ASSESSMENT OF KNOWLEDGE OF ANGANWADI WORKERS ABOUT THE SERVICES PROVIDED UNDER INTEGRATED CHILD DEVELOPMENT SCHEME (ICDS) IN PATAN DISTRICT OF GUJARAT

Dissertation
At
ICDS (Integrated Child Development Scheme, Patan

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
Jaipur
2015

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.Swati Patel , a student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at "Integrated Child Development Scheme , Patan" from 10th March to 12th May 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 Dissertation is in fulfilment of the course requirements.

I wish her all success in all his future endeavours.

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Certificate

*This certificate is awarded to Dr.Swati Patel in recognition of having successfully completed her internship at ICDS society , Patan , Gujarat and has successfully completed her project on "**To Assess Knowledge Of Anganwadi Workers About Integrated Child Development Services (ICDS): A Study On 3 Urban Blocks Of Patan District Of 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 endeavors.

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Assessment of Knowledge of Anganwadi Workers about the services provided under Integrated Child Development Scheme (ICDS)" submitted by Dr.Swati Patel Enrollment No. 1514 under the supervision of Dr. Shilpi Mishra Sharma for award of MBA Hospital and Health Management of the university carried out during the period from 10th March to 12th May 2015. Embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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PREFACE

Dissertation is an integral part of the MBA currriculum. As a part of the course; students of the second year are required to undergo dissertation at an organization to get in depth exposure of various departments in the organization to get a better understanding of the health care delivery system.

The major objectives of the dissertation are as follows:

1) To better understand the existing health delivery system including public and private sectors.
2) To observe the implementation of various National Health Programmes at National/State/District levels.
3) To understand various functions of health systems by interactions with key stakeholders, policy makers, programme managers,academicians and researchers
4) To work on the project/task assigned by summer training organizations.

During my dissertation period I had an overview of various programmes undertaken in ICDS in collaboration with State governments, including the current status of the programmes. I also carried out a small study on "What is the current status of knowledge among the Anganwadi Workers about the various services under the Integrated Child Development Scheme and the need of training programmes for capacity building of Anganwadi Workers ?" at three urban blocks of Patan District Gujarat.

I also had the opportunity to visit and assess services and infrastructure of AWC's of selected blocks of Patan District, Gujarat.

ACKNOWLEDGEMENTS

I wish to express my sincere thanks to Dr. S D GUPTA sir, President of my prestigious Institute, for providing me with all the necessary facilities for the research.

I place on record, my sincere thank you to Dr. Col. ASHOK KAUSHIK **Dean (Academic & Students Affairs**, Dr. Maj. VINOD KUMAR SV [**Associate Dean (Health and Hospital)]** for the continuous encouragement.

I am also grateful to Dr. SHILPI MISHRA SHARMA, Assistant Professor and mentor, I am extremely thankful and indebted to her for sharing expertise, and sincere and valuable guidance and encouragement extended to me.

I am also thankful to ICDS, Gujarat and special thanks to Mrs. GAURI BEN SOLANKI In charge Programme Officer, ICDS, Patan, for giving me support and helping me to collect data .

I take this opportunity to express gratitude to all of the Department faculty members for their help and support. I also thank my parents for the encouragement, support and attention.

I also place on record, my sense of gratitude to one and all, which directly or indirectly, have helped me in completing this project.

Swati Patel

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LIST OF FIGURES

ABBREVIATIONS

ANC	Ante Natal Care
ATVT	Apna Taluka Vibrant Taluka
AWCs	Anganwadi Centers
AWH	Anganwadi Helpers
AWW	Anganwadi Workers
AWTC	Anganwadi Training Center
BCC	Behavior Change Comuunication
CDPO	Child Development Project Officer
CMTC	Child Malnutrition Treatment Center
DAP	District Action Plan
DDO	District Development Officer
DFHS	District Family Health Survey
ECCE	Early Childhood Care and Education
GIS	Geographical Information System
GOG	Government Of Gujarat
GOI	Government Of India
GLPC	Gujarat Livelihood Promotion Company
H&FW	Health & Family Welfare
ICDS	Integrated Child Development Service
IEC	Information Education and Communication
IFA	Iron Folic Acid
IGMSY	Indira Ghandhi Matritva Sahyog Yojna
IYCF	Infant and Young Child Feeding
KSY	Kishori Shakti Yojna
LM	Lactating Mother
MAM	Moderate Acute Malnutrition
MLTC	Middle Level Training Center
MPR	Monthly Progress Report
MUW	Moderately Under Weight
NA	Not Applicable
NCV	Nutrition Counseling Volunteer

NGO	Non-Government Organization
NRC	Nutrition Rehabilitation Center
PNC	Pre-Natal Care
PO	Program Officer
PPP	Public Private Partnership
PW	Pregnant Women
SAM	Savior Acute Malnutrition
SUW	Severely Under Weight
VCNC	Village Child Nutrition Center
WASMO	Water and Sanitation Management Organization
WHO	World Health Organization

Executive Summary

Background

AWW are the key players to enhance services of ICDS at grass root level. Evidences suggest that Anganwadi workers are unable to deliver services to the beneficiaries due to lack of knowledge regarding ICDS services. Present study makes an attempt to understand the knowledge of AWWs on services provided under ICDS.

Objectives

1. To assess the current status of knowledge of Anganwadi Workers regarding the services delivered under the ICDS programme.
2. To identify the key areas of knowledge requiring capacity building of Anganwadi Workers**.**

Methodology

Present study is a Descriptive study which was carried out for two months. 150 AWWs were selected from 3 blocks of Patan District. Blocks were selected randomly. 50 AWWs were selected from each of the 3 Blocks of Patan District to study the current status of knowledge among the Anganwadi Workers regarding the services delivered under the ICDS programme.

Results and conclusion

Majority of them require training in specific areas like how much calories and proteins is to be given to normal child, malnourished child and pregnant women. Though majority of them have undergone induction and orientation training along with refresher training and have received practical experience during training but overall there is no significant effect shown in their knowledge about services provided. AWWs have adequate knowledge of non formal preschool education, heath checkup and nutritional and health education component.

The study findings indicate need of building the capacity of AWWs especially on almost all the aspects of supplementary nutrition, correct dose and timing of various vaccines under immunization and referral services components of ICDS.

1. INTRODUCTION

Researchers have done study on the nutritional status of the beneficiaries of ICDS, evaluation of nutrition and health services rendered by Anganwadi centers but very less focus has been shifted over to knowledge and awareness among the Anganwadi workers, who are actually the main resource person of the programme and whose knowledge and skills do have a direct impact on the implementation of the programme. As the Anganwadi workers play an important role due to their close and continuous contact with the people of community, especially the children and women, so there is an utmost need to assess the level of awareness in Anganwadi workers regarding services provided by them in Anganwadi centers.

As the Anganwadi worker is the key person in the programme, her education level and knowledge of nutrition plays an important role related to her performance in the Anganwadi centre (AWC). It has also been reported that, in addition to education level, training of Anganwadi workers about growth monitoring plays a beneficial role in improving their performance (Gopaldas et al., 1990). Nutrition knowledge was the most powerful determinant of performance, followed by guidance from the supervisors or health functionaries and education level (Gujral et al., 1992). Most of the Anganwadi workers were performing mechanically and were not clear with the basic concepts of their working. The national evaluation of ICDS by NIPCCD (1992) also shows that about 36.3 percent Anganwadi workers were not able to monitor the growth of children. The main reason that was pointed out was the lack of skills among Anganwadi workers in filling up growth charts.

Since the success rate of this nationwide integrated programme solely depends upon the fact as to how we are preparing our ground workers to combat with the problem of malnutrition, it becomes really important to upgrade our ground worker i.e. Anganwadi worker with quality training and enhanced and advanced nutrition knowledge as nutrition knowledge was the most powerful determinant of performance (Gujral et al., 1992). The Integrated Child Development Services (ICDS), the nationwide programme of the Government of India offers the most important interventions for addressing the nutrition and health problems and promoting early childhood education among the disadvantaged population of the country.

2. REVIEW OF LITERATURE

In the opinion of some scholars the achievement of ICDS programme goals depends upon the effectiveness of the Anganwadi Workers, which in turn, depends upon their knowledge, attitude and practice[4] . The studies done in past have strongly concluded on the need of improved knowledge and awareness among Anganwadi Workers but unfortunately it was found to be the most underrated aspect of their job profile [15,11,]

Correct knowledge and perception for promoting complementary food practices was found to be 40% among the ICDS AWWs[18]. So it leads a critical gap between knowledge and practice of complementary feeding, so equipping the AWWs is the major homework has to be done for betterment of figures[18]. Another study shows that awareness about ICDS services increases with the increased level of education[19]. Another study shows that in spite of the fact that most (92.5%) of the Anganwadi Workers were trained, it was found that performance as well as awareness among Anganwadi Workers regarding the importance of growth charts and growth monitoring was not satisfactory.[17]

As the Anganwadi worker is the key person in the programme, her education level and knowledge of nutrition plays an important role related to her performance in the Anganwadi centre. It has also been reported that, in addition to education level, training of Anganwadi Workers about growth monitoring plays a valuable role in improving their performance[5]. Nutrition knowledge was the most powerful determinant of performance followed by guidance from the supervisors or health functionaries and education level[14]. 42% Anganwadi Workers were able to mention the monthly weight recording of malnourished children.[16]. A study conducted to assess the level of child malnutrition in India, found that the poor northern states with high level of child malnutrition and nearly half of India's population have the lowest programme coverage. They also found little evidence of programme impact on child nutrition in villages with ICDS centre.[5]

The study revealed that 44 percent children nationally and 29 percent within state but in spite of this huge reach the nutritional status of children under normal category has still attained only up to 54.16 percent children at national level and 68.88 percent children at state level (NIPCCD 2009).Various studies in recent past had reflected the importance of knowledge and awareness of Anganwadi worker in performance of Anganwadi worker[15]. Various studies in recent past had reflected unsatisfactory implementation of growth

monitoring practices by Anganwadi Workers under ICDS.[3] Another study was found that there are extremes of observations in different studies.the knowledge of Anganwadi Workers with respect to growth monitoring; supplementary nutrition and immunization are satisfactory.[20]

3. RESEARCH QUESTION

What is the current status of knowledge among the Anganwadi Workers about the various services under the Integrated Child Development Scheme?

4. OBJECTIVES

1. To assess the current status of knowledge of Anganwadi Workers regarding the services delivered under the ICDS programme.
2. To identify the key areas of knowledge requiring capacity building of Anganwadi Workers.

5. METHODOLOGY

5.1 Study Area

The respective study was conducted in 3 urban blocks ie Patan 1, Patan 2 and Chanasma of Patan District of Gujarat.

5.2 Study Design

The present study is a Descriptive study.

5.3 Study Period

The study was conducted for 2 months (10th of March 2015 to 30th April 2015)

5.4 Study Respondents

AWWs working in selected blocks for study.

5.5 Sampling and Sample Selection

The sample for the present study comprises of 150 Anganwadi Workers belonging to three Blocks of Patan Districts. Blocks were selected randomly. 50 AWWs were selected from

Patan 1, 50 AWWs were selected from Patan 2 and 50 AWWs were selected from Chanasma.

5.6 Data Collection Approach

Quantitative data collection was done and primary data was collected to gather necessary information on Anganwadi Workers awareness regarding services provided under ICDS. Structured questionnaire self administered tool and technique was used to collect the data. Data was collected personally during training sessions for AWWs at Anganwadi centers.

5.7 Data Management and Analysis:

Data collected was cross checked for any incomplete or partial filling. The data was edited, coded, tabulated, organized according to requirement of study. The collected data was analyzed using Microsoft excel and SPSS Package and the respective results will be shown by using tables and graphs.

6. ETHICAL CONSIDERATIONS

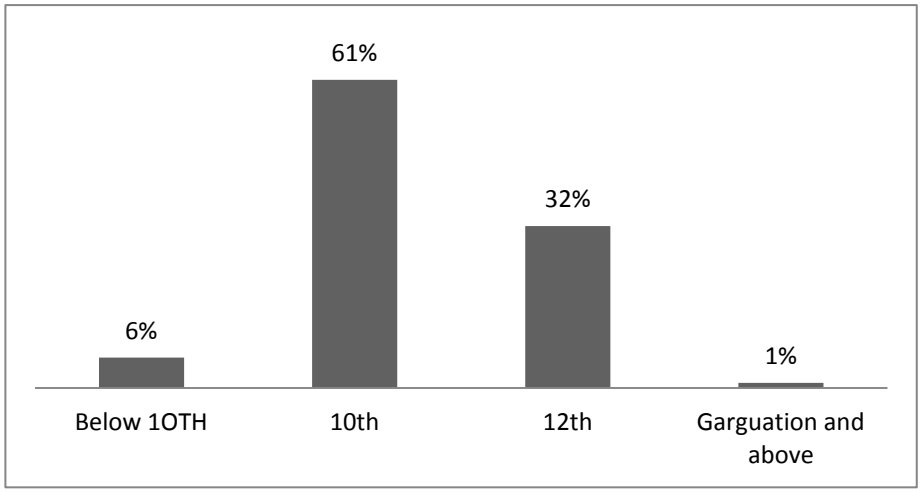
Informed consent from the respondent was obtained before starting interview. If anyone among the respondents refuses to become a part of the data collection process they will not be forced by any means. Respondent personal information will be kept confidential and would not be taken during research process and presentation

7. RESULT AND ANALYSIS

This section presents the analysis and results.

In the present study Anganwadi Workers were interview and it is evident from the Figure that majority of the Anganwadi Workers (61%) were 10^{th} pass followed by 12^{th} pass (32%) (FIG 1).

FIG 1 – Educational Qualification of Anganwadi Workers

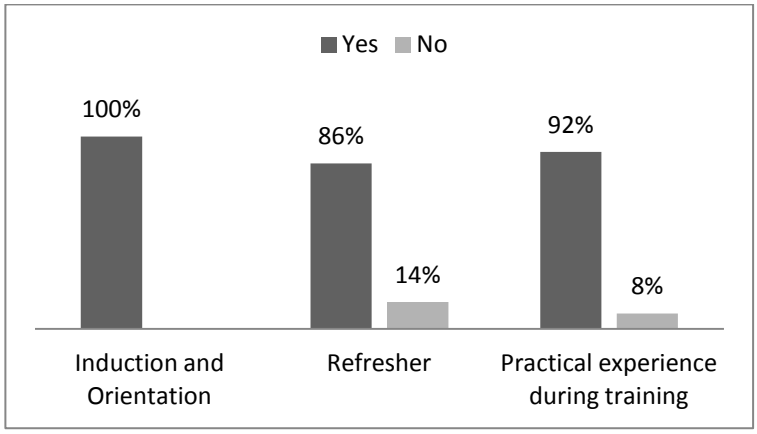


7.2 Training of Anganwadi Workers

it was found that all the respondents

and have attended the ICDS training programme but among all workers, only % of them attended the refresher training. Result also suggests that majority of the AWWs those who received training had opinion that they received enough practical experience during training sessions (Figure2).

FIG 2 – Training received by Anganwadi Workers

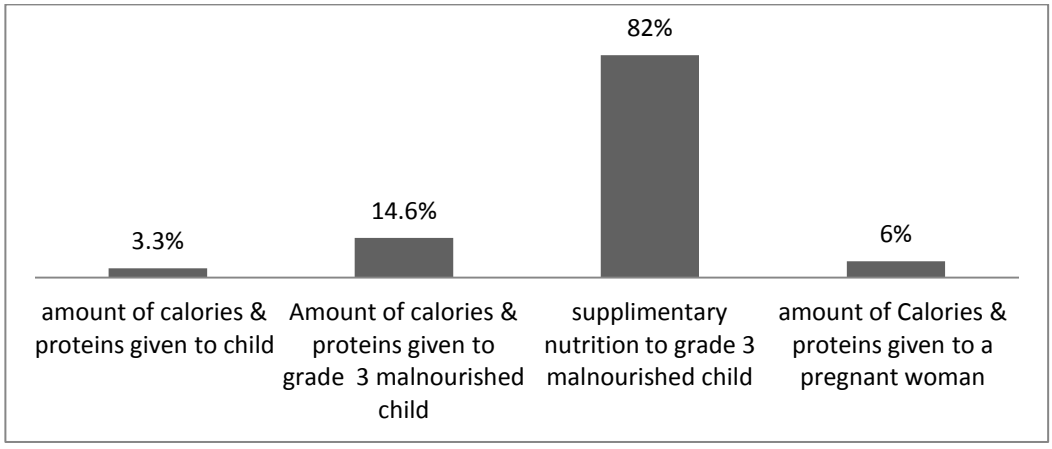


The knowledge of AWWS was assessed on following six components; .

1. Supplementary Nutrition
2. Non-formal Preschool education and growth monitoring
3. Health check-up
4. Referral services
5. Immunization
6. Nutrition and health education

7.3.1 Knowledge of Anganwadi Workers on supplementary nutrition

FIG. 3: knowledge of AWWs about supplementary nutrition (N=150)



After analysis (FIG 3) It was found that Anganwadi workers have incomplete knowledge regarding supplementary nutrition especially how much protein and calories are given to normal child , malnourished child and pregnant women. Only few could answer (3.3%)

how much calories and protein should be given to normal child. majority of them have correct knowledge (82%) on how many times supplementary nutrition is to be given to malnourished child. Hardly any Anganwadi worker had correct knowledge about all components of supplementary nutrition in totality.

7.3.2 Knowledge of Anganwadi Workers on non formal preschool education

FIG. 4: Knowledge of Anganwadi Workers on non formal preschool education

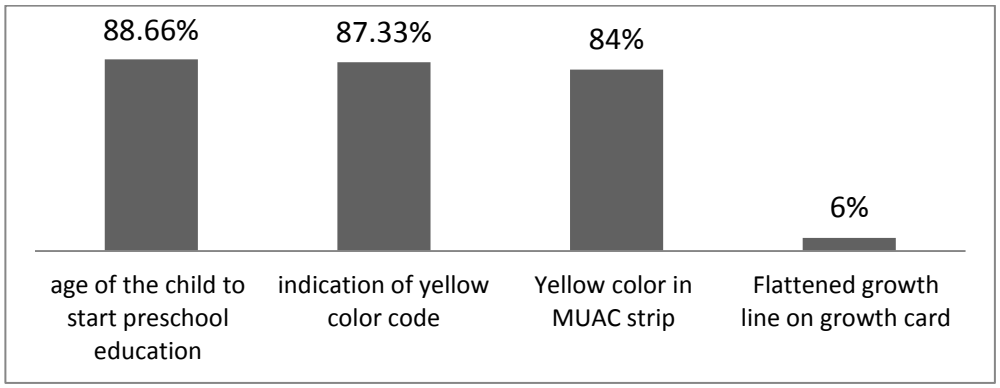


FIG 4 shows that majority of AWWs haven correct knowledge regarding non formal preschool and groeth monitoring .88.66% had correct knowledge about at what age preschool education should start , 87.4% of them had correct knowledge regarding indication of yellow color code and what yellow color on MUAC strip indicates(84%). Education but had inadequate knowledge regarding plotting and interpreting growth charts. Only 59.3% of AWWs had correct knowledge about all the above four components of preschool education and Growth Monitoring.

7.3.3 Knowledge of Anaganwadi Workers on Immunization

FIG. 5: **Knowledge of Anganwadi Workers on Immunization of Anganwadi Workers**

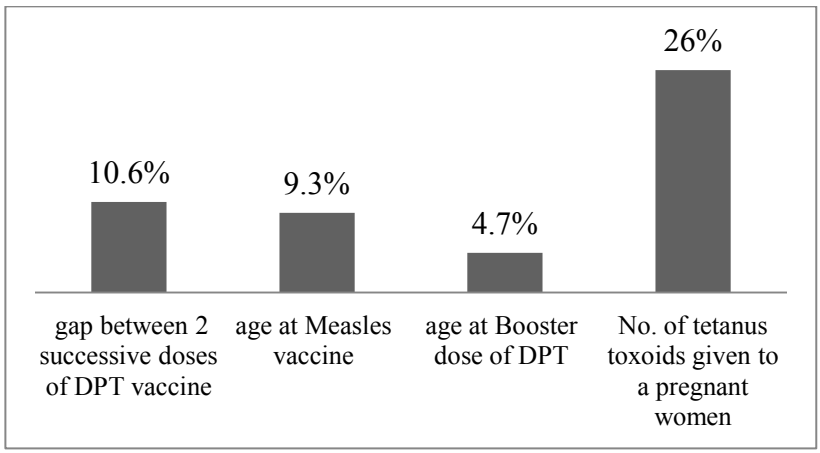


FIG 5 shows that Majority of Anganwadi Workers did not have correct knowledge regarding immunization component. Most of them did not know what is the gap between to successive doses of DPT vaccine and at what age booster dose of DPT is given , very few had correct knowledge At what age measles vaccine should be given(9.3%) and number of tetanus toxoids is given to pregnant women(26%). None of the AWW had correct knowledge about all the components of Immunization.

7.3.4 Knowledge of Anganwadi Workers on health checkup

FIG.6: Knowledge of Anganwadi Workers about health checkup of Anganwadi Workers

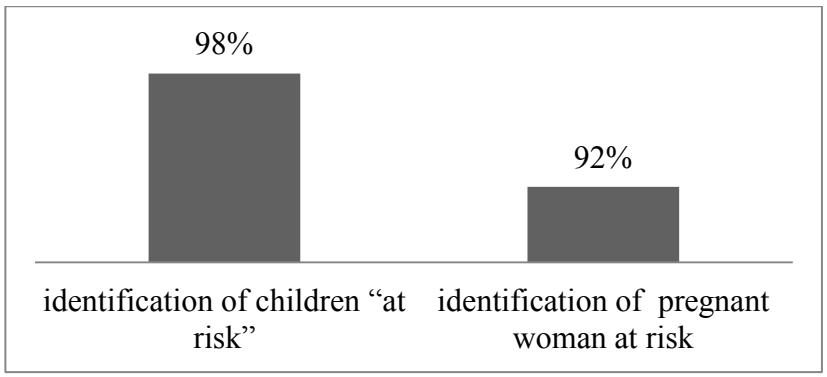


FIG 6 shows that majority of the Anganwadi workers have correct knowledge about health checkup. Majority of them knew how to identifying children and pregnant women at risk. 90.7% of the Anganwadi workers could answer all the components of health checkup correctly.

11.3.5 Knowledge of Anganwadi Workers on Referral Services

FIG.7: **Knowledge of Anganwadi Workers on referral services of ICDS**

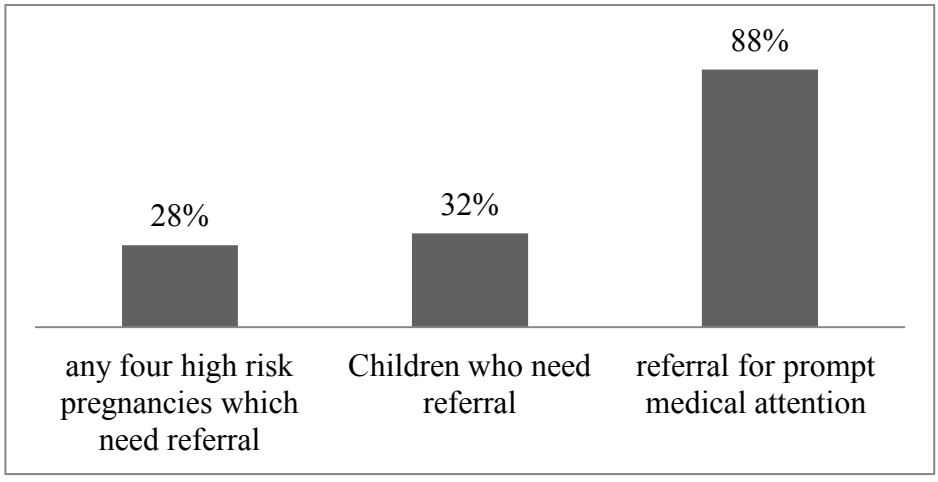


FIG 7 shows that Anganwadi workers have incorrect knowledge regarding high risk pregnancies and high risk children who need referral. They could not list atleast four four conditions for referral of high risk pregnancies and high risk children. But majority of them knew where to refer when prompt medical attention is needed. Only 7.3% of Anganwadi workers could answer all the components correctly.

7.3.6 Knowledge of Anganwadi Workers on nutrition and Health Education

FIG.8: **Knowledge of Anganwadi Workers on nutrition and health education**

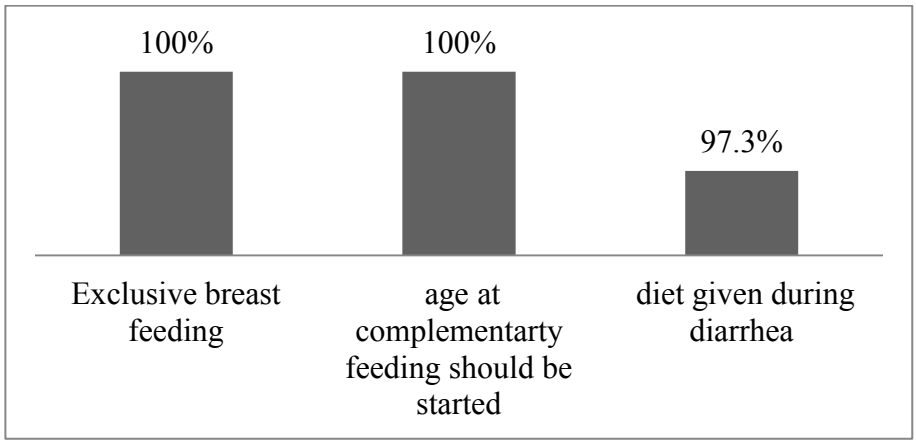


FIG. 8 shows that all most all of the Anganwadi Workers have correct knowledge regarding breast feeding , complementary feeding and management of diarrhea. 97.3% of the Anganwadi workers could answer all the components of nutrition and heath education correctly.

FIG.9: Correct knowledge of all the six services of ICDS

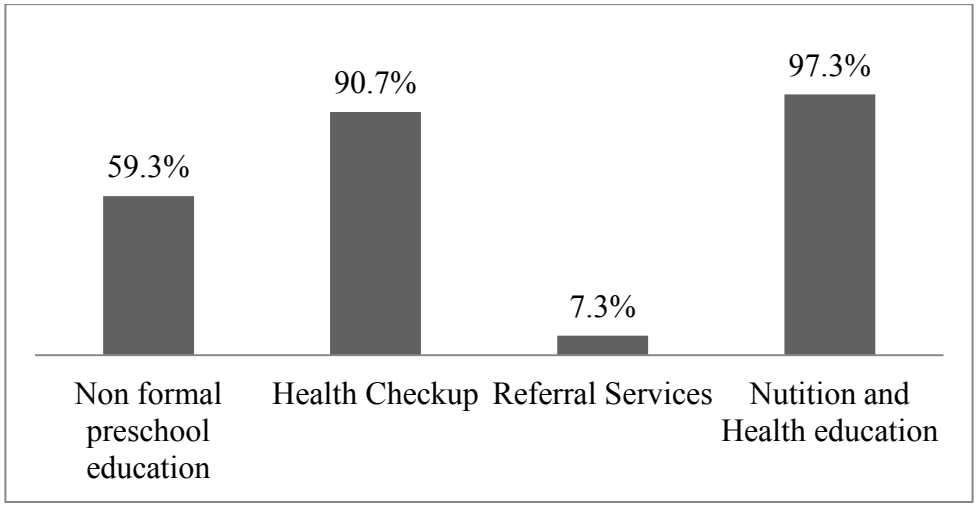


FIG 9 shows that none of the Anganwadi workers had correct knowledge of components of supplementary nutrition and immunization. 97.3% of the Anganwadi workers had correct

knowledge of nutrition and health education followed by healt check up (90.7%) and non formal preschool education(59.3%).

8. CONCLUSION

The present study reveals that majority of the Anganwadi workers had inadequate knowledge on the amount of calories and proteins given to a normal child, malnourished child and pregnant women. They also had inadequate knowledge about the dose and timings of vaccination and also about conditions for referring high risk child and pregnancies. They had adequate knowledge regarding where to when prompt medical attention is needed, they also have adequate knowledge regarding breast feeding and complimentary feeding, health checkup and nutritional and health education.

9. RECOMMENDATIONS

The capacity building of AWWS should be done on the following aspects;

- Supplementary nutrition: specific information should be given on amount of calories and proteins to be given to a normal child malnourished child and pregnant women.
- Growth chart plotting and its interpretation: Training attention should also be given plotting and interpretation of growth monitoring charts and graphs.
- Routine immunization: Specific training should be given on doses of vaccination and at what period and interval it should be given.
- Training should also focus on referral services regarding high risk pregnancies and children who need referral.
- Follow up should be done after training to see their practices.

10. REFERENCES

1. Barman, N R. 2001. Functioning of Anganwadi Centre under ICDS Scheme: An Evaluative Study. Jorhat, Assam. DCWC Research Bulletin, XIII (4): 87.

2. Bhasin SK, Bhatia V, Kumar P, Aggrawal OP. 2001. Long Term Nutritional Effects of ICDS. Indian Journal of Pediatrics, 68(3): 211-216.

3. Bhasin, SK., Kumar, R., Singh, S., Dubey, KK, Kapil, U. 1995. Knowledge of Anganwadi Workers about Growth Monitoring In Delhi. Indian Journal of Pediatrics, 32(1): 73-76.

4. Chattopadhyay, D. 1999. Knowledge and Skills of Anganwadi Workers in Hooghly District, West Bengal. Indian Journal of Community Medicine, 29(3): 7-9.

5. Das Gupta, Monica, Michael L, Oleksiy I 2004. A Report on Evaluation of ICDS Programme across States: India's Integrated Child Development Services Nutrition Program: Who Does It Reach and What Effect Does It Have? Development Research Group, World Bank. From< http://paa2005.princeton.edu/download.> (Retrieved on April 12, 2013)

6. Datta, V. 2001. Factors Affecting Job Performance of Anganwadi Workers: A Study of Three Districts of Maharashtra. DCWC Research Bulletin, XII (3): 158.

7. Davey A, Datta U 2004. The Functioning of Anganwadi Centers in Urban Slums of Delhi. Delhi: National Institute of Health and Family Welfare.

8. Duties and Responsibility of Anganwadi Workers Retrieved on October 12, 2012 from
9. http://babycare.onlymyhealth.com/responsibilities-anganwadi-workers-awws 1338272004.

10. Gopaldas, T., Christian, PS., Abbi, RD., Gujral, S. 1990. Does Growth Monitoring Work as It ought in Countries Of Low Literacy. Journal of Tropical Pediatrics, 36: 322-327.

11. Govt. of India. 2010. ICDS Evaluation Report, Dept. of Women and Child Development. Ministry of Human resources \ Development, New Delhi.

12. Govt. Of India. ICDS. 2010. Dept. Of Women and Child Development. Ministry of Human Resources Development, New Delhi

13. Gujral, S., Abbi, R., Mujoo, R., Gopaldas, T. 1992. Determinants of Community Health Workers' Performance in India. Food and Nutrition Bulletin, 13(4). From <http:// www. greenstone.org> (Retrieved January 15, 2013).

14. Kant L, Gupta, A, Mehta, SP. 1984. Profile of Anganwadi Workers and their Knowledge about ICDS. Indian Journal of Pediatrics, 51: 401-402.

15. Kapil, U. 2002. Integrated Child Development Services (ICDS) Scheme: A Program for Holistic Development of Children In India. Indian Journal of Pediatrics 69 (7): 597–601.

16. Manhas, Shashi, Annpurna Dogra and Seema Devi. 2012. Reflection of Integrated Child Development Services (ICDS) in Implementation of Services at Bishnah and Purmandal Block, Jammu, Studies on Home and Community Science, 6(1): 27-32.

17. Purvi parikh1, kavita sharma2, knowledge & perceptions of icds Anganwadi Workers with reference to promotion of community based complementary feeding practices in semi tribal Gujarat, National Journal of Community Medicine Vol 2 Issue 3 Oct-Dec 2011.

18. Meenal m thakare1, bm kuril2, mk doible3, naveen k goel4,a study of functioning of anganwadi centers of urban icds block of aurangabad city, Indian J. Prev. Soc. Med Vol. 42 No.3, July-September, 2011

19. Kapil U, Tandon BN. ICDS scheme-current status, monitoring, research and evaluation system.IndianJPublicHealth1990; 34:41-7.

ANNEXURE 1

Confidential
For Research Purpose Only

Assessment of Knowledge of Anganwadi Workers about Integrated Child Development Services (ICDS): A study on 3 Urban Blocks of Patan District of Gujarat

Questionnaire for Anganwadi Worker

Section A

BACKGROUND INFORMATION

(To gather information from ANWs regarding their background such as age, caste ,religion , educational status , marital and residential status)

	QUESTIONS	RESPONSE	SKIP
A1	What is your age in completed in years?		
A2	marital status	1) married 2) unmarried 3) widowed 4) divorced	

A3	Caste	1) general 2) scheduled tribe 3) scheduled caste 4) OBC 5)others (specify)	
A4	religion	1) hindu 2) muslim 3) christian 4) sikh 5) others (specify)	
A5	Whats Your anganwadi centre name?	(Specify)	
A6	Are you a resident of this village?	1) yes 2) no	If yes skip to Q A7
A7	If no , Since how long you are staying here?	1)Less than 6 months 2)6 – 12 months 3)More than one yr.	
A8	What is your educational qualification?	1) below 10th 2) 10th 3) 12th 4) graduate and above	

SECTION B **TRAINING** **(To gather information from ANWs regarding their training received)**			
B9	Have you undergone training?	1) yes 2) no	If yes skip to Q10
B10	If NO, why not	1)Training centre is far away 2)no training sessions have been conducted 3)no time to attend 4) others (specify)	Skip to Q12
B11	which training have you undergone?	1) induction and orientation 2) refresher 3) both	
B12	have you received practical experience during training?	1) yes 2) no	

SECTION C

ANGANWADI INFRASTRUCTURE AND FACILITES

(To gather information from ANWs regarding Infrastructure, number of beneficiaries enrolled and facilities present at their Anganwadi centre)

C13	The AWC building is belongs to?	1) government 2) rented	
C14	Do you have toilet facility in your AWC?	1) yes 2) no	
C15	do you have safe drinking water in your AWC?	1) yes 2) no	
C16	Do you have electricity facility in your AWC?	1) yes 2) no	
C17	How many beneficiary has enrolled in your AWC?	(specify)	

SECTION D **SUPPLEMENTARY NUTRITION** **(To gather information regarding nutrition register and to test their knowledge about supplementary nutution according to ICDS norms)**			
D18	Do you maintain nutrition register?	1) yes 2) no	if yes skip to Q D20
D19	If NO, why not?	1)registers not available 2)overburden of work 3))others (specify)	
D20	What amount of calories & proteins given to each child through supplementary nutrition?	1)200& 5 gm proteins 2)300 cal & 10gm proteins 3)500 cal & 15gm proteins 4)600 cal & 20 gm proteins	
D21	What amount of calories & proteins should be given to grade 3 malnourished child?	1) same as others 2) double 3)triple	
D22	how many times, Grade 4 malnourished child should be given supplementary food from AWC?	1)once in a day 2) 2 times 3)3 times 4)4 times	

D23	How much Calories & proteins a pregnant woman should receive from AWC?	1)400:40 2)300:10 3)500:20 gm Proteins 4)600 cal:15 gm proteins	

SECTION E

NON-FORMAL PRESCHOOL EDUCATION AND GROWTH MONITORING

(To gather information regarding preschool education register and to test knowledge of ANWs regarding non-formal pre school education and growth monitoring according to ICDS norms.)

E24	(Do you have preschool education register?)	1) yes 2) no	If yes skip to Q E26
E25	If no, why not?	1)registers not available 2)overburden of work 3))others (specify)	
E26	How many beneficiaries have enrolled in your anganwadi?	1)less than 20 2)20-30 3)more than 30	
E27	Non formal preschool education should start from ?	1)3yrs 2)2yrs 3)1 yr	

E28	Do you use color code for growth monitoring?	1) yes 2) no	If yes skip to Q E30
E29	If no , how do you monitor growth?	(Specify)	
E30	yellow color code shows child is?	1)well nourished' 2)under nourished 3)in between 4)Severe malnourished	
E31	Yellow color on MAC strip means a circumference of?	1)12.5-13.5cm 2)13.5-14.5cm 3)11.5-12.5cm	
E32	Flattened growth line on growth card means?	1)weight is declining 2)weight is increasing gradually 3)weight is low for age	
E33	At what level of weight gain per year between age group 3?	1)0.5yrs- 1kg 2)2 kg 3)3 kg per year	
E34	What should be an average weight of a 1 year old child?	1)7kg 2)10kg	

		3) 12 kg	

SECTION- F

IMMUNIZATION

(To gather information regarding immunization register and to test knowledge of ANWs regarding immunization according to ICDS norms)

F35	Do you have a register on Immunization, Iron & Folic Acid and Vitamin A Supplementation?	1)Yes 2) no	If yes skip to Q F37
F36	If no, why not?	1)registers not available 2)overburden of work 3))others (specify)	
F37	What is the gap between 2 successive doses of DPT vaccine?	1) 0week 2) 4 weeks 3)8 weeks	
F38	Any Side effects of DPT vaccination?	1)fever& soreness 2)abscess & convulsions 3)no side effects	
F39	Measles vaccine given at what age ?	1)6months 2)9 months 3) 1 yr	

F40	Booster dose of DPT given at what age?	1)0yr 2)1 & ½ months 3)2 yrs 4)3yrs	
F41	Which Vaccines should be given at 5yr of age?	1)DPT 2)DT 3)TT	
F42	What No. of tetanus toxoids that a pregnant lady should receive?	1)1 2) 2 3) 3	
F43	What is the earliest symptom of vitamin A deficiency?	1)inability to read 2)night blindness 3)lacrimation\ 4)all of the above	
F44	Dose of Vit. A below 1 yr age?	1)one lakh IU 2)two lakh IU 3)0.5 lakh IU	
F45	First dose of Vit. A is given at what age?	1)6month 2)9 month 3)1 yr	
F46			

	what should be Gap between 2 successive doses of vitamin A?	1)0month 2) 6 month 3)1 yr	
F47	minimum number of tablets of iron & folic acid that a pregnant woman should consume?	1)60 2) 90 3)200	

SECTION – G

HEALTH CHECK UP

(To gather information from ANWs regarding medicine distribution register, birth and death registers and how do they maintain it. And how do they identify population at risk. According to ICDS norms.)

G48	Do you have medicine distribution register?	1)Yes 2)no	If no, skip to Q49
G49	If no , why not?	1)registers not available 2)overburden of work 3))others (specify)	
G50	Do you maintain birth and death register?	1)Yes 2) no	If yes skip to Q51
G51			Skip to Q52

	If no , why not?	1)registers not available 2)overburden of work 3))others (specify)	
G52	(From whom you get the information about any birth and death that take place in the village?) (multiple tick)	1)Community people 2)ASHA 3)Self help group 4)Neighbor 5)Others (specify)	
G53	how do u identify children “at risk”?	1)Infant with low birth 2)Children having repeated infection 3)When breast feeding has not been established 4)Illness of parents	
G54	how to identify ‘AT RISK’ pregnant woman?	1)Women who are underweight 2)women who had abortions during previous pregnancies 3)Women who become pregnant before 18yrs of age or after 35 yrs of age	

	SECTION – H **REFERRAL SERVICES** **(To gather information from ANWs about their knowledge of referral services. When and where and who needs referral according to ICDS norms**.)		
H55	Mention any four high risk pregnancies which need referral?	1)Could mention all correctly 2)Only 3 3)Only2 4)none	
H56	Children who need referral (any four?)	1)Could mention all correctly 2)Only 3 3)Only2 4)none	
H57	During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to which place?	1)Primary heath centre 2)Sub centre 3)District hospital 4)others	
	SECTION – I **NUTRITION AND HEALTH EDUCATION**		

(To test knowledge of ANWs regarding nutrition and health education to beneficiaries which include breast feeding , management of diarrhea , vit A souces and pregnancy related risk etc. according to ICDS norms)			
I58	Exclusive breast feeding should be continued till?	1)1Month 2)6 months 3)1 yrs 4)2 yrs	
I59	Nutrition & health education should be started in which age group?	1) 15 to 25 2) 15 to 35 3) 15 to 45 4) 15 to 55 5)Other(specify)	
I60	At what age complementarty feeding should be started?	1)6months 2)9months 3)1yrs 4)none of the above	
I61	For how long breastfeeding should be continued with complementary feeding?	1)1 yr 2)2yr 3)3 yr	
I62	What Kind of diet that should be given during diarrhea?	1) only liquids 2) light & nutritious diet 3) diet should be Withheld	

I63	sources of vit. A are?	1) dal 2) rice 3)fruits 4)green leafy vegetables	
I64	which complication comes under high risk pregnancies?	1) twin pregnancy 2) anemia 3) pre-eclampsia 4)all of above	
I65	ORS should be discarded if not used completely after?	1)Yes 2) no	
I66	Do you feel the need of further training programme for capacity building?	1)Yes 2)no	