Improving Malnutrition Among Children by Using Poshan Activities in Faridkot, Punjab

By

Aditi Sharma

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

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1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMESOEVER MAY CONCERN

This is to certify **Dr. Aditi Sharma,**student of **MBA Hospital and Health management** from The IIHMR University, Jaipur has undergone dissertation at TATA Trust, Punjab from Feb 4'2019-May 4'2019. The candidate has successfully carried out the study designated to her during dissertation and her approach to the study has been sincere, scientific and analytical.

The dissertation is in fulfilment of course requirement.

I wish her all the success in her future endeavor.

Col (Dr.) Ashok Kaushik

Dean, Academics and Student affair

The IIHMR University, Jaipur

17 May 2019

Sujata 17/5/2019

Dr.Sujata Verma

Associate professor

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

Women and Child Development Department

District FARIDKOT (PUNJAB)

POSHAN Abhiyaan
PM's Overarching Scheme for Holistic Nourishment
सही पोषण - देश रोशन

Certificate of completion of Dissertation

The certificate is awarded to

Dr. Aditi Sharma

In recognition of having successfully completed his Internship in the department of

Women and Child Development

and has successfully completed his Project on

Improving malnutrition among children by POSHAN Abhiyaan activities in District Faridkot of Punjab

Date- 11th February to 11th May, 2019

Organization – TINI (The India Nutrition Initiative) TATA TRUSTS

He comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning.

I wish him all the best for future endeavors

District Programme Officer,
Women and Child Development
District Faridkot (Punjab)

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that dissertation title **"A study to improve malnutrition among children by using POSHAN Abhiyaan activities (Pakhwada) in Faridkot, Punjab"** and submitted by Dr. Aditi Sharma, Enrollment Number0526 under the supervision of Dr. Sujata Verma for award of MBA in Hospital and Health management of The IIHMR University carried out during the period from Feb 4 ,2019- May 4,2019 embodies my original work and has not formed the basis for the award of any degree,diploma ,associateship, fellowship, title in this or any other similar institution of higher learning.

Aditi Sharma

Dr. Aditi Sharma

ABSTRACT

Title- A study to improve malnutrition among children by using POSHAN Abhiyan activities in Faridkot, Punjab.

Background-POSHAN ABHIYAAN was launched by Prime Minister Shri Narendra Modi in Jhunjhunu, Rajasthan in March 2018.It targets to reduce level of under-nutrition and other related problems by ensuring convergence of various nutrition related schemes. It also targets stunting, under-nutrition, anemia (among young children, women and adolescent girls) and low birth rate. It will monitor and review implementation of all such schemes and utilize existing structural arrangements of line ministries wherever available. Its large component involves gradual scaling-up of interventions supported by on-going World Bank assisted Integrated Child Development Services (ICDS) Systems Strengthening and Nutrition Improvement Project (ISSNIP) to all districts in the country by 2022.

Objectives-

To evaluate and monitor the performance of activities implemented by POSHAN Abhiyan Team

To estimate overall, malnutrition prevalence and their associated risk factors among Children.

To improve the POSHAN Abhiyan activities for decreasing the malnutrition prevalence.

Methods-

A cross -sectional study was carried in the 3 blocks of district Faridkot, Punjab using questionnaire. Primary data will be collected through Face to face interview, FGD and IDI with the help of Digital Audio Recorder (DAR). Secondary data used for the study is desk review, publications and POSHAN Abhiyan Websites.

Conclusion- The aim of POSHAN Abhiyan activities is to address the problem of malnutrition among children, adolescent girls and women but not all activities was done significantly like awareness about anaemia and IFA distribution. Regular growth monitoring of children in anganwadi centre is also important component of POSHAN Abhiyaan as it helps in ruling out SAM or MAM children but in district Faridkot regular growth monitoring was not significantly done. There are certain risk factors for malnutrition but most related factors were not regular health check-ups, diarrhoea and chronic illness management. Nutrition education is also one of the major

component of POSHAN Abhiyaan and to low down the rate of malnourished children but education related to preparing good and supplementary food was not at significant rate Moderately acute malnourished children in the age group 3 to 6 years were more in block Faridkot and in age group 0 to 3 years the MAM children were more in other 2 blocks Kotkapura 1 and Kotkapura 2.In the age group 0 to 3 years in block Faridkot and Kotkapura 2 the Severely acute malnourished children were more and in block Kotkapura.

ACKNOWLEDGEMENTS

The opportunity of doing my dissertation Report with **TATA TRUST, Faridkot (Punjab)**was a great chance for learning and professional development. Therefore, I consider myself as a very lucky individual as I was provided with an opportunity to be a part of it. I am also grateful for having a chance to meet so many wonderful people and professionals who led me through this Dissertation period.

I express my deepest thanks to my mentor Mrs. Sunita Rani (DPO)for taking part in decision-making and giving necessary advice and guidance and arranging all facilities to make this Dissertation Report easier.

I feel deeply privileged in expressing my deepest sense of gratitude to Mrs.Shinderpal, Mrs. Sarabjit (CDPO), and their careful and precious guidance, which were extremely valuable for my study both theoretically and practically.

The involvement and sharing of knowledge by the TATA TRUST were of great help to my study as well as in better understanding of the Healthcare. I am also grateful to all the department heads and staff for giving time in spite of their hectic schedule. Without their active cooperation and participations, it would not have been possible to accomplish our task.

I perceive as this opportunity as a big milestone in my career development. I will strive to use gained skills and knowledge in the best possible way, and I will continue to work on their improvement, in order to attain desired career objectives. Hope to continue cooperation with all of you in the future,

My sincere gratitude to my mentor **Dr Sujata Verma,** for her constant support and encouragement.

Sincerely

Ms. Aditi Sharma

MBAHM 22

The IIHMR University Jaipur

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ACRONYMS/ABBREVIATIONS: -

List of Abbreviations: -

AWC	Anganwadi Centre
AWW	Anganwadi Worker
AWH	Anganwadi Helper
ASHA	Accredited Social Health Activist
ANM	Auxiliary Nurse Midwifery
ICDS	Integrated Child Development Scheme
LS	Lady Supervisor
MAM	Moderately Acute Malnourished
SAM	Severely Acute Malnourished

Organizational Profile

Tata Trusts are amongst India's oldest, non-sectarian philanthropic organisations. The Trusts own two-third of the stock holding of Tata Sons, the apex company of the Tata group of companies. The wealth that accrues from this asset supports an assortment of causes, institutions and individuals in a wide variety of areas. In this manner, the profits that the Tata companies earn go back many times over to the communities they operate in. Across the country for about 100 years these funds have been deployed towards a whole range of community development programmes.

Since its inception, Tata Trusts have played a pioneering role in transforming traditional ideas of charity and introducing the concept of philanthropy to make a real difference to communities. Through grant-making, direct implementation and co-partnership strategies, the Trusts support and drive innovation in the areas of healthcare and nutrition; water and sanitation; energy; education; rural livelihoods; natural resource management; urban poverty alleviation; enhancing civil society and governance; media, arts, crafts and culture; and diversified employment. The Trusts engage with competent individuals and government bodies, international agencies and like-minded private sector organisations to nurture a self-sustaining eco-system that collectively works across all these areas.

Nutrition initiatives

Addressing the malnutrition challenge in the Indian context is one of the key focus area for the Trusts. Tata Trusts, under the leadership of Mr. Tata, have prioritized malnutrition because of the alarming statistics that we have in the country and the inter-generational consequences the problem has. Malnutrition is believed to be the underlying cause of over 45 percent of under-five mortality. India has a high prevalence of childhood stunting and maternal and childhood anemia. These can have long-term effects on cognition and overall productivity. There is evidence that malnutrition can result in potential Gross Domestic Product (GDP) losses of 2-3 percent and a more than 10 percent potential reduction in lifetime earnings for each malnourished individual.

Given the multi-factor and complex nature of the issue, Tata Trusts have adopted a multi-pronged approach to be able to address the issue of malnutrition effectively and at scale. Tata Trusts will make strategic investments that will play a gap filling or a catalytic role in the ecosystem and engender better health outcomes. The effort broadly, has been to look for existing and emerging

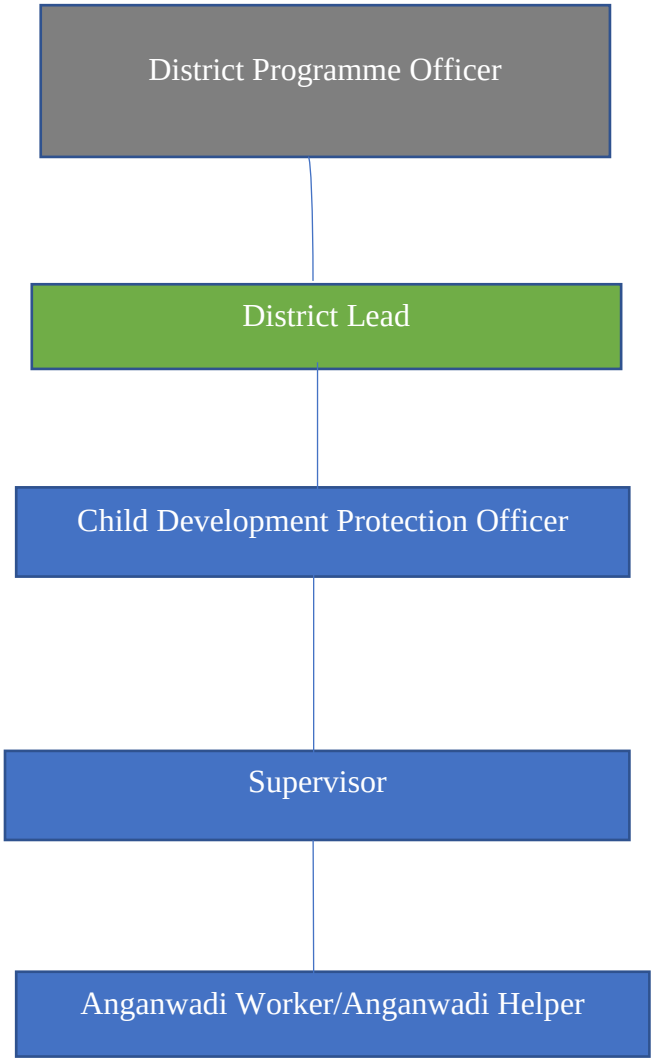
'platforms' to deliver enhanced nutrition. To address the challenge of stunting, Tata Trusts are taking an intense multi-sectoral approach looking at maternal care, water and sanitation, behavioral change communication and poverty alleviation in an integrated way. To address the challenge of micronutrient deficiencies, Tata Trusts are looking at fortification of staple food vehicles such as flour, salt, oil, and milk.

Goals

The goals of NNM are to achieve improvement in nutritional status of Children from 0-6 years, Adolescent Girls, Pregnant Women and Lactating Mothers in a time bound manner during the next three years beginning 2017-18 with fixed targets as under:

SI.NO	OBJECTIVE	TARGET
1.	Prevent and reduce stunting in children (0-6 years)	By 6% @ 2% p.a.
2.	Prevent and reduce undernutrition (underweight prevalence) in children (0-6 years)	By 6% @ 2% p.a.
3.	Reduce the prevalence of anemia among young children (6-59 months)	By 9% @ 3% p.a.
4.	Reduce the prevalence of anemia among women and adolescent girls in the age group of 15-49 years	By 9% @ 3% p.a.
5.	Reduce Low Birth Weight (LBW)	By 6% @ 2% p.a.

Organogram- TATA TRUST



Purpose & Learning through Management Training

Institutional learning has always proved beneficial in delivering the theoretical knowledge when a potential candidate endeavors the new career, but the exposure of implementing this learning into real practical environment through on the job training helps to puts a foundation stone for the prospective candidate. Chances for work, its presentations and mistakes done during this period are the something, which will not be, forgot and repeated respectively. This is an opportunity to develop a deep understanding about the type of work a company offers, their limitation, indication contraindication, scopes etc.

The Purpose of this Internship was

1. Learn more about the health care.
2. Application of my learning understanding and experience of Behavioral understanding into my Project effectively.
3. Learning more about the field and the work profile and gain valuable work experience.
4. To decide the path through which I want to explore the Industry.
5. Gain valuable Networking Contacts.

Thus, Training becomes an integral part for MBA Healthcare Management.

EXPERIENCE & LEARNING AT TATA TRUST, PUNJAB (FARIDKOT)

I was appointed as District Lead in TATA TRUST. Internship in this Trust gave me an opportunity to understand scope of Healthcare and its importance, it's growing need in the Health care sector. However, being at one place the variety of challenges a healthcare at such nascent stage is facing has filled me with immense knowledge and kept my excitement high to learn and discover innovations throughout.

LEARNING FROM INTERNSHIP:

- Providing solutions
- Healthcare system
- Whole ICDS ,NNM

- Various schemes

About the Project:

- Frontlines workers views regarding POSHAN Abhiyaan
- Beneficiaries of POSHAN Abhiyaan
- Hurdles in implementing the POSHAN Abhiyaan activities

3. DISSERTATION REPORT

IMPROVING MALNUTRITION AMONG CHILDREN BY USING POSHAN ABHIYAAN ACTIVITIES IN FARIDKOT, PUNJAB

Project Guide-

Sunita Rani (DPO)

POSHAN ABHIYAAN TEAM-FARIDKOT (TATA TRUST)

BACKGROUND

The strategy for addressing the malaise of under-nutrition is to adopt a life cycle approach. Since, in India there is an inter-generational cycle of under-nutrition, the life cycle approach not only needs to be adopted but also strengthened with continuum of care and a focus on critical periods of nutritional vulnerability. Also, the strategy has to be critically monitored on real time basis to ensure targeted and timely interventions. The focus therefore, will be to lay emphasis on adolescent girls, pregnant women, lactating mothers and children from 0 to 6 years of age. The first 1000 days of a child are the most critical, which includes the nine months of pregnancy, six months of exclusive breastfeeding and the period from 6 months to 2 years to ensure focused interventions on addressing under-nutrition. Besides increasing the birth weight, timely intervention will help reduce both Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR). Additional one year of sustained intervention (till the age of 3 years) would ensure that the gains of the first 1000 days are consolidated. Attention is also needed on children in the age group of 3-6 years for their overall development through the platform of the Anganwadi Centers (AWCs).

The Mission is to ensure convergence of all nutrition related schemes of MWCD on the target population. NNM will ensure convergence of various programmes i.e. Anganwadi Services, Pradhan Mantri Matru Vandana Yojana, Scheme for Adolescent Girls of MWCD; Janani Suraksha Yojana (JSY), National Health Mission (NHM) of MoH&FW; Swachh Bharat Mission of Ministry of Drinking Water & Sanitation (DW&S); Public Distribution System (PDS) of Ministry of Consumer Affairs, Food & Public Distribution (CAF&PD); Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) of Ministry of Rural Development (MoRD); Drinking Water & Toilets with Ministry of Panchayati Raj and Urban Local Bodies through Ministry of Urban Development. This will be done by setting achievable targets, sector level meetings with concerned Secretaries, joint meeting of Secretaries of line Ministries under the Chairmanship of Cabinet Secretary, joint guidelines for each level, joint monitoring visits and decentralized planning.

The Mission targets reduction in the level of under-nutrition and other related problems by ensuring convergence of various nutrition related schemes. The Mission will monitor and review implementation of all such schemes. In this endeavour, the Mission seeks to utilize existing structural arrangements of line Ministries wherever available. The NNM would primarily be a

monitoring and reviewing body for taking stock of monitorable indicators of nutrition centric schemes/programmes requiring convergent actions for better and effective delivery to the targeted beneficiaries. In doing so, it would not impinge on the operational authority of any of the participating Ministry/Department or Autonomous body.

ORIGIN OF POSHAN ABHIYAAN

- POSHAN ABHIYAAN was launched by Prime Minister Shri Narendra Modi in Jhunjhunu, Rajasthan in March 2018.
- It targets to reduce level of under-nutrition and other related problems by ensuring convergence of various nutrition related schemes.
- It also targets stunting, under-nutrition, anaemia (among young children, women and adolescent girls) and low birth rate.
- It will monitor and review implementation of all such schemes and utilize existing structural arrangements of line ministries wherever available.
- Its large component involves gradual scaling-up of interventions supported by on-going World Bank assisted Integrated Child Development Services (ICDS) Systems Strengthening and Nutrition Improvement Project (ISSNIP) to all districts in the country by 2022.

OPERATIONAL DEFINITION

POSHAN ABHIYAAN is a multi-ministerial convergence mission with the vision to ensure attainment of malnutrition free India by 2022. The objective of POSHAN Abhiyaan to reduce stunting in identified Districts of India with the highest malnutrition burden by improving utilization of key Anganwadi Services and improving the quality of Anganwadi Services delivery. Its aim to ensure holistic development and adequate nutrition for pregnant women, mothers and children.

LITERATURE REVIEW

The Abhiyaan has given momentum to an otherwise hidden problem affecting millions of Indians across the various age groups. It is envisaged that the Abhiyaan will raise (i) awareness on various forms of under-nutrition, early detection, required care and most importantly, the preventive measures (ii) bring about the social and behavioral change through which we can prevent further generations from slipping into malnutrition (iii) build synergies across implementing agencies and frontline workers binding them with a common purpose and targets (iv) all of which will ultimately lead to an enhanced demand for services resulting in (v) an increased coverage within key programmes. With sealed political commitments and fund allocations, the stage has been set. It is now up to the implementers, practitioners, experts and civil society organizations to take this Abhiyaan forward and convert it into a people's movement by engaging the entire society for a healthier and well-nourished India.

For optimal nutritional outcomes, coordination among the different frontline workers (Accredited Social Health Activists, Auxiliary Nurse Midwifes and Anganwadi Workers) is essential. To enable this, the Abhiyaan will also focus on providing joint incentives to motivate the frontline workers for improving nutrition outcomes.

It is estimates that about two-thirds of the workforce in lndia earns on average 13% less than what they would have if they had not been stunted during childhood. It is calculated that malnutrition costs lndia's GDP between 2 and 3 percentage points every year. With the launch of the POSHAN Abhiyaan, we have a historical opportunity to change these statistics and conquer malnutrition.

AIM

Improving malnutrition among children by using POSHAN Abhiyaan activities in Faridkot, Punjab

OBJECTIVES

1.To evaluate and monitor the performance of activities implemented by POSHAN Abhiyan Team members at village and block level.

2. To estimate overall, malnutrition prevalence and their associated risk factors among Children.

3.To improve the POSHAN Abhiyan activities for decreasing the malnutrition prevalence.

RESEARCH QUESTIONS

1.What are the improvement areas for assessing the POSHAN Activities for decreasing the malnutrition cases?

2. What are the key barriers in POSHAN Abhiyan activities for improving the prevalence of malnutrition?

METHODOLOGY

STUDY DESIGN

Cross Sectional Study

SETTING

TATA Trust, Faridkot Punjab (Department of Women and Child Development)

DURATION OF STUDY

3 Months (February 2019- April 2019)

STUDY POPULATION

Inclusion – Supervisors, Anganwadi Workers and Mothers

Exclusion- Adult Male and Community Worker

SAMPLE SIZE

Table: Sample Size

S.No.	Target Respondents	Kotakapura-1	Kotakapura -2	Faridkot
		Face to Face Interview/ In Depth Interview		
1	Supervisors	1	1	1
2	Anganwadi Workers	5	5	5
3	Mothers	7 (FGD)		
		25		

Supervisors:

Total Supervisors- 7 each in three districts

One Supervisors is sufficient to collect information from each district

Anganwadi Workers:

Total Anganwadi Workers in three district- 545 (Kotkapura 1-153 Faridkot- 224, Kotkapura 2-168

Five Anganwadi workers sample size has been taken because these Anganwadi Centre are easily accessible in all three blocks to collect the information

Mothers: - While visiting Anganwadi Centre these beneficiary mothers are available during data collection.

SAMPLING TECHNIQUE

Face to face interview and In-Depth Interview

SAMPLING TYPE

Convenience Sampling

SAMPLE SELECTION

The target population is Supervisors, Anganwadi Workers and Mothers

DATA COLLECTION PROCEDURE

Primary data will be collected through Face to face interview, FGD and IDI with the help of Digital Audio Recorder (DAR)

Secondary data used for the study is desk review, publications and POSHAN Abhiyan Websites

DATA COLLECTION TOOL

Questionnaire for personal interview of Supervisors, Anganwadi Workers and Focal Group Discussion for Mothers in Faridkot. The questionnaire has sections about various POSHAN Abhiyan activities, nutritional educational information, nutritional status at the center etc.

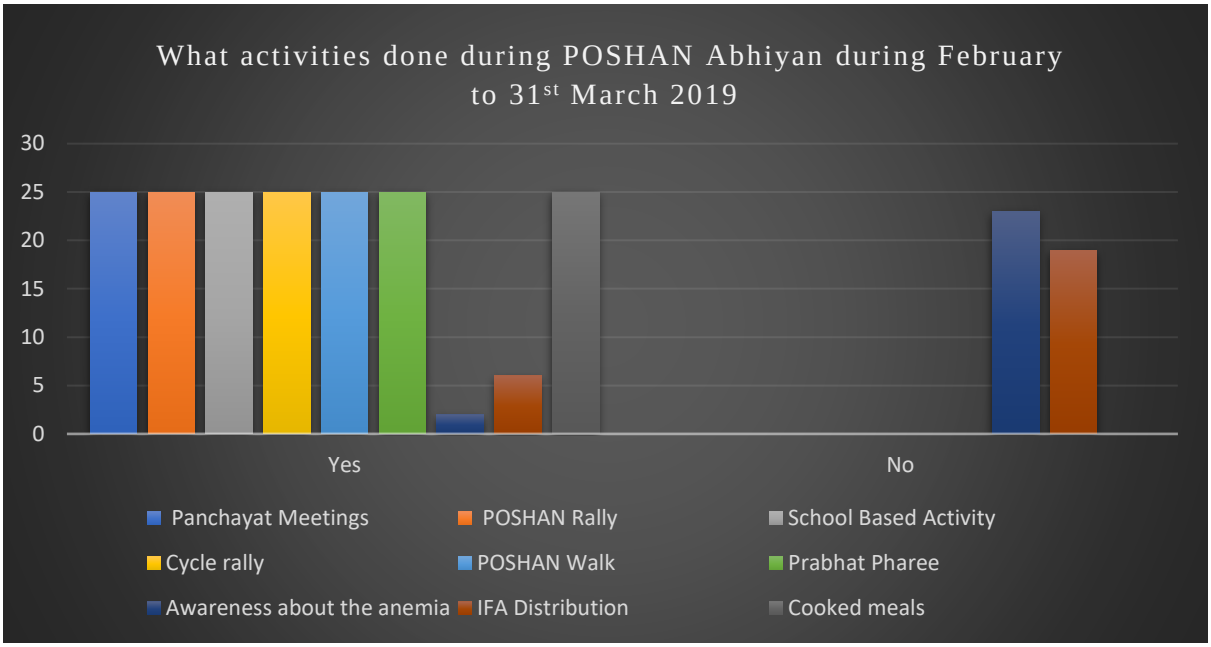
DATA ANALYSIS PROCEDURE

Analysis includes three concurrent flows of actions- Data reduction, focuses, simplifies, and transforms raw data into more manageable forms. Data display- which presents the data as organised and compressed assemblies of information.

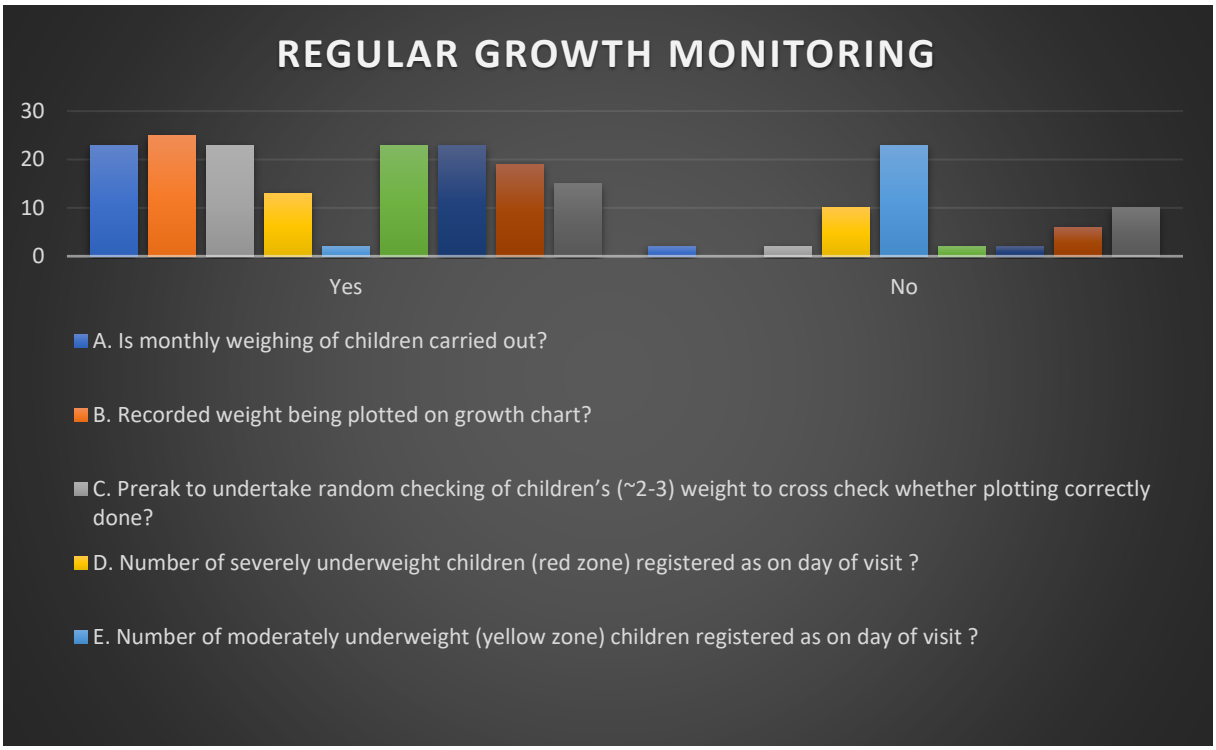
ETHICAL CONSIDERATIONS

It was ensured that the subjects receive a full disclosure of the nature of the study, with an extended opportunity to ask questions. Informed consent was taken verbally from the respondents and confidentiality was maintained, benefits and risks of the respondents was also considered during the study.

Finding



GRAPH 1 shows that 2 out of 9 POSHAN Pakwada activities was not done significantly.



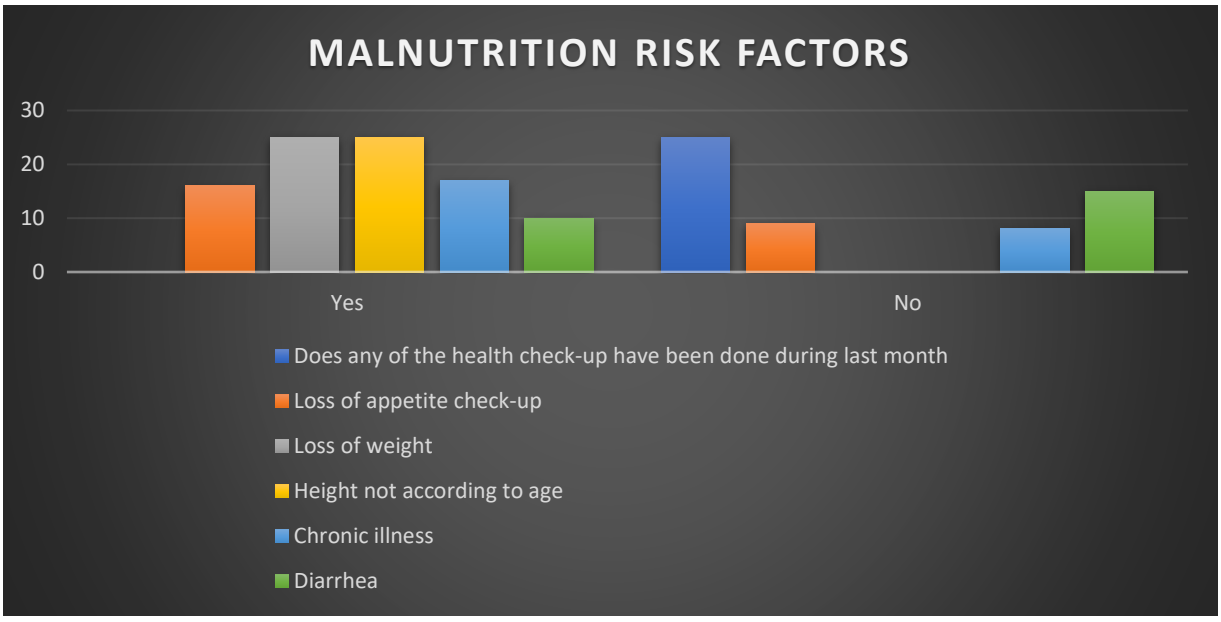
GRAPH 2 shows that regular weighing and height of children was not done in Anganwadi Centers by Anganwadi workers and also the registered number of severely underweight children and moderately underweight children was very less on day of visit to Anganwadi Centers

CHART 1 Total No. Of Children-January - March 2019

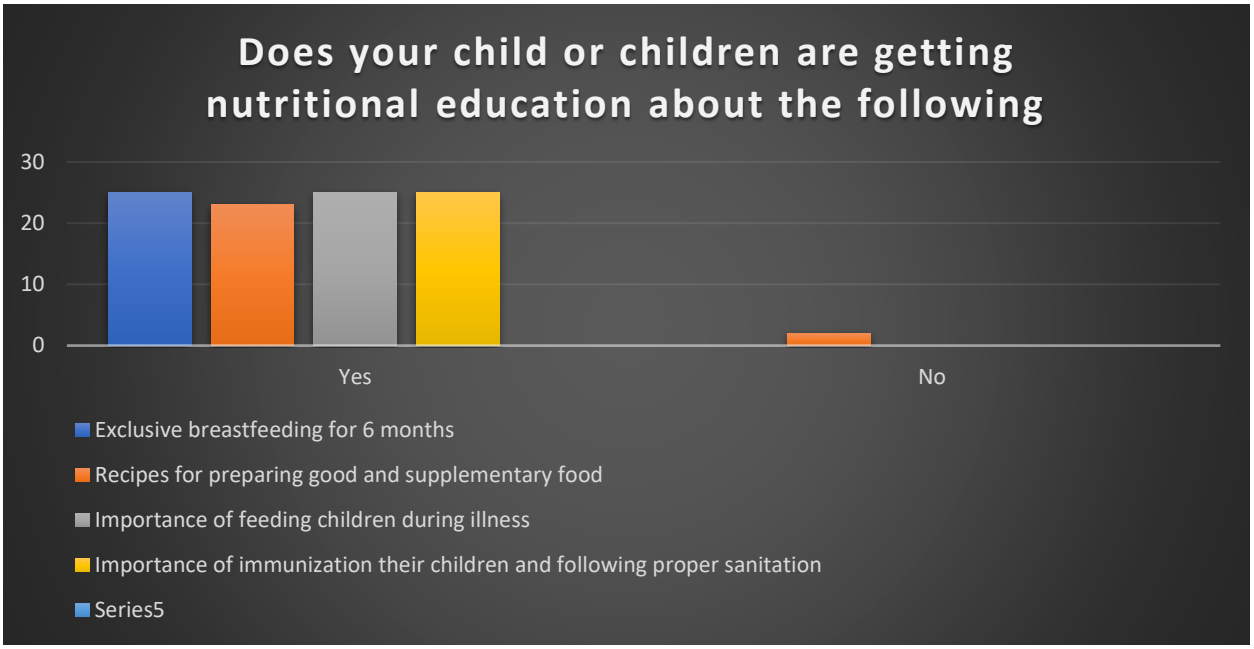
Sr. No.	Block Name	Below 6 Months		6-12 Months		12-36 Months		36-60 Months		60-72 Months	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1	**Faridkot**	**770**	**839**	**645**	**561**	**3035**	**2763**	**3289**	**2863**	**1528**	**1301**
2	**Kotkapura-1**	**486**	**444**	**371**	**367**	**1750**	**1556**	**1946**	**1712**	**904**	**770**
3	**Kotkapura-2**	**495**	**501**	**392**	**357**	**2086**	**1851**	**2155**	**1857**	**922**	**854**
Total		**1751**	**1784**	**1408**	**1285**	**6871**	**6170**	**7390**	**6432**	**3354**	**2925**

CHART 1 shows the total number of children in 3 blocks of district Faridkot. In age group below 6 months in block kotkapura 1 the number of female child was less as compare to male child.

In the age group 6 to 72 months in all the 3 blocks the number of female's child was less as compare to the male child



GRAPH 3 shows that risk factor among children is reportly higher in the case of health checkups, diarrhea while loss of appetite and chronic illness can be observed significantly however loss of weight and loss of height



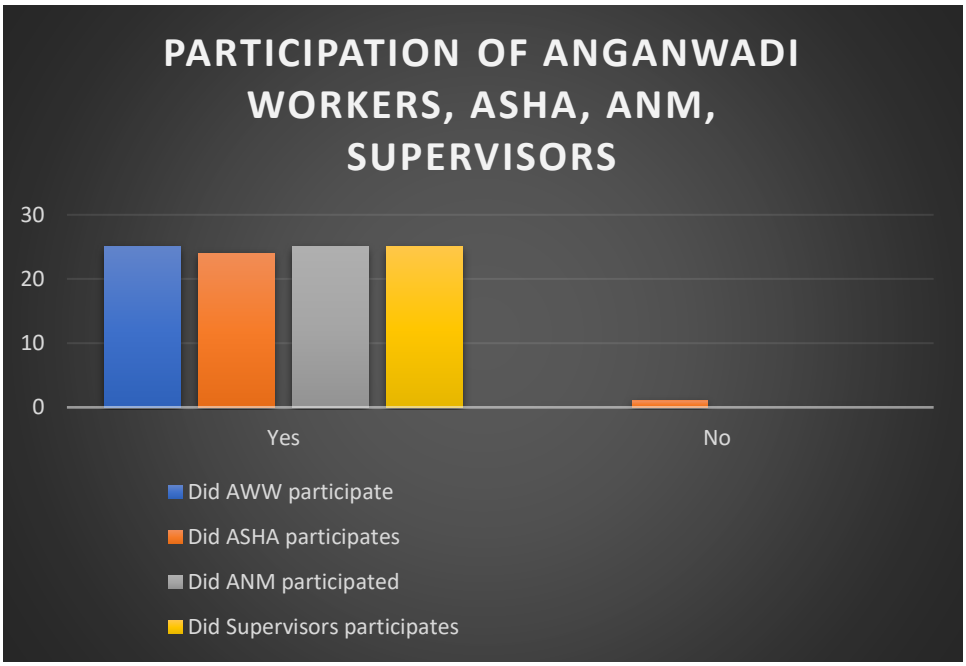
GRAPH 4 shows that children were getting nutritional education about exclusive breastfeeding for 6 months, importance for preparing good and supplementary food, importance of feeding children during illness but they were not getting education about preparing good and supplementary food.

CHART 2 -Nutritional Status of Children from January -March 2019

Block Name	Normal		Moderately		Severely		Total
	0-3 Years	3-6 Years	0-3 Years	3-6 Years	0-3 Years	3-6 Years	
Faridkot	6258	5744	2319	3220	36	17	17594
Kotkapura-1	4052	4603	910	714	12	15	10306
Kotkapura-2	4792	5135	867	646	23	7	11470
Total	15102	15482	4096	4580	71	39	39370

CHART 2 shows that the Moderately acute malnourished children in the age group 3 to 6 years were more in block Faridkot and in age group 0 to 3 years the MAM children were more in other 2 blocks Kotkapura 1 and Kotkapura 2 .

In the age group 0 to 3 years in block Faridkot and Kotkapura 2 the Severely acute malnourished children were more and in block Kotkapura



GRAPH 5 data was obtained from frontline workers and it is seen that there was active participation of Anganwadi workers, ANM, Supervisors but the role of ASHA was not nearly seen.

Conclusion

- After data collection it was observed that 2 out of 9 POSHAN Pakhwada activities that is awareness about anemia and IFA distribution was not done significantly.
- Moderately acute malnourished children in the age group 3 to 6 years were more in block Faridkot and in age group 0 to 3 years the MAM children were more in other 2 blocks Kotkapura 1 and Kotkapura 2.In the age group 0 to 3 years in block Faridkot and Kotkapura 2 the Severely acute malnourished children were more and in block Kotkapura .
- The most related risk factors for malnutrition was irregular health check ups ,diarrhoea management and chronic illness management.

- Nutritional education related to supplementary food was not given significantly in the district.
- There were active participation of AWW, ANM, Supervisors but the participation by ASHA was not actively seen in the POSHAN Pakhwada.

Recommendation

- Primary focus of POSHAN Pakhwada activities should be based on awareness campaign should be more at village and block level, IFA distribution should be increased at the district, nutritional education related to supplementary feeding should be increased.
- There should be regular health checks ups, diarrhea management and chronic illness management as these were the most related risk factor for malnutrition.
- Nutrition education is also one of the major component of POSHAN Abhiyaan and to low down the rate of malnourished children, education related to supplementary food should be increased.

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ANNEXURE A

Questionnaire

Name:

Place:

Level: Block/District

From Supervisor

SECTION-A

1) What activities done during POSHAN Abhiyan during February to 31st March 2019
   a. Panchayat Meetings
   b. POSHAN Rally
   c. School Based Activity
   d. Cycle rally
   e. POSHAN Walk
   f. Prabhat Pharee
   g. Awareness about the anemia
   h. IFA Distribution
   i. Cooked meals
   j. Immunization

2) **Regular Growth Monitoring**

A. Is monthly weighing of children carried out? (Y/N)

B. Recorded weight being plotted on growth chart? (Y/N)

C. Prerak to undertake random checking of children's (~2-3) weight to cross check whether plotting correctly done? (Y/N)

D. Number of severely underweight children (red zone) registered as on day of Visit? _____

E. Number of moderately underweight (yellow zone) children registered as on Day of visit? _____

F. Monthly height measure of children carried out? (Y/N)

G. Recorded height being plotted on growth chart? (Y/N)

H. Prerak to undertake random checking of children's (~2-3) height to cross check whether plotting is correctly done? (Y/N)

I. Number of severely stunted children registered as on day of visit? _____

J. Number of children referred to MTC/NRC for screening of SAM that month

SECTION -B

FROM MOTHERS/AWW

Name:

Place:

Family Children Count:

Children Age Group:

Sr. No.	Block Name	Total No. of Children									
		Below 6 Months		6-12 Months		12-36 Months		36-60 Months		60-72 Months	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1	Faridkot										
2	Kotkapura-1										
3	Kotkapura-2										
	Total										

MALNUTRITION RISK FACTORS

1) Does any of the health check-up have been done during last month

Loss of appetite check-up (Y/N)

Loss of weight (Y/N)

Height not according to age (Y/N)

Chronic illness (Y/N)

Diarrhea

SECTION -C

NUTRITIONAL EDUCATIONAL INFORMATION

1)Does your child /children are getting nutritional education about the following-

a. Exclusive breastfeeding for 6 months baby (Y/N)

b. Recipes for preparing good and supplementary food which are locally available at the low cost (Y/N)

c. Importance of feeding children during illness (Y/N)

d. Importance of immunization their children and following proper sanitation on day to day basis (Y/N)

NUTRITIONAL STATUS OF CHILDREN AT THE CENTRE

Classification of Nutritional Status

Block Name	Normal		Moderately		Severely		Total
	0-3 Years	3-6 Years	0-3 Years	3-6 Years	0-3 Years	3-6 Years	
Faridkot							
Kotkapura-1							
Kotkapura-2							

Total							

PARTICIPATION OF ANGANWADI WORKERS, ASHA, ANM, SUPERVISORS

Did AWW participate (Y/N)

Did ASHA participates (Y/N)

Did ANM participated (Y/N)

Did Supervisors participates (Y/N)

2.Where was activities held -_____