiated the mentoring process.

I also take great pleasure in thanking **Dr Pramod Kumar Meherda, IAS,** RDC Northern Zone for having nurtured the ANM mentoring concept during the initial days in his role as the then, MD NRHM. Mission Director, NHM **Ms. Roopa Mishra, IAS,'s** constant encouragement was our inspiration and her strategic guidance shaped the resource manual.

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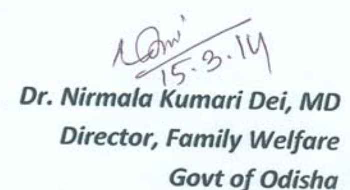
I wish all success to the noble initiative in enabling quality of services through skilled health workers in the State.



Abbreviations

ANM	:	Auxillary Nurse Midwife
DPMU	:	District Program Management Unit
EDD	:	Expected Date of Delivery
ENBC	:	Essential New Born Care Unit
FH	:	Fundal Height
FHR	:	Foetal Heart Rate
FHS	:	Foetal Heart Sound
FRU	:	First Referral Unit
GoI	:	Government of India
Hb	:	Hemoglobin
HCl	:	Hydrochloric Acid
HIV	:	Human Immunodeficiency Virus
HLD	:	High Level Disinfection
IFA	:	Iron Folic Acid
INJ	:	Injection
IUCD	:	Intrauterine Contraceptive Device
JSY	:	Janani Suraksha Yojana
LAM	:	Lactational Amenorrhea Method
LHV	:	Lady Health Visitor
LLIN	:	Long-Lasting Insecticidal Net
LMP	:	Last Menstrual Period
LR	:	Labour Room
MCH	:	Mother and Child Health
MO	:	Medical Officer
MoHFW	:	Ministry of Health and Family Welfare
MoWCD	:	Ministry of Women and Child Development
NRHM	:	National Rural Health Mission
NVBDCP	:	National Vector-Borne Disease Control Programme
OJT	:	On the Job Training

OT	:	Operation Theatre
P/V	:	Per Vaginum
PHC	:	Primary Health Centre
PIH	:	Pregnancy-Induced Hypertension
POC	:	Products of Conception
PPH	:	Post-Partum Haemorrhage
PROM	:	Premature Rupture of Membranes
RCH	:	Reproductive and Child Health
RDK	:	Rapid Diagnostic Kit
RPR	:	Rapid Plasma Reagin
RR	:	Respiratory Rate
RTI	:	Reproductive Tract Infection
SBA	:	Skilled Birth Attendant
SC	:	Sub-Centre
SN	:	Staff Nurse
STI	:	Sexually Transmitted Infection
TT	:	Tetanus Toxoid
UTI	:	Urinary Tract Infection
VDRL	:	Venereal Disease Research Laboratory

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BACKGROUND

Ensuring quality of maternal and child health services through improved skills of frontline workers is one the key interventions for reducing maternal and child mortality and morbidity. There is strong global evidence to show that increasing the skilled health workers to population ratio has led to improvement in IMR and MMR.

WHO and Global Health Workforce Alliance 2008; Scaling Up, Saving Lives, Task Force for Scaling Up Education and Training for Health Workers, mentions, " The qualitative evaluations of disease-oriented country program have found that the lack of trained, motivated and managed health workers is one of the major bottlenecks in implementing evidence-based health interventions to improve maternal and child health, and to address HIV/AIDS, malaria and tuberculosis. To meet the under-five child mortality targets of MDG 4 BY 2015, implementation reviews have recommended increasing the numbers of health workers and making better use of existing workers".

"Community support services in the form of Trained Health Workers providing quality PNC services were found to reduce peri natal deaths by 21% and postnatal home visits were effective in reducing newborn deaths ranging from 30% - 61%. (Source: WHO Partnership for Maternal Newborn & Child Health Knowledge Summary 4 - Prioritize Proven Interventions). This is a good example how quality services can help improve mortality indicators through skilled health workers.

The Government of Odisha (GOO) has initiated processes to increase the availability of health workers and is focusing on quality of pre-service nursing and midwifery education in 2013-14. While this will improve nursing and midwifery education, there is a strong need to focus on skill building of existing ANMs. Although trainings of frontline workers (FLW), including ANM, ASHA and AWW, have been undertaken at different points in time, there is wide variation in skills of the workers (Source: monitoring visits of government officials and staff of partner organizations).

Major reasons include:

- Different rates of uptake of trainings, especially in a situation where the FLWs are burdened with a number of trainings.
- Quality of trainings, especially those undertaken through a cascade approach, without adequate monitoring and evaluation, thus resulting in transmission loss.
- Lack of mentoring and supportive supervision following the trainings, i.e. lack of follow up.
- Non-availability of equipment and supplies as per the state mandate, resulting in delay in starting the practice of skills.
- Lack of accountability of the job prescriptions post trainings leads to loss of the knowledge gained.

These frontline workers in Odisha were subjected to SAB training since its inception in 2007-08 and the achievement as compared to the targets has been low in the recent years (as reported in http://pipnrhm-mohfw.nic.in/index_files /high focus/Orissa). The revised guidelines of SAB training that came up in 2010 have not been uniformly disseminated at the all levels in the state. With the institutionalization of delivery getting a boost with JSY and JSSK programmes in the state, now the focus for the front line workers rests with providing quality ANC and PNC care.

In this context, NRHM Odisha is conceptualizing to build up the cadre of FLWs especially ANMs to offer quality ANC and PNC services and also build up a feasible and workable plan of mentoring of the field activities by development of this mentoring module and checklists.

The current document outlines the implementation pathway of this mentoring process in the state using the existing platform of VHND services in the state.

RATIONALE

To ensure quality of community level MCH interventions through the primary frontline service provider that is the ANM, there is a need to assess their current levels of knowledge and skills, and to provide additional support for strengthening areas where knowledge and skills are weak.

VHND form the platforms of integrated health, nutrition and WASH service delivery at community level. Strengthening these platforms for integrated and qualitative MCH service delivery is the prime focus for the DoHFW in 2013-14 and this necessitates rapid skill assessment and capacity building of ANMs in the network. It also requires a periodic assessment of available equipment, instruments and consumables as well as provision of equipment, as necessary, in order to ensure adequate supplies for all VHNDs. In addition, there is a need to streamline procurement of logistics along with strong supply chain management and maintenance processes.

The VHND platform of service delivery offers the following opportunities:

- Assembly of all FLW on a fixed day
- Maternal and Child Health services prioritized
- Community participation
- Supervisory level involved
- A unique opportunity for **On the Job Training**(OJT) for necessary skills of FLWs by supervisory cadre
- Has the support of the policy makers

Basket of services provided during VHND session

PREGNANT WOMEN

Quality ANC

- BP Examination
- Weighing
- Abdominal Examination
- Hb% estimation (Testing)
- Urine Albumin/ Protein estimation (Testing)
- IFA 100/200
- 2TT/TT Booster Injection
- Counsel and Referral for PPTCT services to the nearest ICTC
- Referral of High risk pregnancies to L2/L3 facility

LACTATING WOMEN

Post Natal/ Post-Partum visit schedule

- First visit: 1st day (within 24 hours of delivery in case of Home and Sub center delivery. For Institutional delivery this should be done at the institution)
- Second visit: Within 3rd to 5th day after delivery
- Third visit: Within 7th to 10th day after delivery
- Fourth visit : By six weeks after delivery
- There should be three additional home visits in case of low birth weight babies, on 14th, 21st and 28th day of delivery (as per the IMNCI guidelines)

Post Natal care form 6 weeks to 6 months

- Full PNC services would be defined as 3 plus PNC contacts as institution/home level

within first 10 days.

It is recommended that

- At least 1 of the 3 PNC contacts at home level is accompanied by ANM
- At least 1 visit to VHND by all lactating women on 4th and/or 6th week post-partum period

CHILDREN BETWEEN 0-5 YEARS

Infants from 0 to 1 month (Counseling)

- Initiate breast feeding especially colostrum feeding within an hour of birth
- Do not give any pre- lacteal feeds
- Ensure good attachment of the baby to the breast
- Exclusively breastfeed baby for six months
- Breastfeed the baby whenever she demands
- If baby is passing urine for 6 and more times and is gaining weight adequately, breast feeding is adequate.
- Follow the practice of rooming in.

Children from 1 month to 5 years

- Fill up MUAC measurement and bipedal edema information in MCP card
- Identification of SAM children to Pustikar Diwas or NRC if there is presence of any one of the following a) Bipedal edema b) Severe wasting c) MUAC <11.5cm
- Assessment and classification of children as per IMNCI protocol by AWW and ANM and ensure necessary and treatment as per the case.
- Blood test for Hb estimation
- RDK test for fever cases and treatment in case of found positive
- IFA (Small Supplementation)- For children above 3 years
- Bi annual supplementation of Albendazole- For children above one year onwards

The current module outlines a process that utilizes the health personnel and the resources in the backdrop of VHND to improve the knowledge and skills of our FLWs as well as introduce standardized procedures for skill certification, supportive supervision and OJT.

Expected Outcome of VHND:

1. ANMs have improved skills for conducting ANC checkups, diagnostic tests and other services including record maintenance
2. High risk pregnancies, complication during post natal period are identified timely, referred to appropriate institutions for treatment with regular follow up increased
3. Increased referral/treatment of cases of ARI and Diarrhea
4. Increased nutritional status among mothers and children with 6 months to 5 years

Conclusion:

This booklet is a guide to the dissemination of information on quality ANC and PNC services through the supervisory cadre to the field level functionaries. This guide gives the outlay from planning to execution and output.

IMPLEMENTATION, PREPAREDNESS, STRATEGIES AND ACTIVITIES

PREPAREDNESS

The preparedness refers to readiness at all levels of health service delivery in order to make the mentoring programme a success. These processes are explained under the following headings:

- Roles of different service providers in the Process
- Conditions for smooth facilitation of mentoring support
- Thematic areas for knowledge and skill building
- Essential Equipment, Instruments & Logistics for supplementing the mentorship Program towards achievement of quality ANC and PNC
- Procurement process of VHND equipment and its maintenance

SERVICE PROVIDERS IN THE PROCESS

State level Resource person:

- State Master Trainers will be drawn from a pool of state resource persons, who are trained in SAB, NSSK, BeMOC and IMNCI trainings inclusive of MBBS doctors, Programme Manager and free lancers.
- This pool will be attending a 3 days TOT at the state level.

Mentors:

- LHVs will be the preferred mentors. In case an LHV post is vacant or the LHV has less than one year for retirement, the AYUSH doctor of the same sector will be nominated as mentor.
- The mentors will carry out pre- and post-assessment of competency of ANMs (mentees) at the district and block level respectively.
- They will mentor ANMs of their own sector for skill up-gradation through a three month on-site support programme. The mentor will provide hand holding support as per standard checklist.
- **Training of mentors:** Mentors will be trained through a tailor made three-day training package. The training of mentors will have pre- and post-training skill and knowledge assessments. Those LHVs/AYUSH scoring more than equal to 90% in post training assessment (following Objective Structured Clinical Examination, OSCE, method of evaluation for skills and knowledge of VHND services) will be eligible as Mentor.
- Sectors where LHVs score less than 90% will be replaced by AYUSH doctors of the sector. The nominated AYUSH doctors will be provided 3 days training and have to score ≥ 90% to be selected as mentors.
- Training will be done in phases at state level, with priority given to high priority districts.

Mentees: They are the ANMs who will be mentored by the trained Mentors for developing the knowledge and skill level for providing quality VHND services in the community.

CONDITIONS FOR SMOOTH FACILITATION OF MENTORING SUPPORT

- Mentorship support will be for a period of 3 months in phase-I
- Within 3 months, each ANM should be given 8 visits. 2 visits on VHND day and remaining 6 visits on other working days.
- A minimum of 8 sessions should be taken up within this period for each ANM. The duration of each session should not be less than 2 hrs for each mentee.
- Details of each session should be recorded in the resource hand book provided during the orientation and signed by both mentor and mentee, template of which would be created in the Orientation Meeting.
- The theoretical sessions should not be taken in VHND sessions, however for hand holding of skill and observing skill improvement, the VHND sessions are to be utilized.
- The gap between two sittings with the same ANM **should not be less than 7 days** (for giving scope to the ANM to practice skills learned).
- A mentor is not allowed to provide support to more than 4 ANMs at a time, in order to ensure quality service outputs.

THEMATIC AREAS COVERED DURING MENTORING SUPPORT

The mentoring will support knowledge and skill level of ANM targeting pregnant woman, lactating mothers and children under five years of age.

The thematic area which will cover for the target group in terms of Knowledge is as follows.

For pregnant and lactating mothers:

- **Quality ANC**: BP measurement, relevance and actions to be taken; Weighing: relevance and actions to be taken, **Haemoglobin estimation**: relevance and actions to be taken, urine testing, abdominal examination, use of **Malaria RDK**, foetal heart sound measurement, fundal height correlation with amenorrhoea, EDD calculation, identification of high risk pregnancies, actions for referral as necessary, TT, IFA, **danger signs**, MCP card, eclampsia, delivery: signs of onset of labour, counseling of Family Planning methods including both limiting and spacing
- **Effective Post natal visits:** Schedule of PNC visits, danger signs, actions to be taken, use of MCP card, Post-partum family planning, all components of breastfeeding.

For Children under 5 Years:

- **Management of neonatal and childhood illnesses:** Assessment of neonate and under five child, identification of danger signs and minor illness management (IMNCI), measuring mid upper arm circumference, identification of SAM child, zinc supplementation, demonstration of ORS preparation.

The skill areas to be covered the mentoring is as follows:

1. Pregnancy Test
2. BP measurement
3. Hemoglobin estimation
4. Urine sugar albumin estimation

5. Malaria test

The checklists for assessment of the skill will be done followed by Objective Structured Clinical Examination (OSCE) method. The assessment checklists are detailed from Annexure 2A to Annexure 2E.

ESSENTIAL EQUIPMENT, INSTRUMENTS & LOGISTICS FOR SUPPLEMENTING THE MENTORSHIP PROGRAM IN VHND SESSIONS

State Mandate:

All Sub-centres should have functional equipment/instruments, as prescribed in Annexure-5, and should be used as intended.

Availability

- 2 sets of equipment will be made available at the SC (Annexure 5), so that there is at least one back up for use. Any equipment for repair would be brought by ANMs to the block.
- Repair will be coordinated by the BPM. Repair will be done locally as far as feasible.
- The State Equipment and Maintenance Unit (SEMU) will empanel repair agencies, zone wise, for such repairs / maintenance and notify districts about the same.
- Cost of repair will be borne from Untied fund.
- BPMs would be responsible for an initial update of equipment / instrument status by Dec 2013, after which quarterly updates will be done, and shared with the DVLM.
- At the district level, the District Vaccine and Logistics Manager will be responsible for maintaining a database of equipment and instruments sub-centre wise. S/he will be responsible for updating it on a quarterly basis and sharing it with state level to DFW, Odisha in a predesigned excel format. S/he will also be responsible for supply chain and logistics management for VHND and FID. Logistics registers would be developed and distributed and recording and reporting mechanisms developed for efficient supply chain management.

Procurement:

Based on the gap assessment of equipment and instruments, procurement will be taken up as follows:

- New/ additional equipment (to ensure 2 sets of functional identified equipment at each SC) will be procured by the District. The responsibility of the procurement would be with DPM, based on receipt of requirement from DVLM. All SCs should have 2 sets of functional equipment latest by January 2014 to enable smooth mentoring support. 10% additional buffer would be kept at district and block levels as float assembly. This would enable the replacement of any faulty equipment within 15 days of reporting breakdown.

- Subsequent replacement will be done through sub-centre untied funds as and when required, but within a period of 2 months from the date of reported un-usability. As per the revised financial guidelines, items with value ≤ Rs15000/- may be purchased directly from the shop and HW (F) is authorised to purchase these for her sub-Center.

- No equipment should be reported unusable in two consecutive quarterly reports.

Consumables:

- Pregnancy test kit, Uristix (both sugar and albumin), N/10 HCl have to be procured by the district (primary responsibility: DVLM) and supplied to the sub-centres based on quarterly indents collected / compiled by BPM / DVLM. This will be done at district level through use of JSSK funds. Malaria RDTs and RPR test kits procurement will be through state-led supply mechanisms. 10% buffer would be maintained at block and district levels for the kits, consumables and drugs to ensure that there are no stockouts.

Stock / Store and Inventory Management:

- The assets procured under the untied fund must be entered in the Stock Register with an inventory number.
  Example - UNTIED FUND / Sub centre Name/ name of the asset/ 0001,0002 etc
  The inventory numbers should be written with paint on the asset.
- The drugs, consumables, equipment and instruments available at sub-centres would be entered into appropriate software that is available at block level (for example, DIMS). Buffer stocks would also be entered into the software. Regular updation of databases would be the responsibility of BPOs at block level and DVLM at district level.

The expenditure will only be settled when stock entry certificate with page number of the stock ledger is put on the body of the voucher.

Assessment and Orientation at the District level:

Two days Pre–Assessment and orientation of mentees (ANM): All the ANMs will be attending one day assessment-cum- orientation following OSCE method on first day and orientation on mentoring process, checklists, scoring and certification on the second day. The database of pre-assessment and post-assessment scores will be maintained at district level in a standardized format, and analyzed.**)**

Process of assessment

- A Batch of 25-30 is to be taken up per venue.
- On the first day, all the ANMs are to appear knowledge test by use of questionnaires
- Then they will be split into batches of 5 with 5 -6 ANMs to do the skill assessment. Hence 5 skill stations (one each for the skills identified) should be prepared to assess the ANMs for the skills, with a specified time of 10 minutes ear-marked to observe her perform and mark her for the same. Thus 50minutes would be needed for the skill assessment of one batch; given there would be five batches the total time needed would be 250minutes (4 Hrs. 10 min). The orientation session will be followed in the next day.

Grading: Following the pre-assessment, ANMs will be divided into two categories:

Category 1: Scoring ≥ 80%, will be the peer mentors (*).

Category 2: Scoring < 80% who would be mentored for 3 months.

Newly recruited ANMs against additional posts created vide Notification No. SCH-MED-310/13, 17266/H dated 07.06.2013 will also be assessed in case they have joined by the time the pre-assessment is undertaken, and subsequently mentored, if required.

(*)Note: ANMs who perform extremely well by securing more than 80% in the pre-assessment would be oriented to be peer mentors. Peer mentors will be responsible to assist the sector LHV in mentoring activities at sector level.

Plan of Mentoring: Those of the ANMs with score less than 80% and would need skill building will be mentored for 3 months. Each district should schedule the mentoring support in a time-bound manner so that all LHVs complete the mentoring within the same timeframe to enable integrated review, definitely within four months from the completion of the district level orientation.

Continuous follow up and monitoring: The resource pool will also be given responsibility of giving telephonic technical support to the LHVs/AYUSH(mentors) and at least one district visit in a quarter over the entire period of mentoring. Each person in the state resource pool would be accountable for support to LHVs (Mentors) in at least one district. This will form the monitoring mechanism, along with field level monitoring (of 2% of ANMs) through internal block and district level monitors (BPMs, DVLM, DPM and Dy Mgr RCH). The districts will organize a review and problem solving meeting on mentoring every month for one day each, where the identified state resource person/s will facilitate. S/he will make field visits to resolve issues (if any) on the day after the workshop using monitoring checklist and submit report to ADMO (FW) with feedback to mentor and MO I/c.

Role of DQAC & State QA QI Cell: The DQAC under chairmanship of CDMO will review the progress of mentoring activities and address issues identified. The State QA QI Cell will similarly monitor progress and track the mentoring activities at the State level.

Post-mentoring Assessment: Upon completion of the mentorship, one day post assessment will be carried out at the block level in presence of MO-IC for the ANMs and it shall be done by the nearby mentor (cross mentor in order to avoid bias) following the OSCE method of assessment. ANM who do not qualify in the post mentoring assessment are liable to have their increments withheld, quantum of which would be determined by the relative improvement in performance between pre and post mentoring assessments. The assessment will be done by adjacent sector mentor. The ANM if secures 80% or above will be given certificate and ANMs those who will secure less than 80% will be again mentored for another 3 months.

Incentives for Mentors: Incentives are proposed for the mentor, subject to performance of the mentee ANM. Incentive would be given based on certification of skills of the mentee by MO I/C subject to her scoring > or equal to 80% after the mentorship and post mentoring assessment. Incentive would be e-transferred into the mentor's account directly, based on recommendation of the MO I/C. In case the ANM do not quality 80%, then only 50% of which will be released subjected to the balance release after the component of ANM as per mandate.

Process Documentation: The whole process will be documented through an externally identified agency.

SUMMARY OF STEPS INVOLVED IN MENTORING OF ANMs

STEP 1: State level: - Trainings of Trainers (TOT) will be for 3 days
Identified pool of **60 State Master trainers** in 2 batches will be trained on mentoring process i.e knowledge and skill assessment procedure (Annexure 1, 2A-E)

⇓

Step 2: State Level: - 3 days training for selected **1288 mentors** primarily LHV/AYUSH; 40 batches @30/batch; During training, a competency assessment (skill and knowledge) will be done for trained mentors and will be designated if she/he fulfills the criteria.

Criteria for selection: At least 90% score in skills and knowledge area to be secured (Annexure 1, 2A-E)

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Step 3: District level: 2 days Assessment and Orientation of all ANMs (regular and contractual i.e 6688+3000 respectively) by the mentors

Day 1 - Assessment of ANMs following OSCE methodology on 5 basic skills and knowledge@ 25-30/batch. Participants would be categorized into 2 groups i.e those scoring ≤80% and those scoring >80%. Assessment will be done by the selected and trained mentors at District level.

Day 2 - Orientation on the Mentoring Module, Checklists and Videos on quality MCH care for both the categories of participants. Orientation would be done by the mentors selected and training at the District level venue

⇓

Step 4: Each of the mentor will be given charge of 4 SC ANMs. The mentor is expected to provide required inputs on skills of the mentees over a period of 3 months. Each ANM will be visited by the mentor at least once in each month. Standard checklist and scoring sheet will be used to assess the improvement of the ANM in terms of skills and knowledge.

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Step 5: After mentoring for 3, months 1 day post assessment of mentored ANMs on skill and knowledge assessment (Annexure 1) will be conducted by the adjacent sector mentor under the supervision of the Medical Officer in charge of the Block CHC by the other sector mentors.

Mandate: Pass score during this assessment is ≥80%. Mentors of these ANMs would be eligible to get the incentive earmarked under this Mentoring Process subject to ≥ 80% scoring by the ANM in the post assessment test

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Step 6: The ANMs who fall short of the mandate would be mentored for another 3 months and subsequently assessed as stated in Step 5. Again ANMs who would score >80% will be declared competent and the mentors awarded their incentive. It may be noted that the mentors will be given the responsibility maximum upto 2 SCs for mentoring in this step.

ANNEXURES

Annexure 1 : Knowledge Assessment: Template of Pre/Post assessment Questionnaire (Specimen)

Name of participant: **Present place of posting:**
Taluka: **District:**
Duration of training course: From **To**
Total Marks: 30 **Marks obtained:**
Time: 30 minutes

Tick('') the correct answer. (All question carries 1 mark.)

1. Susheela is 24 years old. She comes to you in March and tells you that she is 5 months' pregnant. She says that her last period started a day before Diwali (October 18). Her due date is:
   a) July 17
   b) July 23
   c) July 24
   d) July 25

2. Which of the following is essential for every pregnant woman?
   a) Two doses of tetanus toxoid injection one month apart
   b) Four antenatal check-ups
   c) Early registration
   d) Administration of 100 tablets of IFA
   e) All of the above

3. Which of the following MUST be done for a pregnant woman during every antenatal visit?
   a) Measuring blood pressure, estimating hemoglobin, checking for edema, stool examination
   b) Measuring blood pressure, estimating hemoglobin, taking weight, checking for oedema, routine urine examination
   c) Measuring blood pressure, estimating hemoglobin, measuring pulse, testing urine for proteins

4. In which of the following conditions MUST a woman be referred to an FRU?
   a) Eclampsia, obstructed labour, foetal distress, severe anaemia, previous Caesarean section
   b) Hypertension, constipation, obstructed labour, bleeding/spotting, severe anaemia
   c) Fever, constipation, breathlessness, nausea and vomiting, anaemia

5. The dose and route of Oxytocin for the initial management of PPH, before you refer the woman to the FRU, are:
   a) 20 IU, intramuscular stat
   b) 15 IU in 500 ml of Ringer lactate intravenously
   c) 5 IU, intramuscular stat 20 IU in 500 ml of Ringer lactate, intravenously
   d) 20 IU in 500 ml of Ringer lactate, intravenously

6. What are the dose and route of magnesium sulphate injection for the initial management of eclampsia?
   a) 5 ml (2.5 g), deep intramuscular in each buttock
   b) 10 ml (5 g), deep intramuscular in each buttock
   c) 15 ml (7.5 g), deep intramuscular in each buttock
   d) 20 ml (10 g), deep intramuscular in each buttock

7. Common danger signs of pregnancy are all except-
   a)Leaking of fluid/ blood per vaginum
   b)Convulsions
   c)Fever
   d)Excess gain of weight
   e)Severe anemia

8. All are signs of good attachment for breast feeding by the baby except-
   a) Mouth wide open
   b) Upper lips everted
   c) More of areola visible above than below
   d) Chin of the baby touching the breast

9. Danger signs to take the baby to the hospital are all except-
   a) Baby is sucking less/ not at all
   b) Body feels excessively hot or cold
   c) Has abdominal distension and persistent vomiting
   d) Cries a lot

10. Immunizations necessary for the baby less than one year of age are all except
   a) BCG
   b) Polio
   c) Chicken pox
   d) DPT

State True/False

Statement	True		False
1. A woman should gain 9–11 kg during her pregnancy.	True		False
2. In premature rupture of membranes and puerperal sepsis, the ANM should give the first dose of antibiotics before referral.	True		False
3. If the blood pressure of a pregnant woman is more than 140/90 mmHg, check again after 4 hours to confirm hypertension.	True		False
4. In case of secondary PPH, in addition to 20 IU of oxytocin in 500 ml of Ringer Lactate, give the first dose of antibiotics.	True		False
5. The normal foetal heart rate is between 80–120 beats per minute.	True		False
6. The fundal height indicates the progress of the pregnancy and foetal growth.	True		False
7. If there is bleeding P/V before 20 weeks, one of the most probable diagnoses is threatened abortion.	True		False
8. A pregnant woman with anaemia should receive only 100 tablets of IFA.	True		False
9. Constipation and passage of dark stools indicate that the IFA tablets should be immediately stopped as they are not suiting the pregnant woman.	True		False
10. If a woman has received TT injections during her previous pregnancy, a single dose of TT is sufficient in the present pregnancy if the interval between the two consecutive pregnancies is less than 3 years.	True		False

Note: For a trainee to be certified as competent, she has to score 70%. Otherwise she will be certified as incompetent.

Annexure 1 Answer key to pre/post test questionnaire

1. C
2. E
3. B
4. A
5. d
6. b
7. d
8. b
9. d
10. c

True and False set of questions:

1. True
2. True
3. True
4. True
5. False
6. True
7. True
8. False
9. False
10. True

Annexure 2: Skill assessment

Mentors as well as mentees would be selected based on assessment for five skills namely:
A. Pregnancy test (Nischay)-Station 1
B. Blood Pressure measurement- Station 2
C. Hemoglobin estimation - Station 3
D. Urine test for proteins and sugar- Station 4
E. Rapid Diagnostic test (RDK) for malaria- Station 5

5 stations would be created where a step wise assessment would be done as per the steps cited

Annexure 2A- Station 1: Pregnancy testing kit

S.No	STEPS	Score 1/0	Remarks
1.	Tells the woman about the procedure	1	
2.	Keep the necessary items ready: pregnancy test kit, disposable dropper and a clean container to collect urine.	1	
3.	Ask the woman to collect a random sample of urine; first morning sample midstream is preferred	1	
4.	Removes the pregnancy test card from the pregnancy kit	1	
5.	Keeps this card on a flat surface	1	
6.	Uses the dropper to take urine from the container. Put 2–3 drops in the well marked 'S'	1	
7.	Waits for 5 minutes	1	
8.	Interprets the results rightly: If one red band appears in the result window 'R', the pregnancy test is negative. If two parallel red bands appear, the pregnancy test is positive	2	

Pass Score: 7/9=78%

Annexure 2B- Station 2: Antenatal examination-Measuring Blood Pressure

The participant gets a score of 1 if he/she is performing the following tasks correctly and in the correct sequence

S.No	STEPS	Score 1/0	Remarks
1.	Tells the woman about the procedure	1	
2.	Asks the person to sit on a chair or lie down on flat surface	1	
3.	Checks that bulb is properly attached to the tubing	1	
4.	Checks for any crack and leakage in the bulb and cuff	1	
5.	Opens the mercury column knob	1	
6.	Place the apparatus on a horizontal surface at the person's heart level	1	
7.	The mercury column is at the observer's eye level	1	
8.	Ties the cuff 1 inch above the elbow placing both the tubes in front	1	
9.	Place the diaphragm of a stethoscope over the brachial artery	1	
10.	Raises the pressure of the cuff to 30 mmHg above the level at which pulse is no longer felt	1	
11.	Releases pressure slowly and listens with stethoscope keeping it on brachial artery at the elbow	1	
12.	Notes the reading where the sound is heard (systolic pressure)	1	
13.	Follows the sound and notes reading where the sound disappears (diastolic)	1	
14.	Deflates and remove the cuff; closes the mercury column knob	1	
15.	Informs the woman the findings	1	

Pass Score = 12/15 (80%)

Annexure 2C- STATION 3: Hemoglobin test (Using Hemoglobinometer)

The participant gets a score of 1 if he/she is performing the following tasks correctly and in the correct sequence

S.No	STEPS	Score 1/0	Remarks
1.	Keep all the necessary items ready (Sahli's Hbmeter , N/10 HCl, gloves, spirit swabs, lancet, distill water and dropper, puncture proof container, 0.5% Chlorine solution)	1	
2.	Washes hands and wears gloves	1	
3.	Fills the Hb tube with N/10 HCl upto 2 gm with the dropper and places it in the Hemoglobinometer	1	
4.	Cleans tip of the person's ring finger with spirit swab	1	
5.	Pricks the finger with lancet and discards first drop of blood	1	
6.	Allows a large blood drop to form on the finger tip and sucks it with pipette upto 20 cm mark. Takes care that air entry is prevented while sucking the blood.	1	
7.	Wipes tip of the pipette and transfers the blood to the Hb tube containing N/10 HCl	1	
8.	Rinses the pipette 2-3 times with N/10 HCl	1	
9.	Leaves the solution in Hb tube for 10 minutes	1	
10.	After 10 minutes, dilutes the acid by adding distil water drop-by-drop and mix it with stirrer till the color of the solution exactly matches that of the comparators on both sides of the Hemoglobinometer.	1	
11.	Notes down the reading (lower meniscus) when the color of the solution exactly matches that of the comparators on both sides of the Hemoglobinometer.	1	
12.	Rinses the Hb tube 2-3 times with N/10 HCl and disposes off the used lancet in puncture proof container	1	
13.	Drops the used gloves in 0.5% Chlorine solution and washes hands	1	

Pass Score = 10/13(79%)

Annexure 2D- Station 4: Urine Test for Proteins (albumin-DIPSTICK METHOD)

S.No	STEPS	Score 1/0	Remarks
1.	Tells the woman about the procedure	1	
2.	Gives her a labelled container and instruct her to clean her vulva with water, then collect midstream urine.	1	
3.	Removes one strip from the bottle of dipsticks and replace the cap.	1	
4.	Completely immerses the reagent area of the strip in urine and remove immediately to avoid dissolving the reagent	1	
5.	When removing the strip from the urine, runs the edge against the rim of the urine container to remove excess urine	1	
6.	Holds the strip horizontally.	1	
7.	Compares the colour of the reagent area to the colour chart on the label of the bottle, after the time specified (usually 60 seconds).	**1**	
8.	Interpretation: Yellow- Albumin absent Yellowish-green - Traces of albumin Light green - Albumin + Green - Albumin ++ Greenish-blue - Albumin +++ Blue - Albumin ++++	**2**	
9.	Place the used strip in a plastic bag or leak-proof container	**1**	

Pass marks-8/10=80%

Urine test for sugar-Dipstick method

S.No	STEPS	Score 1/0	Remarks
1.	Follow the same steps as for protein and match the colour with the label on the bottle.	10	
2.	Post-procedure task for all urine tests i. Discard the urine sample in the toilet. ii. Decontaminate the urine container and test-tube in 0.5% chlorine solution. iii. Wash your hands thoroughly with soap and water.	3	

Pass marks-10/13=77%

Annexure 2E- Station 5: Malaria Testing (RDK)- Annexure 2E

S.No	STEPS	Score 1/0	Remarks
1.	Wears gloves. Checks the expiry date on the foil package of RDT test to make sure it is still valid, then opens the package	**1**	
2.	Places the cassette on a clean flat surface	**1**	
3.	Labels it clearly with the subject's ID number and date	**1**	
4.	Uses the ring or index finger to rub the puncture site with a sterile swab. Leaves the finger to dry	**1**	
5.	Applies pressure to obtain a drop of blood	**1**	
6.	Uses the pipette to draw blood from the finger till the marked area on the pipette ie 5microlitres	**1**	
7.	Places a drop of blood onto a small well, the smaller of the two wells on the cassette	**1**	
8.	Places 5 drops of cleaning buffer into the other well	**1**	
9.	Sets the timer for 15minutes and makes a note of the reading time on the cassette	**1**	
10.	Interprets results: Positive result-Pink line at position "C" and pink line at "T" Negative result- Pink line at position "C" and No line at "T" Records the result in the record book	**2**	

Pass mark 9/11= 82%

Annexure 3: MONTHLY REPORTING FORMAT ON KNOWLEDGE & SKILL BUILDING EXERCISE FOR ANMs

1. Month ………………….
2. District ………………………..
3. Training of Mentors (MPHS -M+MPHS -F)

Nos. Sanctioned	Nos. In position	Training Status	
MPHS(F)	MPHS(F)	During the month	Progressive

4. Assessment of ANMs (ANMs engaged in SCs to be targeted)

ANMS Sanctioned	ANMs In Position	ANMs Assessed	ANMs Qualified	ANMs required Mentoring Support	ANMs assigned Mentors

5. General Orientation of ANMs & MPHS (F)

Total ANMs In position	ANMs Oriented	
	During the month	Progressive

6. Mentorship results

Total ANMs on Mentorship support	Total ANMs appeared for Post assessment Test		Total ANMs qualified in post assessment Test	
	During the month	Progressive	During the month	Progressive

7. Any other observation:

DPM ADMO(FW)

Annexure 4: Equipment needed at the SC level

Sl. No.	Name of the Equipment/ Instrument	Nos.	Remarks
For SC			
1.	BP Instrument	2	1 set for backup support
2.	Haemoglobinometer	2	-do-
4.	Weighing machine	2	-do-
5.	Baby weighing scale with sling	2	-do-
6.	Digital thermometer	2	-do-
7.	Digital watch/timer device	2	-do-
8.	Height measurement instrument	2	-do-
9.	Snellen's chart	2	-do-
10.	Mouth mirror, probe, tweezer		-do-
11.	Torch		-do-
12	Stethoscope		
13	MUAC tape	5	
	Foetoscope	2	
14	1 litre jar (ORS preparation)		
Separately for SC & each VHND Sites			
1	Examination Table	1	
2	Stand Screen	1	
3	Foot step	1	

Annexure 5: Tentative Agenda Plan for Two days Assessment for Orientation for ANMs

Schedule for 2 days Assessment cum Orientation training for ANMs for Quality VHND Services

Duration: 10.00am to 6.00pm **Venue: DTU/District level training venue**

Sl.No	Session	Topic	Duration	trainers
Day 1	Inaugural	• Registration • Welcome	30 min	As specified
	I	• Knowledge Pre test	30 mins	
	II	• Skill Station- Pregnancy Test	5 Mins for each part.	
	III	• Skill station- BP Measurement	5 Mins for each part.	
	IV	• Skill Station- Hb Test	15 Mins for each part.	
	LUNCH BREAK			
	V	• Skill station- Urine Test for Proteins	5 Mins for each part.	
	VI	• Skill Station- Malaria Test using RDK	5 Mins for each part.	
	VII	• Knowledge Post test	30mins	
	VIII	• Scoring for each trainee (Knowledge and Skill)and declaration	30 mins	
	IX	• Open house discussion	30 mins	
	VIII	• Sharing of action plan for Mentoring	1 hr	
	Closing session	Post test and notification of mentees based on assessment	30 min	

S.no	Session	Topic	Duration	trainers
Day 2		Recapitulation	30 min	As specified
	I	• Mentoring – Process, Modalities, tools & assessment checklist • Drugs permitted by Govt. of India	1 hr	-
	II	• Standard mandatory services to be provided in VHND	30 min	-
	III	• Complete and quality ANC From Resource Hand book	1 hr	-
	IV	ANC – Laboratory investigations from Checklist Handbook • BP measurement and HB • Urine for sugar and protein • Malaria, pregnancy	1hr	
	LUNCH			
	V	• Family Planning Methods	30mins	
	VI	• Quality of care, JSSK , JSY, Mamata		
	VII	• Counseling: o Danger signs of Pregnancy o Danger signs of the New Born o Birth Preparedness Care of the baby at birth Iron supplementation for children 6months – 5yrs Screening & identification of SAM child Screening & management of ARI & Diarrhea in children	1 hr 30 mins	
	VIII	Sharing of action plan for Mentoring	1 hr	To be prepared by DPMU
		Open house discussion and way forward		

VHND Session Monitoring Format

Monitor's Name: ……………………..	**Dept. / Organization:** ☐ Govt. ☐ Others	**Designation:** ………………………..
Date of visit: …….. / …… /……….	**Time of visit:** ……………………….	**Day:** ☐ Tue ☐ Fri ☐ Other ………..

District																				
Block/Planning Unit																				
Sub Center/ Urban Post																				
Area/village																				

Settings: ☐ Rural ☐ Tribal ☐ Urban ☐ Urban Slum	**Session Site:** ☐ Sub Centre ☐ AWC ☐ Others ……

Numbers by category of target group

Plan: Pregnant women ____Lactating women____ Children 0-6mon.____Children 6mon-3 yrs. ___Children 3-6yrs____

Actual: Pregnant women ____Lactating women____ Children 0-6mon.____ Children 6mon-3 yrs. ___Children 3-6yrs____

☑ ***Tick whichever is applicable***			
1.	Whether Session is held	☐ Yes ☐ No	
	If 'No', Reason for not holding the session *(See bottom of the page)* ∇	☐ A ☐ B ☐ C ☐ D	
	If 'Yes', whether the session being held as per Micro plan	☐ Yes ☐ No	
2.	Who all are present at the VHND site?	MPHW(F) ☐ MPHW(M) ☐ AWW ☐ ASHA ☐ AWH ☐ Member of GKS/PRI ☐	Health Supervisor ☐ ICDS Supervisor ☐ Any other (specify) ……….
3.	Are beneficiaries being mobilized to session site by *(See bottom of the page)* £	☐ ICDS worker ☐ ASHA ☐ Others ☐ None	

∇ **A** ***=Both ANM as well as logistics are not available B= ANM present but logistics not available C= Logistics available but ANM absent, D= others (specify)***

£ ***<u>Multiple responses may be applicable</u> AVD= Alternate vaccine delivery***

4.	Which of the mentioned logistics are available at session site*	☐ Examination table ☐ Screen for Privacy ☐ BP Instrument ☐ Stethoscope ☐ Foetoscope ☐ Inch tape ☐ MUAC tape ☐ Weighing scale (adult) ☐ Weighing scale (baby) ☐ Haemoglobin testing Kit / Talquist paper ☐ Needle/Lancet ☐ Nischay kit ☐ ORS Sachets ☐ Zinc tablets	☐ Albendazole tablets / Syrup ☐ Anti-malarial tablets/ Syrup ☐ Cotrimoxazole tablets ☐ Paediatric Paracetamol ☐ IFA Tablets (large) ☐ IFA Tablets (small) ☐ IFA syrup ☐ Urine testing kit / Uristix ☐ RDK kit ☐ Condoms ☐ Oral Contraceptives ☐ Emergency contraceptive ☐ Pills ☐ Gentian violet lotion	☐ Test tubes ☐ Hand gloves ☐ Toilet ☐ Water Supply ☐ Soap ☐ Red bag for disposal ☐ Cotton bandage ☐ Absorbent cotton ☐ IMNCI chart booklet ☐ Blank MCP Cards ☐ Referral cards ☐ Monthly topic calendar ☐ Due list of beneficiaries ☐ Reporting format
5.	Are Reproductive & Child Health related IEC materials displayed at site?	☐ Banner ☐ Wall writing ☐ Tinplate ☐ Poster ☐ Flip chart ☐ Pamphlets ☐ Other ☐ None		

Maternal Health Service Delivery		
6.	Is relevant history (obstetric/past/family/menstrual) elicited especially for women coming for the first antenatal check- up?	☐ Yes ☐ No ☐ N/A
7.	Is privacy during examination ensured (by way of separate cabin/curtains/ sheet)?	☐ Yes ☐ No ☐ N/A
8.	Is the Blood pressure of pregnant woman measured properly and recorded in MCP card?	☐ Yes ☐ No ☐ N/A
9.	Is Haemoglobin examination done and recorded in MCP card?	☐ Yes ☐ No ☐ N/A
10.	Is Urine examination done for estimating Albumin/Protein and recorded in MCP card?	☐ Yes ☐ No ☐ N/A
11.	Is the pregnant woman weighed and the weight recorded in MCP card?	☐ Yes ☐ No ☐ N/A
12.	Is abdominal palpation for determining fundal height, foetal lie etc., done and recorded?	☐ Yes ☐ No ☐ N/A
13.	Is the foetal heart sound examined / auscultated and recorded in MCP card?	☐ Yes ☐ No ☐ N/A
14.	Are Antenatal women provided IFA tablets and counseled?	☐ Yes ☐ No ☐ N/A
15.	Is advice for next antenatal check-up provided along with dietary and relevant counseling?	☐ Yes ☐ No ☐ N/A

16.	Are women communicated on danger signs and action to be taken suggested (Refer MCP card)	☐ Yes ☐ No ☐ N/A
17.	Are women referred to F-ICTC after counseling on PPTCT for blood test?	☐ Yes ☐ No ☐ N/A
Child Health Service Delivery		
18.	Is appropriate advice / counselling related to the following aspects done? • Breast feeding and complementary feeding (Refer MCP Card Page No.4 & 8)	☐ Yes ☐ No ☐ N/A
	• Dietary counselling for children (Refer MCP Card Page No.4, 8 &10)	☐ Yes ☐ No ☐ N/A
	• Need for supplementation with IFA and Vitamin A	☐ Yes ☐ No ☐ N/A
	• Danger signs in newborns and older children for which care is to be sought immediately and place of referral (Refer MCP Card Page No.7)	☐ Yes ☐ No ☐ N/A
19.	Are infants / children up to three years age weighed and weight recorded in MCPC card?	☐ Yes ☐ No ☐ N/A
20.	Was demonstration on preparation of ORS done?	☐ Yes ☐ No ☐ N/A
21.	Was demonstration of hand washing and hygiene practiced?	☐ Yes ☐ No ☐ N/A
Family Planning Service Delivery		
22.	Is family planning counseling provided to eligible women/couples on various spacing and permanent methods?	☐ Yes ☐ No ☐ N/A
23.	Are contraceptives provided to the beneficiaries by ASHA?	☐ Yes ☐ No ☐ N/A
Counselling		
24.	Did ANM/AWW/ASHA conduct group meeting with any of the target group? ☐ Women ☐ Men	☐ Yes ☐ No ☐ N/A

25.	What was the monthly topic for group counselling / discussion?	☐ Maternal Health, Four ANC, Tetanus Immunization, IFA supplementation, Danger signs of pregnancy, Birth preparedness, Institutional Delivery & JSY Antenatal Care (Refer MCP Card Page No.2 & 3) ☐ PNC: Danger signs, bleeding, P.V, Anemia, Breast feeding etc (Refer MCP Card Page No.5) ☐ Care of New born, Immunization, Importance of Post natal visit (Refer MCP Card Page No.4 & 7) ☐ Heat wave preparedness and prevention of communicable diseases like TB, Leprosy ☐ Age at marriage, Prevention of STI & RTI, HIV & AIDs, Prenatal Sex selection ☐ Prevention and home management of Diarrhea, Hand washing, Safe drinking water, sanitation and personal hygiene (Refer MCP Card Page No.12) ☐ Prevention and treatment of malaria, IRS, ITBN	☐ Exclusive Breast Feeding, weaning and complementary feeding and young child feeding (Refer MCP Card Page No.4 & 8) ☐ Growth monitoring, Growth faltering, referral & treatment(Refer MCP Card Page No.4,8,9,10 & 11) ☐ Importance of Vitamin A, ID Disorders and Anemia control ☐ ARI, Danger signs and early referral ☐ Birth Spacing & contraceptive devices ☐ Others(Specify)_________

26.	**Any Specific Observations/facts/findings :**

Verification of MCP Card Record keeping for Lactating Mothers (0-6 months)

	Component to be correctly maintained (Page Nos. of MCP Card)	Mother 1 (MCP Card)	Mother 2 (MCP Card)	Mother 3 (MCP Card)
37	Important phone numbers	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
38	ANC and Counselling(Page-1,3)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
39	PNC of Mothers(Page-5)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
40	PNC of New born 0-2 months(Page-6)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
41	Illness history of children 2mon-5yrs(Page-6)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
42	Up to date growth monitoring of child (Page-9 or 11)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
43	Is the MCTS code recorded in MCP card	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Interaction with ANC Mothers				
Components to be Interacted in details		ANC Mother 1	ANC Mother 2	ANC Mother 3
27	When did you register yourself for ANC	☐ Within 12 weeks ☐ After 12 weeks	☐ Within 12 weeks ☐ After 12 weeks	☐ Within 12 weeks ☐ After 12 weeks
28	Have you received MCP Card on your registration?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
29	Have you received any kind of counselling	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
30	If yes, What is the importance of IFA for health	☐ Aware ☐ Not aware	☐ Aware ☐ Not aware	☐ Aware ☐ Not aware
31	What is the diet you should be taking	☐ Aware ☐ Not aware	☐ Aware ☐ Not aware	☐ Aware ☐ Not aware
32	What are the danger signs you should be aware about	☐ Aware ☐ Not aware	☐ Aware ☐ Not aware	☐ Aware ☐ Not aware
33	Are you aware about Exclusive breast feeding and its importance	☐ Aware ☐ Not aware	☐ Aware ☐ Not aware	☐ Aware ☐ Not aware
Interaction with Lactating Mothers (0-6 months)				
Components to be Interacted in details		**Lactating Mother 1**	**Lactating Mother 2**	**Lactating Mother 3**
34	Where did you deliver your child	☐ Institution ☐ Home by SBA ☐ Non SBA	☐ Institution ☐ Home by SBA ☐ Non SBA	☐ Institution ☐ Home by SBA ☐ Non SBA
35	Are you aware about complementary feeding	☐ Aware ☐ Not aware	☐ Aware ☐ Not aware	☐ Aware ☐ Not aware
36	Are you aware about Birth spacing and family planning	☐ Aware ☐ Not aware	☐ Aware ☐ Not aware	☐ Aware ☐ Not aware

Signature of the Monitor with date : __________

Signature of the ANM with date :

Signature of the AWWs / ASHAs with date :

Time sheet for ANM mentoring on Quality VHND Services

District: **Block:** **Sector:**

Name of Mentor: **Phone No:**

Name of ANMs & Sub Centre 1 Name of ANMs & Sub Centre 2

Name of ANMs & Sub Centre 3 Name of ANMs & Sub Centre 4

	Month 1				**Month 2**				**Month 3**			
	Week 1	**Week 2**	**Week 3**	**Week 4**	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 1**	**Week 2**	**Week 3**	**Week 4**
Sub Centre 1:												
Sub Centre 2:												
Sub Centre 3:												
Sub Centre 4:												

Note: Mentor has to write the date of visit for mentoring in the appropriate box and ensure that within 6 months each subcentre is visited atleast 8 times . This record will be cross checked by the supervisor during his/her visit.

Prepared with technical assistance from DFID supported Technical & Management Support Team