

Monitoring checklist for Mission Tejaswee for PW for State/District & Block Level

Name & Designation of the Monitor:..... Date of Visit:

Name of AWC/Village/VHND Site:.....

Subcentre:.....CHC/PHC:..... District:.....

Name of ASHA:..... Name of ANM:.....

Encircle the option

| | | | | |
|---|--|-----|-----|-------|
| Is this site a routine VHND Site or a special session under Mission Tejaswee | VHND/Mission Tejaswee Special Session | | | |
| Does the ANM have Line listing of PW due for ANC and tablets? | Y/N | | | |
| Is ANM recording the beneficiaries wise record of the PW given IFA tablets | Y/N | | | |
| How many beneficiaries have been given IFA tablets and counselled for anemia prevention since morning |(mention no.) | | | |
| Observe IFA administration: | | | | |
| Did ANM do the mentioned points (Observe at least 3 beneficiaries) | | | | |
| 1. Greet the mother | Y/N | Y/N | Y/N | |
| 2. Measure Hb (If not measured mention the reason out of following) | Y/N | Y/N | Y/N | |
| 1. Measured few days back | | | | |
| 2. Apparatus not available | | | | |
| 3. Apparatus not functional | | | | |
| 4. ANM not trained to measure Hb | | | | |
| 5. Other (specify)..... | | | | |
| 3. Gave information on her ante- natal progress | Y/N | Y/N | Y/N | |
| 4. While handing over the IFA tabs was following information given? | Y/N | Y/N | Y/N | |
| a. How to take the tablets? | Y/N | Y/N | Y/N | |
| b. Common side effects? | Y/N | Y/N | Y/N | |
| c. Advice given on common side effects? | Y/N | Y/N | Y/N | |
| d. What to do in case of severe side effects? | Y/N | Y/N | Y/N | |
| e. Nutrition counselling | Y/N | Y/N | Y/N | |
| f. Were questions from PW answered well? | Y/N | Y/N | Y/N | |
| g. Record of Hb and treatment regime noted in MCP card | Y/N | Y/N | Y/N | |
| Ask PW who informed her about the session | | | | |
| PW 1 | ASHA | AWW | ANM | Other |
| PW 2 | ASHA | AWW | ANM | Other |
| PW 3 | ASHA | AWW | ANM | Other |
| Check ANM's Knowledge regarding anemia (Right answers have been given in brackets, Mark response as per the answer given. If wrong, kindly inform her about the right answer) | | | | |
| a. IFA regime in case Hb is 9-11gm/dl | Y/N (take 2 tablets daily for 6 months from 2nd trimester) | | | |
| b. Definition of severe anemia | Y/N (Hb less than 7gm/dl) | | | |
| c. Course of action at ANM level in case severe anemia detected? | Y/N (Refer to Higher centre/FRU) | | | |
| d. Line listing register of severely anemic pregnant women available with ANM | Y/N (See the register, if not available ask her to track severe anemia) | | | |
| e. Is the register being used | Y/N | | | |
| f. Number of severely anemic pregnant women in ANM record in last 3 months (July-Sept 2015) (if Line listing register not available, check RCH Register) | (mention no.) | | | |
| g. Number of women referred to higher facility | (mention no.) | | | |
| h. Number of women tracked for improvement in Hb | (mention no.) | | | |
| i. Iron rich foods | Y/N (green leafy vegetables, whole pulses, jaggery, meat, poultry and fish. Advise to take fruits and vegetables containing vitamin C in diet) | | | |
| IEC material displayed regarding Anemia prevention & mission Tejaswee at Session site | Y/N | | | |
| Is ASHA present? | Y/N | | | |
| Does ASHA have a record of high risk pregnancies? | Y/N | | | |
| Does she ensure IFA compliance during her house hold visits? | Y/N | | | |
| How? | | | | |
| Signature of the supervisor: | | | | |

