

4.4	Interview with beneficiaries (Mothers & Pregnant women) pertaining to MCTFC			
4.4.1	Did she receive a call from Mother and Child Tracking Facilitation Centre, Govt of India, Delhi		4.4.6	Whether the information provided to her was helpful? (Select Option from following)
4.4.2	Was the caller courteous to her during the call?		a	During her pregnancy
4.4.3	Whether the caller was clear in communication with her		b	Taking care of her child
4.4.4	Was she satisfied by the resolution on her query provided by the caller?		c	Family planning
4.4.5	Whether a doctor spoke with her to resolve her query?		4.4.7	Has she received recorded voice messages over phone related to maternal health, Child care, immunization and family planning?

4.7	School/AWC visit- Interview with WIFS Nodal teacher/AWW	
4.7.1	Are IFA tabs under WIFS currently available?	
a	Any Stock-out in last 6 months?	
4.7.2	Was deworming done in the last six months?	
4.7.3	Whether WIFS report submitted for last month?	
4.7.4	Whether screening of children under RBSK done?	
a	Are referrals of children done?	

Interview with eligible students in at least two classrooms during school visit	
4.7.5	Are they given IFA tab every week?
4.7.6	Has RBSK screening done by health team in last one year?

4.5	Interview with family having Adolescents	
4.5.1	Did the Adolescent in the family receive IFA supplementation?	
4.5.2	Was the mother/adolescent girl counseled on Menstrual hygiene?	
4.5.3	Has the adolescent ever visited AFHC?	

4.6	Interview with Household with Home delivery	
4.6.1	Reason for Home delivery?	
a	Traditional attitude	
b	Accessibility issues	
c	Economic reasons	
d	Benefits of institutional delivery unknown	
e	Any other causes	
4.6.2	Who conducted Home delivery?	
a	Skilled Birth Attendant (i.e. assisted by doctor/ nurse/ ANM)	
b	Traditional Birth Attendant (TBA)	
c	Family or Relatives	
4.6.3	Is mother/child availing any post-natal services from a health facility?	

Plan of Action				
Major findings from this visit	Intervention/ Activities identified	Level of intervention	Responsibility	Timeline

Type of Grievance (qualitatively describe the incident)	Level (ASHA/ANM/MO/Health facility)	Probable intervention/activities. Current status of the Grievance

Supervisor Signature_____