KNOWLEDGE ASSESSMENT OF ANGANWADI WORKERS ON SUPPLEMENTARY NUTRITION PROGRAM AND SABLA SCHEME IN DAHOD DISTRICT OF GUJARAT

Dissertation
At
ICDS, Dahod (Women and Child Development Department, Gujarat)

By
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Under the guidance of
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MBA Hospital & Health Management
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Institute of Health Management Research
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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Deeksha Bhardwaj student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at Integrated Child Development Services from 07.03.2015 to 10.05.2015.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.
I wish her all success in all her future endeavors.

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In Recognition of having successfully completed her internship at

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and has successfully completed her project on

Knowledge assessment and Implementation of Supplementary Nutrition program and SABLA Scheme in Dahod district of Gujarat

Date: 07.03.2015 - 10.05.2015

District ICDS Society Management Unit-(Dahod), Zilla Panchayat, Dahod, Gujarat

She came across as a committed, sincere and diligent person who has a strong drive and zeal for learning.

We wish her all the best for future endeavours.

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દાહોદ

S. S. Bhabhor
Programme Officer,
ICDS Society,
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Dahod

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S. S. Bhabhor
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Abstract

Introduction: A package of various Nutrition services is being provided through ICDS. With a view to combat malnutrition, Gujarat Government is implementing the Nutrition Programme for children under 6 years, pregnant women, nursing mothers and adolescent girls.

Background of Study: According to the National Food Survey 2007, Gujarat and Madhya Pradesh were the only two states which showed an increase in the numbers of malnourished children. In 2007, the number of malnourished children in Gujarat grew to 46 per cent as against 45 per cent in the previous years. To deal with malnutrition State Government is implementing the Supplementary Nutrition Programme. Also, Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG), better known as SABLA Scheme is also running in the tribal district of Gujarat to overcome the problem of malnutrition and anaemia in adolescent girls.

For a successful implementation of these programs it is very important that the Anganwadi worker has a thorough knowledge regarding malnutrition, supplementary nutrition and schemes related to them.

Objectives of Study: The key objective of the study is to assess the knowledge of supplementary nutrition program and SABLA among anganwadi workers in Dahod and to evaluate the level of their implementation.

Methods: Descriptive Cross sectional study with convenient sampling was undertaken. Structured questionnaire was prepared to address the objectives of the study and face-face interviews with AWWs were conducted.

Results: The study findings highlight that only 4 percent of workers have excellent knowledge, 65 percent have very good knowledge, 25 percent have good knowledge, five percent have fair knowledge and only one percent have poor knowledge regarding supplementary nutrition program. The Cronbach's alpha value for this scale is 0.731. It has also shown that 88 percent of these services were given to the beneficiaries. In case of SABLA, it was seen that only 4 percent of AWW have excellent knowledge, 54 percent have very good knowledge, 9 percent have good knowledge, 25 percent have fair knowledge and 8 percent have poor knowledge. The Cronbach's alpha value for this scale was 0.852. It has also shown that 72 percent of these services are given to the beneficiaries.

Conclusion: The overall knowledge of anganwadi workers regarding supplementary nutrition program is good in Dahod Taluka. However, Most of the workers lack in the technical knowledge like shelf life of balbhog and quantity of food given in different interventions of ICDS related to nutrition. Also, workers knowledge regarding SABLA needs improvement. AWWs lack in activities like nutrition and health education and life skill education. Apart from this sharpening of the skills related to BMI calculation and its implementation is also required. However, the implementation part is satisfactory for both. For improving the knowledge of AWWs, refresher trainings are required. Also, on the job mentoring and hand holding from the supervisor's end could also be beneficial.

Key Words: SABLA, Supplementary nutrition program, knowledge of AWW, Implementation

Acknowledgement

Every successful story is a result of an effective team work, a team which comprises of a good coach and good team players. Likewise this thesis report is no exception. This has been a meticulous effort of a group of people along with me. I want to take this opportunity to thank each and every one who has been a part of this report.

To start with, I would like to thank my mentor and guide Dr. S. D. Gupta. He has been a constant source of encouragement with his valuable inputs about the dissertation. His timely advice helped me realize what was required to conduct the research and collect the data and helped me complete it in an effective way.

Secondly, I would like to thank Mrs. S. Bhabhor- Program Officer- ICDS-Gujarat Government. She was instrumental in providing me this opportunity and helped me in getting the relevant information.

Also, I would like to take this opportunity to thank all the CDPOs, Block Coordinators and Supervisors who enhanced my knowledge about ICDS and helped me in familiarizing with the working culture of the department.

Deeksha Bhardwaj

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Abbreviations

AFHS	Adolescent Friendly Health Services
AGs	Adolescent Girls
ANM	Auxillary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWC	Anganwadi centre
AWW	Anganwadi Worker
AWH	Anganwadi Helper
BCC	Behavior Change Communication
BMI	Basic Metabolic Rate
BRGF	Backward Regions Grant Fund Programme
CDHO	Chief District Health Officer
CDPO	Child Development Project Officer
EFBP	Extruded Fortified Blended Premix
FNB	
ICDS	Integrated Child Development Services
IEC	Information education and communication
IFA	Iron and folic acid tablet
IMR	Infant Mortality Rate
KAP	Knowledge, Attitude and Practice
KSY	Kishori Shakti Yojana
LSE	Life Skill Education
NFHS	National Family Health Survey
NHE	Nutrition, Health Education
NSDP	National Skill Development Program
RGSEAG	Rajiv Gandhi Scheme For Empowerment Of Adolescent Girls (SABLA)
SHGs	Self Help Groups
SNP	supplementary nutrition programme
SPSS	Statistical Package for the Social Sciences
THRs	Take Home Rations
UNFPA	United Nations Fund for Population Activities
UNICEF	The United Nations Children's Fund
VHND	Village Health and nutrition Day
WCD	Women and Child Development
WHO	World Health Organisation

1. Introduction:

1.1. Background of study:

1.1.1. Malnutrition and children: Children need adequate quantities of wholesome, diverse foods to grow and develop in the best manner possible. These foods should meet their requirements of various nutrients, as well as calories. 70% of India's children do not get as many calories as they need. Lack of enough food, especially diverse food, means that these children are also unable to meet their requirements of protein, minerals and vitamins. More than half of our children are malnourished.

Majority of children in India have underprivileged childhoods starting from birth. The infant mortality rate of Indian children is 44 and the under-five mortality rate is 93 and 25% of newborn children are underweight among other nutritional, immunization and educational deficiencies of children in India.

According to the 2007 survey, the number of malnourished children in Gujarat grew to 46 per cent as against 45 per cent in the previous years, similarly in MP the number increased to 60 from 54.

The "supplementary nutrition programme" (SNP) under ICDS has a crucial role to play in combating child malnutrition. Providing a hot, cooked, nutritious meal consisting of cereal, pulse, eggs and vegetables is essential for the SNP to have an impact. It might not be convenient for children under three to come to the centre everyday for SNP. For these children, Take Home Rations (THRs) comprising of fats/oils and proteins in addition to cereals and pulses, based on locally available foods, must be provided.

1.1.2. Malnutrition and Adolescent girls: Not only malnutrition is prevailing in children it is also prevailing in adolescent girls, pregnant women and lactating mothers. Large numbers of adolescent girls are malnourished and anaemic. One of the main problems during this phase of growth is the inadequate calorie intake. Studies have shown that girls in rural areas take a mean of 1355KCals/day in the 13-15 years and 1292 KCals/day in the 16-18 years which is much below the recommended age-groups.

In India, many adolescent girls suffers from iron-deficiency anaemia, a condition that can be remedied relatively easily through diet changes but otherwise increases risks for low body-mass index levels, health complications, and even death during and after pregnancy. When an anaemic girl conceives then she is likely to give birth to a child that suffers from stunted physical and cognitive development and low birth weight. Maternal malnutrition accounts for 20 percent of child stunting globally. If this stunted baby is a girl child then it leads to the vicious cycle of malnourishment.

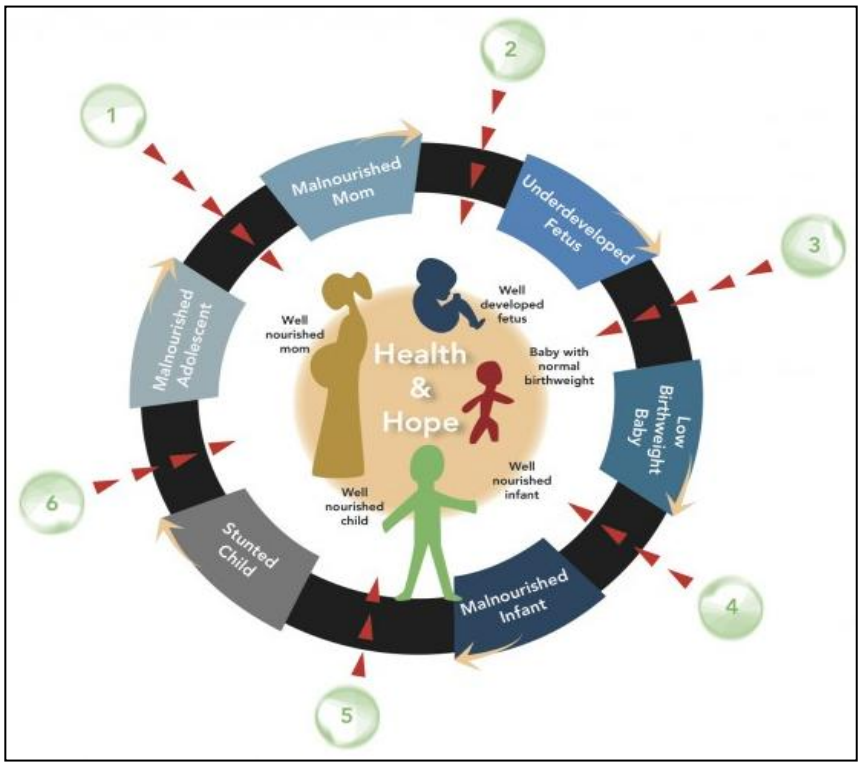

Figure 1.1: Cycle of malnourishment

To deal with malnutrition among adolescent girls, Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG), better known as SABLA Scheme is running in tribal districts of Gujarat. This scheme not only focuses on supplementary nutrition and IFA but also have components like Life Skill Education (LSE) and vocational training for empowering the adolescent girls.

For a successful implementation of these programs it is very important that the Anganwadi worker has a thorough knowledge regarding malnutrition, supplementary nutrition and schemes related to them.

1.1.3. Role of Anganwadi Worker in combating Malnutrition: The Anganwadi worker (AWW) is the community based voluntary frontline worker of the ICDS programme. Selected from the community, she assumes a pivotal role due to her close and continuous contact with the beneficiaries. The output of the ICDS scheme is to a great extent dependant on the profile of the key functionary i.e. the AWW, her qualification, experience, skills, attitude and training etc. An Anganwadi is the focal point for delivery of ICDS services to children and mothers. Services at Anganwadi center (AWC) are delivered by an Anganwadi Worker (AWW), who is a part-time honorary worker. AWW is assisted by a helper (AWH) who is also a local woman and is paid an honorarium being functional unit of ICDS programme which involves different groups of beneficiaries,

1.2. Background of Dahod District:

It is one of the 26 districts of Gujarat state in western India. The district is divided into 8 Talukas and 19 blocks. Dahod city is the administrative headquarters of this district.

1.2.1. Socio-Economic and Demographic Profile: The district has an area of 3,642 km², and a population of 21, 26,558 (2011 census), with a population density of 583 persons per km². Its population growth rate over the decade 2001–2011 was 29.95%. It had a sex ratio of 986 females for every 1000 males. Dahod had an average literacy rate of 60.6%, lower than the national average of 59.5%. In 2006 the Ministry of Panchayati Raj named Dahod one of the country's 250 most backward districts (out of a total of 640). It is one of the six districts in Gujarat currently receiving funds from the Backward Regions Grant Fund Programme (BRGF).

1.2.2. ICDS Dahod: The district is divided into 19 blocks. There are 696 villages and 2960 Anganwadi centers.

According to monthly progress report of March 2015, ICDS serves around 4, 94,701 beneficiaries through its different schemes.

Table 1.1: Number Of Anganwadi Centers At Dahod Districts		
S. No.	**Block Name**	**No. of AWC**
1	Dahod-1	154
2	Dahod-2	146
3	Dahod-3	135
4	Dahod-4	132
5	Devgadhbaria-1	185
6	Devgadhbaria-2	191
7	Dhanpur-1	125
8	Dhanpur-2	131
9	Fatepura-1	147
10	Fatepura-2	138
11	Garbada-1	141
12	Garbada-2	144
13	Limkheda-1	190
14	Limkheda-2	169
15	Limkheda-3	165
16	Zalod-1	170
17	Zalod-2	151
18	Zalod-3	165
19	Zalod-4	181
Dahod Total :		2960

2. Literature review:

2.1. Children need adequate quantities of wholesome, diverse foods to grow and develop in the best manner possible. These foods should meet their requirements of various nutrients, as well as calories. 70% of India's children do not get as many calories as they need. Lack of enough food, especially diverse food, means that these children are also unable to meet their requirements of protein, minerals and vitamins. More than half of our children are malnourished.[1]

2.2. Young people are a source of energy, creativity and initiative, of dynamism and social renewal. Considering the fact that the adolescent population around the globe has reached 1.2 billion (UNICEF, 2011), the largest generation of adolescents in the history (UNFPA state of world population, 2003) their developmental demands are becoming the main agenda in the policy discussions recently. Though India is home to 20% of the total adolescent population in the world (i.e. around 243 million) (UNICEF, 2010), they are yet to be recognized as a distinct age group in the policy formulation of our country. Adolescents, especially the girls in India are at a more disadvantaged position due to various socio cultural realities that exist in our country. Health related risks due to early marriage, and child bearing, poor access to resources as result of low preference given to the education of the girl child and the cultural restriction putting limits for her achievements and aspirations all of which are challenges for a girl child in Indian situation.[2]

2.3. A study showed that around 49% of the girls mentioned that they had benefited from KSY, while the remaining AGs did not feel so only 41% AWW had received training under KSY. Anganwadi workers mentioned that the training imparted to them was not sufficient for implementation of KSY (Kishori Shakthi Yojana), which is the name given to Adolescent girls' scheme in the year 2000 i.e. during the first revision of the scheme). SABLA and KSY are almost similar schemes. Therefore, this study is taken as a background.[3]

2.4. According to a study, numerous health and information needs of adolescents remain ignored due to constraints at different levels of health care system. One of the effective measures can be strengthening Anganwadis to meet these needs, so that better health and health seeking behavior can be expected. So, the study was carried out with objectives to assess baseline knowledge and practices of AFHS in Anganwadi workers (AWWs), to impart skill-based training to AWWs, to evaluate improvement in knowledge and skills of AWWs at appropriate interval, to assess health status and KAP of Adolescent girls (AGs) of Anganwadis. The results shown that, 81.69% girls were undernourished, 57.04% showed pallor. Health seeking behavior was poor. Satisfactory improvement was observed in AWWs regarding health check-up of AGs. Communication skills also improved in form of better history taking regarding menstruation, diet and effective health education.[4]

3. Methodology:

3.1.Rationale:

3.1.1. Supplementary nutrition is important program of ICDS for dealing with malnutrition. If right quantity and quality food is given at right time then only it is beneficial. Therefore, to ensure the successful implementation of this program, it is important that the AWW has proper knowledge about quantity, quality and timings of supplementary nutrition.

3.1.2. For fighting malnutrition it is important to deal with its vicious cycle. Nutrition supplementation and IFA consumption is not enough. Empowerment of the adolescent girl is important. Hence, the AWW should be capable enough to give effective counselling to the girls, mothers and community regarding the sensitive subjects related to adolescent health. The AWW should be active enough to give life skills education to the adolescent girls and help them to enrol in different vocational trainings.

3.1.3. Not only knowledge of AWW is important, but her skill related to the proper implementation of these programs (SNP and SABLA) is equally important.

3.2.Research Questions:

3.2.1. What is the level of knowledge about supplementary nutrition program among AWWs?

3.2.2. What is the level of knowledge about supplementary nutrition program among AWWs?

3.3.Objectives:

3.3.1. To assess the knowledge of supplementary nutrition program among anganwadi workers in Dahod.

3.3.2. To assess the knowledge of SABLA among anganwadi workers in Dahod.

3.4.Research design:

A Cross-sectional descriptive study was done.

3.4.1. Study Area: The study was conducted in Dahod taluka of the District Dahod.

3.4.2. Study Duration: The study was carried out from 7, March 2015 to 10, May 2015.

3.4.3. Study Participants: Aanganwadi workers were the participants.

3.5.Sampling:

3.5.1. Sampling method: Purposive Sampling was done.

3.5.2. Sampling Size: 100 Anganwadi centers were selected for this study. The selected centers were from Dahod taluka. 25 centers per block were randomly selected from the four blocks of Dahod taluka. The blocks were Dahod-1, Dahod-2, Dahod-3 and Dahod-4.

3.6.Research Instrument:

3.6.1. Source of data collection**:** The source of data collected was primary in nature. For this purpose, a structured questionnaire was used. Secondary data was also used for reference.

3.6.2. Data Collection Technique**:** Face to face interviews were conducted for data collection. Registers at AWCs were used for cross checking.

3.6.3. Data Collection Tool: A Structured Questionnaire was used as a tool for data collection. It had five parts: Basic information, Knowledge of AWW regarding Supplementary Nutrition Program, Implementation of Supplementary Nutrition Program, Knowledge of AWW regarding SABLA and Implementation of SABLA.

3.7.Procedure: First, from four blocks of Dahod taluka 100 anganwadis were selected (25 from each block). Then Data was collected personally by making personal visits to Anganwadi centers. For ensuring proper implementation of the program, registers were checked and at least two beneficiaries were asked for cross reference. Data was collected both from primary and secondary sources. Primary data was collected from all the Anganwadi workers. The

secondary data was collected from official records and registers. Apart from that keen observation was done to check the skills of AWW wherever required.

3.8. Data Analysis: Once the data was collected, it was compiled in SPSS. Most of the data analysis was done on SPSS. However, Microsoft excel was also used for data analysis.

3.8.1. Statistical Methods: Frequencies for different variables were calculated. Two knowledge assessment indexes were created to measure the overall knowledge of AWW regarding supplementary nutrition norms and SABLA, respectively. Reliability of these scales was also checked. Apart from this, cross relation between the knowledge of AWW and last training received was also seen.

3.8.2. Scale used:

All the indicators which were used to assess the knowledge of AWW regarding SNP and SABLA, were measured on the following ordinal scale:

- Mentions without probing
- Agree after probing
- Disagree after probing
- Don't know after probing

Most of the indicators which were used to assess the implementation of SNP and SABLA, were measured on an ordinal scale, using the variables Yes and No.

3.9. Ethical Considerations: Informed consent was taken before starting the interview. If anyone disagrees to become part of the data collection process they were not forced. Prior information was given before visiting any Anganwadi Center. Confidentiality was ensured to all participants.

4. Results:

4.1. Knowledge of AWW regarding Supplementary Nutrition Program:

4.1.1. Knowledge regarding SNP norms:

Supplementary Nutrition equivalent 500 calories and 12-15 gram proteins is provided to normal children under 6 years and 800 calories and 20-25 gram protein to severely underweight children less than 6 years. Pregnant women, nursing mothers and adolescent girls are given SNP food with 600 calories and 18-20 gram protein.

Three indicators were taken to measure the knowledge of anganwadi worker regarding supplementary nutrition program (SNP) norms.

Following were the indicators:

- Supplementary nutrition program (SNP) norms for children with normal weight.
- Supplementary nutrition program (SNP) norms for underweight children.
- Supplementary nutrition program (SNP) norms for Adolescent girls, Pregnant Women and Lactating Mothers.

These indicators were computed to know the knowledge of AWW regarding SNP norms. The results are shown in table 4.1.

Table 4.1: Knowledge of AWW regarding SNP Norms

S.no.	Indicators	Percent
1	Full Knowledge of SNP Norms	84.0
2	Half Knowledge of SNP Norms	15.0
3	No Knowledge of SNP Norms	1.0
4	Total	100.0

4.1.2. Knowledge of AWW regarding Balbhog:

Energy Dense Micronutrient Fortified Extruded Blended Food (Balbhog) is provided as Take Home Ration (THR) to children 6 months to 3 years (7 packets per month, i.e. 3.5kg) and underweight children 3-6 years (4 packets per month i.e. 2kg) on Mamta Diwas. Each packet weighs 500 gms. The shelf life of these premixes is 4 months. 7 Packets of Balbhog is being given to normal weight children and 10 packets to severe underweight children of 6 month to 3 years of age. Severely underweight children of 3 to 6 years of age are being provided 4 packets of Balbhog per month.

Four indicators were taken to measure the knowledge of anganwadi worker regarding balbhog. Following were the indicators:

- Age of beneficiaries to whom baalbhog is given
- Is balbhog given to children in the age group of 3-6 yrs?
- Packets are given to 6 month to 3 years children
- Shelf life of Balbhog

These indicators were computed to know the knowledge of AWW regarding balbhog. The results are shown in table 4.2.

Table 4.2: Knowledge of AWW regarding Balbhog

S. no.	Indicators	Percent
1	Full Knowledge regarding balbhog	57.0
2	Half Knowledge regarding balbhog	41.0
3	Very Little Knowledge regarding balbhog	2.0
4	Total	100.0

In figure 4.1, Knowledge of AWW regarding Shelf Life of Balbhog in percentage was shown.

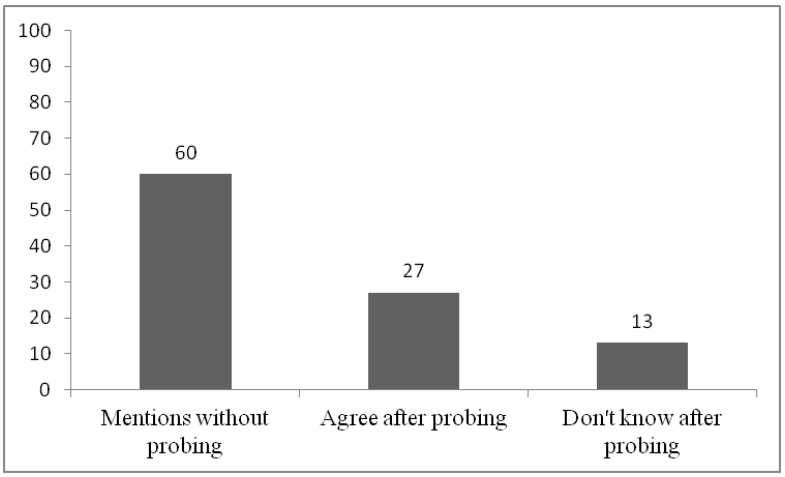

Figure 4.1: Knowledge of AWW regarding Shelf Life of Balbhog in percentage

4.1.3. Extruded Fortified Blended Premix:

Dense Micronutrient Fortified Extruded Blended Take Home Ration (THR) like Sukhdi (1 packet of 1 kg per month), Sheera (3 packets of 500 gm each) and Upma (2 packets of 500 gm each) are provided to pregnant women, nursing mothers and adolescent girls.

Two indicators were taken to measure the knowledge of anganwadi worker regarding EFBP. Following were the indicators:

- Beneficiaries of sukhdi, sheera and upma
- No of packets of sukhdi, sheera and upma given to the beneficiaries

These indicators were computed to know the knowledge of AWW regarding EFBP. The results are shown in table 4.3.

Table 4.3: Knowledge of AWW regarding EFBP

S. no.	Indicators	Frequency	Percent	Valid Percent	Cumulative Percent
1	Full Knowledge regarding EFBP	93	93.0	93.0	93.0
2	Half Knowledge regarding EFBP	5	5.0	5.0	98.0
3	No Knowledge regarding EFBP	2	2.0	2.0	100.0
4	Total	100	100.0	100.0	

4.1.4. Knowledge regarding Demonstrative feeding:

With an aim to enhance and ensure the consumption of Supplementary Nutrition among children of 6months to 3 years and to provide age appropriate nutrition counseling to mothers, State Government has introduced demonstrative feeding for 6months to 3 years children. Demonstrative feeding is given to children of 6months to 3years at AWCs through their parent/guardians in morning timing 9:30am to 10:30am.

Younger children 6months to 1 year are given 'Raab' (in semi liquid form) and older children 1-3 years are given 'Sukhadi' which is prepared by mixing jaggery to THR-Balbhog.

Seven indicators were taken to measure the knowledge of anganwadi worker regarding Demonstrative feeding. Following were the indicators:

- Beneficiaries of Demonstrative Feeding
- Number of days/week it is given
- Timings of Demonstrative Feeding
- Food given during Demonstrative Feeding
- Quantity of food given per child

- IFA syrup given during Demonstrative Feeding

These indicators were computed to know the knowledge of AWW regarding Demonstrative Feeding. The results are shown in table 4.4.

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Table 4.4: Knowledge of AWW regarding Demonstrative Feeding

S. no.	Indicators	Frequency	Percent	Valid Percent	Cumulative Percent
1	Full Knowledge regarding Demonstrative Feeding	14	14.0	14.0	14.0
2	Half Knowledge regarding Demonstrative Feeding	73	73.0	73.0	87.0
3	Very Little Knowledge regarding Demonstrative Feeding	13	13.0	13.0	100.0
4	Total	100	100.0	100.0	

In the figure 4.2, the Knowledge of AWW regarding IFA syrup during Demonstrative Feeding is shown

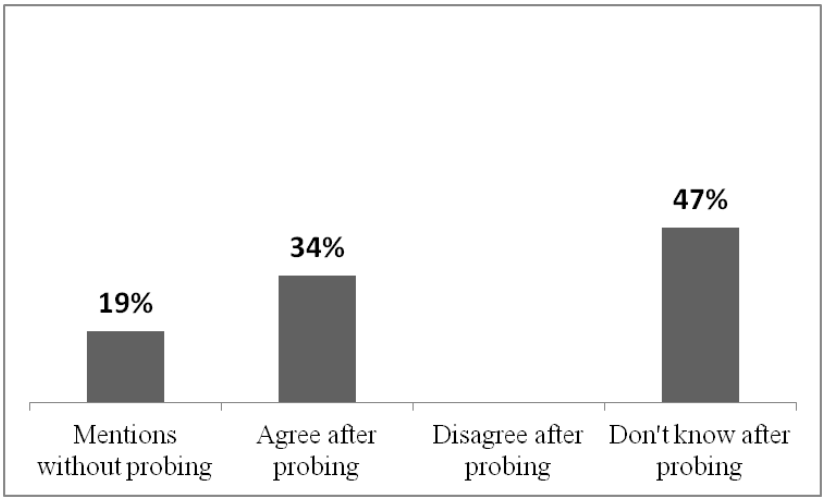


Figure 4.2: Knowledge of AWW regarding IFA syrup during Demonstrative Feeding

4.1.5. Breakfast by SHGs:

Hot cooked breakfast is provided through Matru Mandals and Sakhi Mandals to children in the age group of 3-6 years. Matru Mandals and Sakhi Mandals are involved in the Supplementary Nutrition Program to promote community participation and in maintaining the quality of food. They prepare the supplementary food and provide to the beneficiaries at the Anganwadi centers six days a week at Anganwadi. Table 4.5 shows the menu for breakfast.

Table 4.5: Menu for Breakfast by SHGs

S. no.	Day	Menu
1	Monday	Masala Fada
2	Tuesday	Shira
3	Wednesday	Sukhadi
4	Thursday	Fada Lapsi
5	Friday	Vaghareli Idli
6	Saturday	Sweet pudala

Two indicators were taken to measure the knowledge of anganwadi worker regarding breakfast. Following were the indicators:

- Menu for Breakfast
- Quantity of food given per child

To know the knowledge of AWW regarding breakfast, Percentage for these indicators were calculated, individually. The results are shown in the following figure 4.3.

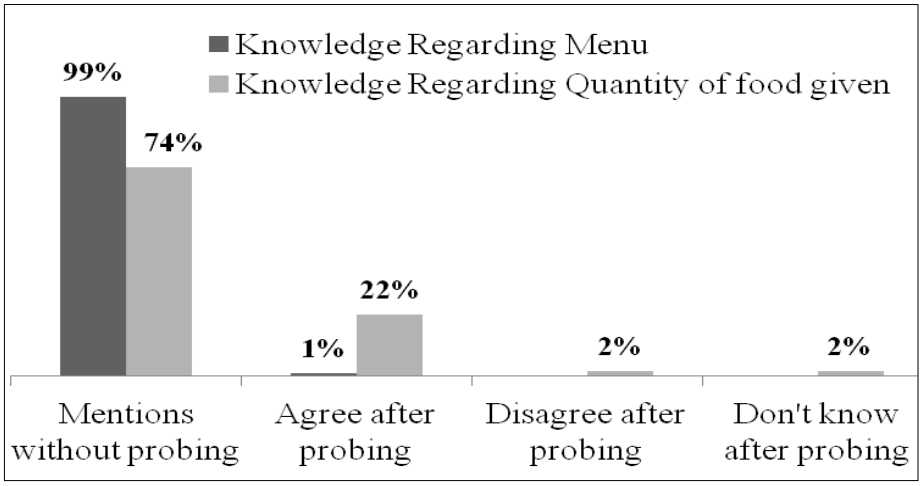


Figure 4.3: Knowledge of AWWs regarding Breakfast in percentage

4.1.6. Hot Cooked after noon Meal:

80 gram of freshly prepared hot cooked meal within limit of Rs 3 / day / beneficiary is prepared by AWW and AWHs and provided to 3 – 6 years children at the AWCs. In order to fortified meal with protein, tuver dal, chana dal, soya flakes is incorporated in cyclic menu of AWCs. Table 4.6 shows the menu for afternoon meal.

Table4.6: Menu for Afternoon Meal

S. no.	Day	Menu
1	Monday	Masalawali Bhakhri/ Thepla with Tomato Chutney and Tuar Daal
2	Tuesday	Thepla with Tomato Chutney and Doodhi Chana Daal
3	Wednesday	Vegetable Pulav and sprouted Bengal Gram
4	Thursday	Rice with Daal and Vegetables
5	Friday	Bottle gourd dhebara with Tomato Chutney and sprouted Bengal Gram
6	Saturday	Vegetable Khichadi

Two indicators were taken to measure the knowledge of anganwadi worker regarding afternoon meal. Following were the indicators:

- Menu for afternoon meal
- Quantity of food given per child

To know the knowledge of AWW regarding afternoon meal, Percentage for these indicators were calculated, individually. The results are shown in the following figure 4.4.

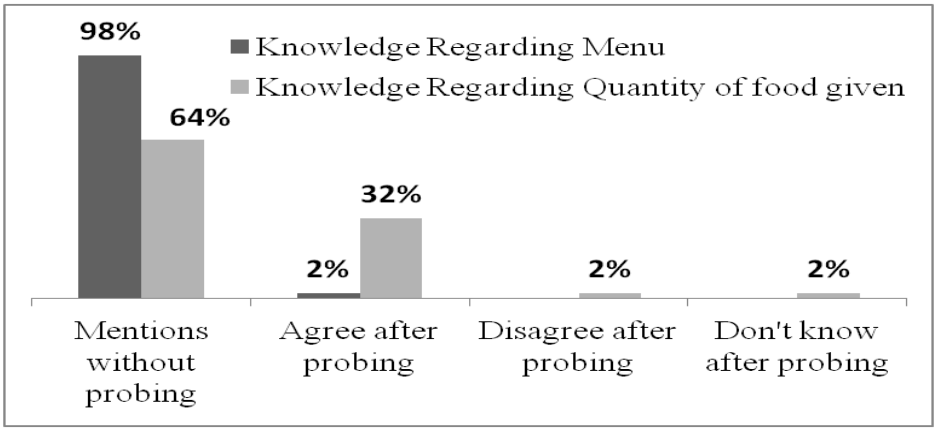


Figure 4.4: Knowledge of AWW regarding Afternoon Meal in percentage

4.1.7. Third Meal**:**

Third Meal' as 'Carry Away Meal' in form of laddus are given to moderate and severely underweight children among 3-6 years (yellow and red zone according to WHO Growth chart) as SNP for weight gain. Quantity of third meal is 50 grams per child.

Two indicators were taken to measure the knowledge of anganwadi worker regarding afternoon meal. Following were the indicators:

- Beneficiaries of third meal
- Quantity of food given per child

To know the knowledge of AWW regarding third meal, Percentage for these indicators were calculated, individually. The results are shown in the following figure 4.5.

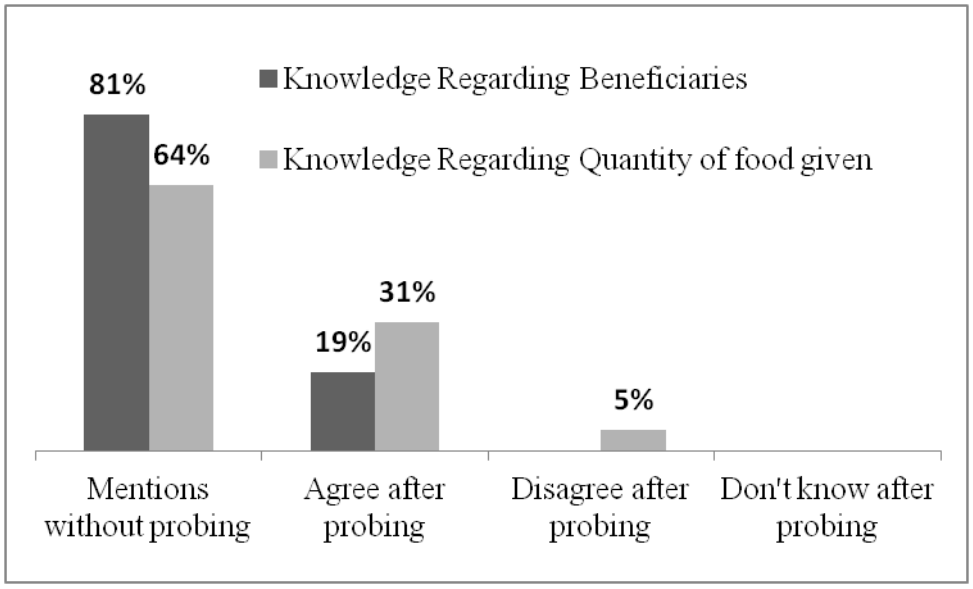


Figure 4.5: Knowledge of AWW regarding Third Meal in percentage

4.1.8. Fruit through Matru Mandal**:**

Additionally the State Government is also providing fruits (seasonal) to children in the age group of 3-6 years, twice a week (Monday and Thursday) at the Anganwadi centers.

Two indicators were taken to measure the knowledge of anganwadi worker regarding fruits through Matru Mandal. Following were the indicators:

- Name of Days on which fruits are distributed
- Age group of Beneficiaries to which fruits are given

To know the knowledge of AWW regarding fruits through Matru Mandal, Percentage for these indicators was calculated, individually. The results are shown in the following figure 4.6.

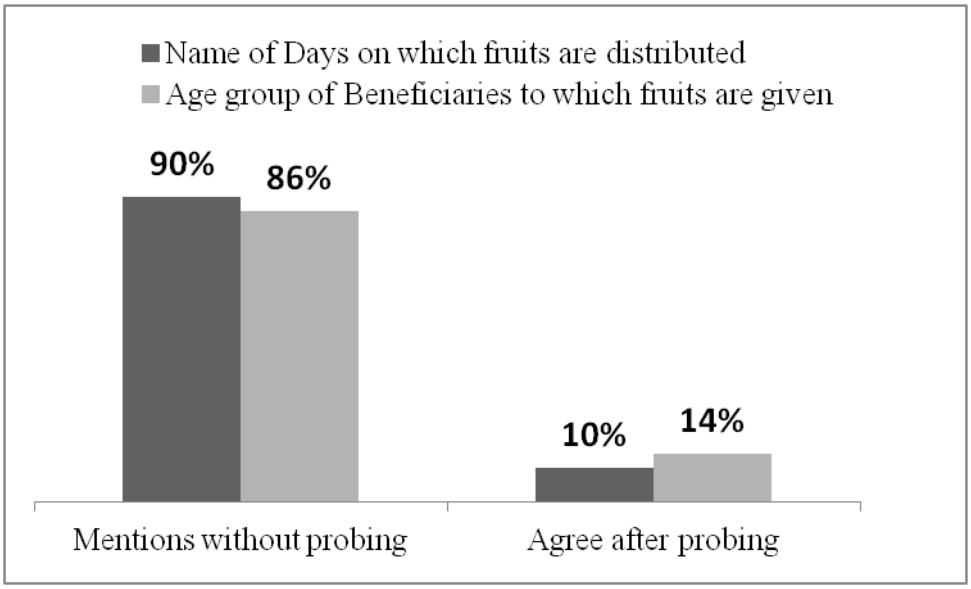


Figure 4.6: Knowledge of AWW regarding Fruits through Matru Mandal in percentage

4.1.9. Knowledge assessment index of supplementary nutrition program for AWW:

This index was developed to see the overall knowledge of AWW regarding supplementary nutrition program.

For calculating the score 24 indicators were taken. Values were assigned to each response. The assigned values are shown in table 4.7.

Table 4.7: Responses and their Values for Knowledge assessment index of supplementary nutrition program for AWW

S. No.	Response	Assigned Value
1	Mentions without probing	6
2	Agree after probing	4
3	Disagree after probing	2
4	Don't know after probing	0

After assigning values all the 24 indicators were computed and the range is given to the computed values for final assessment. The range is shown in table 4.8.

Table 4.8: Range for Knowledge assessment index of supplementary nutrition program for AWW

S. No.	Computed score	Assigned Range
1	144	Excellent Knowledge regarding SNP
2	143 to 132	Very Good Knowledge regarding SNP
3	131 to 122	Good Knowledge regarding SNP
4	121 to 114	Fair Knowledge regarding SNP
5	Below 113	Poor Knowledge regarding SNP

Table 4.9 shows the Knowledge assessment index of supplementary nutrition program for AWW.

Table 4.9: Knowledge assessment index of supplementary nutrition program for AWW

S. No.	Indicators	Frequency	Percent	Valid Percent	Cumulative Percent
1	Excellent Knowledge regarding SNP	4	4.0	4.0	4.0
2	Very Good Knowledge regarding SNP	65	65.0	65.0	69.0
3	Good Knowledge regarding SNP	25	25.0	25.0	94.0
4	Fair Knowledge regarding SNP	5	5.0	5.0	99.0
5	Poor Knowledge regarding SNP	1	1.0	1.0	100.0
6	Total	100	100.0	100.0	

The reliability of the index was also seen. Table 4.10 shows the reliability statistics for the index.

Table 4.10: Reliability Statistics

Cronbach's Alpha	N of Items
.731	24

4.2.Implementation of Supplementary Nutrition Program:

4.2.1. Table 4.11 shows the percentage implementation of supplementary nutrition program for different services. According to the table, the overall implementation of SNP in Dahod was 98.5 percent.

Table 4.11: Implementation of Supplementary Nutrition Program in percentage

S.No.	Services Provided	Yes	No
1	Balbhog given	100	0
2	EFBP	100	0
3	Breakfast	100	0
4	Hot cooked afternoon meal	100	0
5	Third Meal	90	10
6	Seasonal fruits	98	2

4.2.2. Figure 4.7 shows the percentage of service delivery by the personnel, i.e., AWW, AWH and Matru Mandal. In general, AWW is responsible for providing afternoon meal while Matru Mandal is responsible for providing breakfast and seasonal fruits.

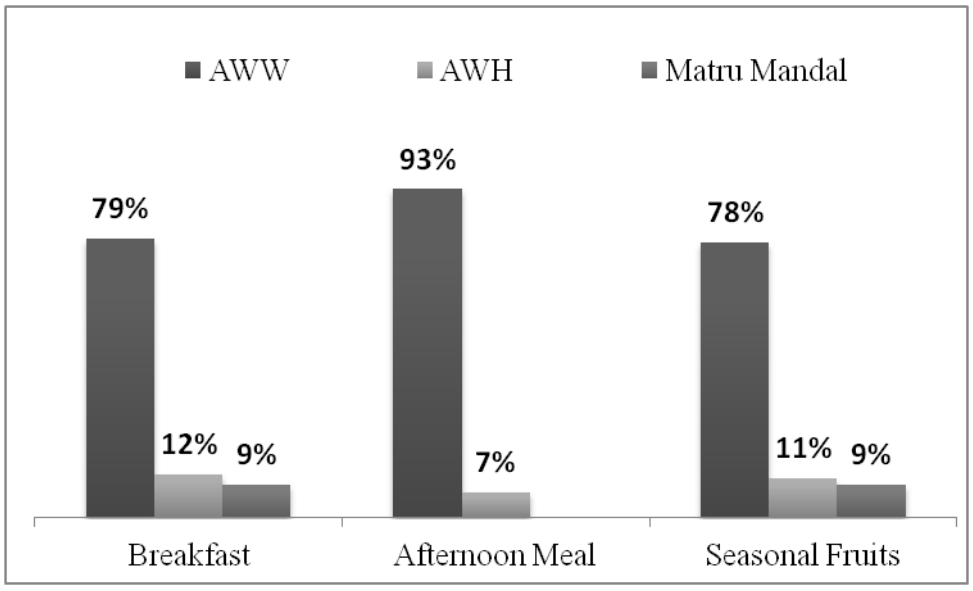


Figure 4.7: Percentage Of Service Delivery By The Personnel

4.3.Knowledge of AWW regarding SABLA:

The scheme focuses on all out-of-school adolescent girls and school-going girls, in age group 11-18 years. Under this scheme AGs receive life skills education, nutrition and health education, awareness about socio-legal issues, etc. This provides an opportunity for mixed group interaction between school-going and out-of-school girls, motivating the latter to also join school and help the school going to receive the life skills.

4.3.1. Basic knowledge about SABLA:

Six indicators were taken to measure the knowledge of anganwadi worker regarding balbhog. Following were the indicators:

- Beneficiaries of SABLA Scheme
- Nutrition Beneficiaries
- Non Nutrition Beneficiaries
- Sakhi Mandal
- BMI Calculation
- BMI Interpretation

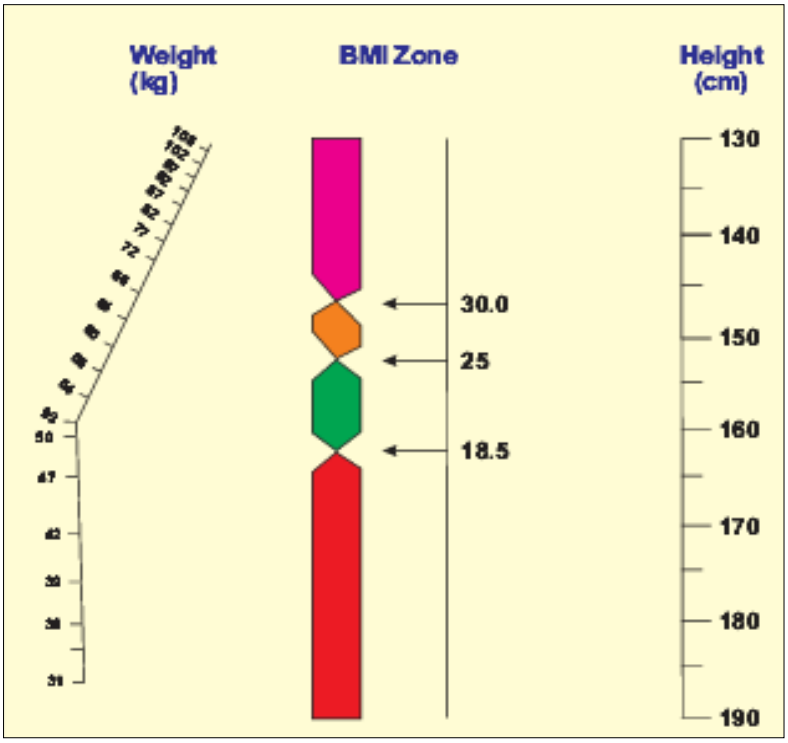
These indicators were computed to know the knowledge of AWW regarding Basic Parameters of SABLA. The results are shown in table 4.12.

Table 4.12: Knowledge regarding Basic Parameters of SABLA

S. No.	Indicators	Frequency	Percent	Valid Percent	Cumulative Percent
1	Excellent Knowledge regarding Basic Parameters of SABLA	34	34.0	34.0	34.0
2	Good Knowledge regarding Basic Parameters of SABLA	50	50.0	50.0	84.0
3	Fair Knowledge Basic Parameters of SABLA	14	14.0	14.0	98.0
4	Poor Knowledge regarding Basic Parameters of SABLA	2	2.0	2.0	100.0
5	Total	100	100.0	100.0	

4.3.2. BMI Calculation and its interpretation:

BMI is the main indicator to know the nutritional status in adults. So, it is very important that AWW has knowledge and skill regarding BMI calculation and its accurate interpretation. Figure 4.8 shows a BMI calculator which is printed on the back side of "SABALA Pothi (Kishori Card) and its interpretations.



Correlation between BMI Zone and Nutritional Status

Red	:	Less than 18.5	: Malnourished
Green	:	18.5-25	: Normal
Orange	:	25-30	: Mildly Overweight
Pink	:	30 or more	: Overweight

Figure 4.8: BMI calculator and its interpretations.

In figure 4.9, the skills of Anganwadi Workers regarding BMI calculation and its implementation is shown.

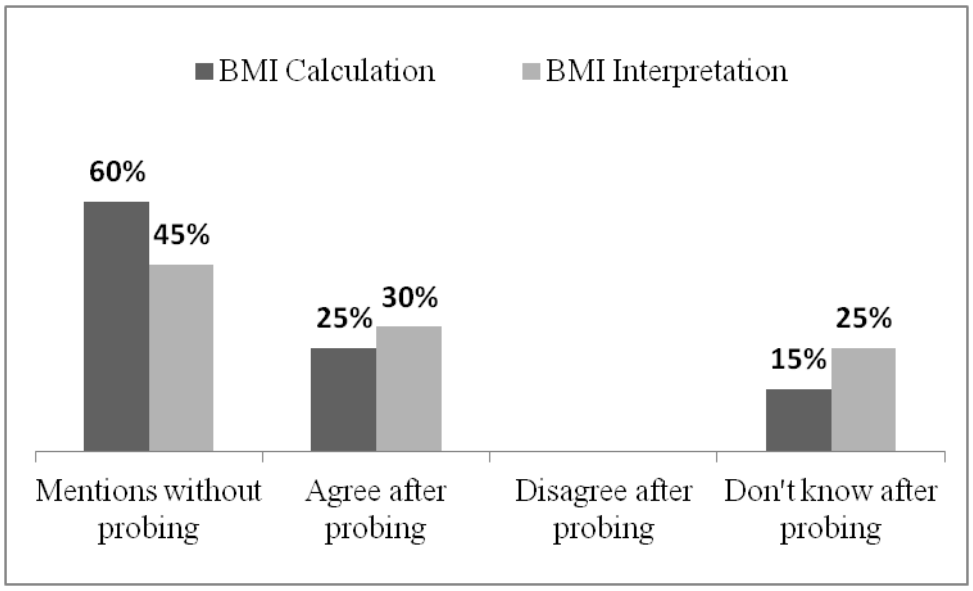


Figure 4.9, Skills of Anganwadi Workers regarding BMI calculation and its implementation

4.3.3. Knowledge of AWWs regarding the Non nutritional components of SABLA:

There are two major components under the Scheme Nutrition Component and Non Nutrition Component as under,

Nutrition Component:

- 11-14 years AGs : Out of school girls
- 11-14 years AGs : Out of school girls

Non Nutrition Component: 14 -18 years AGs : All girls

For Out of school AGs :

a) 11-18 years

- Nutrition provision,
- IFA supplementation,
- Health check-up and Referral services,
- Nutrition & Health Education (NHE),

- Counseling/Guidance on family welfare, ARSH, child care practices,
- Life Skill Education and accessing public services

b) 16-18Years

- Vocational training under National Skill Development Program (NSDP)

Seven indicators were taken to measure the knowledge of anganwadi worker regarding Non Nutritional Components of SABLA. Following were the indicators:

- Nutrition provision,
- IFA supplementation,
- Health check-up and Referral services,
- Nutrition & Health Education (NHE),
- Counseling/Guidance on family welfare, ARSH, child care practices,
- Life Skill Education and accessing public services
- Vocational training under National Skill Development Program (NSDP)

These indicators were computed to know the knowledge of AWW regarding Non Nutritional Components of SABLA. The results are shown in table 4.13.

Table 4.13: Knowledge of AWWs regarding Non Nutritional Components of SABLA

S. No.	Indicators	Frequency	Percent	Valid Percent	Cumulative Percent
1	Excellent Knowledge	23	23.0	23.0	23.0
2	Good Knowledge	60	60.0	60.0	83.0
3	Fair Knowledge	10	10.0	10.0	93.0
4	Poor Knowledge	2	2.0	2.0	95.0
5	No Knowledge	5	5.0	5.0	100.0
6	Total	100	100.0	100.0	

4.3.4. Knowledge of AWWs regarding kishori diwas:

It is celebrated once in three months on a fixed day. On the kishori diwas, the AWWs, health functionaries, including Medical Officer, Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA), mobilize AGs and their families, especially mothers, to assemble at the AWC. In Gujarat, Kishori Diwas is held on the Village Health and Nutrition Day (VHND).

On Kishori Diwas, the following services are to be provided:

- General health check-up, including recording of height, weight, Body-Mass Index (BMI) for all AGs, by the Medical Officer / ANM
- Filling up of Kishori Cards for every AG, marking major milestones
- Referral to specialized healthcare facilities, as required specially for conditions like malnutrition (BMI < 18.5), menstrual problems, frequent headaches, prolonged acne, worm infestation, etc.
- Organising of special health camps
- Providing nutrition and health education
- Demonstration of preparing nutritious recipes. Holding counselling / behaviour change communication (BCC) sessions with AGs and their families for promoting good practices
- Imparting information, education and communication (IEC) to community, parents, siblings etc. Mobile Health Units (where existing) may be utilised.

Seven indicators were taken to measure the knowledge of anganwadi worker regarding Kishori Diwas. Following were the indicators:

- General health check-up
- Filling up of Kishori Cards,
- Referral,
- Nutrition and health education,
- Demo of preparing nutritious recipes,
- BCC sessions and IEC to community, parents, siblings
- Day at which it is celebrated

These indicators were computed to know the knowledge of AWW regarding kishori diwas. The results are shown in table 4.14.

Table 4.14: Knowledge of AWWs regarding Kishori Diwas

S. No.	Indicators	Frequency	Percent	Valid Percent	Cumulative Percent
1	Excellent Knowledge regarding Kishori Diwas	37	37.0	37.0	37.0
2	Good Knowledge regarding Kishori Diwas	45	45.0	45.0	82.0
3	Fair Knowledge regarding Kishori Diwas	18	18.0	18.0	100.0
	Total	100	100.0	100.0	

4.3.5. Knowledge of AWWs regarding components kishori Kit:

Assist AGs in understanding various health, nutrition, social and legal issues. The kit comprises of games and activities so that the AGs enjoy while learning. Sakhi and Saheli will be trained to use the Kit for imparting peer education. The contents of the kit are apron on the anatomy and physiology of female body, Mehandi Book, Receipe Book, Sanitary Napkins, Flash cards on legal issues, health and nutrition issues, Mirror to detect anemia, Snakes & Ladder, deck of playing cards with health, nutrition and legal issues.

Table 4.15 shows the knowledge level of AWWs regarding the components of Kishori Kit.

Table 4.15: Knowledge of AWWs regarding Components of Kishori Kit					
S. No.	**Indicators**	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
1	Excellent Knowledge regarding Components of Kishori Kit	43	43.0	43.0	43.0
2	Good Knowledge regarding Components of Kishori Kit	36	36.0	36.0	79.0
3	Fair Knowledge regarding Components of Kishori Kit	21	21.0	21.0	100.0
4	Total	100	100.0	100.0	

4.3.6. Knowledge assessment index of SABLA Scheme for AWW:

This index was developed to see the overall knowledge of AWW regarding SABLA.

For calculating the score 26 indicators were taken. Values were assigned to each response. The assigned values were same as shown in table 4.7.
After assigning values all the 26 indicators were computed and the range is given to the computed values for final assessment. The range is shown in table 4.16.

Table 4.16: Range for Knowledge assessment index of SABLA Scheme for AWW		
S. No.	Computed score	Assigned Range
1	156	Excellent Knowledge regarding SNP
2	155 to 132	Very Good Knowledge regarding SNP
3	131 to 122	Good Knowledge regarding SNP
4	121 to 102	Fair Knowledge regarding SNP
5	Below 101	Poor Knowledge regarding SNP

Table 4.17 shows the Knowledge assessment index of SABLA Scheme for AWW.

Table 4.17: Knowledge assessment index of SABLA Scheme for AWW					
S. No.	**Indicators**	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
1	Excellent Knowledge regarding SABLA Scheme	4	4.0	4.0	4.0
2	Very Good Knowledge regarding SABLA Scheme	54	54.0	54.0	58.0
3	Good Knowledge regarding SABLA Scheme	9	9.0	9.0	67.0
4	Fair Knowledge regarding SABLA Scheme	25	25.0	25.0	92.0
5	Poor Knowledge regarding SABLA Scheme	8	8.0	8.0	100.0
6	Total	100	100.0	100.0	

The reliability of the index was also seen. Table 4.18 shows the reliability statistics for the index.

Table 4.18: Reliability Statistics	
Cronbach's Alpha	**N of Items**
.852	26

4.4.Implementation of SABLA:

Table 4.19 shows the implementation of SABLA scheme by using various services provided through the scheme. The overall implementation of the scheme is 72 percent.

Table 4.19: Implementation of SABLA scheme			
S. No.	**Indicators**	**Yes**	**No**
1	Presence of Sakhi mandal	75	25
2	Activities done for adolescent girls at AWC	47	53
3	Is kishori diwas is celebrated?	94	6
4	IFA supplementation Given	81	19
5	Deworming tablets given	76	24
6	Counseling related to Health and Nutrition given	83	17
7	Life Skill Education given	55	45
8	Vocational training given	71	29

Figure 4.10 shows the presence of Training kit and Kishori card and their utilization, respectively.

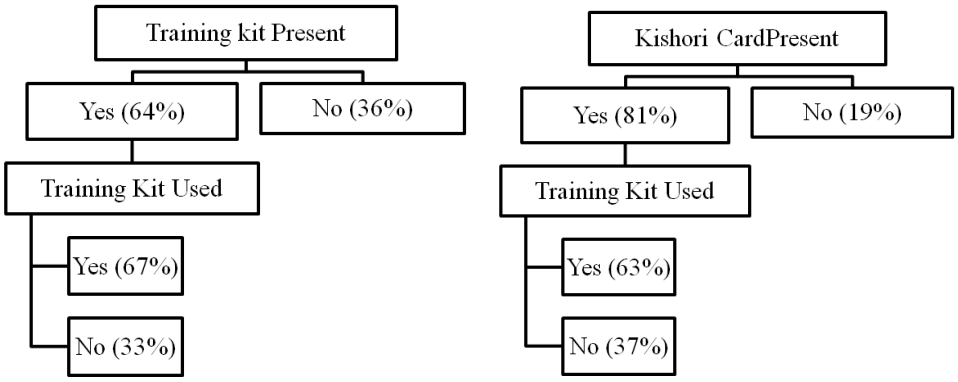


Figure 4.10: Presence of Training Kit and Kishori Card at AWC and their Utilization by AWW

5. Discussion

5.1. Knowledge of AWW regarding Supplementary Nutrition Program:

5.1.1. Knowledge regarding SNP norms

In the Table 4.1, complete knowledge of AWW regarding SNP norms for all the beneficiaries was shown. It includes children with normal weight, underweight children and Adolescent girls, Pregnant Women and Lactating Mothers. According to the table, 84 percent of AWW have complete knowledge, 15 percent have half knowledge and only one percent has no knowledge regarding SNP norms. From these results it is clear the most of the AWW have a clear knowledge about the nutritional norms.

5.1.2. Knowledge of AWW regarding Balbhog

In table 4.2, Knowledge of AWW regarding Balbhog was shown. Age of beneficiaries to whom baalbhog is given, Is balbhog given to children in the age group of 3-6 yrs, Packets are given to 6 month to 3 years children and Shelf life of Balbhog were the variables which were used. The table shows that only 57 percent of AWW have full knowledge, 41 percent have half knowledge and only two percent have very little knowledge regarding balbhog.

In figure 4.1, Knowledge of AWW regarding Shelf Life of Balbhog in percentage was shown. 60 percent of AWW have mentioned without probing, 27 percent have mentioned after probing and 13 percent don't know the shelf life of balbhog even after probing was done. Self life is an important indicator as it defines the duration in which balbhog is safely given to the child.

From the results it is depicted that only half of the AWWs have a complete knowledge regarding balbhog. Apart from this 40 percent of AWWs have a little knowledge regarding the shelf life of balbhog which is a point of concern as balbhog is an important intervention under SNP.

5.1.3. Extruded Fortified Blended Premix:

In the table 4.3, Knowledge of AWW regarding EFBP was shown. According to which, 93 percent of AWW have full knowledge, only 5 percent have half knowledge and only two percent have no knowledge regarding EFBP. Hence, we can say that knowledge regarding EFBP is good among AWWs.

5.1.4. Knowledge regarding Demonstrative feeding

Demonstrative feeding is done to inculcate the habit of eating nutrient food in children and mothers. In table 4.4, knowledge of AWW regarding demonstrative feeding is shown. Only 14 percent of AWW have full knowledge, 73 percent have half knowledge and 13 percent have little knowledge regarding demonstrative feeding. The results have shown that there is a need of enhancing the knowledge of AWW regarding demonstrative feeding.

During demonstrative feeding, iron syrup is also given to the children. In the figure 4.2, the Knowledge of AWW regarding IFA syrup during Demonstrative Feeding is shown. Fifty four percent have knowledge and Forty seven percent of AWWs have no knowledge regarding IFA syrup.

5.1.5. Breakfast by SHGs:

Both the quantity and quality of breakfast is important. In figure 4.3, knowledge of AWWs regarding breakfast menu and its quantity is depicted. According to it, 99 percent for anganwadi works mentioned the whole menu without probing and only one percent agreed after probing. However, results regarding the quantity of food were not as good as knowledge regarding menu of breakfast. Seventy four percent AWWS mentioned the menu without probing, one percent agreed after probing and two percent didn't know anything about quantity of food even after probing was done.

5.1.6. Hot Cooked after noon Meal:

Here also, both the quantity and quality of Hot Cooked after noon Meal is important. In figure 4.4, knowledge of AWWs regarding after noon Meal menu and its quantity is depicted. According to it, 98 percent for

anganwadi works mentioned the whole menu without probing and only two percent agreed after probing. However, results regarding the quantity of food were not as good as knowledge regarding menu of after noon meal. Sixty four percent AWWS mentioned the menu without probing, two percent agreed after probing, two percent disagreed and two percent didn't know anything about quantity of food even after probing was done.

5.1.7. Third Meal:

Third meal is given to underweight children. Therefore, it is important to have knowledge about it. According to figure 4.5, 81 percent AWWs have knowledge regarding beneficiaries of third meal and 19 percent where able to tell after probing. In case of quantity of third meal only Sixty four percent AWWS mentioned the quantity without probing, 31 percent agreed after probing and five percent disagreed after probing was done

5.1.8. Fruit through Matru Mandal:

Figure 4.6 shows knowledge of AWWs regarding seasonal fruits which are distributed to children of AWC on Monday and Thursday. Ninety percent of AWWs have mentioned the days when fruits are distributed in AWC and 86 percent mentioned the age group of beneficiaries, without probing. After a bit of probing, Rest of 10 percent and 14 percent of AWWs were agreed about name of days and age group of beneficiaries, respectively.

5.1.9. Knowledge assessment index of supplementary nutrition program for AWW:

The knowledge index was made to assess the overall knowledge of AWWs regarding SNP. Table 4.9, highlights that only 4 percent of workers have excellent knowledge, 65 percent have very good knowledge, 25 percent have good knowledge, five percent have fair knowledge and only one percent has poor knowledge regarding supplementary nutrition program. Also, Table 4.10 shows The Cronbach's alpha value for this scale, which is 0.731.

This shows that a large number of AWWs have a basic knowledge regarding supplementary nutrition program.

5.2.Implementation of Supplementary Nutrition Program:

5.2.1. Table 4.11 shows the percentage implementation of supplementary nutrition program for different services. According to the table, there is a 100 percent implementation rate for Balbhog, EFBM, Breakfast and hot cooked afternoon meal, while third meal is provided by 90 percent and seasonal fruit is provided by 98 percent of AWCs. The overall implementation of SNP in Dahod was 98.5 percent.

5.2.2. Figure 4.7 shows the percentage of service delivery by the personnel. In general, AWW is responsible for providing afternoon meal while Matru Mandal is responsible for providing breakfast and seasonal fruits. But 79percent of AWWs provide morning breakfast and 78 percent provide seasonal fruits. Both of these tasks are the responsibility of matru mandal (SHGs), who had only nine percent of involvement. Hence, strengthening of these mandals is very important. At 12 percent of places AWH cooks breakfast, at seven percent places cooks afternoon meal and at nine percent places distributes fruits to the beneficiaries.

5.3.Knowledge of AWW regarding SABLA:

5.3.1. Basic knowledge about SABLA:

Table 4.12 shows the knowledge of AWW regarding Basic Parameters of SABLA. According to it , 34 percent of workers have excellent knowledge, 50 percent have good knowledge, 14 percent have fair knowledge and only two percent have poor knowledge of AWW regarding Basic Parameters of SABLA.

5.3.2. BMI Calculation and Interpretation:

In figure 4.9, the skills of Anganwadi Workers regarding BMI calculation and its implementation is shown. According to it, 60 percent know the skill of BMI calculation and 45 percent knows how it is interpreted . After little

bit of probing 25 percent and 30 percent of AWWs were able to calculate the BMI and interpret it, respectively.

While 15 percent and 25 percent didn't have any skill regarding calculation of the BMI and its interpretation, respectively

5.3.3. Knowledge of AWWs regarding the Non nutritional components of SABLA:

Table 4.13 shows the knowledge of AWW regarding Non Nutritional Components of SABLA. According to it, 23 percent of workers have excellent knowledge, 60 percent have good knowledge, 10 percent have fair knowledge, only two percent have poor knowledge and five percent have no knowledge regarding Non Nutritional Components of SABLA

5.3.4. Knowledge of AWWs regarding kishori diwas:

Table 4.14 shows the knowledge of AWW regarding kishori diwas. According to it, 37 percent of workers have excellent knowledge, 45 percent have good knowledge and 18 percent have fair knowledge regarding kishori diwas.

5.3.5. Knowledge of AWWs regarding components kishori Kit:

Table 4.15 shows the knowledge of AWW regarding kishori Kit. According to it, 43 percent of workers have excellent knowledge, 36 percent have good knowledge and21 percent have fair knowledge regarding kishori diwas.

5.3.6. Knowledge assessment index of SABLA Scheme for AWW:

A Knowledge assessment index of SABLA Scheme for AWW was made to assess the overall knowledge of AWWs regarding SABLA. In Table 4.17, it was seen that only 4 percent of AWW have excellent knowledge, 54 percent have very good knowledge, 9 percent have good knowledge, 25 percent have fair knowledge and 8 percent have poor knowledge. The Cronbach's alpha value for this scale was 0.852

5.4.Implementation of SABLA:

5.4.1. Table 4.19 shows the implementation of SABLA scheme by using various services provided through the scheme. Seventy five percent centers have sakhi mandals; in 47 percent centers activities are done. .in 94 percent centers kishori diwas is celebrated. 71 percent AWWs provide vocational training to girl and 55 percent give LSE to AGs. The overall implementation of the scheme is 72 percent.

5.4.2. Figure 4.10 shows the presence of Training kit and Kishori card and their utilization, respectively. Training kit is present at 64 percent centers. Out of which only 67 percent were used. Similarly, kishori card was present at 81 percent of centers. Out of which only 67 percent were used.

6. Conclusion

The overall knowledge of anganwadi workers regarding supplementary nutrition program is good in Dahod Taluka. However, Most of the workers lack in the technical knowledge like shelf life of balbhog and quantity of food given in different interventions of ICDS related to nutrition. Also, workers knowledge regarding SABLA needs improvement. AWWs lack in activities like nutrition and health education and life skill education. Apart from this sharpening of the skills related to BMI calculation and its implementation is also required. However, the implementation part is satisfactory for both. For improving the knowledge of AWWs, refresher trainings are required. Also, on the job mentoring and hand holding from the supervisor's end could also be beneficial.

Instrumentation

Questionnaire with consent

Questionnaire

CONSENT:I am working with ICDS Society, Dahod. A study is being conducting on Assessing the Knowledge of Anganwadi Worker regarding the SNP and SABLA in Dahod District. All responses will be kept confidential.Your interview responses will only be shared with research team members and will ensure that any information we include in our report does not identify you as the respondent. It is very important for the success of this study that you take part in this survey. Remember, you don't have to talk about anything you don't want to and you may end the interview at any time..

Please fill the response in corresponding box and signature / Thumb Impression

Yes..... 1 ⟶ CONTINUE

No .....2 ⟶ END INTERVIEW

Responser 1

Responser 2

Responser 3

Responser-4

Signature/Thumb Impression

SECTION A: Basic Information

S.No.	Question	Response 1	Response 2	Response 3	Response 4
A.1	Name of Taluka				
A.2	Name of Block				
A.3	Name of Anganwadi Centre				
A.4	Name of Anganwadi Worker				
A.5	Age of AWW				
A.6	Class Passed				
A.7	How long have you worked as an AWW?				
A.8	When was the last time you received Traing?				

SECTION B: Knowledge of AWW regarding Supplementary Nutrition Program

S.No.	Question	Coding Categories	Response 1	Response 2	Response 3	Response 4
B.1	What are the supplementary nutrition norms under ICDS for following categories?	1- Mentions without probing, 2- Agree after probing, 3- Disagree after probing, 4- Don't know after probing				
B.1.1	For children	(500 cal/12-15 gm protein)				
B.1.2	For underweight children	(800 cal/20-25 gm protein)				
B.1.3	For Adolescent girls, Pregnant Women and Lactatin Mothers	(600 cal/18-20 gm protein)				
B.2	What do you know about Balbhog for the following questions	1- Mentions without probing, 2- Agree after probing, 3- Disagree after probing, 4- Don't know after probing				
B.2.1	Whom do you give baalbhog? Specify age	(All: 6 mnths- 3 yrs)				
B.2.2	Is balbhog given to children in the age group of 3-6 yrs?	(only malnourished)				
B.2.3	How many packets are given to 6 month to 3 years children?	(Normal: 7 pckt/mnth: 3.5 kg, 10 pckt/month: 3.5 kg)				
B.2.4	What is the shelf life of Balbhog	(4 Months)				
B.3	What do you know about EFBP for the following questions	1- Mentions without probing, 2- Agree after probing, 3- Disagree after probing, 4- Don't know after probing				
B.3.1	Whom do you give sukhdi, sheera and upma?	(AG/PW/LM)				
B.3.2	How many packets of sukhdi, sheera and upma are given to the beneficiaries?	(Sukhdi: 1 pkt/mnth, sheera: 3 pkt/mnth, upma: 2 pkt/mnth)				
B.4	What do you know about Demonstrative Feeding for the following questions	1- Mentions without probing, 2- Agree after probing, 3- Disagree after probing, 4- Don't know after probing				
B.4.1	Why Demonstrative feeding is given?	Enhance consumption of SN and nutrition counselling to mothers				
B.4.2	Whom Do you give Demo Feeding?	(6 months to 3 years children)				
B.4.3	For how many days/week it is given?	6 days/week				
B.4.4	What are the timings?	(9.30-10.30 a.m.)				
B.4.5	What is given during demo feeding?	(raab: 6m-1yrs, sukhadi: 1-3y)				
B.4.6	How much the quantity per child is given?	(THR: 50 grams and jaggery 10 grams)				
B.4.7	Is anything else is given?	(IFA syrup)				
B.5	Tell me the weekly Menu for Morning Breakfast?	1- Mentions without probing, 2- Agree after probing, 3- Disagree after probing, 4- Don't know after probing				
B.5.1	How much is the quantity per child?	(50 grams)				
B.6	Tell me the weekly Menu for Hot cooked afternoon meal?	1- Mentions without probing, 2- Agree after probing, 3- Disagree after probing, 4- Don't know after probing				
B.6.1	How much is the quantity per child?	(80 grams)				
B.7	What do you know about Third Meal for the following questions	1- Mentions without probing, 2- Agree after probing, 3- Disagree after probing, 4- Don't know after probing				
B.7.1	Whom do you give third meal?	MUW, SUW children among 3-6 years				
B.7.2	How much is the quantity per child?	(50 grams)				
B.8	What do you know about for the following questions?	1- Mentions without probing, 2- Agree after probing, 3- Disagree after probing, 4- Don't know after probing				
B.8.1	For how many days seasonal fruits are given? Specify days	Twice a week (Monday and Thursday)				
B.8.2	For what age group?	Age group of 3-6 years				

SECTION D: Knowledge of AWW regarding SABLA

S.No.	Question	Coding Categories	Response 1	Response 2	Response 3	Response 4
D.1	Answer the following questions?	1- Mentions without probing, 2- Agree after probing, 3- Disagree after probing, 4- Don't know after probing				
D.1.1	Who are the Beneficiaries of SABLA Scheme?	Adolescent gils: 11 to 18 years				
D.1.2	Who are the Nutrition Beneficiaries?	11-14 years : Out of school girls, 14 -18 years: All girls				
D.1.3	Who are the Non Nutrition Beneficiaries?	Out of school AGs : 11-18 years				
D.1.4	What is a sakhi Mandal?					
D.1.5	How to calculate BMI?	(check the technique)				
D.1.6	How do you interpret it?	BMI> 18.5: underweight and BMI between				
D.2	What are the Non nutritional components of SABLA?	1- Mentions without probing, 2- Agree after probing, 3- Disagree after probing, 4- Don't know after probing				
D.2.1	Nutrition provision					
D.2.2	IFA supplementation					
D.2.3	Health check-up and Referral services					
D.2.4	Nutrition & Health Education					
D.2.5	Counseling/Guidance on family welfare, ARSH, child care practices					
D.2.6	Life Skill Education and accessing public services					
D.2.7	Vocational training under National Skill Development Program (NSDP)					
D.3	What is done at kishori diwas?	1- Mentions without probing, 2- Agree after probing, 3- Disagree after probing, 4- Don't know after probing				
D.3.1	General health check-up					
D.3.2	Filling up of Kishori Cards					
D.3.3	Referral					
D.3.4	Nutrition and health education					
D.3.5	Demo of preparing nutritious recipes					
D.3.6	BCC sessions and IEC to community, parents, siblings					
D.3.7						
D.3.8	When it is celebrated?	(once in 3 months on a fixed day)				
D.4	What is kishori Kit (Training Kit)?					
D.4.1	What are its component?	1- Mentions without probing, 2- Agree after probing, 3- Disagree after probing, 4- Don't know after probing				
D.4.1.1	Flash cards with pictures and stories					
D.4.1.2	Quiz/activity games					
D.4.1.3	Adolescence Activity Cards					
D.4.1.4	Adolescence Activity Chart (easy to wipe laminated charts)					
D.4.1.5	For How long activities are done for adolescent girls? (Timings and days)	(2 hrs/day for 3 days/week				

SECTION C: Implementation of Supplementary Nutrition Program

Note: For This Section Refer the relevant Registers

S.No.	Question	Coding Categories	Response 1	Response 2	Response 3	Response 4
C.1	Is Balbhog given?	1- Yes, 2- No				
C.2	Is EFBP given to following categories?					
C.2.1	Adolescent girls	1- Yes, 2- No				
C.2.2	Pregnant Women/ Lactating Mothers	1- Yes, 2- No				
C.3	Is Demonstrative feeding given?	1- Yes, 2- No				
C.4	Is Morning Breakfast given?	1- Yes, 2- No				
C.5	Who give Morning Breakfast?	1- AWW, 2- AWH, 3- Matru Mandal				
C.5.1	Is Hot cooked afternoon meal given?	1- Yes, 2- No				
C.6	Who give Hot cooked afternoon meal?	1- AWW, 2- AWH, 3- Matru Mandal				
C.6.1	Is Third Meal Given?	1- Yes, 2- No				
C.7	Are seasonal fruits given?	1- Yes, 2- No				
C.7.1	Who provide fruits to children?	1- AWW, 2- AWH, 3- Matru Mandal				

SECTION E: Implementation of SABLA

Note: For This Section Refer the relevant Registers

S.No.	Question	Coding Categories	Response 1	Response 2	Response 3	Response 4
E.1	Is there is any sakhi mandal?	1- Yes, 2- No				
E.2	Is training kit present?	1- Yes, 2- No				
E.2.1	Is training kit being used?	1- Yes, 2- No				
E.3	Is Kishori Card present?	1- Yes, 2- No				
E.3.1	Is Kishori Card maintained?	1- Yes, 2- No				
E.4	Are any activities done for adolescent girls at AWC?	1- Yes, 2- No				
E.5	Is kishori diwas is celebrated?	1- Yes, 2- No				
E.5.1	Is IFA supplementation Given?	1- Yes, 2- No				
E.5.2	Deworming tablets given?	1- Yes, 2- No				
E.5.3	Counseling related to Health and Nutrition given?	1- Yes, 2- No				
E.5.4	Life Skill Education given?	1- Yes, 2- No				
E.5.5	Vocational training given?	1- Yes, 2- No				

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