CHILD MALNUTRITION AND ANEMIA PROGRAM – MURHU BLOCK

Monthly Self Assessment Checklist for AWW

| Name of Block | ______________________ |
| Name of AWC | ______________________ |
| Name of the AWW | ______________________ |
| Date of Training | ____________ | Place of Training | _____________________________ |
| Month of the Activities | ____________ |

The goal is for AWW to assess herself in the activities undertaken during each month

**Children**

1. Total expected number of children 6-23 months in the village as per population
   (Population x 4.5/100) (45/1000 population)

2. Number of children actually registered at present

3. Missing children (no 1 – no.2)

4. Note activities you did for
   a. finding the missing children and registering them
   b. delivering iron syrup to them along counseling for complimentary feeding
   and
   c. dosing with deworming medicine

5. Number of bottles of iron syrup available in AWC today

6. Number of mothers you counseled on
   a. complementary feeding last month for
      i. quantity of solid food
      ii. no of feeds per day
      iii. washing hands with soap before feeding and after toilet.
   b. Iron syrup
      i. Dose of syrup (one ml (dropper-full)
      ii. Twice a week
      iii. To be given after full meal (NEVER Empty stomach)
      iv. Not to give to very severely thin child
      v. Not to give to child having fever

7. Number of mothers who received iron syrup bottles from AWW or ANM for children 6-23 months in the last 30 days
8. Did you have a session in Mahila Mandal meetings or any other occasion for handwashing, complementary feeding and iron syrup demonstrations in the last 30 days? Yes/No

9. Is the recording of iron syrup bottles received and distributed completed?

10. Reports completed in last 30 days:
    a. MPR section 10 NHED: noted Mahila Mandal demonstrations, and home visits
    b. Noted iron syrup bottles distributed (next to the iron tablets column)
    c. Poshahar report: noted RI sessions where ANM was present, and what ANM did for complementary feeding counseling and iron syrup distribution

11. Number of visits to homes of children 6-9 months in the last 30 days for checking complementary feeding and use of iron syrup
Pregnant Women

Name of Block ______________________
Name of AWC _______________________
Name of the AWW ____________________
Date of Training ____________   Place of Training _____________________________
Month of the Activities _____________

1. Total expected number of pregnant women in the village as per population
   Expected women in 2nd and 3rd trimester in any given month 16/1000 population
2. Number of pregnant women actually registered this month
3. Note activities you did for finding the missing mothers and registering them
   …………………………………
   a. finding the missing mothers and registering them
   b. delivering iron tablets to them along counseling
   c. dosing with deworming medicine
4. Number of large IFA tablets for pregnant women available in AWC today
5. Number of pregnant mothers given at least 50 tablets of large IFA (or 100 small
   IFA tablets) in the last 30 days
6. Number of women given counseling on why IFA tablets are important for their
   unborn child and need for extra food
7. Number of women who attended Mahila Mandal meeting where pregnant
   women’s anemia, IFA 100 doses, extra feeding and deworming was discussed
8. Was MPR completed on time showing number of women given IFA?
9. Was recording done of large IFA tablets received and distributed?
10. Number of home visits to pregnant mothers in the last 30 days for checking extra
    food and taking iron
11. Results of home visits
    a. Was extra food eaten by mothers according to counseling?
    b. Was mother taking iron tablets at least 2 times per week (after checking
       empty strips)?

POINTS FOR DISCUSSION IN THE BLOCK/CLUSTER/SECTOR MEETING:
PROBLEMS: .......... ACHIEVEMENTS:.............