Check list for AWCs Visit by State Officials

Name of AWCs - _____ **Code of AWCs - _____**

Circle/Sector - _____ **Project – _____**

Name of AWW - _____ **Contact No. – _____**

Date of Visit - _____

Sl.no.	Indicator	Response
A	**Infrastructure Details**	
1	Whether AWC has own building, status of AWC building (Observation- Pucca/Kaccha)	Yes/No, building is pucca/kaccha
2	If no, where it is operating?	Rented House/Community Hall/Club/AWW's Home/If any other, please specify
3	Availability of adequate spaces-separate closed kitchen & space for women health check-ups(observation)	Yes/No
4	Availability of cooking utensils, water storage container	Yes/ No
5	Availability and use of toilet in AWC premises (physical verification)	Yes / No
6	Drinking water facility available in AWC (observation)	Yes / No
7	Availability of Electricity facility at AWC	Yes/no
8	Availability of Water filter and in use at AWC (physical verification)	Yes / No
B	**Growth Monitoring & POSHAN tracker related**	
9	GMDs and Android Phone available and in use/ functioning (physical verification)	Yes / No
10	AWW using POSHAN Tracker application while delivering ICDS six services (physical verification)	Yes / No
11	Availability of Growth Chart & Reference Card	Yes/No
12	Whether regular weighing of the child is done (to check growth charts and verify age and weight of a few sample children and their nutritional status as recorded in the growth charts).	
C	**HR related**	
13	AWW attended job training/refresher training, if yes when (enquire)	Yes / No……..
14	Regularity in working of AWCs-Whether AWW is present daily at centre	
D	**Beneficiary details, SNP & Health services etc.**	
15	Total survey population of AWC	
16	Whether snacks and supplementary food provided 25 days a month without break to the children 3-6 years and THR to the pregnant women, lactating mother, and children 6-36 months.	

17	Whether the beneficiaries liked the taste and quality of the supplementary food. `	
18	No. of children present at the AWC on the day of visit and received supplementary food as against total registered (to compare this figure with the previous one week average figure).	
19	Availability of medicine and PSE kits, all prescribed registers/reporting formats (MPR) in prescribed form.	
20	Is the day for VHND is fixed in AWC for every month	Yes / No
21	How many days SNP provided to children in last month (use Reg. no. - 3)	
22	How many Home Visits made by AWW in last month (Use Reg. no. -)	
23	No. of Children who received pre-school education at the AWC on the day of visit as against total registered	
24	Do the children knows songs/play/story telling (observation and questions)	
25	Whether immunization and Health check-ups done regularly(check last two months record)	
26	How many children 9-12 Months old Received Full Immunization & Vit A (Use Reg. No. -)	
27	How many children identified SAM in the last month	
28	How many children (SAM) referred to nearest health facility in last month (use Reg. no-9)	
29	How many children found severely underweight in the last month	
30	How many infants exclusively breastfed for first six months (home visit planner)	
31	AWCMC meeting held in last month and proceeding recorded	Yes / No
32	Amount approved for SNP in last month and utilized (Use SNP Records)	Approve(Rs.)- Utilized(Rs)-
33	General perception of the community towards functioning of the AWC, whether there is improvement over last 2-3 years. (interact with nearby community people)	
34	Suggestions, if any	

Concerned Supervisor's Signature-

Name of Supervisor:----------

AWW's Signature—

Name of AWW:----------

Name of the State Officials---------- Signature with date -----