

Unique ID:

**Determinants of Under-nutrition in Children and  
Assessment of Management at Different level of Health  
Care**

**Director Women and Child**

**State:**

**District:**

**Partner Institute /Medical College:**

<b>Date of Interview</b>	<b>DD</b>	<b>MM</b>	<b>YY</b>	<b>Duration of Interview</b>	<b>Starting Hrs. &amp; Min</b>	<b>Closing Hrs. &amp; Min</b>

**Instructions for filling up the schedules**

Dear friends,

- Do not prompt any answer.
- Please record the responses in appropriate boxes.
- The elicited information will be treated as confidential and used to understand the current nutritional practices

Use **ONLY PENCIL** to fill the schedule

**NAMASKAR**, My name is \_\_\_\_\_. I would like to discuss few topics which will help us to improve the health care services and nutrition levels in your area. I would appreciate if you could spare your valuable time to answer my questions. Your responses will be treated as confidential.

**Section 1: General Information**

1	For how many <b>years</b> have you been in the <b>current post</b> ?
2	How long have you been <b>associated</b> with the <b>ICDS department</b> ?

3	In your state, which are the <b>priority health issues</b> in children under five years?
4	In your state, approximately what percentage/ <b>proportion</b> of under five children are <b>undernourished</b> ?

5	In your view, what <b>priority</b> is given in <b>government policies / program</b> to tackle child <b>under nutrition</b> in your state?
6	What <b>special programs</b> are <b>focusing</b> on nutrition of mother and child in your state?

7	What is your <b>role</b> in facilitating <b>nutritional</b> component of child health programs?
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**Section 2: Perceptions of under-nutrition**

8	In your opinion, what are the <b>factors contributing</b> to the problem of <b>under nutrition</b> among children in your state?
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9	In your <b>perception</b> , what are the <b>rituals/ rumors/ taboos/ practices</b> in communities and families leading to undernutrition among children?
10	What <b>steps</b> have been taken through <b>ICDS</b> to the factors contributing to <b>undernutrition</b> ?

11	What are the <b>characteristic</b> of the families which have children with <b>under nutrition</b> ?(Probe for families other than BPL)

**Section 3: Services ICDS**

12	What <b>nutrition</b> related <b>services</b> are currently provided under <b>ICDS</b> ?

13	What are the <b>barriers/challenges</b> in active participation of communities / families to create awareness about <b>child health nutrition</b> in their area & how to help implementing these programmes?
14	What <b>special facilities</b> exist in <b>ICDS</b> to look after and <b>manage</b> children with under nutrition?

15 What **new initiatives** have taken place in the **ICDS program** in your state during **last five years** to cater to the **special needs** of undernourished children?

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16 What **special training** has been given to the **ICDS personnel** to **manage** and care **undernourished** under five children?

<b>Cadre</b>	<b>Content of training</b>	<b>Proportion trained</b>
a. DPO		
b. CDPO		
c. ICDS Supervisor		
d. AWW		

17	Are there any specific guidelines for <b>management and rehabilitation of undernourished</b> and severely malnourished children under ICDS in your state?	
18	What are the <b>supplementary food</b> being distributed at the AWC?	
	<b>Group</b>	<b>Description</b>
	a. 7mon -3 yrs	
	b. 3-6 yrs	

**Section 4 : Finances**

19	What is the <b>process</b> of <b>release</b> of <b>funds</b> to ICDS centres?
20	During last fiscal year did you <b>experience delays / difficulties</b> in release of funds? If yes what are the reasons for
	<b>Delays</b> in the release of funds
	<b>Difficulties</b> in the release of funds

**Section 5: Inter Sectoral Coordination**

21	Which all departments are <b>involved</b> in <b>child nutritional activities</b> in your state? What is their respective role?	
	<b>Name of departments</b>	<b>Role of departments</b>
22	How do you <b>coordinate</b> activities at state and district level ( particularly nutritional related) with health departments-	
	State Level	
	District Level	

23	What <b>difficulties</b> do you face in <b>coordinating</b> with health department/ facility and how do you overcome them?	
		<b>Difficulties</b>
	State Level	<b>Step to overcome</b>
	District Level	
<b>Section 6: Nutritional Monitoring</b>		
24	How do you <b>monitor nutrition status of</b> under five year's children in your state?	

25	In your view, to what extent has <b>Village Health and Nutrition Day (VHND)</b> been <b>useful</b> in improving the nutritional status of children in your state?

**Section 7: Social Mobilization**

26	How is <b>awareness</b> created about the <b>importance</b> of <b>child nutrition</b> among community members and family members in your area? ( Method of communication)
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27	What are the following <b>stakeholders</b> contribute to <b>create awareness</b> on child nutrition?
a. NGO/ CBO/CHG	
b. PRI ( Panchayat Raj Institute)	
c. Local Leader	
d. Family members	

28	What <b>efforts</b> are being made to empower the <b>health and nutrition</b> of the following-
	a. Adolescent girls
	b. Pregnant women

**Section 8: Suggestion**

29 There has been phenomenal **economic growth** in last 10-15 years in the country, still almost half of our under 5 children are **undernourished**? What is your opinion?

30 In your view, what should be done to **minimize** the problem of **undernutrition** in children?

**Quality Check Sheet**

**Section 1: For the Interviewer:**

***Interviewer's Observations about Respondent:***

1. Very Co-operative                      2. Co-operative                      3. Non Co-operative

**General Comments about the overall Interview:**

Name of Interviewer: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Recorder: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Section 2: Quality Check at Senior Investigator and PI level**

- a. Audio Quality:    1. Good            2. Ok            3. Poor (noisy)  
b. Transcription:    1. Adequate    2. Inadequate  
c. Translation:      1. Adequate    2. Inadequate

**Quality of Schedule:**            1. Acceptable            2. Not acceptable

**If not acceptable, assign reasons:**

**Signature of Senior Investigator with Date**

<p><b>Signature</b> _____ <b>Date:</b> _____</p> <p><b>Name of Senior Investigator:</b> _____</p>
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**Date of dispatch to the CCO:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Section 3: Quality Check at CCO**

**Quality of Schedule:**            1. Acceptable                      2. Not acceptable