



# National RMNCH+A Supportive Supervision

## Standard Operating Procedure



Ministry of Health & Family Welfare  
Government of India



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## ABBREVIATIONS

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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**



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## Introduction

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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.

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## Supportive Supervision

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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.

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## Structures under RMNCH+A strategy

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**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:

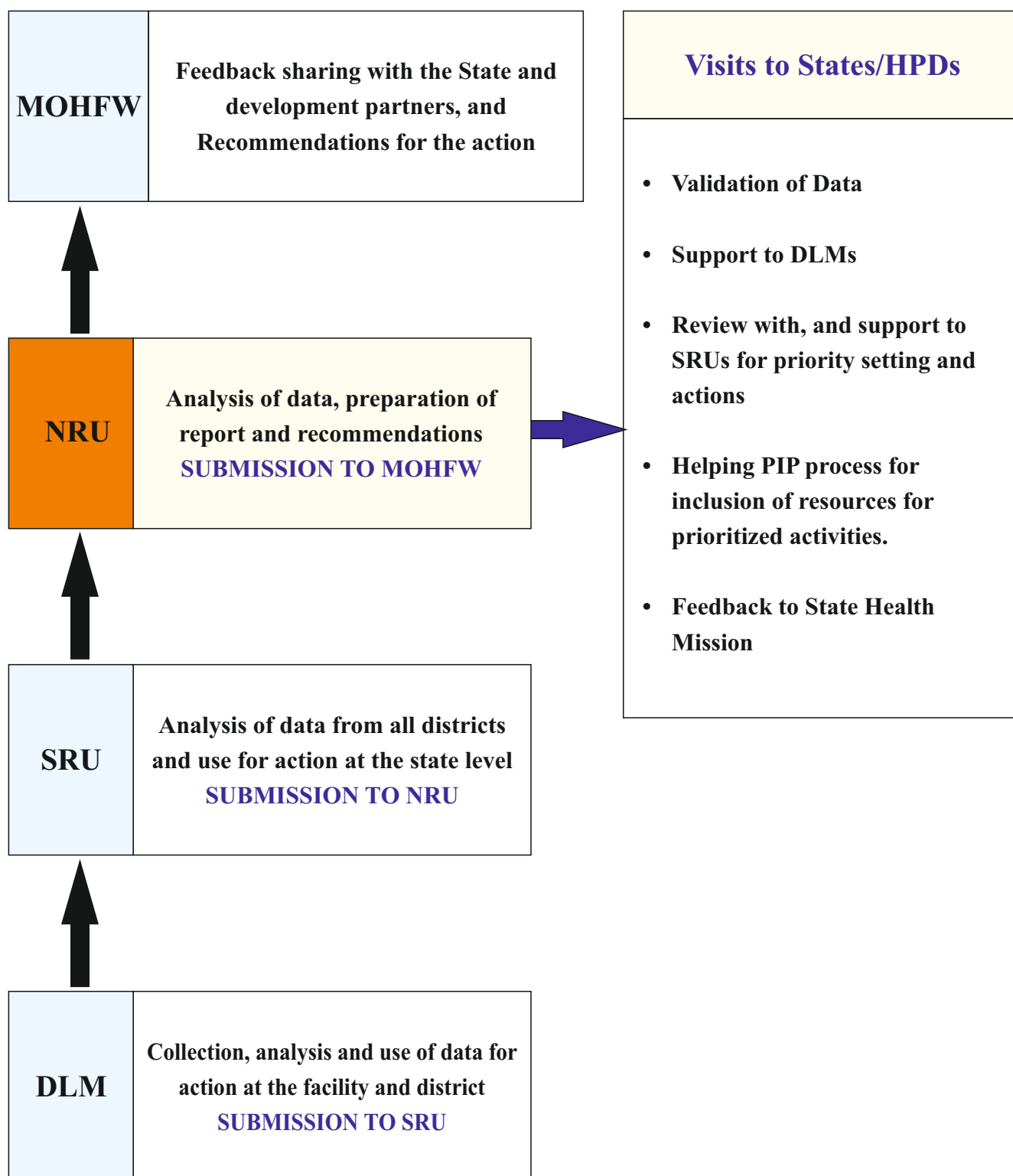
- Conduct rapid assessment of the current status in HPDs, resource mapping, bottlenecks in service delivery mechanism and identify ways to address them with support from DP state consortium.
- Conduct quarterly reviews using dashboards and score cards.
- Support the follow-up with districts and serve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



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## Supportive Supervision Checklists

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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)	<b>DLM</b> 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	<b>SC</b> = sub center (Normal delivery, initial management and referrals) <b>Non 24*7 PHC</b> (Normal delivery, initial management and referrals) <b>24*7 PHC</b> - 24-hour Basic emergency obstetric care services are available <b>Non FRU CHC</b> -24-hour Basic emergency obstetric care services are available <b>FRU (First Referral Unit) CHC</b> –Availability of CEmOC services. <b>SDH</b> – (Sub- Divisional Hospital), Availability of CEmOC services <b>DH</b> – (District Hospital), Availability of CEmOC services <b>AREA HOSP</b> – Area Hospital, Availability of CEmOC services <b>Medical college/medical hospital</b> - (identified as District Hospital) <b>Municipality hospital</b> - in urban area	Encircle facility type, whichever applicable
C6	Facility Level	The level of facility as per MNH tool kit (GoI classification) <b>L1 - Level 1</b> –All sub-centres and non 24*7 PHCs where deliveries are conducted by a skilled-birth attendant (SBA). <b>L2- Level 2</b> : 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 <b>L3 -Level 3</b> : 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

<b>Data Element (Refer Facility Checklist in Annexure-I )</b>	<b>Explanation/Verification</b>	<b>Response/ Action to be taken</b>
<b>C 8</b> 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:

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

<b>D1. OPD Load</b>	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.
<b>D2. IPD Load</b>	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.
<b>D.3 ANC registered / Attended</b>	Check the number of pregnant mothers availed ANC services in facility in the previous month as per ANC register	Write the total number of pregnant mothers' availed ANC services including registration in the facility
<b>D.4. Deliveries</b>	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
<b>D.5. Delivery Outcome</b>	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	Under India's HMIS a stillbirth has been defined as “complete expulsion or extraction of baby from its mother where the fetus does not breathe or show any evidence of life, such as beating of the heart or a cry or movement of the limbs” <b>Early fetal deaths:</b> An early fetal death is death of a fetus weighing at least 500 grams (or, if birth weight is unavailable, after 20 completed weeks gestation, or with a crown-heel length of 25 centimeters or more). <b>Late fetal deaths (stillbirths):</b> A late fetal death is defined as a fetal death weighing at least 1000 grams (or a gestational age of 28 completed weeks or a crown-heel length of 35 centimeters or more). <i>For further details refer Stillbirth Surveillance guidelines</i>	
Fresh Still Birth	<b>“Fresh stillbirths”</b> 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	<b>Macerated stillbirth or Antepartum stillbirth</b> is a baby born with all the changes which occur in a fetus retained in utero after death and the death occurred before the initiation of labour. A “macerated” fetus shows skin and soft-tissue changes (skin discoloration or darkening, redness, peeling, and breakdown).	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/OT Register/ SNCU Register/Block monthly report (Wherever applicable)	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 total number of mothers died with-in 42 days (either in Facility/Community) during last month from Labour room register/Maternal death register/Block monthly MDR

Data Element (Refer Facility Checklist in Annexure-I )	Explanation/Verification	Response/ Action to be taken
<b>D.6 Referred out cases</b>	All high risk deliveries/complicated intrapartum cases (mothers/newborns/both) those were referred to higher facilities. Check from labour room Records /Refer out register in Labour room/ Emergency register	Write down the total number of referred out cases (includes high risk deliveries/ complicated intrapartum cases either mothers/newborns/both)to higher facilities from Labour Room records/refer out register in Labour room/emergency register)
<b>D7: Newborns immunized before discharge</b>		
BCG	Check from labour room register / immunization register/ Birth dose register	Write total number of In-born 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 In-born 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 In-born 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 In-born 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.
<b>D.8 Mothers discharged after 48 hours</b>	Check from labour room register/discharge register	Write total number of mothers discharged after 48 hours of delivery
<b>D9. IUCD insertion</b>	Check the total number of IUCD insertions in the previous month.  <b>Check from the Family Planning /PPIUCD Register/ OT register for all of the following</b>	Write total number of IUCD insertions during previous month in facility for each of the following: Interval, postpartum, post-abortion
PPIUCD	<b>Post-partum</b> IUCD (PPIUCD) insertions should be inclusive of Post placental/Postpartum/Intra caesarean. Post placental – when inserted within 10 mins. of the delivery of placenta <b>PPIUCD-</b> when inserted within 48 hrs. of birth of baby <b>Intra-caesarean</b> – when inserted during C-section, after the delivery of placenta	Write total number of postpartum IUCD insertions in the previous month in facility  <b>If services are not available for PPIUCD, please mention N/A.</b>
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
<b>D-10 Female Sterilization</b>	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	<b>Minilap</b> sterilization can be performed postpartum, post abortion or at any time (interval procedure <b>Supra pubic approach</b> ) after ruling out pregnancy	Write the total number of Minilap sterilizations undertaken in the previous month
Laparoscopy	<b>Laparoscopy</b> 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	<b>Post-partum sterilization:</b> should be done within 7 days of delivery. ( <b>Sub-umbilical approach</b> )	Write the total number of post-partum sterilizations undertaken in the previous month
Post Abortion Sterilization	<b>Post Abortion Sterilization can be performed through both Minilap and Laparoscopy. Minilap</b> can be performed post abortion in any trimester and <b>Laparoscopy</b> can be performed only after first-trimester abortion.	Write the total number of Post-abortion sterilizations undertaken in the previous month
<b>D.11. Male sterilization</b>	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.
<b>D12: Clients received Comprehensive Abortion Care (CAC) services</b>	CAC services includes MMA/MVA /EVA; Post abortion contraceptive counselling, treatment of incomplete/ inevitable/ spontaneous abortion.  <b>Check CAC Register</b>	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
<b>MTP</b>	<b>MTP-</b> 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 <b>MTP</b> = Medical termination of pregnancy; <b>MMA</b> = Medical methods of abortion; <b>MVA</b> = Manual vacuum aspiration; <b>EVA</b> = 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
<b>Spontaneous Abortion</b>	<b>Spontaneous Abortion</b> - 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
<b>D.13 Pregnant women identified with high risk factors</b>		
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 $\geq 140$ 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 $\geq 10$ mIU/l is taken as OH irrespective of FT4 levels. In SCH, the TSH level is elevated ( $\leq 10$ mIU/l) with normal Serum T4/FT4. Hence, in pregnancy, SCH is defined as a serum TSH between 2.5 and 10 mIU/L with normal FT4 concentration and OH is defined as serum TSH $> 2.5$ -3 mIU/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
<b>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)</b>		
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"> <li>• Convulsions</li> <li>• High blood pressure (more than 140/90 mmHg )</li> </ul> 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.
<b>D.15.Adolescent attended AFHC clinic</b>		
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
<b>D16: Diarrhea in under 5 children</b>		
Diagnosed	Check from OPD register for children under 5 year <b>diagnosed with diarrhea</b>	Write total number of under 5 children diagnosed with diarrhea from OPD register.
Admitted	Check from IPD register for <b>diarrhea admitted</b> 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 from IPD register. Cases treated with ORS and Zinc
<b>D17: Pneumonia in under 5 children</b>		
Diagnosed	Check from OPD register for <b>pneumonia diagnosed</b> under 5 year children	Write total number of under 5 children diagnosed with pneumonia from OPD register.
Admitted	Check from IPD register for <b>pneumonia admitted</b> under 5 year children Check cases treated with Gentamicine and Amoxicillin	Write total number of under 5 children admitted and treated for pneumonia from IPD register.

## 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
<b>Drugs/supplies availability*</b> 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			
<b>E1.Reproductive health</b>			
IUCD	380 A	Ask for availability of <b>'IUCD(380A)'</b> in labour room / ANC OPD/ FP clinic and check physically	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
	375	Ask for availability of <b>'IUCD(375)'</b> in labour room / ANC OPD/ FP clinic 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 <b>'OCP Mala-N'</b> in ANC OPD/ FP clinic 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 <b>"Chhaya"</b> pack of 8 tablets in ANC OPD/ FP clinic 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 <b>"Antara" Contraceptive Depot Injection</b> in labour room / ANC OPD/ FP clinic 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 <b>'ezy pill'</b> in ANC OPD/ FP clinic 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 <b>'PPIUCD For ceps'</b> in labour room 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 <b>'Condoms'</b> Pharmacy/ FP clinic/ counter 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 <b>'Pregnancy Test Kit'</b> in labour room / ANC OPD/ FP clinic and check physically	Fill code in the box (1: Yes, 2: No, 3: Not applicable, 4: don't know)
<b>E2. Maternal Health</b>			
Oxytocin Available		Ask for availability of <b>'Oxytocin'</b> 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 ' <b>Tablets Misoprostol</b> ' and check physically in the labour room	Fill code in the box (1: Yes,2: No, 3: <b>Not applicable</b> , 4: don't know)
Tab. Alpha Methyldopa	Ask for availability of ' <b>Tablets Alpha Methyldopa</b> ' and check physically in the labour room	Fill code in the box (1: Yes,2: No, 3: <b>Not applicable</b> , 4: don't know)
Inj. Magnesium sulfate	Ask for availability of ' <b>Injection Magnesium sulfate</b> ' and check physically in the labour room.	Fill code in the box (1: Yes,2: No, 3: <b>Not applicable</b> , 4: don't know)
Inj. Dexamethasone	Ask for availability of ' <b>Injection dexamethasone</b> ' and check Physically in the labour room.	Fill code in the box (1: Yes,2: No, 3: <b>Not applicable</b> , 4: don't know)
Cap. Nifedepine	Ask for availability of ' <b>Capsule Nifedepine</b> ' and check physically in the labour room	Fill code in the box (1: Yes,2: No, 3: <b>Not applicable</b> , 4: don't know)
Inj. Labetalol	Ask for availability of <b>Inj. Labetalol</b> and check physically in the labour room	Fill code in the box (1: Yes,2: No, 3: <b>Not applicable</b> , 4: don't know)
Ca. Tab withVit.D3	Ask for availability of ' <b>Tab Calcium with Vitamin D3</b> ' in Pharmacy/ ANC OPD and check physically in facility.	Fill code in the box (1: Yes,2: No, 3: <b>Not applicable</b> , 4: don't know)
MMA kit (Mifepristone+ Misoprostol)	Ask for availability of ' <b>Mifepristone + Misoprostol</b> ' in labour room/ FP clinic/ pharmacy 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: <b>Not applicable</b> , 4: don't know)
RTI/STI Drugs kit	Ask for availability of ' <b>RTI/STI drug or kit</b> ' in pharmacy/ ICTC and check physically	Fill the code in the box (1: Yes,2: No, 3: <b>Not applicable</b> , 4: don't know)
Protocol posters displayed at Labour room	Ask for availability of ' <b>SBA Protocol posters</b> ' and check physically their availability and appropriate placement in the labour room	Fill code in the box (1: Yes,2: No, 3: <b>Not applicable</b> , 4: don't know)
Sterile Pads	Ask for availability of ' <b>Sterile pads</b> ' and check physically in the labour room	Fill code in the box (1: Yes,2: No, 3: <b>Not applicable</b> , 4: don't know)
MCP card	Ask for availability of ' <b>MCP cards</b> ' in ANC OPD/ labour room and check physically	Fill code in the box (1: Yes,2: No, 3: <b>Not applicable</b> , 4: don't know)
Safe Motherhood Booklet	Ask for availability of ' <b>Safe Motherhood Booklet</b> ' in ANC OPD and check physically	Fill code in the box (1: Yes,2: No, 3: <b>Not applicable</b> , 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: <b>Not applicable</b> , 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 <b>Rapid Diagnostic kit for malaria</b> and check physically in the laboratory/Facility. Please also check whether Health Workers (HWs) are able to use the kit.	Fill code in the box <b>(1: Yes, 2: No, 3: Not applicable, 4: don't know)</b>  This is applicable for Malaria Endemic Area only
Point of Care test for Syphilis	Ask for availability of <b>Point of Care test for Syphilis</b> and check physically availability in the laboratory/Facility. Please also check whether HWs are able to do Syphilis screening.	Fill code in the box <b>(1: Yes, 2: No, 3: Not applicable, 4: don't know)</b>
IFA Tab. (Red)	Ask for availability of ' <b>Red IFA tablets</b> ' in Pharmacy/ ANC OPD and check physically.	Fill code in the box <b>(1: Yes, 2: No, 3: Not applicable, 4: don't know)</b>
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 <b>(1: Yes, 2: No, 3: Not applicable, 4: don't know)</b>
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 ' <b>Syp. Nevirapine</b> ' and check physically in the labour room.	Fill code in the box <b>(1: Yes, 2: No, 3: Not applicable, 4: don't know)</b>
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 ' <b>Glucose Sachet 75 gm</b> ' and check physically in laboratory.	Fill code in the box <b>(1: Yes, 2: No, 3: Not applicable, 4: don't know)</b>
Partograph	Ask for availability of ' <b>Partograph sheets</b> ' and check physically in the labour room.	Fill code in the box <b>(1: Yes, 2: No, 3: Not applicable, 4: don't know)</b>
Tab. Albendazole	Ask for availability of ' <b>Tab. Albendazole</b> ' in Pharmacy/ ANC OPD and check whether it is distributed in pregnant women.	Fill code in the box <b>(1: Yes, 2: No, 3: Not applicable, 4: don't know)</b>
Inj. Tetanus Toxoid	Ask for availability of ' <b>Inj. Tetanus Toxoid</b> ' and check physically its availability and storage in cold chain point/refrigerator/cold box.	Fill code in the box <b>(1: Yes, 2: No, 3: Not applicable, 4: don't know)</b>

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 in labour room	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' in labour room/ OT 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' in labour room/ OT 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 <b>HIV Testing kit</b> 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/ ANC OPD. 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/ ANC OPD. 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 ' <b>BP apparatus</b> ' in the labour room /ANC OPD 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 ' <b>Stethoscope</b> ' in the labour room /ANC OPD 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 <b>‘Foetal Doppler / Fetoscope’</b> 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)
<b>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.)</b>			
Vitamin K 1		Ask for availability of <b>‘Injection Vitamin K1’</b> (1mg/ml) and check physically in the labour room. <b>Vitamin K1 dosage provided IM:</b> Birth weight ≥ 1000 gm: 1mg Birth weight <1000gm: 0.5mg <b>K3 won’t be considered as an alternative to K1</b>	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 <b>‘Sterile cord Cutting equipment’</b> 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 <b>‘Radiant Warmer’</b> 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 <b>‘Bag size 500ml’</b> 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 <b>‘Bag size 240ml’</b> 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 <b>0 mask</b> 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 <b>1 mask</b> 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 <b>‘Mucus extractor’</b> 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 <b>‘Oxygen Cylinder’</b> 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 <b>‘Sterile Clean Towels / Drape’</b> 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 <b>‘Sterile Cord tie or clamp’</b> 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 ' <b>Newborn Weighing machine</b> ' 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 ' <b>Thermometer</b> ' 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)
<b>E4. ChildHealth</b>		
ORS	Ask for availability of packets of ' <b>ORS</b> ' in Pharmacy/ OPD 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 ' <b>Tab. Zinc (10mg&amp;20mg) tablets</b> ' in Pharmacy/ OPD 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 ' <b>Salbutamol Nebulizing Solution</b> ' in Pharmacy 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 ' <b>Anti-Malarial drugs</b> ' in Pharmacy 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 ' <b>Syp Salbutamol</b> ' in Pharmacy 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 ' <b>tablet Albendazole</b> ' both 200 and 400 mg in Pharmacy and check physically	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
IFA Syp.	Ask for availability of ' <b>IFA Syrup</b> ' in Pharmacy and check physically	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
<b>E5. Vaccine</b>		
BCG	Ask for availability of ' <b>BCG vaccine</b> ' 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 ' <b>OPV</b> ' 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 ' <b>HepatitisB vaccine</b> ' 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 ' <b>DPT vaccine</b> ' 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 ' <b>Measles vaccine</b> ' 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 ' <b>TT</b> ' and check physically it is stored in refrigerator / cold box or at cold chain points	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 ' <b>Rotavirus vaccine</b> ' 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 ' <b>IPV</b> ' 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 ' <b>Vitamin A syrup</b> ' 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 ' <b>Pentavalent vaccine</b> ' 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 ' <b>Japanese Encephalitis</b> ' 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 ' <b>Routine immunization Plan</b> ' and check physically at facility	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 ' <b>Alternate Vaccine Delivery Plan</b> ' and check physically at cold chain points	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
<b>E6.Antibiotics</b> (If any medicines not available at labour room add in major findings and prepare plan of action)		
Amoxicillin	Ask for availability of ' <b>Amoxicillin</b> ' and check physically at labour room	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Metronidazole	Ask for availability of ' <b>Metronidazole</b> ' and check physically at labour room	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Ampicillin	Ask for availability of ' <b>Ampicillin</b> ' and check physically at labour room	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Cotrimaxazole	Ask for availability of ' <b>Cotrimaxazole</b> ' and check physically at labour room	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Gentamycin	Ask for availability of ' <b>Gentamycin</b> ' and check physically at labour room	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Ceftriaxone	Ask for availability of ' <b>Ceftriaxone</b> ' and check physically at labour room	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Ciprofloxacin	Ask for availability of ' <b>Ciprofloxacin</b> ' and check physically at labour room	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
<b>E.7 Infrastructure</b>		
Running water 24X7	Ask for availability of ' <b>Running Water 24X7</b> ' and check physically within labour room	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don't know)
Hand Washing area	Check availability of ' <b>Hand Washing Area</b> ' 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 <b>‘Toilet’</b> 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 <b>‘Designated space for Adolescent Friendly Health Clinic’</b> 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 <b>‘Electricity backup 24X7’</b> 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 <b>‘Functional Blood Bank’</b> in facility.	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Blood Storage Unit	Ask for availability of <b>‘Functional Blood Storage Unit’</b> in facility. (This is for FRU level)	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
<b>E.8 Infection Prevention</b>		
Soap	Ask for availability of <b>‘Soap’ for washing hands</b> in labour room 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 <b>‘Bleaching Powder’</b> in labour room 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 <b>Cidex Solution</b> to be used for cleaning of laparoscope and bag & mask in labour room	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Color Coded bins	Ask for availability of <b>‘Color Coded bins and bags’</b> for Bio medicalwaste disposal in labour 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 labour room	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
Sterile gloves	Ask for availability of <b>‘Sterile gloves’</b> in labour room 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 <b>‘Autoclave’</b> 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 <b>‘Boiler’</b> 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)
<b>E.9 Adolescent Health (Check availability at AFHC/ designated space)</b>		
Tab. Dicyclomine	Ask for availability of <b>‘Dicyclomine tablet’</b> 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 <b>‘Albendazole tablets’</b> 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 <b>‘Weekly Iron and Folic Acid Supplementation tablets’</b> (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 <b>‘IEC material for Adolescent Health</b> and check physically at AFHC clinic	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
<b>E 10: Other Equipment</b>		
Digital Thermometer	Ask for availability of <b>‘Digital Thermometer’</b> 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 <b>‘Suction Machine’</b> 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 <b>‘Hub Cutter’</b> with needle destroyer in labour room/ immunization section 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 <b>‘Glucometer’</b> in laboratory 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 <b>‘Room Thermometer’</b> 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 <b>‘Adult Weighing machine’</b> 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 <b>‘Refrigerator’</b> 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 <b>‘Auto Analyzer at DH level’</b> 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 <b>‘Semi Auto Analyzer at CHC/PHC level’</b> 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 <b>‘BMI Chart ‘</b> 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 <b>‘Snellen Chart ‘</b> check physically at AFHC	Fill the code in the box (1: Yes,2: No, 3:Not applicable, 4: don’t know)
<b>E 11: HR deployed/posted in Facility</b>		
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). <b>E.g:</b> if out of 6 posted Mos, only 2are providing services please mention only2.

<b>Data Element (Refer Facility Checklist in Annexure-I )</b>	<b>Explanation/Verification</b>	<b>Response/ Action to be taken</b>
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 Sns trained in SBA / PPIUCD / NSSK / RKSK and other trainings). <b>E.g:</b> 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 counsellor posted in facility and then write the number of AH counsellor 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
<b>F.1 Antenatal Care</b>			
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 a 24-hour laboratory c. verify response from ANC register / laboratory register  Additional inputs : <ul style="list-style-type: none"> <li>The functionality of the instrument will also take into account the availability of consumables such as N/10 HCl, micropipette and lancets</li> <li>Hb estimation may be done using color strip method</li> </ul> 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/laboratory register Additional inputs - <ul style="list-style-type: none"> <li>Glucometer is used in peripheral facilities. Where available the standard biochemistry test will be used for measuring PPPG.</li> </ul> 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 albumin 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/laboratory register Additional input <ul style="list-style-type: none"> <li>Availability of Dipsticks important in facilities with no dedicated laboratory. If laboratory available, the test can be performed there.</li> </ul>	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 counselled 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/laboratory/ICTC c. verify response from ANC register/laboratory 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 laboratory c. verify response from ANC register/laboratory 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 laboratory c. verify response from ANC register/laboratory 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 laboratory c. verify response from ANC register/laboratory register	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
<b>F2. Intra-partum and Immediate post-partum practices</b>			
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 practice on mother's Temperature recorded at the time of admission. b. Check for functional thermometer 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><b>Standard protocols for filling partograph</b></p> <ul style="list-style-type: none"> <li>Fetal heart rate, maternal pulse and uterine contractions monitored and charted every 30 minutes.</li> <li>Cervical dilatation, temperature and blood pressure monitored every four hours.</li> </ul> <p><b>Indications for referral to the FRU on the basis of the partograph</b></p> <ul style="list-style-type: none"> <li>If the FHR is &lt;120 beats/minute or &gt;160 beats/minute</li> <li>If there is meconium- and/or blood stained amniotic fluid</li> <li>When the cervical dilatation plotting crosses the Alert line (moves towards the right side of the Alert line)</li> <li>If the contractions do not increase in duration, intensity and frequency.</li> </ul> <p>If the maternal vital signs, i.e. the pulse (more than 100/min), BP (&gt;140/90 mmHg) and temperature (&gt;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 Sulphate used for eclampsia management	a. Look for availability of magnesium sulphate 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)
<b>F3. Essential New Born Care (ENBC), Resuscitation and Child Health</b>			
F3.1	Babies delivered on mother's abdomen	a. Ask the providers where they deliver the newborn b. Ask at least one newly delivered mother to verify	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 how 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
<b>F.4 Family Planning</b>			
F4.1	Family planning counselling	<p>a. Ask the available providers /counselors about the steps in family planning counselling.</p> <p>b. Ask the provider to show the counseling material (FP counseling tray in particular)</p> <p>c. Ask a delivered mother in the facility if they were counselled on Family Planning</p> <p><b>Key topics to be covered in FP counselling</b></p> <ul style="list-style-type: none"> <li>• Basket of choices</li> <li>• Healthy timing &amp; spacing of pregnancy</li> <li>• Principles of informed choice</li> <li>• Effectiveness &amp; benefits</li> <li>• Limitations &amp; side effects</li> </ul>	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F4.2	Postpartum IUCD insertions	<p>a. Check for availability of PPIUCD insertion tray in labour room.</p> <p>b. Observe/Ask the available providers for steps of postpartum IUCD insertions.</p> <p>c. Check whether the client was counsel for the same.</p> <p>d. Check the available records for correctness, completeness and consistency</p> <p>e. Check if there is any mechanism for follow up of clients</p> <p>f. Check for the implementation of PPIUCD compensation scheme.</p>	If options a & b have positive response then use code 1 or else 2/3/4 (whichever applicable)
F4.3	Interval IUCD insertions	<p>a. Check for availability IUCD insertion tray in facility.</p> <p>b. Ask the available providers for <b>steps of interval IUCD insertions.</b></p> <p>c. Check the available records for correctness, completeness and consistency</p> <p>d. Check if there is any mechanism for follow up of clients</p> <p>e. Check for the infection prevention practices followed (physically verify the supplies of IP material).</p>	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	<p>a. Ask a provider whether facility for fixed day sterilization services are available at facility</p> <p>b. Check for availability of functional OT and surgical instruments</p>	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)	<p>a. Ask a provider whether facility identified for fixed day sterilization camp services.</p> <p>b. For PHC level check availability of functional OT</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
<b>F.5 Client Satisfaction</b>			
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)
<b>F6. Facility Mechanisms and others</b>			
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)
<b>F 7. Adolescent Health</b>			
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
<b>1. VHND Assessment</b>		
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 whether FP counselling especially for ANC/PNC clients are being 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 from records the availability of PNC services. 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 the availability of Routine Immunization micro plan 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 from due-list of 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 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 <b>High Risk Pregnancy (HRP) includes</b> 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 sub-center area of the 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 whether Corrective action were taken for reviewed cases at any level (Community, Block, District)</p> <p>b. If yes, Note the response in details (add in major findings column). 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 AWCs records for collecting the data related to total number of identified SAM children in previous month.</p> <p><b>Severe Acute Malnutrition</b> 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 &lt; 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)/ higher centre	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 provision 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 availability of essential commodities available with her.

Data Element (Refer Community Checklist in Annexure-II )	Explanation/ verification	Response
<b>3. Interview with ASHA</b>		
<b>3.1 Incentives to ASHA</b>		
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 &amp; Rs. 200 for Urban area.</i>	If option a has 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 a has 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 uptake PPIUCD Rs.150</i>	If option a has 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 a has 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 a has 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 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
3.2.1 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 from records whether following services are being offered under HBNC (Essential care and newborn 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><b>Danger signs</b> in new born to be identified during Home visit by ASHA/ANM. Danger signs include: 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 this can be validated through household visits</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 &amp; SNCU discharged babies will be done through ASHA dairy</p> <p>b. If feasible this can be validated through household visits</p> <p>For Low Birth Weight babies follow up will be done through HBNC visits &amp; additional 4 visits will be conducted at 3, 6, 9 &amp; 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"> <li>• <i>Incentives for holding MHS meeting Rs.50</i></li> <li>• <i>Facilitating PE selection Rs. 100</i></li> <li>• <i>Organizing Adolescent Health Day Rs.200</i></li> </ul>	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"> <li>• Ask ASHA whether she referred any adolescent to AFHC / Facility</li> <li>• Check ASHA diary for verification</li> <li>• If feasible this can be validated through household visits</li> </ul>	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
<b>3.7 Availability of essential commodities with ASHA/School/AWCs</b>	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	<b>g. Availability of IFA at school/AWCs</b>	
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 visit 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.

<b>4. Interview with beneficiaries (Household visits)</b>		
<b>4.1 Interview with Pregnant woman</b>		
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 this can be validated from 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)
<b>4.2 Interview with Lactating mother with 0-6 month baby (based on recall)</b>		
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><b>Entitlements under JSSK</b></p> <ul style="list-style-type: none"> <li>• Free and cashless delivery</li> <li>• Free C-Section</li> <li>• Free drugs and consumables</li> <li>• Free diagnostics</li> <li>• Free diet during stay in the health institutions</li> <li>• Free provision of blood</li> <li>• Exemption from user charges</li> <li>• Free transport from home to health institutions, between facilities and drop back</li> </ul>	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 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
<b>4.2.4 Ask about services at the delivery point she visited (based on recall)</b>		
a. Was privacy during delivery maintained?	a. Ask whether privacy during delivery was 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 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 immediately dried using clean towel/sterile sheet 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 was conveyed to her 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 exclusively breast fed her infant or for how long she will continue the exclusive breast feeding?	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 danger signs in the postpartum period  <b>Danger Signs:</b> 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 observations 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 the 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)
<b>4.3 Interview with mother with a child of 6m- 2 years</b>		
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 diarrhoeal episode? b. Did she use ORS and Zinc in the last diarrhoeal 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 whether it 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	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 the 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 Family Planning commodities (Mala- N/ Centchroman/ Condoms and ECP) were provided by ASHA?	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 whether any health staff promoted the importance of a health facility visit for seeking 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 observe any Banner / Poster / Hoardings / wall paintings at health facility for enhancing 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 there is any other IEC/BCC medium (like Nukkad Natak, street plays etc.) for enhancing the health seeking behaviour	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
<b>4.4 Interview with beneficiaries (Pregnant women &amp; Mothers) pertaining to MCTFC</b>		
4.4.1 Did she receive a call from Mother and Child Tracking Facilitation Centre, Govt of India, Delhi	a. Ask beneficiary whether she received 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 was 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 caller was 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 asked some health related query to the caller, whether the call was transferred to a doctor who imparted non-clinical advice.  <b>Ask the beneficiary whether she spoke with doctor and he/she resolved her query</b>	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
<b>4.4.6 Whether the information provided to her was helpful (Select Option from following)</b>		
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 their child care 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 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 children to spread awareness among them.	If option a has positive response then use code 1 or else 2/3/4 (whichever applicable)
<b>4.5 Interview with family having Adolescents</b>		
4.5.1 Did the Adolescent in the family receive IFA supplementation?	a. If the adolescent is school going did he/she receive weekly Blue IFA supplementation under WIFS from the school b. If the adolescent in not school going/drop out does he/she received 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)
<b>4.6 Interview with Household with Home delivery</b>		
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 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 conveyance couldn't be arranged/govt. 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 that lot of expenses will be incurred at the public health facility since they 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	<b>Specify the cause</b>

Data Element (Refer Community Checklist in Annexure-II )	Explanation/ verification	Response
<b>4.6.2 Who conducted Home delivery?</b>		
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)
<b>4.7 School/AWC visit- Interview with WIFS Nodal teacher/AWW</b>		
4.7.1 Are IFA tabs under WIFS currently available at school?	a. Physically check the stock of IFA tablets at School/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 de-worming 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 have been 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 about 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)
<b>Interview with eligible students during school visit in at least two classrooms</b>		
4.7.5 Are they given IFA tab every week?	a. Ask children whether any specific day has been assigned for IFA consumption at the 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 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 the findings elicit the probable interventions/ activities	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.	

# Facility Checklist



### SUPPORTIVE SUPERVISION CHECKLIST

Supportive Supervision Checklist is a time-tested approach to promote mentorship, joint problem-solving and communication between supervisors and the supervised. With its emphasis on building local capacities, the checklist aims to improve overall effectiveness and efficiency of health service delivery. This further helps to identify real time gaps, and thereby enables the system to address these locally, at sub-district/district and state levels. The current supportive supervision checklist takes a minimalistic approach and aims to capture bare essentials of a health facility in its role of a 'delivery point'.

#### OBJECTIVE

It has been developed to structure the supportive supervision visits to monitor quality of care and to ensure attention to adequate availability of the essential supplies & equipment, 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.

#### INSTRUCTIONS FOR FILLING THE TOOL

Supervisor need to fill code as 1, 2, 3 and 4 in 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 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 can be observed through actual practices at the time of visit or checking the records available in delivery room, postnatal ward, ANC register, AFHC etc.

Supervisors need to send the complete filled checklist, incompletely filled checklist will not be taken up.

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.

<b>C.1. Name &amp; Designation of the Supervisor:</b>					<b>C.2. Organization:</b>					<b>C.3. Level:</b>	Block	District	State	National	Others	
<b>C.4. Facility Name:</b>				<b>Block:</b>		<b>District:</b>		<b>C.5. Facility type:</b>	SC	Non 24x7 PHC	24X7 PHC	Non FRU CHC	FRU CHC	SDH	DH	Area Hosp.
<b>C.7. Date of visit:</b>		<b>C.8. Name &amp; Designation of Facility In-charge/Nodal Officer:</b>								<b>C.6. Facility Level:</b>		L1	L2	L3		

D: Data of last reported month from facility							
<b>D.1. OPD load:</b>							
<b>D.2. IPD load:</b>							
<b>D.3 ANC registered/Attended</b>							
<b>D.4. Deliveries:</b>			Normal		Assisted	C-section	
<b>D.5. Delivery outcome:</b>	Low birth weight	Live birth	Stillbirth		Neonatal deaths	Maternal deaths	
			Fresh	Macerated			
<b>D.6. Referred out cases:</b>							
<b>D.7. Newborns immunized before discharge:</b>		BCG	OPV		Hep. B	All three	
<b>D.8. Mothers discharged after 48 hours:</b>							
<b>D.9. IUCD insertion:</b>			PPIUCD		Interval	Post-abortion	
<b>D.10. Female sterilization:</b>							
Minilap							
Laparoscopy							
Post-partum Sterilization							
Post Abortion Sterilization							

<b>D.11. Male sterilization:</b>							
<b>D.12. Clients received Comprehensive Abortion Care (CAC) services:</b>						MTP	Spontaneous Abortion
<b>D.13. Pregnant women identified with high risk factors:</b>							
Severe Anaemia	Hyper-tension	HIV	Syphilis	Gestational Diabetes Mellitus	Hypothyroidism	Previous C-section	Mal-presentation
<b>D.14 Number of high risk mothers referred/managed at facility</b>							
Severe Anaemia	Hyper-tension	Pre-Eclampsia	Eclampsia	PPH	Pre-term Deliveries		
<b>D.15. Adolescents attended AFHC clinic:</b>			Counselling	Treatment	Referral		
<b>D.16. Diarrhoea in under 5 children:</b>				Diagnosed	Admitted		
<b>D.17. Pneumonia in under 5 children:</b>							

E. HEALTH SYSTEM													
E.1. Reproductive Health:						E.5. Vaccines							
	IUCD:	380 A		375		Emergency Contraceptive Pill (ECP)		BCG		Rotavirus			
	Oral Pills:	Mala N		Centchroman				OPV		IPV			
	Male Condom			Injectable Contraceptive				PPIUCD Forceps		Hep. B		Vit. A	
	Pregnancy Testing Kit								DPT		Pentavalent		
E.2. Maternal Health: Drugs & Supplies								Measles		JE Vaccine			
	Oxytocin	Oxytocin available		Rapid Diagnostic Kit for Malaria		Manual Vacuum Aspiration (MVA) Kit			TT		Routine Immunization Microplan		
		Stored as per guidelines		Point of Care testing for Syphilis		Electric Vacuum Aspiration (EVA) Kit		Alternate Vaccine Delivery plan					
	Tab. Misoprostol		RTI/STI Drugs kit	IFA Tab. (Red)		HIV testing kit		E.6. Antibiotics					
	Alpha Methyl dopa		Protocol posters displayed in LR	Triple Regimen (TDF+3TC+EFV)		Blood group typing			Amoxicillin		Gentamycin		
	Inj. Mag. Sulphate		Sterile Pads	Syp. Nevirapine		Urine Albumin kit			Metronidazole		Ceftriaxone		
	Inj. Dexamethasone		MCP Card	Glucose sachet 75 gm		Haemoglobinometer			Ampicillin		Ciprofloxacin		
	Nifedepine		Safe Motherhood Booklet	Partograph		BP Apparatus			Cotrimaxazole				
	Labetalol		No of delivery trays in proportion to no of deliveries	Tab. Albendazole		Stethoscope		E.7. Infrastructure					
	Ca Tab. With Vit. D3			Inj. Tetanus Toxoid		Normal Saline/Ringer Lactate/D 5%			Running water 24X7		Electricity backup 24X7		
	MMA kit (Mifepristone+ Misoprostol)				Autoclaved instruments in LR		Hand washing area						
E.3. Newborn Health : Drugs & Supplies							Toilet near or within Delivery Room						
							Designated space for AFH Clinic						
	Vitamin K1			Mucus Extractor		Clean Towels/drape		Blood Bank		Blood Storage Unit			
	Sterile cord cutting equipment					Cord tie or clamps			E.8. Infection Prevention				
	Radiant Warmer			Functional Oxygen Cylinder		Newborn weighing machine				Soap		Sterile gloves	
	Bag:	500 ml		240 ml		Designated NBCC				Bleaching Powder		Autoclave	
								Cidex (Glutaldehyde)			Boiler		
Mask:	Size 0			Size 1		Thermometer		Color Coded Bins					
								Pre-sterilized instruments available in LR					
E.4. Child Health :Drugs & Supplies						E.9. Adolescent Health : Drugs & Supplies							
	ORS			Anti- Malarial Drugs		Tab. Albendazole			Tab. Dicyclomine		Tab IFA (Blue)		
	Zinc			Syp. Salbutamol		IFA Syp.			Tab. Albendazole		IEC for AH at AFHC		
	Salbutamol Nebulizing Solution												
E.10. Other Equipment													
	Digital Thermometer			Glucometer		Room thermometer		Auto Analyzer(DH)			BMI Chart		
	Suction Machine (low pressure-<100 mm hg )						Adult weighing machine		Semi Auto Analyzer (CHC/PHC)		Snellen Chart		
	Hub cutter/Needle destroyer						Refrigerator						

E.11. HR deployed /posted in Facility						
Designation	Posted	Trained in				
		SBA/ BEmOC	PPIUCD	NSSK	Other (Skill Lab/Dakshata)	RKSK
MO						
SN						
ANM						
AH counsellor						

F. SERVICE DELIVERY INDICATORS					
F 1. Ante Natal Care			F 2. Intra-partum and Immediate post-partum practices		
F1.1: No. of days ANC being conducted at facility in a week		F1.6: Appropriate management or referral of high risk clients		F 2.1: Fetal Heart Rate (FHR) recorded at the time of admission	F 2.6: Magnesium Sulphate used for eclampsia management
F1.2: Blood Pressure measured		F1.7: Family Planning Counselling		F 2.2: Mother's temperature recorded at the time of admission	F 2.7: Active Management of third stage of labor being performed
		F1.8: Universal HIV screening			
F1.3: Hemoglobin measured		F1.9: Hypothyroidism screening done for high risk ANC cases (DH/ MC)		F 2.3: Mother's BP recorded at the time of admission	F 2.8: Management of postpartum hemorrhage
F1.4: Blood Glucose measured		F1.10 Universal Syphilis screening		F 2.4: Partograph used to monitor progress of labor	F 2.9: Monitoring for vaginal bleeding upto 6 hrs. after delivery
F1.5: Urine Albumin estimation		F1.11 Malaria testing (For Malaria Endemic areas only)		F 2.5: Antenatal Corticosteroids used for preterm delivery	F 2.10: Recording of vital parameters(Temp,pulse,BP,R R) at time of discharge

F. SERVICE DELIVERY INDICATORS					
F3. Essential Newborn Care (ENBC), Resuscitation and Child Health			F 4. Family Planning		
F 3.1: Babies delivered on mother's abdomen		F 3.6: Baby weighed		F 4.1: Family planning counselling	
F 3.2: Babies dried with clean and sterile /towels just after delivery		F 3.7: Vitamin K1 administered to all newborns (within 24 hrs. of birth)		F 4.2: Postpartum IUCD insertions	
F 3.3: Delayed cord cutting (1-3 mins) practiced		F 3.8: Newborns given BCG, OPV, Hep-B within 24 hours of birth		F 4.3: Interval IUCD insertions	
F 3.4: Practice of skin to skin care		F 3.9: Provider aware about the steps of newborn resuscitation (Positioning, suctioning, stimulation, repositioning and PPV using Ambu bag)		F 4.4: Sterilization procedures (Fixed Day Static Services)	
F 3.5: Early initiation of breastfeeding practiced within one hour		F 3.10: KMC practiced for Low birth Weight in Post-natal ward		F 4.5: Sterilization procedures (Fixed Day Camps)	

F. SERVICE DELIVERY INDICATORS					
F 5. Client Satisfaction		F 6. Facility mechanism and others		F 7. Adolescent Health	
F 5.1: Diet provided?		F 6.1: Is utilization of untied fund adequate?		F7.1: Contraceptive available at AFHC	
F 5.2: Drug Provided?		F 6.2: Awareness generation (use of IEC/BCC) - Posters, audio visual aids, display of citizen charter? RH, MH, NH, CH AH & others		F 7.2: Contraceptive being given to client	
F5.3 Free Referral transport provided?					
F 5.4 Privacy during delivery?		F 6.3: Is grievance redressal mechanism in place?		F 7.3: Height Scale available	
F 5.5: Staff was well behaved with you during your stay?		F 6.4: Infection prevention being practiced & segregation followed		F 7.4 Height measured	
				F 7.5. Weighing Machine available	
F 5.6: Were you informed about the procedures before they were undertaken		F 6.5: Disinfection practices being followed		F 7.6 Weight measured	
				F 7.7. BP apparatus: Available at AFHC	
F 5.7: Would you suggest visiting this facility to your relatives/friends?		F 6.6: Availability of ANC / PNC register, case sheet, discharge sheet etc. as per Maternal and Newborn Health toolkit		F 7.8. BP Apparatus being used	
F 5.8: Did you get the services you were looking for?				F 7.9. BMI Calculated	
				F 7.10. Counselling conducted at AFHC	
				F7.11 Vision being checked with Snellen chart	

Major findings from last visit	
Action taken on interventions/ activities identified from last visit	

Plan of Action					
	Major findings from this visit	Intervention/ Activities identified	Level of intervention	Responsibility	Timeline
Reproductive Health/Family Planning					
Maternal Health					
Newborn Health					
Child Health					
Adolescent Health					

Facility In-charge Signature \_\_\_\_\_ Supervisor Signature \_\_\_\_\_

# Community Checklist



## VISIT INSTRUCTIONS TO ASSESS FUNCTIONALITY OF PROGRAM AT COMMUNITY LEVEL

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 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 house-hold 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

Even if the nearest sub-center to the village visited is not a L1 deliver point, the DLM should visit 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, 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

Supervisor need to fill code as 1, 2, 3 and 4 in box adjacent to questions (1: Yes, 2: No, 3: Not applicable, 4: don't know)

<b>Name &amp; Designation of the Supervisor:</b>		<b>Organization:</b>		<b>Level:</b>	Block	District	State	National	Others
<b>Name of village:</b>		<b>Block:</b>		<b>District:</b>		<b>Date of visit</b>			

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)/ higher centre?	
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?	

3. Interview with ASHA				
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	<b>Availability of IFA with ASHA</b>			
I	6 month – 5yrs – IFA syrup (Bi-weekly)			
II	Pregnant women and Lactating mothers – Red IFA Tab.			
g	<b>Availability of IFA at school/AWCs</b>			
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)		
4.1	<b>Interview with Pregnant woman</b>	
4.1.1	Is the pregnant 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	<b>Interview with Lactating mother with 0-6 months baby (based on recall)</b>	
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)	

4.2.4	<b>Ask about services she received at the facility where she delivered</b>	
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 birth dose immunization in the health facility within 24hrs of birth?	
g	Has she exclusively breast-fed 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? (if any grievance, please describe on last page )	

4.3	<b>Interview mother with a child of 6 months - 2 years</b>			
4.3.1	Was ORS and Zinc 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	Hoardings/Wall paintings/Banner/Poster
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	Has she received recorded voice messages over phone related to maternal health, Child care, immunization and family planning?

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

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

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

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

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

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

Supervisor Signature\_\_\_\_\_





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