



National RMNCH+A Supportive Supervision

Standard Operating Procedure



Ministry of Health & Family Welfare
Government of India

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ABBREVIATIONS

AFHC	:	Adolescent Friendly Health Clinic
AH	:	Adolescent Health
ANC	:	Ante Natal Care
ASHA	:	Accredited Social Health Activist
AVD	:	Alternate Vaccine Delivery
AWC	:	Anganwadi Centre
AWW	:	Anganwadi Worker
BCC	:	Behaviour Change Communication
BCG	:	Bacillus Calmette Guerin
BCMO	:	Block Chief Medical Officer
BEmOC	:	Basic Emergency Obstetric Care
BMI	:	Body Mass Index
BP	:	Blood Pressure
BPM	:	Block Program Manager
CAC	:	Comprehensive AbortionCare
CBMDR	:	Community Based Maternal Death Review
CEmOC	:	Comprehensive Emergency Obstetric Care
CH	:	Child Health
CHC	:	Community Health Centre
CMHO	:	Chief Medical Health Officer
DEIC	:	District Early Intervention Centre
DH	:	District Hospital
DLM	:	District Level Monitor
DP	:	Development Partner
DPM	:	District Program Manager
EDL	:	Essential Drugs List
EVA	:	Electric Vacuum Aspiration
FP	:	Family Planning
FRU	:	First Referral Unit
GDM	:	Gestational Diabetes Mellitus
HBNC	:	Home Based Newborn Care
HMIS	:	Health Management and Information System
HPD	:	High Priority District
HRP	:	High Risk Pregnancy/s
ICTC	:	Integrated Counselling and Testing Centre
IEC	:	Information Education and Communication
IPC	:	Inter Personnel Communication
IPD	:	In-patient Department
JSSK	:	Janani Shishu Suraksha Karyakram
JSY	:	Janani Suraksha Yojana
KMC	:	Kangaroo Mother Care
LR	:	Labour Room
MCH	:	Maternal and Child Health

MCP Card	:	Mother Child Protection Card
MCTFC	:	Mother and Child Tracking Facilitation Centre
MCTS	:	Mother and Child Tracking System
MH	:	Maternal Health
MMA	:	Medical Methods Of Abortion
MNH	:	Maternal and Neonatal Health
MO	:	Medical Officer
MTP	:	Medical Termination Of Pregnancy
MUAC	:	Mid-Upper Arm Circumference
MVA	:	Manual Vacuum Aspiration
NBSU	:	New Born Stabilization Unit
NH	:	Neonatal Health
NRC	:	Nutritional Rehabilitation Centre
NRU	:	National RMNCH+A Unit
NSSK	:	NavjatShishu Suraksha Karyakram
OPD	:	Out Patient Department
OPV	:	Oral Polio Vaccine
OT	:	Operation Theatre
PIP	:	Programme Implementation Plan
PNC	:	Postnatal Care
POA	:	Plan of Action
POC	:	Point of Care
PPH	:	Post-partum Haemorrhage
PPIUCD	:	Post-partum Intra Uterine Contraceptive Device
RBSK	:	Rashtriya Bal Suraksha Karyakram
RCHO	:	Reproductive and Child Health Officer
RH	:	Reproductive Health
RI	:	Routine Immunization
RKSK	:	Rashtriya Kishore Suraksha Karyakram
RMNCH+A	:	Reproductive, Maternal, Newborn, Child and Adolescent Health
RR	:	Respiratory Rate
RTI	:	Reproductive Tract Infection
SAM	:	Severe Acute Malnutrition
SBA	:	Skilled-birth Attendant
SDH	:	Sub District Hospital
SN	:	Staff Nurse
SNCU	:	Special Newborn Care Unit
SRU	:	State RMNCH+A Unit
STI	:	Sexually Transmitted Infection
TBA	:	Traditional Birth Attendant
TSH	:	Thyroid Stimulating Hormone
VDRL	:	Venereal Disease Research laboratory
VHND	:	Village Health and Nutrition Day
WIFS	:	Weekly Iron and Folic Acid Supplementation

National RMNCH+A Supportive Supervision

Introduction

To accelerate the progress towards improving maternal and child health outcomes under the National Health Mission (NHM) and achieve the goals of 12th Five Year Plan, Government of India launched Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy in 2013. The strategic approach is based on the concept of Continuum of Care through strengthening of key high impact interventions across different stages of the life cycle.

The RMNCH+A strategy lays emphasis on focused support from Development Partners in the states and selected 184 High Priority Districts (HPD) spanning across 29 states and 1 Union Territory of the country. For each state, one Development Partner was identified as lead partner to function as a single point for coordinating technical assistance.

Supportive Supervision

RMNCH+A Supportive supervision (SS) has been envisaged as an integral component of the RMNCH+A strategy. It involves periodic visits to different level of delivery points in the high priority districts, by a mixed skill team comprising of representatives of government health department, other related departments and development partners. The objective is to identify gaps in real time and to address them locally, at sub-district, district, state or national level. It implies a regular and dependable interaction with service providers to help identify and solve problems, improve services and advance skills and knowledge.

Supportive supervision system highlights the importance of partnerships. This system has been rolled out and is being implemented under the technical leadership of Ministry of Health and Family Welfare, Government of India and in close collaboration with State Governments and development partners (USAID, UNICEF, BMGF, UNFPA, NIPi and Tata Trust). The data helps GoI and state governments to know the status of readiness of the health facilities and monitor the trends for progress.

Structures under RMNCH+A strategy

National RMNCH+A Unit (NRU) constituted with development partners at national level to closely support Ministry of Health & Family Welfare and to assist in planning, implementation, and monitoring of RMNCH+A strategies to deliver the priority interventions in around 184 high priority districts.

Key functions of NRU includes:

- Supportive Supervision (SS) visits to High Priority districts to monitor implementation of RMNCH+A strategy
- Analysis of Supportive Supervision data for 184 HPDs
- Feedback to all stakeholders regarding progress at National, State and District level.
- Technical Assistance to SRUs
- Facilitate cross learning within states
- Support Project Implementation Plan (PIP) process at the national and state level

State RMNCH+A Unit (SRU) established to support state NHM in planning, implementation, and monitoring of RMNCH+A strategies. SRU constituted of members from state NHM and development partners working in the state.

Key functions of SRU:

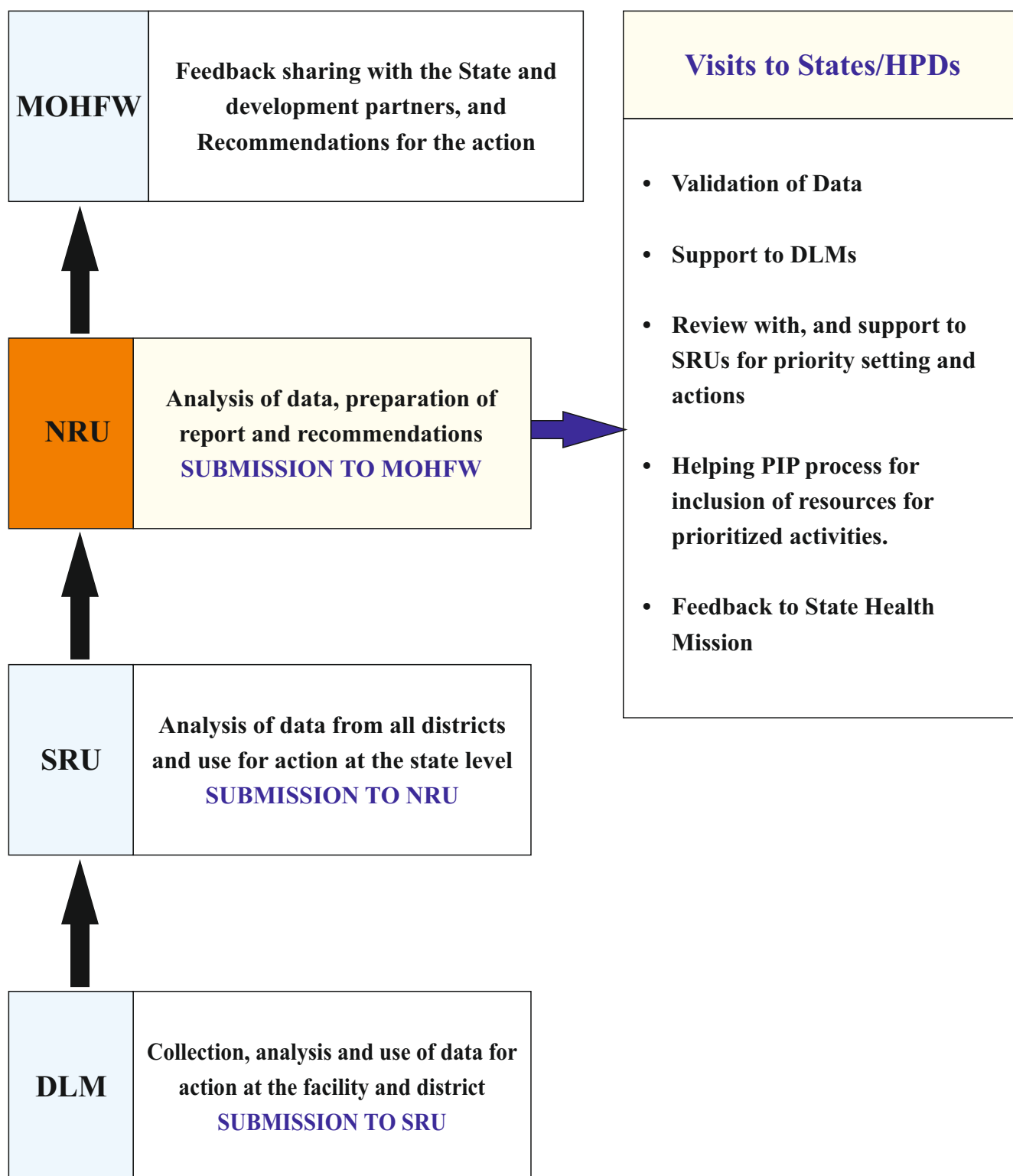
- Conduct rapid assessment of the current status in HPDs, resource mapping, bottlenecks in service delivery mechanism and identify ways to address them with support from DP state consortium.
- Conduct quarterly reviews using dashboards and score cards.
- Support the follow-up with districts and serve as a resource to solve problems.
- Ensure timely support to the districts from the state to implement the most critical interventions.

District Level Monitor District level Monitor (DLM) is engaged by state lead development partner for each of the high priority district, DLM work in close coordination with District & Block Health officials.

Key functions of DLM:

- Rapid assessment of RMNCH+A activities in HPD,
- Identification of bottlenecks in service delivery mechanism and address them with support from district/state officials.

Reporting Mechanism under RMNCH+A Strategy



Supportive Supervision Checklists

A standard Supportive Supervision checklist was introduced by Government of India in October, 2014 in order to establish a uniform mechanism for collecting relevant information, which facilitates multi-level analysis and generates data for action.

Revision in Supportive Supervision Checklist

Supportive Supervision Checklist is a dynamic tool, therefore, it requires periodic revision. Based on the field and national team's observations, the Supportive Supervision checklist has further been revised through a series of discussion and valuable inputs provided by state, program divisions at ministry and development partners. New Community checklist has been included to assess the performance of programs implemented at community level. Officials (Government or development partners) can use these checklists as monitoring tool while visiting any of the high priority district

Revised Facility Checklist

Facility checklist was developed to support SS visits to health facilities in the high priority districts. During this visit, District level monitor (DLM) would assess the facility on different parameters under RMNCH+A strategy. DLM should visit at least two blocks in a month, s/he could cover L3 facilities in district on monthly basis and L2 facilities on bi-monthly basis.

Facility level checklist helps to identify real time gaps, and thereby enables the system to address these locally, at sub-district/district and state levels.

New Community Checklist

Community Checklist was developed to assess the implementation of health interventions at community level. Earlier checklist was more focused on facility level interventions and were unable to get the data regarding services being availed by the community. So, as to complete the service loop from facility to community level and vice versa this checklist has been developed.

The checklist has been prepared to capture each stage of continuum of care. It will act as a process of validating facility based services through interaction with beneficiaries. It will also capture different grievances in availing health care services by beneficiaries in the community.

Standard Operating Procedure (SOP)

Facility level Checklist

A. Objective of the tool

The Standard Operating Procedures (SOPs) for conducting Supportive Supervision have been developed to structure the supportive supervision visits to monitor quality of care and to ensure attention to adequate availability of the essential supplies & equipments, and to increase adherence to evidence based clinical guidelines. Users of this checklist, along with facility in-charge, need to draw a Plan of Action (POA) based on their observations.

B. General instructions for filling the tool

- The Supervisor will fill code as 1, 2, 3 and 4 in the box adjacent to questions (1: Yes, 2: No, 3: Not applicable, 4: don't know)
- Reference period will be the last completed reporting month as per the HMIS reporting cycle
- To check the availability, supervisor should verify physical presence and functionality for equipment, expiry date for drugs and of other consumable
- Services at facility will be observed through actual practices at the time of visit or checking the records available in delivery room, postnatal ward, ANC register, AFHC etc.
- Supervisor need to send the completely filled checklist tool, incompletely filled tool will not be taken up at the higher administrative level.
- Supervisor need to check the data from various register – delivery room register , OPD register, IPD register, drug store register, case sheets, post-natal ward register, ANC register, records at AFH clinic, OT and MTP register (Also check whether the formats for the registers are in line with MNH toolkit)

C. Elements/Sections of the Checklist:

Section C. Basic Information

This section will provide basic information regarding supportive supervision conducted at the facility level. Different elements in this section will provide us details related to supervisor, name of the high priority district visited, name of facility visited and its level, also information related to facility in-charge/nodal officer.

This information will help us in getting data over HPD coverage, level wise number of facility visited and frequency of visits to the facilities.

Data Element (Refer Facility Checklist in Annexure-I)		Explanation/Verification	Response/ Action to be taken
C1	Name & Designation of the supervisor	Name of the person who is assessing the Site – DLM or government supervisor Designation of the Supervisor	DLM will write his/her own name and designation as District Level Monitor, In case the supervisor is from Government then BCMO/BPM/RCHO/CMHO/DPM/ Others(specify other)
C2	Organization	Write name of Organization (Government / in case of DLM or representative of development partners, please specify name of the agency)	DLM will specify name of the agency / development partner. <i>In case the supervisor is from Government then mention National Health Mission (NHM)</i>
C3	Level	Supervisor posted at- Mention the level Block/District/State/National/Other (Specify other)	DLM will specify the name of district and in case of supervisor mention the level(Block/District/State/National/ Other)
C4	Facility Name	Facility Name, name of block and name of the district	Write name of the facility, Block and District, In case of district level facility write name of facility and name of district only
C5	Facility Type	SC = sub center (Normal delivery, initial management and referrals) Non 24*7 PHC (Normal delivery, initial management and referrals) 24*7 PHC - 24-hour Basic emergency obstetric care services are available Non FRU CHC -24-hour Basic emergency obstetric care services are available FRU (First Referral Unit) CHC –Availability of CEmOC services. SDH – (Sub- Divisional Hospital), Availability of CEmOC services DH – (District Hospital), Availability of CEmOC services AREA HOSP – Area Hospital, Availability of CEmOC services	Encircle facility type, whichever applicable
C6	Facility Level	The level of facility as per MNH tool kit (GoI classification) L1 - Level 1 –All sub-centres and non 24*7 PHCs where deliveries are conducted by a skilled-birth attendant (SBA). L2- Level 2 : All 24x7 facilities (PHC / Non-FRU CHC) where BEmOC services are available; which conduct deliveries and manage medical complications - not requiring surgery or blood transfusion L3 -Level 3 : All FRU-CHC/SDH/DH/ Area Hosp. where CEmOC services are available	Encircle level of facility L1/L2/L3
C7	Date of visit	Date when the visit done in dd/mm/yy format e.g. 05/07/2014	Fill in the date when assessment was done in dd/mm/yy format

Data Element (Refer Facility Checklist in Annexure-I)	Explanation/Verification	Response/ Action to be taken
C 8 Name & Designation of Facility In- Charge / Nodal officer	Name & Designation of facility In-charge / Nodal officer of facility in-charge	Mention name and designation of facility in-charge or Nodal officer

Section D. Service statistics:

Data of previous month from facility -The reference period will be the last completed reporting month as per HMIS reporting cycle 25th to 24th. This may vary in states and should be changed accordingly.

Methodology: The number for each indicator will be taken for the past month, corresponding to the most recently completed HMIS reporting cycle of starting 25th to 24th. Thus the visit to the facility maybe done on any date of a given month from 1st to 30th /31st, the period for which data will be collected is illustrated in the table below:

Date of visit between	Period for which data is collected
1st - 24th June	April 25th - May 24th
25th - 30th June	May 25th - June 24th

D1. OPD Load	Check for number of outdoor patients registered in facility in the previous month, as per OPD record/ pharmacist	Write total number of outdoor patients registered in the facility as per record.
D2. IPD Load	Check the number of in door patients registered in facility in the previous month as per IPD record	Write total number of in door patients registered in the facility as per record.
D.3 ANC registered / Attended	Check the number of ANC patients Registered / attended in facility in the previous month as per ANC register	Write total number of ANC patients Registered/attended in facility
D.4. Deliveries	Total no. of deliveries conducted in the facility in the previous month.	Write the total number of deliveries, including Normal +assisted Vaginal Delivery + C-Section
Normal	Total number of Normal deliveries conducted at the facility in the previous month. Check from the labour Room register.	Write down number of normal deliveries
Assisted	An assisted vaginal birth is where a doctor or midwife uses specially designed instruments (Ventouse or forceps) to help deliver the baby during the last part of labour Check from the labour Room register	Write down number of assisted vaginal deliveries
C-section	C-sections are done only in MCH L3/CEmOC centers; Number can be obtained from OT register/LR register for previous month	Write down number of deliveries through C- Section

Data Element (Refer Facility Checklist in Annexure-I)	Explanation/Verification	Response/ Action to be taken
D.5. Delivery Outcome	Mention total live births, Still Births, Low birth weight, Neonatal deaths and Maternal deaths Check from Labour room and OT register	Write down number of delivery outcome either live birth or dead
Low Birth Weight	Low Birth Weight baby defined as weight at birth less than 2500 gms. Which can be a consequence of preterm birth or due to small size for gestational age or both.	Write down numbers of low birth weight from labour room register
Live births	Live birth refers to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life Check number of live births from Labour room and OT register	Write down numbers of live births
Still Birth	A baby born with no signs of life at or after 28 weeks' gestation is classified as stillbirth.	
Fresh Still Birth	"Fresh stillbirths" with skin still intact, implying death occurred less than 12 hours before delivery, weighing more than 1,000 grams and more than 28 weeks of gestation. (Intrapartum) Check from Labour room and OT register	Write down numbers of Fresh still births delivered in facility during last month.
Macerated Still Birth	A "macerated" fetus shows skin and soft-tissue changes (skin discoloration or darkening, redness, peeling, and breakdown) suggesting death was well before delivery (Intrauterine) Check from Labour room and OT register	Write down numbers of macerated still births delivered in facility during last month.
Neonatal Deaths	Neonatal deaths refers to the death of a live-born infant during the first 28 days after birth. Check from Labour room and OT register	Write down numbers of newborn died within 28 days in facility during last month.
Maternal Deaths (This is applicable for high case load delivery points)	Maternal death is defined as "The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management.	Write down numbers of mothers died within 42 days in facility or in community during last month from maternal death register or labour room register.

Data Element (Refer Facility Checklist in Annexure-I)	Explanation/Verification	Response/ Action to be taken
D.6 Referred out cases	All high risk/complicated cases which were referred to higher facilities. Check from labour room Records /Refer out register in Labour room/ Emergency register	Write down number of referred out cases
D7: Newborns immunized before discharge		
BCG	Check from labour room register / immunization register/ Birth dose register	Write total number of newborns immunized for BCG in the facility in last month
OPV	Check from labour room register / immunization register/ Birth dose register	Write total number of newborns immunized for OPV in the facility in last month
Hepatitis B	Check from labour room register / immunization register/ Birth dose register	Write total number of newborns immunized for Hepatitis B within 24 hours of birth in the facility in last month
All three	Check from labour room register / immunization register/ Birth dose register	Write total number of newborns who were given all three vaccines (BCG+ OPV+ Hepatitis B) in the facility in last month. Check for appropriate record and note and interview at least one mother to counter check.
D.8 Mothers discharged after 48 hours	Check from labour room register/discharge register	Write total number of mothers discharged after 48 hours of delivery
D9. IUCD insertion	Check the total number of IUCD insertions in the previous month. Check from the Family Planning /PPIUCD Register/ OT register for all of the following	Write total number of IUCD insertions during previous month in facility for each of the following: Interval, postpartum, post-abortion
PPIUCD	Post-partum IUCD (PPIUCD) insertions should be inclusive of Post placental/Postpartum/Intra caesarean. Post placental – when inserted within 10 mins. of the delivery of placenta PPIUCD- when inserted within 48 hrs. of birth of baby Intra-caesarean – when inserted during C-section, after the delivery of placenta	Write total number of postpartum IUCD insertions in the previous month in facility If services are not available for PPIUCD, please mention N/A.
Interval	Interval IUCD – when inserted any time after 6 weeks post-partum.	Write total number of interval IUCD insertions in the previous month in facility
Post-abortion	Post-abortion: Insertion following an abortion, if there is no infection, bleeding or any other contraindications	Write total number of post-abortion IUCD insertions

Data Element (Refer Facility Checklist in Annexure-I)	Explanation/Verification	Response/ Action to be taken
D-10 Female Sterilization	Female interval sterilization means sterilization done any time 6 weeks or more after childbirth if it is reasonably certain she is not pregnant or is not in post abortion stage.	
Minilap	Minilap sterilization can be performed postpartum, post abortion or at any time (interval procedure Supra pubic approach) after ruling out pregnancy	Write the total number of Minilap sterilizations undertaken in the previous month
Laparoscopy	Laparoscopy can be performed only for interval and after first-trimester abortion procedures.	Write the total number of Laparoscopic sterilizations undertaken in the previous month
Post-partum Sterilization	Post-partum sterilization: should be done within 7 days of delivery. (Sub-umbilical approach)	Write the total number of post-partum sterilizations undertaken in the previous month
Post Abortion Sterilization	Post Abortion Sterilization can be performed through both Minilap and Laparoscopy. Minilap can be performed post abortion in any trimester and Laparoscopy can be performed only after first-trimester abortion.	Write the total number of Post-abortion sterilizations undertaken in the previous month
D.11. Male sterilization	Male sterilization performed by closing off each vas deferens, keeping sperm out of semen. Semen is ejaculated, but it cannot cause pregnancy. It can be done at any convenient time on healthy and eligible clients.	Write the total number of male sterilizations undertaken in the previous month.
D12: Clients received Comprehensive Abortion Care (CAC) services	CAC services includes MMA/MVA /EVA; Post abortion contraceptive counselling, treatment of incomplete/ inevitable/ spontaneous abortion. Check CAC Register	Write total number of MTPs (MMA+MVA+EVA), treatment of incomplete / inevitable/ spontaneous abortion as per facility records who have received the entire range of CAC services. Write down number of MTP and Spontaneous abortion separately
MTP	MTP- It is a procedure intended to terminate a suspected or known intra uterine pregnancy and to produce nonviable fetus at any gestational age. MTP can be performed through MMA, MVA and EVA MTP = Medical termination of pregnancy; MMA = Medical methods of abortion; MVA = Manual vacuum aspiration; EVA = Electric vacuum aspiration)	Write total number of MTPs (MMA+MVA+EVA) treatment of incomplete, inevitable as per facility records. Write down total number of MTP undertaken in the previous month.

Data Element (Refer Facility Checklist in Annexure-I)	Explanation/Verification	Response/ Action to be taken
Spontaneous Abortion	Spontaneous Abortion - It is non-induced embryonic or fetal death or passage of products of conception before 20 wk. of gestation.	Write down total number of spontaneous abortions reported in the previous month
D.13 Pregnant women identified with high risk factors		
Severe Anaemia	Pregnant women is said to be severely Anaemic if her haemoglobin level is less than 7g/dl.	Write down the number of severely Anaemic pregnant women from high risk pregnancy register
Hyper-tension	Hypertension is diagnosed when two consecutive readings taken four hours or more apart show the systolic blood pressure to be 140 mmHg or more and/or the diastolic blood pressure to be 90 mmHg or more.	Write down the number of hyper-tensive pregnant women from high risk register/ANC register
HIV	Pregnant women tested positive for HIV	Write down the number of HIV positive pregnant women from ICTC
Syphilis	Pregnant women found syphilis positive by Venereal Disease Research laboratory (VDRL)/Rapid Plasma Reagin (RPR) test	Write down the number of syphilis positive from high risk register / ICTC / laboratory
Gestational Diabetes Mellitus	Gestational Diabetes Mellitus (GDM) is defined as Impaired Glucose Tolerance (IGT) with onset or first recognition during pregnancy Single step testing using 75 g oral glucose & measuring plasma glucose 2 hour after ingestion. The threshold plasma glucose level of ≥ 140 mg/dL (more than or equal to 140) is taken as cut off for diagnosis of GDM	Write down the number of pregnant women detected with Gestational Diabetes Mellitus from high risk register/ANC register
Hypothyroidism	Primary maternal hypothyroidism is defined as the presence of elevated Thyroid Stimulating Hormone (TSH) levels during pregnancy. Hypothyroidism can be Overt (OH) or Subclinical (SCH). In overt hypothyroidism, S.TSH levels are elevated and S.T4/Free T4 (FT4) levels are low. S.TSH ≥ 10 mIU/l is taken as OH irrespective of FT4 levels. In SCH, the TSH level is elevated (≤ 10 mIU/l) with normal Serum T4/FT4. Hence, in pregnancy, SCH is defined as a serum TSH between 2.5 and 10mIU/L with normal FT4 concentration and OH is defined as serum TSH >2.5 -3mIU/l with low FT4 levels.	Write down the number of pregnant women detected with hypothyroidism from high risk register/ANC register.

Data Element (Refer Facility Checklist in Annexure-I)	Explanation/Verification	Response/ Action to be taken
Previous C-section	It is essential to ask a woman about her previous pregnancies or obstetric history during ANC visit. Ascertain whether the woman has had any obstetrical operations (caesarean sections). A bad obstetric history is an indication for referral to a higher health facility, where further antenatal check-ups and the delivery can be conducted	Write down the number of pregnant women detected with previous C-section from high risk register/ANC register
Mal-presentation	Fetal lie and presentation may be ascertained in palpation during the third trimester. The normal lie at term in the majority is longitudinal, with a cephalic presentation. Any other lie/presentation (Breech, Transverse) is abnormal and the woman must be referred to a higher facility for delivery care	Write down the number of pregnant women detected with Fetal mal presentation from high risk register/ANC register
D.14 Number of high risk mothers referred/managed at facility (Write down number of mothers referred out as well as referred in the facility)		
Severe Anaemia	Pregnant women is said to be severely Anaemic if her haemoglobin level is less than 7g/dl. Severe anaemia can be managed by blood transfusion or Iron Sucrose therapy	Write down the number of severe anaemia cases managed/referred at facility from high risk register/ANC register/LR register.
Hypertension	Hypertension is diagnosed when two consecutive readings taken four hours or more apart show the systolic blood pressure to be 140 mmHg or more and/or the diastolic blood pressure to be 90 mmHg or more.	Write down the number of Hypertension cases managed/referred at facility from high risk register/ANC register/LR register.
Pre-Eclampsia	The combination of a raised blood pressure (more than 140/90 mmHg) and proteinuria is sufficient to categorise the woman as having pre-eclampsia.	Write down the number of Pre-eclampsia cases managed/referred at facility from high risk register/ANC register/LR register.
Eclampsia	Eclampsia is characterized by: <ul style="list-style-type: none"> • Convulsions • High blood pressure (more than 140/90 mmHg) Proteinuria +2 or more.	Write down the number of Eclampsia cases managed/referred at facility from high risk register/ANC register/LR register.
PPH	Post-partum Hemorrhage(PPH) is defined as the loss of 500 ml or more of blood during or within 24 hours of the birth and up to six weeks after delivery.	Write down the number of PPH cases managed/referred at facility from high risk register/ANC register/LR register.

Data Element (Refer Facility Checklist in Annexure-I)	Explanation/Verification	Response/ Action to be taken
Pre-term Deliveries	Preterm delivery is defined as a baby who is born alive before 37 weeks of pregnancy are completed. Preterm newborns are classified as:Extremely Preterm – Less than 28 weeks Very Preterm – 28 to <32 weeks Late & Moderate Preterm – 32 to <37 weeks <i>Single course of injection of Dexamethasone to be administered to women with preterm labour (between 24 and 34 weeks of gestation)</i>	Write down the number of Pre-term deliveries managed/referred at facility from high risk register/ANC register/LR register.
D.15.Adolescent attended AFHC clinic		
Counselling	Check for the number of adolescents who Attended AFHC clinic for counselling in the previous month Check from monthly AFHC report, Client registration register, counselling register	Write total number of adolescents who Attended AFHC clinic and provided counselling.
Treatment	Check for the number of adolescents who Attended AFHC clinic for treatment (provided medicines) in the previous month Check from monthly AFHC report, Client registration register	Write total number of adolescents who Attended AFHC clinic and given treatment
Referral	Check for the number of adolescents who attended AFHC clinic and further referred to higher facility in the previous month Check from monthly AFHC report and referral register	Write total number of adolescents who Attended AFHC clinic and further referred to higher facilities
D16: Diarrhea in under 5 children		
Diagnosed	Check from OPD register for children under 5 year diagnosed with diarrhea	Write total number of under 5 children diagnosed with diarrhea.
Admitted	Check from IPD register for diarrhea admitted under 5 year children Check for the cases treated with ORS, Zinc / Antibiotics	Write total number of under 5 children admitted and treated for diarrhea. Cases treated with ORS and Zinc
D17: Pneumonia in under 5 children		
Diagnosed	Check from OPD register for pneumonia diagnosed under 5 year children	Write total number of under 5 children diagnosed with pneumonia.
Admitted	Check from IPD register for pneumonia admitted under 5 year children Check cases treated with Gentamicine and Amoxicillin	Write total number of under 5 children admitted and treated for pneumonia.

Section E. Health Systems

This section will provide information on readiness of the facility in terms of availability of infrastructure, drugs, equipments and other essential supplies. Another important component is availability of Human Resource and their training status.

This section covers the availability of essential drugs and supplies in different thematic areas which includes reproductive health, maternal health, new-born health, child health and adolescent health.

Data Element (Refer Facility Checklist in Annexure-I)		Explanation/Verification	Response/ Action to be taken
Drugs/supplies availability* Please check the expiry date of drugs before marking the boxes. If all available quantity of any particular drug in facility has expired, then it will be considered as not available			
E1.Reproductive health			
IUCD	380 A	Ask for availability of ‘IUCD(380A)’ and check physically	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
	375	Ask for availability of ‘IUCD(375)’ and check physically	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
Oral Pills	Mala N	Ask for availability of ‘OCP Mala-N’ and check physically	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
	Centchroman	Ask for availability of newly introduced Non-Steroidal Contraceptive Oral Pill “Chhaya” pack of 8 tablets and check physically	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
Injectable Contraceptive		Ask for availability of newly introduced “Antara” Contraceptive Depot Injection and check physically	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
Emergency Contraceptive Pills (ECP)		Ask for availability of new pack of one tablet ‘ezy pill’ and check physically	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
PPIUCD For ceps		Ask for availability of ‘PPIUCD For ceps’ and check physically. It's facility specific equipment (L2 & L3), for L1 facility, mention NA.	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
Male Condoms		Ask for availability of ‘Condoms’ and check physically	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
Pregnancy Testing Kit		Ask for availability of ‘Pregnancy Test Kit’ and check physically in the Sub-center & with ASHA	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
E2. Maternal Health			
Oxytocin Available		Ask for availability of ‘Oxytocin’ and check physically in the labour room	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
Stored as per guidelines		Check whether inj. oxytocin is stored in refrigerator or cold box, If not please ensure to shift them in refrigerator/cold box. Specify it in your Plan Of Action on the last page	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)

Data Element (Refer Facility Checklist in Annexure-I)	Explanation/Verification	Response/ Action to be taken
Tab. Misoprostol	Ask for availability of ' Tablets Misoprostol ' and check physically in the labour room	Fill code in the box (1: Yes,2: No, 3: Not applicable , 4: don't know)
Tab. Alpha Methyldopa	Ask for availability of ' Tablets Alpha Methyldopa ' and check physically in the labour room	Fill code in the box (1: Yes,2: No, 3: Not applicable , 4: don't know)
Inj. Magnesium sulfate	Ask for availability of ' Injection Magnesium sulfate ' and check physically in the labour room.	Fill code in the box (1: Yes,2: No, 3: Not applicable , 4: don't know)
Inj. Dexamethasone	Ask for availability of ' Injection dexamethasone ' and check Physically in the labour room.	Fill code in the box (1: Yes,2: No, 3: Not applicable , 4: don't know)
Cap. Nifedepine	Ask for availability of ' Capsule Nifedepine ' and check physically in the labour room	Fill code in the box (1: Yes,2: No, 3: Not applicable , 4: don't know)
Inj. Labetalol	Ask for availability of ' Inj. Labetalol ' and check physically in the labour room	Fill code in the box (1: Yes,2: No, 3: Not applicable , 4: don't know)
Ca. Tab withVit.D3	Ask for availability of ' Tab Calcium with Vitamin D3 ' and check physically in facility.	Fill code in the box (1: Yes,2: No, 3: Not applicable , 4: don't know)
MMA kit (Mifepristone+ Misoprostol)	Ask for availability of ' Mifepristone + Misoprostol ' and check physically. It's a facility level specific drug, so if not applicable for visited facility please mention NA.	Fill code in the box (1: Yes,2: No, 3: Not applicable , 4: don't know)
RTI/STI Drugs kit	Ask for availability of ' RTI/STI drug or kit ' and check physically	Fill the code in the box (1: Yes,2: No, 3: Not applicable , 4: don't know)
Protocol posters displayed at Labour room	Ask for availability of ' SBA Protocol posters ' and check physically their availability and appropriate placement	Fill code in the box (1: Yes,2: No, 3: Not applicable , 4: don't know)
Sterile Pads	Ask for availability of ' Sterile pads ' and check physically in the labour room	Fill code in the box (1: Yes,2: No, 3: Not applicable , 4: don't know)
MCP card	Ask for availability of ' MCP cards ' and check physically	Fill code in the box (1: Yes,2: No, 3: Not applicable , 4: don't know)
Safe Motherhood Booklet	Ask for availability of ' Safe Motherhood Booklet ' and check physically	Fill code in the box (1: Yes,2: No, 3: Not applicable , 4: don't know)
No. of delivery trays in proportion to No. of deliveries	Delivery tray contains Scissor, Artery forcep, Sponge holding forceps, Speculum, Urinary catheter, Bowl for antiseptic lotion, kidney tray, Gauze pieces, Cotton swabs, Sanitary pads, Gloves. According to MNH toolkit number of delivery trays as per delivery load is as follows: <100 deliveries- 4 trays, 100-200 deliveries- 8 trays, 200-500 deliveries- 16 trays, > 500 deliveries - 20 trays.	Check number of delivery trays in labour room and accordingly fill the code in the box (1: Yes,2: No, 3: Not applicable , 4: don't know)

Data Element (Refer Facility Checklist in Annexure-I)	Explanation/Verification	Response/ Action to be taken
Rapid Diagnostic Kit for Malaria	Ask for availability of Rapid Diagnostic kit for malaria and check physically in the labour room/Facility. Please also check whether Health Workers (HWs) are able to use the kit.	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know) This is applicable for Malaria Endemic Area only
Point of Care test for Syphilis	Ask for availability of Point of Care test for Syphilis and check physically availability in Facility. Please also check whether HWs are able to do Syphilis screening.	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
IFA Tab. (Red)	Ask for availability of ' Red IFA tablets ' and check physically in the facility (pharmacy)	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
Triple Regimen (TDF+3TC+EFV)	Under PPTCT programme if woman Found HIV positive using Whole Blood Finger Prick testing in labour room/ delivery ward the recommended ARV prophylaxis is to Initiate maternal ART (TDF+3TC+EFV). Ask for availability of 'Triple Regimen' and check physically in the labour room (TDF Tenofovir Disoproxil Fumarate (TDF); Lamivudine (3TC); Efavirenz (EFV). Ask for availability of Triple Regimen in labour room, check physically	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
Syp. Nevirapine	Single dose of Syp. Nevirapine to the infant at birth and provision of Syrup Nevirapine 15mg once daily from birth till 6 weeks of age. Ask for availability of ' Syp. Nevirapine ' and check physically in the labour room.	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
Glucose Sachet 75 gm	It is used in testing for Gestational Diabetes Mellitus. Single step testing using 75 g oral glucose & measuring plasma glucose 2 hour after ingestion. Ask for availability of ' Glucose Sachet 75 gm ' and check physically.	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
Partograph	Ask for availability of ' Partograph sheets ' and check physically in the labour room.	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
Tab. Albendazole	Ask for availability of ' Tab. Albendazole ' and check whether it is distributed in pregnant women.	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
Inj. Tetanus Toxoid	Ask for availability of ' Inj. Tetanus Toxoid ' and check physically its availability and storage in refrigerator/cold box.	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)

Data Element (Refer Facility Checklist in Annexure-I)	Explanation/Verification	Response/ Action to be taken
Autoclaved instruments in LR	Autoclaved instruments must be stored in clean and dry area. Sterile packs and containers should be dated and rotated, using a first in, first out approach. Wrapped packages may be used up to one week, and wrapped packages sealed in plastic up to one month. It should have a tag which will indicate status of sterilization after autoclaving	Check the availability of autoclaved instruments as per guidelines and fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Manual Vacuum Aspiration (MVA) Kit	Ask for availability of 'MVA kit' and check physically. It's a facility level specific procedure, so if not applicable for visited facility please mention NA.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Electric Vacuum Aspiration (EVA) kit	Ask for availability of 'EVA kit' and check physically. It's a facility level specific procedure, so if not applicable for visited facility please mention NA.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
HIV Testing Kit	Ask for availability of HIV Testing kit and check physically in the labour room / ICTC / Laboratory. Please also check whether HWs are able to do HIV screening at LR/facility.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Blood grouping Typing	Ask for availability of Blood grouping and Rh typing Test and check physically in the facility / Laboratory.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Urine Albumin kit	Ask for availability of 'Urine albumin kit' (dipsticks/ test tube method) and check physically in the labour room / Laboratory. Please also check whether HWs are able to do Albumin check in LR/facility.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Haemoglobinometer	Ask for availability of 'Haemoglobinometer' and check physically in the labour room / Laboratory. Please also check whether HWs are able to do Hb check in LR/facility.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
BP apparatus	Ask for availability of ' BP apparatus ' and check physically and verify its working condition.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Stethoscope	Ask for availability of ' Stethoscope ' and check physically and verify its working condition.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Normal Saline/ Ringer Lactate/ D 5%	Ask for availability of 'IV fluids (NS/RL/D5), check physically in the labour room.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)

Data Element (Refer Facility Checklist in Annexure-I)		Explanation/Verification	Response/ Action to be taken
Foetal Doppler/Fetoscope		Ask for availability of ‘Foetal Doppler / Fetoscope’ and check physically in labour room / ANC OPD and verify its working condition	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
E3. NewBorn Health (all the mentioned supplies need to be available in labour room itself. If any thing is not Available in LR and present in the store, please ensure its availability in LR.)			
Vitamin K 1		Ask for availability of ‘Injection Vitamin K1’ (1mg/ml) and check physically in the labour room. Vitamin K1 dosage provided IM: Birth weight ≥ 1000 gm: 1mg Birth weight <1000gm: 0.5mg K3 won’t be considered as an alternative to K1	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Sterile cord cutting equipment		Ask for availability of ‘Sterile cord Cutting equipment’ for cord cutting and check physically in the labour room.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Radiant warmer		Ask for availability of ‘Radiant Warmer’ and check physically in the labour room and verify its functionality.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Bag	500 ml	Ask for availability of ‘Bag size 500ml’ and check physically in the labour room and verify its functionality	Fill code in the box (1: Yes,2: No, 3: Not applicable, 4: don’t know)
	240 ml	Ask for availability of ‘Bag size 240ml’ and check physically in the labour room and verify its functionality	Fill code in the box (1: Yes,2: No, 3: Not applicable, 4: don’t know)
Mask	Size 0	Ask for availability of size 0 mask for premature newborns and check physically in the labour room	Fill code in the box (1: Yes,2: No, 3: Not applicable, 4: don’t know)
	Size 1	Ask for availability of size 1 mask for term newborns and check physically in the labour room	Fill code in the box (1: Yes,2: No, 3: Not applicable, 4: don’t know)
Mucus extractor		Ask for availability of ‘Mucus extractor’ and check physically in the labour room	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Functional Oxygen cylinder		Ask for availability of ‘Oxygen Cylinder’ and check physically in the labour room and verify its functionality.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Clean Towel /Drape		Ask for availability of ‘Clean Towels / Drape’ for receiving newborn and check physically in the labour room.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Cord tie or clamp		Ask for availability of ‘Cord tie or clamp’ for tying cord before cutting cord and check physically in the labour room.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)

Data Element (Refer Facility Checklist in Annexure-I)	Explanation/Verification	Response/ Action to be taken
Newborn weighing machine	Ask for availability of ' Newborn Weighing machine ' and check physically and verify its working condition in labour room	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Designated NBCC	Look for presence of a dedicated space for new born care in the Labour room (New Born Care Corner (NBCC))	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Thermometer	Ask for availability of ' Thermometer ' at labour room and check physically and verify its working condition.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
E4. ChildHealth		
ORS	Ask for availability of packets of ' ORS ' and check physically	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Tab. Zinc	Ask for availability of ' Tab. Zinc (10mg&20mg) tablets ' and check physically	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Salbutamol Nebulizing Solution	Ask for availability of ' Salbutamol Nebulizing Solution ' and check physically.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Anti – Malarial drugs	Ask for availability of ' Anti-Malarial drugs ' and check physically.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Syp. Salbutamol	Ask for availability of ' Syp Salbutamol ' and check physically.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Tab. Albendazole	Ask for availability of ' tablet Albendazole ' both 200 and 400 mg and	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
IFA Syp.	Ask for availability of ' IFA Syrup ' and check physically	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
E5. Vaccine		
BCG	Ask for availability of ' BCG vaccine ' and check physically either at immunization section or at cold chain points	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
OPV	Ask for availability of ' OPV ' and check physically either at immunization section or at cold chain points	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Hep.B	Ask for availability of ' HepatitisB vaccine ' and check physically either at immunization section or at cold chain points	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
DPT	Ask for availability of ' DPT vaccine ' and check physically either at immunization section or at cold chain points	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Measles	Ask for availability of ' Measles vaccine ' and check physically either at immunization section or at cold chain points	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
TT	Ask for availability of ' TT ' and check physically it is stored in refrigerator / cold box	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)

Data Element (Refer Facility Checklist in Annexure-I)	Explanation/Verification	Response/ Action to be taken
Rotavirus	Ask for availability of ' Rotavirus vaccine ' and check physically either at immunization section or at cold chain points. Applicable only for 4 states: Haryana, HP, AP & Odisha	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
IPV	Ask for availability of ' IPV ' and check physically either at immunization section or at cold chain points	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Vit. A	Ask for availability of ' Vitamin A syrup ' and check physically either at immunization section or at cold chain points	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Pentavalent	Ask for availability of ' Pentavalent vaccine ' and check physically either at immunization section or at cold chain points	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
JE Vaccine	Ask for availability of ' Japanese Encephalitis ' and check physically vaccine' and check physically either at immunization section or at cold chain points. Not applicable for all states	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Routine immunization Microplan	Ask for availability of ' Routine immunization Plan ' and check physically with ANM	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Alternate Vaccine Delivery plan	Ask for availability of ' Alternate Vaccine Delivery Plan ' and check physically with cold chain points	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
E6.Antibiotics		
Amoxicillin	Ask for availability of ' Amoxicillin ' and check physically at labour room/pharmacy	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Metronidazole	Ask for availability of ' Metronidazole ' and check physically at labour room/pharmacy	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Ampicillin	Ask for availability of ' Ampicillin ' and check physically at labour room/pharmacy	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Cotrimaxazole	Ask for availability of ' Cotrimaxazole ' and check physically at labour room/pharmacy	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Gentamycin	Ask for availability of ' Gentamycin ' and check physically at labour room/pharmacy	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Ceftriaxone	Ask for availability of ' Ceftriaxone ' and check physically at labour room/pharmacy	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Ciprofloxacin	Ask for availability of ' Ciprofloxacin ' and check physically at labour room/pharmacy	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
E.7 Infrastructure		
Running water 24X7	Ask for availability of ' Running Water 24X7 ' and check physically	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Hand Washing area	Check availability of ' Hand Washing Area ' near Labour Room and physically verify	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)

Data Element (Refer Facility Checklist in Annexure-I)	Explanation/Verification	Response/ Action to be taken
Toilet near or within Delivery Room	Check availability of ‘Toilet’ near labour Room and physically verify.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Designated space for AFH Clinic	Ask for availability of ‘Designated space for Adolescent Friendly Health Clinic’ and check physically privacy is ensured.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Electricity Backup 24X7	Ask for availability of ‘Electricity backup 24X7’ and check physically	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Blood Bank	Ask for availability of ‘Functional Blood Bank’ .	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Blood Storage Unit	Ask for availability of ‘Functional Blood Storage Unit’ . (This is for FRU level)	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
E.8 Infection Prevention		
Soap	Ask for availability of ‘Soap’ for washing hands and check physically	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Bleaching Powder	Ask for availability of ‘Bleaching Powder’ and check physically. In the absence of bleaching powder, if something else like hypochlorite solution is being used, please specify.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Cidex (Glutaldehyde)	Ask for availability of Cidex Solution to be used for cleaning of laparoscope and bag & mask	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Color Coded bins	Ask for availability of ‘Color Coded bins and bags’ for Bio medicalwaste disposal in delivery room and check physically	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Pre-sterilized instruments available in LR	Check the availability of Pre-sterilized instruments in the LR	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Sterile gloves	Ask for availability of ‘Sterile gloves’ and check physically	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Autoclave	Ask for availability of ‘Autoclave’ and check physically. Some facilities might have Boiler so please specify. If none of these available then draw POA with facility in charge and write down on last page.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Boiler	Ask for availability of ‘Boiler’ and check physically. If none of these two available then draw POA with facility in charge and write down on last page.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
E.9 Adolescent Health		
Tab. Dicyclomine	Ask for availability of ‘Dicyclomine tablet’ and check physically	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Tablet Albendazole	Ask for availability of ‘Albendazole tablets’ 400 mg and check physically	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)

Data Element (Refer Facility Checklist in Annexure-I)	Explanation/Verification	Response/ Action to be taken
Tab IFA (blue)	Ask for availability of ‘Weekly Iron and Folic Acid Supplementation tablets’ (blue) and check physically	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
IEC for AH at AFHC	Ask for availability of ‘IEC material for Adolescent Health and check physically at AFHC clinic	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
E 10: Other Equipment		
Digital Thermometer	Ask for availability of ‘Digital Thermometer’ and check physically and verify its working condition.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Suction Machine (low pressure <100 mm hg)	Ask for availability of ‘Suction Machine’ Check physically in LR and verify its working condition.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Hub Cutter/ Needle destroyer	Ask for availability of ‘Hub Cutter’ with needle destroyer and check physically and verify its working condition.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Glucometer	Ask for availability of ‘Glucometer’ and check physically and verify its working condition.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Room Thermometer	Check the availability and functionality of ‘Room Thermometer’ in Labour room	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Adult Weighing Machine	Ask for availability of ‘Adult Weighing machine’ and check physically in ANC OPD and verify its working condition	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Refrigerator	Ask for availability of ‘Refrigerator’ and check physically in LR and verify its working condition.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Auto Analyzer (DH)	Ask for availability of ‘Auto Analyzer at DH level’ and check physically in laboratory and verify its working condition.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Semi Auto Analyzer (CHC/PHC)	Ask for availability of ‘Semi Auto Analyzer at CHC/PHC level’ and check physically in laboratory and verify its working condition.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
BMI Chart	Ask for availability of ‘BMI Chart ‘ check physically at AFHC	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Snellen Chart	Ask for availability of ‘Snellen Chart ‘ check physically at AFHC	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
E 11: HR deployed/posted in Facility		
HR deployed/ posted in LR (Medical Officer)	Total number of Mos working in labour rooms In some states AYUSH MOs are conducting deliveries after SBA training. This kind of information needs to be mentioned in remarks column on last page.	Write total number of Medical officer (including specialists) deployed/ posted in labour room and then write the numbers of MO strained in BEMOC/ PPIUCD /NSSK/RKSK and others). E.g: if out of 6 posted Mos, only 2 are providing services please mention only2.

Data Element (Refer Facility Checklist in Annexure-I)	Explanation/Verification	Response/ Action to be taken
HR deployed/ posted in LR (Staff Nurse)	Total number of Staff Nurses working in labour rooms.	Write total number of Staff Nurses posted in labour room and then write the numbers of Snstrained in SBA / PPIUCD / NSSK / RKSK and other trainings). E.g: if out of 6 posted SNs, only 2 are providing services please mention only 2.
HR deployed/ posted in LR (ANM)	Total number of ANMs working in labour rooms	Write total number ANM posted in labour room and then write the numbers ANMs SBA/ PPIUCD/NSSK/RKSK and other trainings).
HR deployed/ posted in facility (AH Counselor)	Total number of AH counselor working in facility	Write total number of AH counselor posted in facility and then write the number of AH counselor trained in RKSK

Section F: Service Delivery –

This section will provide information on service delivery system at facility, Thematic area wise services covered under this section, key services includes provision of ANC, Intrapartum/ Postpartum, essential new born care, family planning, adolescent health client satisfaction and facility mechanisms.

Data Element (Refer Facility Checklist in Annexure-I)		Explanation/Verification	Response/ Action to be taken
F.1 Antenatal Care			
F1.1	No. of days ANC being conducted at facility in a week	ANC day/Clinic is specified day in a facility where exclusive ANC services provided to pregnant women.	Write down number of days in a week, when facility provided exclusive ANC services.
F1.2	Blood Pressure Measured	a. Ask the available providers in ANC clinic (doctor/Nurse) if blood pressure is measured during ANC visit b. Check for a functional BP apparatus and stethoscope in the ANC clinic c. Ask at least one available mother if her BP was checked during her checkup d. verify response from ANC register	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F1.3	Haemoglobin measured	a. Ask the available providers in ANC clinic (doctor/Nurse) if haemoglobin is measured during ANC visit b. Check for a functional Haemoglobinometer in the ANC clinic / facility or 24-hour laboratory c. verify response from ANC register / laboratory register Additional inputs : <ul style="list-style-type: none"> The functionality of the instrument will also take into account the availability of consumables such as N/10 HCl, micropipette and lancets Hb estimation may be done using color strip method At CHC & Above levels Hb estimation may be done using Auto and semi auto analyzer	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Facility Checklist in Annexure-I)		Explanation/Verification	Response/ Action to be taken
F1.4	Blood Glucose measured	a. Ask the available providers in ANC clinic (doctor/Nurse) if blood glucose is measured during ANC visit. b. Check for a functional equipment of measuring blood glucose in the ANC clinic/facility. c. Verify response from ANC register/labouratory register Additional inputs - <ul style="list-style-type: none"> Glucometer is used in peripheral facilities. Where available the standard biochemistry test will be used for measuring PPPG. A plasma standardized Glucometer should be available.	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F1.5	Urine album in estimation	a. Ask the available providers in ANC clinic (doctor/Nurse) if urine albumin is measured during ANC visit b. Check for urine dipsticks in the ANC clinic/facility c. verify response from ANC register/labouratory register Additional input <ul style="list-style-type: none"> Availability of Dipsticks important in facilities with no dedicated labouratory. If labouratory available, the test can be performed there. 	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F1.6	Appropriate Management or referral of high risk clients	a. Ask service providers what are the criteria for identification of high risk pregnancy. (identified on the basis of High BP/ Blood Sugar/ Hemoglobin b. Check the line list of high risk cases prepared in the last quarter on the basis of complications like: Pre-eclampsia/eclampsia/previous caesarian section/ gestational diabetes mellitus/Anemia complicating pregnancy/bad obstetric history / antepartum hemorrhage. c. Verify the data from high risk register / ANC register / referral register.	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F1.7	Family Planning Counselling	a. Ask the available providers in ANC clinic (doctor/Nurse) if they counsel women on family planning during ANC visit b. Ask at least one available mother if she was counseled on family planning during her check up verify response from ANC register	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Facility Checklist in Annexure-I)		Explanation/Verification	Response/ Action to be taken
F1.8	Universal HIV screening	a. Ask the available providers in ANC clinic (doctor/Nurse) if HIV screening done during ANC visit b. Check for availability of HIV kit in the ANC clinic/labouratory/ICTC c. verify response from ANC register/labouratory register/ICTC register	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F1.9	Hypothyroidism screening done for high risk ANC cases (DH/MC)	a. Ask the available providers in ANC clinic(doctor/Nurse)if Hypothyroidism screening (TSH level) done for high risk ANC cases b. Check for availability of Auto Analyzer/Semi Auto-analyzer in the labouratory c. verify response from ANC register/labouratory register	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F1.10	Universal Syphilis screening	a. Ask the available providers in ANC clinic (doctor/Nurse) if Syphilis screening done during ANC visit b. Check for availability of POC test kit in the ANC clinic/facility or labouratory c. verify response from ANC register/labouratory register	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F1.11	Malaria testing (For Malaria endemic areas only)	a. Ask the available providers in ANC clinic (doctor/Nurse) if Malaria screening done during ANC visit b. Check for availability of Rapid Diagnostic Kit in the ANC clinic/facility or labouratory c. verify response from ANC register/labouratory register	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F2. Intra-partum and Immediate post-partumpractices			
F2.1	Fetal Heart Rate (FHR) recorded at the time of admission	a. Ask the available providers at labour room for practice on FHR recorded at the time of admission b. Check for functional Fetoscope /Doppler in labour room. Check the case sheet for recording of FHR during admission	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F2.2	Mother's temperature recorded at the time of admission	a. Ask the available providers in the labour room for practiceon mother's Temperature recorded at the time of admission. b. Check for functional ther mometer at labour room Ask mothers if her temperature was checked during admission (check one of the case sheet in random if no mother is available)	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Facility Checklist in Annexure-I)		Explanation/Verification	Response/ Action to be taken
F2.3	Mother's BP recorded at the time of admission	<p>a. Ask the available providers at labour room for practice on mother's BP recorded at the time of admission.</p> <p>b. Check for functional BP apparatus / stethoscope in labour room</p> <p>Ask mothers if her BP was checked during admission (check one of the case sheet in random if none of mothers are available)</p>	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F2.4	Partograph used to monitor progress of labour	<p>a. Check Partograph use for labour in a random case sheet</p> <p>b. Ask the available providers about how and when to fill partograph.</p> <p>c. Check correctness of filled partograph</p> <p>Standard protocols for filling partograph</p> <ul style="list-style-type: none"> Fetal heart rate, maternal pulse and uterine contractions monitored and charted every 30 minutes. Cervical dilatation, temperature and blood pressure monitored every four hours. <p>Indications for referral to the FRU on the basis of the partograph</p> <ul style="list-style-type: none"> If the FHR is <120 beats/minute or >160 beats/minute If there is meconium- and/or blood stained amniotic fluid When the cervical dilatation plotting crosses the Alert line (moves towards the right side of the Alert line) If the contractions do not increase in duration, intensity and frequency. <p>If the maternal vital signs, i.e. the pulse (more than 100/min), BP (>140/90 mmHg) and temperature (>38° C), cross the normal limits.</p>	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F2.5	Antenatal corticosteroids used for preterm delivery	<p>a. Check for availability of corticosteroids in the labour room</p> <p>b. Ask the available providers about practice of giving Antenatal corticosteroids in case of preterm deliveries.</p> <p>c. Check any case sheet (if available) where corticosteroids used for preterm delivery</p>	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Facility Checklist in Annexure-I)		Explanation/Verification	Response/ Action to be taken
F2.6	Magnesium Sulfate used for eclampsia management	a. Look for availability of magnesium sulfate in the labour room b. Ask providers what are criteria and dose they are following in facility to give Magnesium Sulphate Check any case sheet (if available) where Magnesium Sulphate used for eclampsia management	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F2.7	Active Management of third stage of labour being performed	a. Check for availability of oxytocin /misoprostol in the labour room b. Ask provider about steps of Active Management of third stage of labour and practice to give oxytocin/misoprostol in facility Check any case sheet randomly for use of oxytocin/misoprostol after delivery	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F2.8	Management of postpartum hemorrhage	a. Ask provider about protocols of PPH management b. Ask providers what are criteria they are following in facility to manage PPH c. Check any case sheet (if available) where PPH was managed	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F2.9	Monitoring for vaginal bleeding upto 6 hrs. after delivery	a. Ask the available providers at labour room for practice of monitoring of vaginal bleeding during post-partum period. Ask one mother if her vaginal bleeding was checked during post-partum (check one of the case sheet in random if none of mothers are available)	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F2.10	Recording of vital parameters (Temp, Pulse, BP,RR) at the time of discharge	a. Ask the available providers at labour room for practice of recording of vital parameters during post-partum /at time of discharge. b. Ask one mother if her vital parameters was recorded during post-partum c. check one of the case sheet/discharge summary in random	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F3. Essential New Born Care (ENBC), Resuscitation and Child Health			
F3.1	Babies delivered on mother's abdomen	a. Ask the providers where they deliver the newborn Ask at least one newly delivered mother	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F3.2	Babies dried with clean and sterile towels just after delivery	a. Look for availability of dry and clean towels in the labour room b. Ask the available provider show they are drying newborn immediately after birth	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Facility Checklist in Annexure-I)		Explanation/Verification	Response/ Action to be taken
F3.3	Delayed Cord cutting (1-3 mins) practiced	a. Look for availability of cord tie or clamp in the labour room b. Ask the available providers when they are cutting the cord (except emergency cases which includes Asphyxia)	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F3.4	Practice of skin to skin care	a. Ask the available providers when skin to skin contact is started at facility in case of newly delivered mother Ask at least one delivered mother as to when she initiated skin to skin care	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F3.5	Early initiation of breast feeding practiced within one hour	a. Ask the available providers when breast feeding is started at facility in case of newly delivered mother Ask at least one delivered mother, did service provider counselled her for early initiation of breast feeding and when she initiated breast feeding	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F3.6	Baby weighed	a. Check for the availability of functional baby weighing scale. b. Check any case sheet randomly whether baby weight mentioned or not Ask at least one delivered mother when staff weighed her baby	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F3.7	Vitamin K1 administered to all newborns (within 24hrs of birth)	a. Look for availability of vitamin K1 in the facility b. Ask the available providers about protocols for Vitamin K1 administration to newborns	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F3.8	Newborns given BCG, OPV, Hep B within 24 hours of birth	a. Look for availability of vaccines in the facility b. Ask providers when and how BCG, Hep B and OPV administered to newborn	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F3.9	Provider aware about the steps of newborn resuscitation (Positioning, suctioning, stimulation, repositioning and PPV using Ambu bag)	a. Ask the available providers about various steps of New Born Resuscitation. Which includes positioning, suctioning, stimulation, repositioning and positive air pressure using Ambu bag Check any case sheet (if available) where new-born resuscitation done by the provider	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F3.10	KMC practiced for low birth weight in Post - natal ward	a. Ask the available providers about protocol for Kangaroo mother care for low birth weight newborn. b. If any low birth weight new-born available then check with mother whether she was counselled for KMC. If yes , when and how she initiated KMC on new born	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Facility Checklist in Annexure-I)		Explanation/Verification	Response/ Action to be taken
F.4 Family Planning			
F4.1	Family planning counselling	a. Ask the available providers /counselors about the steps in family planning counselling. b. Ask the provider to show the counseling material (FP counseling tray in particular) c. Ask a delivered mother in the facility if they were counselled on Family Planning Key topics to be covered in FP counselling <ul style="list-style-type: none"> • Basket of choices • Healthy timing & spacing of pregnancy • Principles of informed choice • Effectiveness & benefits • Limitations & side effects 	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F4.2	Postpartum IUCD insertions	a. Check for availability of PPIUCD insertion tray in labour room. b. Observe/Ask the available providers for steps of postpartum IUCD insertions. c. Check whether the client was counsel for the same. d. Check the available records for correctness, completeness and consistency e. Check if there is any mechanism for follow up of clients f. Check for the implementation of PPIUCD compensation scheme.	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F4.3	Interval IUCD insertions	a. Check for availability IUCD insertion tray in facility. b. Ask the available providers for steps of interval IUCD insertions. c. Check the available records for correctness, completeness and consistency d. Check if there is any mechanism for follow up of clients e. Check for the infection prevention practices followed (physically verify the supplies of IP material).	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F4.4	Sterilization procedures(Fixed Day Static Services	a. Ask a provider whether facility for fixed day sterilization services are available at facility b. Check for availability of functional OT and surgical instruments	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F4.5	Sterilization procedures (Fixed Day Camps)	a. Ask a provider whether facility identified for fixed day sterilization camp services. b. For PHC level check availability of functional OT	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Facility Checklist in Annexure-I)		Explanation/Verification	Response/ Action to be taken
F.5 Client Satisfaction			
F.5.1	Diet provided?	a. Ask a mother in postpartum ward in the facility whether she received free diet during her stay? b. Verify the same from the JSSK registers	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F.5.2	Drug provided?	a. Ask a mother in postpartum ward in the facility whether she received free drug during her stay? b. (Confirm the same from the JSSK registers)	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F 5.3	Free Referral transport provided?	a. Ask a facility In-charge if transport is provided b. Verify the same by interaction with beneficiary and from the last month's JSSK record register / log book	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F5.4	Privacy during delivery?	a. Ask a mother in postpartum ward in the facility whether privacy was provided to her during her delivery b. Observe if adequate privacy is maintained in the labour room through use of curtains/screen	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F.5.5	Staff was well behaved with you during your stay?	Ask a mother in postpartum ward in the facility whether staff behaved well (No abuse, responded well when asked) with her during her admission, delivery and stay	If options a has positive response then use code 1 or else 2/3/4 (whichever applicable)
F.5.6	Were you informed about the procedures before they were undertaken ?	Ask a mother/relative in postpartum ward in the facility whether staff informed her about the procedures before performing it on her?	If options a has positive response then use code 1 or else 2/3/4 (whichever applicable)
F.5.7	Would you suggest visiting this facility to your relatives / friends?	Ask a mother in postpartum ward in the facility whether she would recommend it her relatives/friends?	If options a has positive response then use code 1 or else 2/3/4 (whichever applicable)
F.5.8	Did you get the services you were looking for?	Ask a mother in postpartum ward in the facility whether she get the services she was looking for.	If options a has positive response then use code 1 or else 2/3/4 (whichever applicable)
F6. Facility Mechanisms and others			
F6.1	Is utilization of untied fund adequate?	a. Assess this based on your interaction with facility in charge and the facility records/untied register Check, If quarterly spend is equal to or more than: Q-1 10% or more, Q-2 40% or more, Q-3 70% or more, Q-4 100% or more	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Facility Checklist in Annexure-I)		Explanation/Verification	Response/ Action to be taken
F 6.2	Awareness generation (use of IEC/BCC)- Posters, audio visual aids, display of citizen charter? RH, MH, NH, CH, AH & others	Assess this based on your observation of the facility (The posters/AV aids and citizen charter)	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F 6.3	Is grievance redressal mechanism in place?	a. Assess this based on your observation of the facility, Suggestions/Complaint boxes should be provided at a prominent place in the facility preferably near enquiry counter. Name, designation and telephone number of the nodal officer for Grievance redressal should be displayed prominently.	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F 6.4	Infection prevention being practiced & segregation followed	a. Check for availability of color coded bins/bags. b. Check whether Segregation of biomedical waste is performed or not. c. Check availability waste disposal mechanism in facility	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F 6.5	Disinfection practices being followed	a. Check for availability of bleaching powder, boiler, Autoclave. b. Check whether bleaching solution prepared as per guidelines and disinfection practices followed or not.	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F 6.6	Availability of ANC/PNC register, case sheet, discharge sheet etc.as per Maternal and Newborn Health toolkit	a. Check for availability of ANC/PNC register, case sheet, discharge sheet, referral register as per MNH toolkit	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F 7. Adolescent Health			
F 7.1	Contraceptive available at AFHC	a. Ask the AH counselor/MO for availability of contraceptives. b. Check physical availability. Check Stock Register	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F 7.2	Contraceptive being given to client	a. Ask the service provider if the adolescent have been provided Contraceptives. b. Check the Client record Register/Stock register. c. Ask any adolescent client in the facility (If available)	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F 7.3	Height Scale available	Check physically for its availability in AFHC	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Facility Checklist in Annexure-I)		Explanation/Verification	Response/ Action to be taken
F 7.4	Height measured	a. Check client register in AFHC if the height has been measured. b. Ask any adolescent client in the AFHC (If available)	If options a has positive response then use code 1 or else 2/3/4 (whichever applicable)
F 7.5	Weighing Machine available	Check physically for its availability and verify its working condition	If options a has positive response then use code 1 or else 2/3/4 (whichever applicable)
F 7.6	Weight measured	a. Check Client register if the weight has been measured and noted. b. Ask any adolescent client in the AFHC (If available)	If options a has positive response then use code 1 or else 2/3/4 (whichever applicable)
F 7.7	BP apparatus: Available at AFHC	Check physically for its availability and verify its working condition	If options a has positive response then use code 1 or else 2/3/4 (whichever applicable)
F 7.8	BP Apparatus being used	a. Check Client register if the BP has been measured and noted. b. Ask any adolescent client in the AFHC (If available)	If options a has positive response then use code 1 or else 2/3/4 (whichever applicable)
F 7.9	BMI Calculated	a. Ask the service provider if BMI is calculated for Adolescent Clients b. Check in record register if the BMI is calculated c. Ask any adolescent client in the AFHC (If available)	If options a has positive response then use code 1 or else 2/3/4 (whichever applicable)
F 7.10	Counselling conducted at AFHC	a. Check the records in Counselling Register Ask any adolescent who has attended the AFHC clinic	If options a has positive response then use code 1 or else 2/3/4 (whichever applicable)
F7.11	Vision Being Checked with Snellen Chart	a. Ask the service provider if Vision is being checked with Snellen chart in AFHC clinic. b. Check in record register if the Vision has been checked Ask any adolescent client in the facility	If options a has positive response then use code 1 or else 2/3/4 (whichever applicable)

Standard Operating Procedure (SOP)

Community level Checklist

A. Purpose and applicability

The purpose of this Standard Operation Procedure (SOP) is to establish a uniform procedure for using the supportive supervision checklist to assess the functionality of program at community level. The procedures outlined in this SOP are applicable to all officials/DLM monitoring the RMNCH+A programs at community level. This checklist can be used by National/State/District/Block govt. officials and officials of development partners such as SRU, DLM.

B. Objective

The objective of this checklist is to assess the quality of service delivery and the implementation status of RMNCH+A interventions at the community level. This tool would extract short-comings under various domains of health and enable the supervisors/monitors to provide necessary technical support to strengthen the community based health interventions.

C. Methodology

The Supervisor/Monitor would cover **one Village Health and Nutrition Day (VHND) session, one school, One AWC and five households** in the vicinity of the L1 delivery point **in single visit. He/she expected to undertake two community visits in a month.**

The Supervisor/Monitor would be accompanied by ASHA for household visits.

Selection of house-hold to be prioritised as follows:

1. Household with a pregnant woman
 2. Household of lactating mother with 0-6 months baby
 3. Household with a child of 6months- 2 years
 4. Household with an Adolescent girl/ boy
 5. Household where home delivery occurred in the last one year
- ★ Household with maternal or infant death to be visited if it has been reported in the community
 - ❖ Even if the nearest sub-centre to the village visited is not a L1 delivery point, the supervisor should meet the SHC to interact with the ANM.
 - ❖ During the school visit he/she should interact with nodal WIFS teacher and children in at-least two eligible classrooms.
 - ❖ During VHND visit, he/she will take stock of essential drugs, supplies, commodities, vaccines available at the site. Review health messages received from ASHA/ANM and the service delivery for ANC, PNC, Family Planning, Growth Monitoring and Immunization.
 - ❖ He/she will have to verify the referral information from the field to NRC, DEIC, NBSU, SNCU and AFHCs etc.

D. Instructions to fill the checklist

- ❖ Fill the code as 1, 2, 3 and 4 in box adjacent to questions (1: Yes, 2: No, 3: Not applicable, 4: don't know)
- ❖ He/she should verify physical presence and functionality for equipment, expiry date for drugs and of other consumable

Section 1: VHND Assessment

This section will provide information on readiness of VHND sessions or AWCs for providing Routine Immunization, family Planning, Antenatal Care, Post-natal care, Nutritional and health promotion to children and Adolescents. Another important component is tracking of beneficiaries through records and willingness of beneficiaries to avail services.

Data Element (Refer Community Checklist in Annexure-II)	Explanation/ verification	Response
1. VHND Assessment		
1.1 Whether ANM is providing following services during a VHND?	DLM needs to attend a VHND to verify the provision of all the mentioned services and accordingly choose the appropriate code. (1: Yes, 2: No, 3: Not applicable, 4: don't know)	
a) Routine Immunization	a. Look for RI session being conducted at VHND site. b. Look for availability of vaccines and essential consumables as per due list. c. Ask providers when and how different vaccines are administered. d. Interview mothers with eligible infants to check whether RI services are rendered.	If the DLM observes that RI session ensured then 1: Yes, otherwise 2: No If any gaps are identified in services like: availability of vaccine, knowledge of service provider, AVD, Open Vial Policy etc. S/He should highlight these points in plan of action.
b) Family planning services and counselling	a. Availability of FP commodities b. Interview beneficiaries to identify if counselling on FP especially for ANC/PNC clients is conducted.	1: Yes (if both ensured), otherwise; 2: No
c) Ante-natal care	a. Check from registers or records General examination (Pulse, BP, Hb, Weight, Temperature Abdominal examination) b. Monitor can verify the services through direct observation	If the DLM observes that all ANC services are ensured then 1: Yes, otherwise 2: No
d) Post-natal care	a. Check for PNC services availability from records. Monitor can verify the services through direct observation. PNC services includes General examination (pulse, BP, weight, and temperature. Address if any complaints like excessive bleeding, abdominal pain, convulsions, loss of consciousness, pain in legs, fever, urinary retention, Difficulty in breathing, foul smelling discharge.	If the DLM observes that PNC services are ensured then 1: Yes, otherwise 2: No.
e) Nutrition and Health promotion to Children and Adolescents	a. Check whether adolescents are approached for counselling and/or are present for VHND session b. Counselling regarding: Diet and Nutrition, IFA supplementation etc.)	If the DLM observes that nutritional and health promotion counselling services for children and adolescents were ensured then 1: Yes, otherwise 2: No

Data Element (Refer Community Checklist in Annexure-II)	Explanation/ verification	Response
1.2 Is Growth monitoring done at AWC center/ VHNDs?	a. Check for Growth monitoring chart filled in MCP card at AWC/ VHND session	1: Yes, 2: No, 3: NA
1.3 Is Routine Immunization (RI) micro-plan available at VHND session?	a. Ask ASHA/ANM for Routine Immunization micro plan available at VHND session	1: Yes, 2: No, 3: NA
1.4 Is due list for Routine Immunization, ANC, PNC available with ASHA / ANM	a. Check for MCTS/RCH portal generated/manual due-list RI,ANC, PNC beneficiaries with ASHA/ANM	If due list of RI,ANC, PNC beneficiaries available with ASHA/ANM then 1: Yes; 2: No; 3: NA
1.5 As per due list did 75% of the beneficiaries attend the VHND session?	a. Check the due-list of beneficiaries whether 75% of total due beneficiaries attended the session (ANC, PNC, RI etc.)	1: Yes; 2: No; 3:NA

Section 2: Interview with ANM

This section will provide the information through interaction with ANM regarding services she is providing at community level. Services captured in the term of misoprostol distribution, line listing of home-deliveries, death reviews and identification of SAM children. Another important component is RKSK training status of ANM and ASHA.

2. Interview with ANM		
2.1 Is Community distribution of Misoprostol for home deliveries implemented?	a. Ask the ANM about practice of providing misoprostol for home deliveries. b. Check for the availability of tab. misoprostol with the ANM c. It is applicable only to notified villages. Selection criteria for pregnant women for misoprostol distribution: The villages having home delivery rate more than 20%. d. Interact with the beneficiary (if available) who has received misoprostol about counselling she received from ANM, how & when she consume the tablet.	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
2.2 Are high risk pregnancies line-listed at the health facility	a. Ask the ANM for availability of line-listing with appropriate management, referrals along with follow-up of high risk cases High Risk Pregnancies (HRPs) includes Elderly prim gravida, Multigravida, Previous C- section, Pre-eclampsia/ eclampsia, Severe anemia, Twin pregnancy, Abnormal lie or presentation, Gestational diabetes, Syphilis during pregnancy etc.	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
2.3 Were maternal/child deaths reported from the area of the sub-center in last 1 year?	a. Whether any maternal/child death was reported from the catchment area in last one year	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Community Checklist in Annexure-II)	Explanation/ verification	Response
2.4 If death reviewed, were corrective actions taken for the probable community causes?	<p>a. Ask ANM If any Corrective action taken on reviewed cases at any levels (Community, Block, District)</p> <p>b. If yes, Note the response in details The main purpose of CBMDR is to identify various delays and causes leading to maternal deaths, to enable the health system to take corrective measures at various levels. Identifying maternal deaths would be the first step in the process, the second step would be the investigation of the factors/causes which led to the maternal death – whether medical, socio-economic or systemic, and the third step would be to take appropriate and corrective measures on these, depending on their amenability to various demand side and communication interventions.</p>	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
2.5 Number of SAM children identified in the community	<p>a. Check records of AWCs to collect the data related to total number of SAM children identified in previous month.</p> <p>Severe Acute Malnutrition is defined by a very low weight for height (below -3 z scores 1 of the median WHO growth standards), or Mid-upper arm circumference < 115 mm or by visible severe wasting or by the presence of nutritional oedema.</p>	Write down total number of SAM children identified in previous month.
2.5.1 SAM children are referred to Nutritional Rehabilitation Centre (NRCs)	a. Validate the list of SAM children and referral date from AWC records	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
2.6 Has the ANM been trained on RKSK (Including Peer Educator) component	a. Ask ANM about her RKSK training status (including Peer Educator component)	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
2.7 Has the ASHAs been trained on RKSK (including Peer Educator) component?	a. Ask ANM about her RKSK training status (including Peer Educator component)	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)

Section 3: Interview with ASHA

This section will provide information through interaction with ASHA regarding services she is providing at community level. This section will cover the knowledge of ASHA regarding her incentive based services, identification and referral of sick-newborns to higher facilities and essential commodities available with her.

Data Element (Refer Community Checklist in Annexure-II)	Explanation/ verification	Response
3. Interview with ASHA		
3.1 Incentives to ASHA		
a. Was ASHA paid incentives for ANC services & accompanying mother for Institutional delivery?	a. Ask the ASHA for payment of incentives (it would reflect whether she is rendering the delivery services) <i>For Low performing states: Rs.600 for Rural & Rs. 200 for Urban area.</i>	If option ahas positive response then use code 1 or else 2/3/4 (whichever applicable)
b. Was ASHA paid incentives for delaying and spacing of births	a. Ask the ASHA for payment of incentives (it would reflect whether she is rendering Family Planning methods for spacing and Counselling for Limiting) <i>Incentive for Delaying/Spacing : Rs.500 Incentive for Limiting : Rs.1000</i>	If option ahas positive response then use code 1 or else 2/3/4 (whichever applicable)
c. Was ASHA paid incentives for escorting clients for PPIUCD insertions	a. Ask the ASHA for payment of incentives, (it would reflect whether she is rendering PPIUCD services) <i>Incentive for motivating pregnant women/mothers to uptakePPIUCD Rs.150</i>	If option ahas positive response then use code 1 or else 2/3/4 (whichever applicable)
d. Was ASHA paid incentives for immunization below 1 year and 1 to 2 year?	a. Ask the ASHA for payment of incentives, (it would reflect whether she is rendering RI services) <i>Incentive for mobilizing children on immunization day- Rs.150 Incentive for Immunization below 1 year – Rs.100 Incentive for Immunization upto 2 year – Rs.50</i>	If option ahas positive response then use code 1 or else 2/3/4 (whichever applicable)
3.1.1 Is there any delay in last six months in payments to ASHA?	a. Ask for delay in payments to ASHA (it would reflect if the mechanism of reimbursement to ASHA is established or not) If Yes, gaps /issues can be identified in Plan of Action	If option ahas positive response then use code 1 or else 2/3/4 (whichever applicable)
3.2 Is the ASHA trained on module 6 & 7 for HBNC?	a. Ask whether ASHA received training on module 6 & 7 for HBNC	If option ahas positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Community Checklist in Annexure-II)	Explanation/ verification	Response
3.2.1 If yes does she perform Household (HH) visits for HBNC?	<p>a. Check the records of home visit forms filled by ASHA</p> <p>b. Check whether following services are offered under HBNC from records (Essential care and examination of new-born, early recognition of danger signs, stabilization and referral. Counselling of mother on breast feeding, warmth, care of baby etc.)</p> <p>HBNC visits: Care of new-born and mother through regular home visits on 3rd, 7th, 14th, 21st, 28th and 42nd day (for home deliveries: day 1 is additional to the above)</p>	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
3.3 Number of sick new-born or newborns with danger signs identified in community by ASHA.	<p>a. Check the number of sick newborn/ newborns with danger signs enlisted in records with ASHA/ANMs.</p> <p>Danger signs in new born to be identified during Home visit by ASHA/ANM Signs of sepsis, Pallor, Reduced activity, not feeding well, difficulty in breathing, fever, hypothermia, low birth weight, Not gaining weight, Fits/convulsions.</p>	Write down number of sick new-born or newborns with danger signs identified in community.
3.3.1 Whether sick new-born or newborns with danger signs referred to higher facilities	<p>a. Check whether identified sick new born have been referred to higher facility and this referral is enlisted in ASHA dairy</p> <p>If feasible household visit can be made to validate the same</p>	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
3.4 Whether follow-up visit to Low Birth Weight babies & SNCU discharged babies done by ASHA?	<p>a. Confirmation of Follow Up visits to Low Birth Weight babies & SNCU discharged babies will be done through ASHA dairy</p> <p>b. If feasible household visit can be made to validate the same</p> <p>For Low Birth Weight babies follow up will be done through HBNC visits & additional 4 visits will be conducted at 3, 6, 9 & 12 months by ASHA</p>	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
3.5 Is ASHA aware about incentives given under RKSK program	<p>a. Check whether ASHA is aware about following incentives.</p> <ul style="list-style-type: none"> • <i>Incentives for holding MHS meeting Rs.50</i> • <i>Facilitating PE selection Rs. 100</i> • <i>Organizing Adolescent Health Day Rs.200</i> 	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
3.6 Has ASHA referred any Adolescents to the nearest AFHC last month?	<ul style="list-style-type: none"> • Ask ASHA whether she referred any adolescent to AFHC / Facility • Check ASHA diary for verification • If feasible household visit can be made to validate the same. 	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Community Checklist in Annexure-II)	Explanation/ verification	Response
3.7 Availability of essential commodities with ASHA/School/AWCs	Check for availability of all these commodities with ASHA Physically verify each commodity	
a. Pregnancy testing kit	h. MBI kit to test iodine level in salt.	If available: (1: Yes) If stock-out or not available: (2: No) or Not applicable (3: NA)
b. MALA- N	i. MUAC tape	
c. Centchroman	j. ORS and Zinc	
d. ECP	k. HBNC Kit (Timer, weighing machine, sling, thermometer & 2 blankets)	
e. Condoms	l. Sanitary napkins (if the district is among MHS-151 districts or your state supports MHS scheme)	
f. Availability of IFA with ASHA	g. Availability of IFA at school/AWCs	
I. 6month – 5yrs – IFA syrup (Bi-weekly)	I. 5-10yrs – Tab. IFA (Pink coloured sugar coated) WIFS Junior.	
II. Pregnant women and Lactating mothers – Red IFA Tab.	II. 10-19yrs – Tab. IFA (Blue coloured – Enteric coated)	

Section 4: Interview with beneficiaries

This section will provide information through interaction with beneficiaries. The visits will include household with pregnant mothers, lactating mothers, mother with child of 6months – 2years, household with home delivery, household with adolescent girl or boy. This section will capture the experience of beneficiaries when she availed health services. Another important component is to cover WIFS and RBSK services being provided at schools.

4. Interview with beneficiaries (Household visits)		
4.1 Interview with Pregnant woman		
4.1.1 Was the woman registered in the first trimester?	a. Check the MCP card for date of LMP and 1st ANC visit (date of registration) If MCP card not available then can be validated by ANC register with ANM	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.1.2 Did the Pregnant Women receive all services under Antenatal care?	a. Check MCP card for following services (Pulse, BP, Urine Albumin, Hb., Weight, ANC visits, IFA & TT)	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.1.3 Is the Pregnant Women counselled for Post-partum Family planning choices including PPIUCD by ASHA/ANM during ANC?	a. Ask whether the Pregnant Women were counselled during ANC for FP choices (including information on PPIUCD) b. Ask whether she was informed about all the available FP options	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.2 Interview with Lactating mother with 0-6 month baby (based on recall)		
4.2.1 Did she deliver at Public Health facility	a. Ask whether beneficiary has delivered at the public health facility, b. Can be validated through discharge slip	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.2.2 If yes; Did she receive entitlements under JSY?	a. Ask whether the beneficiary received JSY entitlement? (if applicable)	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Community Checklist in Annexure-II)	Explanation/ verification	Response
4.2.3 Did she receive entitlements under JSSK?	<p>a. Ask whether the beneficiary received all the entitlements under JSSK</p> <p>Entitlements under JSSK</p> <ul style="list-style-type: none"> • Free and cashless delivery • Free C-Section • Free drugs and consumables • Free diagnostics • Free diet during stay in the health institutions • Free provision of blood • Exemption from user charges • Free transport from home to health institutions, between facilities and drop back 	If response for all the entitlements are positive then mark 1: Yes; otherwise 2: No; 3:NA; 4. Don't know
a) Was she provided with free drugs and consumables?	Did the pregnant women and new-born receive free drugs and consumables from ANC to PNC.	1: Yes; 2: No; 3:NA; 4. Don't know
b) Was she provided free-diet at the facility?	Did the Pregnant Women receive free diet during her stay at the health facility?	1: Yes; 2: No; 3:NA; 4. Don't know
c) Was she given Blood transfusion free of cost?	Did the Pregnant Women receive free blood transfusion (if indicated for C-section or for severe anemia) from ANC to PNC?	1: Yes; 2: No; 3:NA; 4. Don't know
d) Was she provided free diagnostics?	Did the PW and new-born receive free diagnostics (incl. Blood/urine tests and USG) from rom ANC to PNC phase?	1: Yes; 2: No; 3:NA; 4. Don't know
e) Did she avail free transportation and drop-back facility?	Did the PW and new-born receive free transportation (to and fro from residence/ inter-facility in case of referral)	1: Yes; 2: No; 3:NA; 4. Don't know
4.2.4 Ask about services at the delivery point she visited (based on recall)		
a. Was the privacy during delivery maintained?	a. Ask whether the privacy during delivery maintained through use of curtains/partitions in labour room	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
b. Was staff at the health facility well behaved during stay?	<p>a. Ask whether the staff was courteous and well behaved during the entire stay at the health facility? (staff may include all health staff and not only the clinical staff)</p> <p>b. Confirm for any grievances, if yes, whether it is reported under grievance or not</p>	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
c. Was the new-born dried with clean sheets immediately after birth?	a. Ask mother whether new-born was dried using clean towel/sterile sheet immediately after birth.	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
d. Was the new-born weighed at birth?	<p>a. Ask mother whether the new-born weight conveyed to mother at the time of birth?</p> <p>b. Can be validated through MCP card</p>	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Community Checklist in Annexure-II)	Explanation/ verification	Response
e. Was breast feeding initiated within one hour after delivery?	a. Ask mother whether breast feeding was initiated within one hour?	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
f. Was the new-born given zero dose immunization in the health facility within 24hrs of birth?	a. Whether BCG, Hepatitis- B and Polio doses were administered within 24 hrs. Of delivery? b. Can be validated through BCG scar on left deltoid/ MCP card	If option a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
g. Has she exclusively breast-fed/ will breast feed the infant for six months?	a. Ask mother for how long she have breast fed her infant exclusively or how long she will continue exclusive breast feeding to her infant?	If option a has positive response (six months) then use code 1 or else 2/3/4 (whichever applicable)
h. Was she advised about maternal & new-born danger signs before discharge from the facility?	a. Did the ANM/ASHA or any other health staff advise her about the danger signs in the postpartum period Danger Signs: heavy vaginal bleeding, convulsions, fever, Head-ache, weight loss, baby not passing urine or stool, bluish/flaccid body etc.	If option a has positive response (six months) then use code 1 or else 2/3/4 (whichever applicable)
i. Check the MCP card for completeness.	a. Response will be based on observation of the supervisor b. Check the MCP card for record of services in ANC, PNC and immunization	If option a has positive response (six months) then use code 1 or else 2/3/4 (whichever applicable)
j. Was she satisfied with all the services provided during ANC, delivery and PNC?	a. Ask whether the beneficiary was satisfied with all the services from ANC to PNC including stay at health facility? b. If she has any grievances at any level of healthcare, it should be noted on the last page of checklist.	If option a has positive response (six months) then use code 1 or else 2/3/4 (whichever applicable)
4.3 Interview with mother with a child of 6m- 2 years		
4.3.1 Was ORS and Zinc used when child had last diarrhoea episode?	a. Ask the mother on her practices in the family in case of a diarrheal episode? b. Did she use ORS and Zinc in the last episode to her child?	If option a & b has positive response then use code 1 or else 2/3/4 (whichever applicable)
a. Is mother aware about ORS preparation and use?	a. Is she aware of ORS and Zinc use in diarrhoea? Ask about dose and duration of Zinc use) b. Can she elicit steps of preparation of ORS?	If option a & b has positive response then use code 1 or else 2/3/4 (whichever applicable)
b. If yes did ASHA replenish ORS/Zinc during her visit?	a. If she had used ORS/Zinc or the same was misplaced/expired, was the stock replenished by ASHA/ANM b. Verify physical availability	If option a & b has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.3.2 Was syrup IFA available at the household	a. Check for availability of syrup IFA at the household b. Ask if she is aware on when and how to use the syrup?	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Community Checklist in Annexure-II)	Explanation/ verification	Response
4.3.3 Did ASHA perform home visits during first six weeks of life?	a. Ask whether ASHA had performed home based new-born care visits during first six weeks of life at the household	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.3.4 Does mother practice Complementary feeding?	a. Ask mother whether she knows about complementary feeding b. Ask the mother whether she is practicing complementary feeding	If option a & b has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.3.5 Was Family planning counselling provided by ASHA?	a. Ask the mother whether ASHA provided counselling on various FP methods	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.3.6 Was Family planning commodities provided by ASHA?	a. Ask the mother whether ASHA provided Family Planning commodities (Mala- N/ Centchroman/ Condoms and ECP) provided to her?	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.3.7 Did any IEC/BCC/IPC activity initiate or enhance family's health seeking behaviour?	What promoted her and her family members to avail health care services from a health facility or from community based healthcare services?	
a. IPC by ASHA/ANM or other health staff	a. Ask if any health staff promote the importance of visiting a health facility or to seek services from health care staff	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
b. Handouts/ Booklet	a. Did she received any handout/booklet to enhance health seeking behaviour of her and her family	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
c. Audio visual aids	a. Did any A/V aids (TV or radio spots/ AV aids seen at a health facility or at any other place) enhance health seeking behaviour of her and her family	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
d. Banner/Poster/Hoardings /Wall paintings	a. Did she observed any Banner / Poster / Hoardings / wall paintings at health facilities which enhances health seeking behavior of her and her family	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
e. Any other IEC/BCC activity	a. If any other IEC/BCC medium (like Nukkad Natak, street plays etc.) to enhance the health seeking behaviour	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.4 Interview with beneficiaries (Pregnant women & Mothers) pertaining to MCTFC		
4.4.1 Did she receive a call from Mother and Child Tracking Facilitation Centre, Govt of India, Delhi	a. Ask beneficiary if she receive a call from Mother and Child Tracking Facilitation Centre, Govt. of India, Delhi	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Community Checklist in Annexure-II)	Explanation/ verification	Response
4.4.2 Was the caller courteous to her during the call?	a. Ask the beneficiary if the caller was courteous during the call.	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.4.3 Whether the caller was clear in communication with her	a. Ask the beneficiary if she could clearly understand the questions being asked and the advice provided by the caller.	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.4.4 was she satisfied by the resolution on her query provided by the caller?	a. Ask the beneficiary whether the caller able to resolve her query satisfactorily.	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.4.5 Whether a doctor spoke with her to resolve your query?	a. If the beneficiary has some health related query which she asks to the caller, the caller should transfer the call to a doctor who should impart non-clinical advice to the beneficiary. Ask the beneficiary whether she spoke with doctor and he/she resolved her query	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.4.6 Whether the information provided to her was helpful (Select Option from following)		
4.4.6.a During her pregnancy	a. MCTFC informs pregnant women regarding antenatal care services, government programmes and schemes and makes them aware about the care that they should take during pregnancy.	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.4.6.b Taking care of her child	a. MCTFC informs mother of children regarding immunization details, government programmes and schemes, other child related information and makes them aware about the care of their child up to the age of 1 year	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.4.6.c Family Planning	a. MCTFC asks family planning related questions and provides advice related to family planning to pregnant women and mothers of children. For pregnant women, the questions and advice pertains to various measures that needs to be adopted by pregnant women after their pregnancy. For mothers of children, the questions and advice pertains to various measures that were taken and needs to be taken by mothers after their delivery.	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Community Checklist in Annexure-II)	Explanation/ verification	Response
4.4.7 Have she received recorded voice messages over phone related to maternal health, Child care, immunization and family planning?	a. Total 18 voice recorded messages related to maternal health, Child care, immunization and family planning are being sent to pregnant women and parents of child to spread awareness among them.	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.5 Interview with family having Adolescents		
4.5.1 Did the Adolescent in the family receive IFA supplementation?	a. If the adolescent is school going did he/she receives weekly Blue IFA supplementation under WIFS from the school b. If the adolescent in not school going/drop out does he/she receive weekly IFA supplementation under WIFS through AWCs	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.5.2 Was the adolescent girl/mother counselled on Menstrual hygiene?	a. Did the adolescent girl receive counselling from ASHA/ANM or any other health staff on menstrual hygiene?	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.5.3 Has the adolescent ever visited AFHC?	a. Have adolescent visited any adolescent Friendly Health Clinic?	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.6 Interview with Household with Home delivery		
4.6.1 Reason for Home delivery?	Elicit the probable reasons that have led to home delivery	
a) Traditional attitude	a. Ask whether in the past there has been any home deliveries in the house or there is a custom to be delivered at home	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
b) Accessibility issues	a. Ask whether the family was willing to deliver at the health facility, but only because of roads/terrain/any reason they could not arrange any conveyance also govt. means of transport couldn't reach on time	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
c) Economic reasons	a. They assume a lot of expenses incur at the public health facility as are unaware of JSSK benefits	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
d) Benefits of institutional delivery unknown	a. They did not know the importance of delivering at a public facility. No health staff ever counselled them on importance of institutional delivery	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
e) Any other causes	a. Any other causes than the ones mentioned above	Specify the cause

Data Element (Refer Community Checklist in Annexure-II)	Explanation/ verification	Response
4.6.2 Who conducted Home delivery?		
a) Skilled Birth Attendant (i.e. assisted by doctor/ nurse/ ANM)	a. Was the delivery conducted by a trained personnel like MO, SN or ANM	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
b) Traditional Birth Attendant (TBA)	a. Ask whether TBA/local Dai conducted the home delivery?	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
c) Family or Relatives	a. Was the home delivery conducted by family members or relatives?	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.6.3 Is mother /child availing post-natal services from a health facility	a. Ask mother if she /child availing post-natal services from a health facility/ANM.	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.7 School/AWC visit- Interview with WIFS Nodal teacher/AWW		
4.7.1 Are IFA tabs under WIFS currently available at school?	a. Physically check for the IFA tabs stocks at Schools/AWCs	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
a. Any Stock-outs in last 6 months?	a. Ask WIFS nodal teacher/AWW about stock and check register at school/AWC for any stock-outs in the last 6 months	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.7.2 Was deworming done in last six months?	a. Ask nodal person/AWW whether deworming round conducted in last six months	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.7.3 Whether WIFS report submitted for last month?	a. Check for reports of WIFS at the school/AWC. b. Monitor can also address any issue related to WIFS reporting mechanism (school to the district level)	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
4.7.4 Whether screening of children under RBSK done?	a. Ask nodal officer whether screening of children under RBSK done b. Check the filled RBSK formats about the last screening at the school	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
a. Are appropriate referrals of children done?	a. Ask the teacher on referral of children from school to DEIC, b. Can be verified through the list of children referred for 4Ds.	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
Interview with eligible students during school visit in at least two classrooms		
4.7.5 Are they given IFA tab every week?	a. Ask children if any specific day assigned for IFA consumption in school? b. Ask the students whether IFA are distributed or asked to be consumed in the class?	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)

Data Element (Refer Community Checklist in Annexure-II)		Explanation/ verification		Response	
4.7.6 Has RBSK screening done by health team in last one year?		a. Ask the children when was the last RBSK screening done? b. If any children diagnosed with 4 Ds and referred to health facility. Interview them on further interventions advised/done by the health staff?		If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)	
Major findings from the visit	Interventions/activities identified	Level of intervention		Responsibility	Timeline
List down major findings/observations from the visit	Against each of them elicit the probable interventions or activities for the observations and findings	SHC/PHC/CHC/Block/ District/State		Against each action point assign a responsible person	Set an achievable timeline in consent with the responsible person
Type of Grievance (qualitatively describe the incident)		Level (ASHA/ANM/MO/Health facility)		Probable intervention/activities. Current status of the Grievance	
Describe in detail the grievance		ASHA/ANM/MO/Health facility		If it is a new grievance enlist probable solution to the same in consultation with complainant. If it's an old grievance then describe the current status.	