



## VISITINSTRUCTIONS TO ASSESS FUNCTIONALITY OF PROGRAM AT COMMUNITY LEVEL

The district level monitor (DLM) would visit at least **two Village Health and Nutrition Days (VHND) session, one Middle- school** and **at least five household** in the vicinity of the L1 delivery point **in a month**. The DLM would also interact with at least 1-2 ASHA and AWW each during the community visit. He/ She would accompany the ASHA for household visits in her catchment area. A minimum of 5 household to be visited, selection of household to be prioritised as follows:

1. Household with a pregnant woman
2. Household of lactating mother with 0-6mths baby
3. Household with a child of 6mths- 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-center to the village visited is not a L1 deliver point, the DLM should meet the SHC to interact with the ANM.

During the school visit the DLM should interact with nodal WIFS teacher and children in at-least two eligible classrooms

In case of a VHND visit the take a stock of essential drugs, supplies, commodities and vaccines available at the site. Review the service delivery for ANC, PNC, Growth Monitoring and Immunization . Ask the community for health messages they received from ASHA/ANM

Name & Designation of the Supervisor:			Organization:			Level:	Block	District	State	National	Others
Name of village:			Block:			District:			Date of visit		

1.VHND Assessment		
1.1	Whether ANM provides following services during a VHND?	
a	Routine Immunization	
b	Family planning services and counselling	
c	Ante-natal care	
d	Post-natal care	
e	Nutrition and Health promotion to children and Adolescents	
1.2	Is Growth monitoring done at Anganwadi center/ VHNDs?	
1.3	Is Routine Immunization micro-plan available at VHND session?	
1.4	Is Due list for Routine Immunization, ANC,PNC available with ASHA/ANM	
1.5	As per due list did 75% of the beneficiaries attend the VHND session?	

2. Interview with ANM		
2.1	Is Community distribution of Misoprostol for home deliveries implemented?	
2.2	Are high risk pregnancies line-listed at the health facility?	
2.3	Were maternal/child deaths reported from the area of the sub-center in last 1 year?	
2.4	If death reviewed, were corrective actions taken for the probable community causes?	
2.5	Number of SAM children identified in the community (Data can be collected from AWW/ANM)	
2.5.1	Whether SAM children referred to Nutritional Rehabilitation Centre (NRCs)?	
2.6	Has the ANM been trained on RKSK (including Peer educator component)?	
2.7	Has the ASHA been trained on RKSK (including Peer educator component)?	

3.Interview with ASHA		
3.1	Incentives to ASHA	
a	Was ASHA paid incentives for ANC services & accompanying mother for Institutional delivery?	
b	Was ASHA paid incentives for delaying and spacing of births?	
c	Was ASHA paid incentives for escorting clients for PPIUCD insertions?	
d	Was ASHA paid incentive for immunization of children below 1 year and 1 to 2 year?	
3.1.1	Is there any delay in last six months in payments to ASHA?	
3.2	Is the ASHA trained on module 6 & 7 for HBNC?	
3.2.1	If yes does she perform HH visits for HBNC?	
3.3	Number sick new-born or newborns with danger signs identified in community by ASHA	
3.3.1	Whether sick new-born or newborns with danger signs referred to Higher facilities?	
3.4	Whether follow-up visit to LBW Babies & SNCU discharged babies done by ASHA?	
3.5	Is ASHA aware about incentive given under RKSK	
3.6	Has ASHA referred any Adolescents to the nearest AFHC last month?	