

UNIQUE ID

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

Observation of Aganwadi center

State:

Regional Coordinating Center:

Institution / Partner Medical College:

| | |
|-----------------|--|
| District | |
|-----------------|--|

| | |
|----------------|--|
| Village | |
|----------------|--|

| | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|
| Date | D | D | - | M | M | - | Y | Y |
|-------------|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

| | | | | |
|----------------------------------|----|----|-----|-----|
| Session 1 Commencing Time | Hr | Hr | Min | Min |
| Concluding Time | Hr | Hr | Min | Min |

| | | | | |
|----------------------------------|----|----|-----|-----|
| Session 2 Commencing Time | Hr | Hr | Min | Min |
| Concluding Time | Hr | Hr | Min | Min |

Namaskar. I amfrom.....
 Medical College I am here with my colleagues to do a study on under nutrition. Your participation in the study would contribute to improve health services and other facilities in this district. Our team would like to observe services available for children for management of under nutrition at your centre. You are an important stake holder in this survey and therefore we would appreciate if you could spare your valuable time to facilitate observation of your Aww. Your responses will be treated as confidential and you may choose to stop your participation at any time. At no time the identity of health facility will be revealed to anyone outside the study teams.

Investigator: This questionnaire should be filled with the anganwadi worker (AWW) as part of your unannounced visit to the anganwadi centre (AWC).

ANGANWADI CENTRE (AWC) DETAILS

Village Name _____

Anganwadi Centre Name (if any) _____

Anganwadi Centre No. (if any) _____

| Section 1: LOCATION, INFRASTRUCTURE AND EQUIPMENT | | | |
|--|--|--|--|
| 1 | Where is the AWC housed? | (1) Own building/ premises (2) Rented building/ premises (3) Anganwadi Worker's Home (4) Anganwadi's Helper's Home (5) Panchayat Bhavan (6) Other (specify) _____ | <input type="checkbox"/> |
| 2 | Average distance of Anganwadi from majority of houses. | | <input type="checkbox"/> metres |
| 3 | Are the following facilities in place at the AWC and available for ICDS activities? Investigator: Please read options Write 1 if available, 0 if not available | (a) Electricity (b) Electric Fan (c) Telephone (d) Clean, safe drinking water on the premises (e) Toilet (f) Indoor Activity Space (g) Outdoor Activity Space (g) Kitchen/separate space for cooking (h) Storage facilities for food (i) Storage facilities for equipment | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

| | | | |
|---|--|---|--|
| 4 | What is the condition of the AWC? Investigator: Write 1 if applicable, 0 if not applicable | (a) The AWC does not need repair (b) The AWC is water-proof (c) The AWC is adequately ventilated (d) There is adequate light in the AWC (e) The AWC has a boundary wall | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|---|--|---|--|

5 INVENTORY CHART Does the AWC have the following equipment in adequate quantity and of satisfactory quality?

| SNo. | Item | Is it available? (1)=Yes (2)=No | What is the condition? (1)=Good, (2) =Fair, (3) =Poor, (4) Not Observable | Remarks <i>Investigator: Please note any defect in the quantity or quality of equipment</i> |
|------|------------------------------------|---------------------------------------|--|--|
| (a) | Medicine Kit/ First Aid Box | | | |
| (b) | Baby Weighing Scale | | | |
| (c) | Adult Weighing Scale | | | |
| (d) | Vessels for Cooking | | | |
| (e) | Indoor Play Equipment ¹ | | | |
| (f) | Vessel for Storing Drinking water | | | |

¹ Counting Frames, Building Blocks, Toys, Books, Paints, Brushed, Coloured Chalks

Investigator: Please inspect the relevant registers/ records and answer the questions below as per the records. If you have any reason to believe that the records are fudged, please make a note of it in the empty spaces below. If the information is not available from the records, write NA (not available) in the relevant space.

| Section 2: ENROLLMENT & ATTENDANCE | | | | | | | |
|------------------------------------|--------------------------------|-------|--------|-------|-------|--------|-------|
| 6 | *2.1. Enrollment Sheet | | | | | | |
| | Categories | Girls | | | Boys | | |
| | | SC/ST | Others | Total | SC/ST | Others | Total |
| 1 | Infants (0-3 years) | | | | | | |
| 2 | Toddlers (3-6 years) | | | | | | |
| 3 | Mothers (Nursing and Pregnant) | | | | | | |
| 4 | Adolescent Girls | | | | | | |

Investigator: If the caste/gender breakdown is not available just fill the 'Total' column

2.2. Attendance Sheet

| Among children aged 3-6 years, what was the daily attendance during the last 7 days according to the attendance register? | | | |
|---|----------------|---------------|---------|
| 7 | Day | No. attending | Remarks |
| 1 | Today | | |
| 2 | Yesterday | | |
| 3 | Two days ago | | |
| 4 | Three days ago | | |
| 5 | Four days ago | | |
| 6 | Five days ago | | |
| 7 | Six days ago | | |

Investigator: Please make special note of the following information

| | | | |
|---|---|-----------|----------------------|
| 8 | When is the last time the toddlers were weighed? (In last 6 months) | (a) Month | <input type="text"/> |
| | | (b) Year | <input type="text"/> |
| 9 | How many toddlers have been formally identified by the AWW as 'undernourished'? | | <input type="text"/> |

INVESTIGATOR'S OBSERVATIONS

Investigator: Your personal observations are as important as the respondent's answers. Please fill this section as carefully as possible. The more detail, the better.

| Section 3: PRELIMINARY QUESTIONS | | | |
|----------------------------------|---|-----------------------------------|--------------------------|
| 10 | At what time did you arrive at the AWC? Investigator: Write clearly in the middle column | | |
| 11 | Was this within the official opening hours? | (1) Yes (2) No (3) Not Sure | <input type="checkbox"/> |
| 12 | Were the AWW and/or AWH expecting your visit? | (1) Yes (2) No (3) Not Sure | <input type="checkbox"/> |
| 13 | Was the AWC open when you arrived? | (1) Yes (2) No | <input type="checkbox"/> |
| 14 | Was the AWW present at the AWC when you arrived? | (1) Yes (2) No | <input type="checkbox"/> |
| 15 | ➔ If not, why not? Please note the most plausible reason (not necessarily the reason given to you by the AWW). If you do not know, leave blank. | | |

| | | |
|--|--|--|
| 16 | <p>➔ If yes, what were the AWW, AWH and children doing when you arrived? Please describe in detail.</p> | |
| <p>Section 4: ASSESSMENT OF THE AWC Investigator: Please record any observations you may have on the following:</p> | | |
| 17 | <p>Location and accessibility of the AWC, particularly for disadvantaged communities in the village.</p> | |
| 18 | <p>Location and physical access.</p> | |
| 19 | <p>Social accessibility for AWC, particularly for disadvantaged communities in the village.</p> | |
| 20 | <p>State of the building and equipment</p> | |

| | |
|----|---|
| 21 | Tidiness and hygiene of the premises |
| 22 | What do you feel about the quantity and quality of the food that was given to the children (if you were able to observe)? |
| 23 | Please mention any observations you may have about the way supplementary feeding took place in the AWC (how and where children sat, whether they washed their hands, etc.). |
| 24 | Please comment on the quality of health care services that are being provided at the AWC (immunization, referral, growth monitoring, etc.) |
| 25 | Please record any further observation |

Signature _____

Name of Senior Investigator: _____