

| 3. Interview with ASHA | | | | |
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| 3.7 Availability of essential commodities with ASHA/School/AWCs | | | | |
| a | Pregnancy testing kit | | h | MBI kit to test iodine level in salt. |
| b | Mala N | | i | MUAC tape |
| c | Centchroman | | j | ORS and Zinc |
| d | ECP | | k | HBNC Kit |
| e | Condoms | | l | Sanitary napkins |
| f | Availability of IFA with ASHA | | | |
| I | 6 month – 5yrs – IFA syrup (Bi-weekly) | | | |
| II | Pregnant women and Lactating mothers – Red IFA Tab. | | | |
| g | Availability of IFA at school/AWCs | | | |
| I | 5-10yrs – Tab. IFA (Pink colored sugar coated) WIFS Junior. | | | |
| II | 10-19yrs – Tab. IFA (Blue colored – Enteric coated) | | | |

| 4. Interview with beneficiaries (Household visits) | | |
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| 4.1 | interview with Pregnant woman | |
| 4.1.1 | Was the woman registered in the first trimester? | |
| 4.1.2 | Did the PW receive all services under Antenatal care? | |
| 4.1.3 | Is the PW counseled for Post-partum FP choices including PPIUCD by ASHA/ANM during ANC? | |
| 4.2 | Interview with Lactating mother with 0-6 months baby (based on recall) | |
| 4.2.1 | Did she deliver at Public Health facility | |
| 4.2.2 | If yes; Did she receive entitlements under JSY? | |
| 4.2.3 | Did she receive entitlements under JSSK? (Free drugs/Free Diet/Free diagnostics/Free referral transport to mothers and sick new born) | |

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| 4.2.4 | Ask about services she received at the facility where she delivered. | |
| a | Was the privacy during delivery maintained? | |
| b | Was staff at the health facility well behaved during stay? | |
| c | Was the new-born dried with clean and sterile sheets/towels just after delivery? | |
| d | Was the new-born weighed at birth? | |
| e | Was breast feeding initiated within one hour after delivery? | |
| f | Was the new-born given zero dose immunization in the health facility within 24hrs of birth? | |
| g | Has she exclusively breast-fed/will breastfeed the infant for 6 months? | |
| h | Was she advised about maternal & newborn danger signs before discharge from the facility? | |
| i | Check the MCP card for completeness. | |
| j | Was she satisfied with all the services provided during ANC, delivery and PNC? | |

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| 4.3 | Interview with mother with a child of 6months - 2 years | | | |
| 4.3.1 | Was ORS and Zinc was used when child had last diarrhea episode? | | 4.3.6 | Was Family planning commodities (Condoms/OCP and ECP) provided by ASHA? |
| a | Is mother aware about ORS preparation and use? | | 4.3.7 | Did any IEC/BCC/IPC activity initiate or enhance family's health seeking behavior? (if yes, any of the below?) |
| b | If yes did ASHA replenish ORS/Zinc during her visit? | | a | IPC by ASHA/ANM or other health staff |
| 4.3.2 | Was Syp. IFA available at Household? | | b | Hand out/Booklets |
| 4.3.3 | Did ASHA perform home visits during first six weeks of life? | | c | Audio visual aids |
| 4.3.4 | Does mother practice Complementary feeding? | | d | Banner/Poster/Hoardings /Wall paintings |
| 4.3.5 | Was Family planning counseling provided by ASHA? | | e | Any other IEC/BCC activity |

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

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

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

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

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

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

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



**Prepared and compiled by
National RMNCH+A Unit**