

# **SITUATION ANALYSIS SCHEDULE FOR PREPARING HUNGER ALERT**

**(FOOD SECURITY/LIVELIHOOD/EMPLOYMENT - MNREGA/DEBT/EXPLOITATION, DISCRIMINATION & EXCLUSION/DRINKING WATER/IMMUNIZATION/BREAST FEEDING/INFANT OR CHILD MORTALITY/MATERNAL MORTALITY/MALNUTRITION/OTHERS)**

## Geneal Information

**Do you see any person in your village not in a position to have full 2 squire meal in a day?**

**Do you see any familiy living in village having no full food every day?**

**Do you see any community or group of people living with Hunger? Why they don't get access to food with dignity? Can you tell their full story?**

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<b>S. No.</b>	<b>Particulars</b>
1	<b>Name of the respondent and relation with the affected children/person</b>
2	<b>Name of the children/person affected</b>
3	<b>Age of the children / person affected</b>
4	<b>Social group or Caste (to which affected person belongs to)</b>
5	<b>Name of Tola/Purwa/Majra/Mohalla/Falia:</b> (Give details about vicinity of the place from main village, Distance and availability of health Centre, Hospital and other facility like Anganwadi Centre, School, PDS Shop, source of drinking water, Post Office, etc. from the farthest tola/Purwa/Mahra/Mohalla/Phalia of the village, panchayat, modes of transport available, type of approach road, distance from pucca road, etc.)
6	<b>Name of Village</b>
7	<b>Name of Village Panchayat</b>
8	<b>Name of Block</b>
9	<b>Name of district</b>
10	<b>Availability of drinking water</b> (Sources, distance from house, ownership of source, mode of getting water, pureness of water, status of water borne diseases in the family, household measures for cleaning water, availability of water during summer, any discrimination faced in getting water from general source available in village, etc.)

S. No.	Particulars
11	<p><b>Status of hygiene, general health and sanitation in the community/household</b>  (sanitation observed by Investigator, status of sanitation in the vicinity/household surroundings, availability of toilets and practices, waste disposal system, general health problems facing by the community and household, major health problems, water accumulation near and inside house, etc.)</p>
12	<p><b>Source of livelihood of the family</b>  (Family's monthly income, sources of income (main and alternate), earning members, availability of land, types of crop, etc.)</p>

S. No.	Particulars
13	<p><b>Brief description of Caste OR Social Group</b> (history of this caste, status in the society, cultural and social values and customs, dietary pattern, occupation, family structure, living pattern, educational system, factors bringing social and behavioural change in last few years in the community etc.)</p>
14	<p><b>Living condition of household</b> (total members of household, type of house, availability of electricity, water, availability of livestock etc.)</p>
15	<p><b>Type of problem/issue (Pl. provide brief description of the issue along with the details like – name, job card number, number of work days and other relevant data and facts)</b></p> <p>1. Food security, livelihood, employment (MNREGA), debt, exploitation</p>

S. No.	Particulars
	<p data-bbox="203 205 1339 268">2. Drinking water facility, sanitation, health and personal hygiene, immunization, breast feeding, complementary feeding of children</p> <p data-bbox="203 510 1096 541">3. Issues related to infant or child mortality, maternal mortality, malnutrition</p> <p data-bbox="203 1024 950 1056">4. Issues related to Panchayat and other government services</p> <p data-bbox="203 1423 446 1455">5. Others (Specify)</p>

S. No.	Particulars

## Public Distribution System

S. No.	Particulars								
16	<p><b>Status of PDS in the village and availability for households</b>            {Availability of Ration Card [APL/BPL/AAY], availability of ration, distance of ration shop, No. of days ration shop is distributing ration to beneficiaries, adequacy of ration for the families, in case of inadequacy how family manage it, price of ration, quantity of ration provided to the family, any discrimination faced in getting ration, any corruption faced, etc.)</p>								
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## MNREGA

S. No.	Particulars
17	<p><b>Status of NREGA in village and benifital for family</b>  (Possession of job card, registration under NREGA, No. of family members having job card, work performed under NREGA in the village/Panchayat, distribution of wages as per norms, within given time period, No. of days worked under NREGA, status of any descrimination in providing job, any corruption faced, etc.)</p>

## Status of Debt

S. No.	Particulars
18	<p><b>Status of debt on the families</b>  (When, why, whom, how much debt on the family, rate of interest, mode of repayment, situation of debt at present, incase of unable to repayment action taken by money lender, Government Debt and action taken in case of failure of repayment, Does any farmer committed suicide due to debt, if yes detailed analysis of causes of death should be taken by discussion with familiy of deceased)</p>

19	<p><b>Any exploitation being faced by the family</b>          (Exploitation of the family by whom, since when, why and how, action taken by the family against this, etc.)</p>

## Malnutrition

S. No.	Particulars
20	<p><b>Child raring practices</b>          (Deliveries taken at institute or home, type of health facility, initiation of breastfeeding, colostrum feeding or other feeding, complementary feeding, practices of personal hygiene, immunization, etc.)</p>

S. No.	Particulars
21	<b>Malnutrition among children</b> (details of any malnourished child in household or in the village – register as many as you can)
	Name: _____ Age: _____ (in months), _____ Sex : _____
	Name of father : _____ Name of Mother: _____
	Address of child: _____ Date of Birth: _____
	Weight at birth: _____ (in grams)
	Weight at present: _____ (in Kg.) _____ MUAC : _____
	Symptoms :
	Treatment taken from : _____ (Pvt/Govt)
	Address of doctor:
	Admitted in Bal Shakti Kendra: Yes _____ No _____
	Reasons for non admission in Bal Shakti Kendra:
	No. of days admitted for: _____ (When, date of admission)
	Difference in health status of children due to admission in Bal Shakti Kendra
	Present Status%
	Registration at AWC:
	Immunization recieved: _____ (BCG, DPT I/II/III, Polio I/II/III, Measles)
	Receiving SNP:
Other information	
22	<b>Reason of any child death due to malnutrition or allied causes</b> (details of any child death in the household)
	Name: _____ Age (at the time of death in months) _____ Sex: _____
	Name of father: _____ Name of Mother: _____
	Address of child: _____ Place of Birth: _____ Weight at birth: _____ (in grams)
	Weight at death: _____ (in grams) _____ Date of death: _____
	Symptoms:

S. No.	Particulars
	Reason of death:
	Treatment <span style="float: right;">Pvt/Govt</span>
	Address of doctor:
	Expenditure on getting treatment: <span style="float: right;">On medicines: For Doctor's fees:</span>
	On transport: <span style="float: right;">On Diet:</span>
	Expenses met from : Own/on debt/by charity,
	Registration at AWC:
	If not registered then reason for it?
	Immunization recieved: (BCG, DPT I/II/III, Polio I/II/III, Measles)
	Recieved SNP <span style="float: right;">Yes No</span>
	If SNP not received or irregularly received, reasons for it?
	Admitted in Bal Shakti Kendra: Yes <span style="float: right;">No</span>
	Reasons for non admission in Bal Shakti Kendra:
	No. of days admitted : <span style="float: right;">Date of admission:</span>
	Other information / any other details

## Maternal Death

S. No.	Particulars
23	<b>Any case of maternal death in household</b>
	(Details of any maternal death [till conception to 42 days of termination of pregnancy due to maternal causes] in the household)
	Name: <span style="float: right;">Age: (at time of death in years) Name of husband:</span>
	Address% <span style="float: right;">Place of death%</span>
	Number of living children:
	Number of abortion/Premature child births/miscarriage/still births%
	Weight: (in Kg.) <span style="float: right;">Death during : Pregnancy/Delivery/after</span>



(Availability of AWC/ANM/ASHA/Doctor in the village, functioning of AWC, any case of discrimination in distribution of SNP, corruption)

**Other services AWC:** PSE, immunization, home visits by AWW and ASHA, health check ups of children and pregnant women, NHED (VHND/Mangal Diwas), Weighing of children, growth charts of children, availability and distribution of medicines, IFA and ORS from AWC/SHC, any complaint made against AWW/ASHA/ANM, action taken, satisfaction with action, other information)

## Education

S. No.	Particulars
25	<b>Status of Education of children in village</b> (Any school in village, if yes upto which standard, for further studies children used to go how far, mode for transportation and expenditure on it, how much to travel on leg.)

<p>Does any children suffered Corporal Punishment, if yes, then detailed description and actin taken against teacher.</p>
<p>Any discrimination towards children, if yes how and which types of children are facing it.</p>
<p>Does all children continued their studies if any child dropped out reason behind it.</p>
<p>Status of girls' education in the village, reason for not sending girls for studies, how many girls are not attending school or dropped in mid.</p>
<p>Status of Mid Day Meal in Schools of village, Quality of food, children interested in consuming, any discrimination in Mid day Meal, if yes then how and which types of children are facing it.</p>
<p>Other information like, distribution of uniform, Bicycle, scholarship, any discrimination,</p>

	number of children and teachers, attendance of teachers, etc.
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**Any other Information:**

S. No.	Particulars
26	Any other points to be noted:

# Instructions Manual

## Situational Analysis Schedule for Food Security/Livelihood/Employment (MNREGA)/Debt/Exploitation/Drinking water/Immunization/Breast Feeding/Infant or Child Mortality/Maternal Mortality/Malnutrition/Education/Others

### General Instructions:

1. Before starting schedule built rapport with the respondent and take him/her in confidence, assure them that the information provided by them will be used only for their benefit.
2. Schedules are to be filled with pen.
3. Schedules should be filled in Hindi/English
4. Where ever numbers are to be written use only english numbers, i.e., 1,2,3,4,5,6,7,8,9,0
5. No over writing should be done, in case of any mistake simply make two lines over it (like ~~aaaaaa~~) and write correct word.
6. In case of any confusion or misunderstanding ask once again politely and write the answer given.
7. Use extra sheets wherever required
8. Probe to take complete information
9. After completing schedule have a look over filled schedule and in case of any question not responded or left without inquiring take respondents opinion on that.
10. In case of any information irrelevant and not responded then clearly mention it as not applicable, not available, not responded whatever applied at the place. But no question should be left blank.
11. On each and every issue PI. take copy of evidences and affidavits.
12. Few case studies should also be taken, which clarify a particular aspect of the larger issue. It may be on lack of safe drinking water, bad condition of Anganwadi center, sitting arrangements and exclusion etc....

### Specific Instructions:

- a. Ask whether they saw any person in their village, who is not in a position to have full 2 square meal in a day. Write their details regarding, name, address, sex, No. of members in family, etc.
- b. Whether they have knowledge regarding any family living in village having no full food every day. Write their details regarding, name, address, sex, No. of members in family, etc.
- c. Whether they have any awareness about any community or group of people living with Hunger? Why they don't get access to food with dignity? Will they are able to tell their full story.

## General Information:

1. Write name of respondent and his/her relation with affected child/person. In majority cases people are telling different names to different persons so try to write both names or confirm it with other persons.
2. Name of affected child/person. Here also people are calling children with different names so try to write both names or confirm it with other persons.
3. Age of children below 3 years should be written in completed months where as for others it should be written in completed years, i.e., if it is 2 months 25 days it will be 2 months and if it is 25 years 11 months it should be written as 25 years. If respondent is unable to tell exact age in case of children try to find out with observing immunization card or birth certificate or date written with AWW/ANM/ASHA/village Kotwar or ask to neighbours and other relatives or elders of the village or probe by using local event calendar i.e., any festival, season, election, crop, or important event. In case of elders probe it by adding years at marriage, age at first child, age of first child, etc.
4. Social group or caste of affected person should be written. i.e., General, OBC, SC, ST and in case of SC, ST or OBC its subdivision like, Bhil, Bhilala, Gond, Korku, Saharia, Baiga etc. should be written. Here only name of his/her caste should be written description will be written in response of Q. 13.
5. Name of tola/purwa/majra/mohall/falia or any other where household is living at present should be written. Details about vicinity of the place from main village, availability of health and other facility, panchayat, modes of transport, type of approach road, distance from pucca road, etc. should also be written.
6. Write only name of village
7. Name of Panchayat in which this village comes.
8. Name of block to be written
9. Name of the district to be written
10. Write details about source of drinking water, distance from house, ownership of source, mode of getting water from source, purity of water, status of water borne diseases in the family, household measures for cleaning water, availability of water during summer, any discrimination faced in getting water from general sources, etc.
11. Investigator should observe status of hygiene and sanitation in the community/household and write detailed situation. It should also cover details about status of sanitation in the vicinity, household surroundings, toilet availability and practices, drainage system, waste disposal system, general health problems facing by the community and household, major health problems, water accumulation near and inside house, problem of mosquito and other flies etc. existence and performance of Village Health and Sanitation Committee, etc.
12. Details about sources of livelihood of families, monthly income, income from major and alternative sources, No. of earning members and contribution of each person, availability of land, etc should be written in detail. Take details from each family on following points :
  - a. In case of more than one source of income, write all the sources mentioned.

- b. Details about family's income should be inquired and no one give correct data regarding income and it is difficult also so cross check it and probe to find out correct income.
  - c. Monthly income is to be written here but if earning of the family is based on agriculture or getting wages in few months then total all the income of a year and divide it by 12 and then write monthly income.
  - d. Income from every source of income should be calculated and then write.
  - e. Contribution of each earning member should be calculated and written
  - f. Specially ask about wages or other contribution made by children in income of family.
  - g. Availability of land, types of crops cultivate, area of irrigated/non irrigated land, etc
  - h. Other whatever respondent told
13. In response of Q. 4 respondent has told his/her caste. Provide brief description about history of that caste, cultural and social values and customs, dietary pattern, occupation, family structure, living pattern, educational system, significant features of the caste, history of their family, period of living at this place, before this which was their place, why they are displaced, factors bringing social and behavioural change in last few years in the community etc.)
14. In living condition of household you should also mention your observation regarding issues that are unique and could not be asked. It should also include total numbers of family members (in family members only include those persons which are eating food prepared on same chulha/stove). Type of house, availability of electricity, water and other household amenities, availability of livestock etc.
15. Write details about problems/issues faced. In this place only statement of problem faced to be written. These problems are might be related to MNREGA, food security, PDS, livelihood, debt, exploitation, basic amenities, health issues related to children, women and others, Government schemes like ICDS, MDM, etc.

### **Public Distribution System:**

16. Overall situation of PDS in the village should be inquired. Availability of ration to household should be inquired detailed in regards with:
- a. Availability of Ration Card [APL/BPL/AAY],
  - b. Availability of ration,
  - c. Distance of ration shop,
  - d. No. of days ration shop is tend to be and actually distributing ration to beneficiaries,
  - e. Adequacy of ration received by the family,
  - f. In case of inadequacy how family manage it,
  - g. Price of ration purchased,
  - h. Quantity of ration provided to the family during last month,
  - i. Status of any discrimination faced in getting ration,
  - j. Corruption faced, etc.

k. Other whatever respondent told regarding PDS  
If the family did not facing any problem related to PDS system then also ask about the present status of management of PDS.

### **MNREGA :**

17. Overall status of NREGA i.e., job cards provided, No. of works performed, families benefitted in village should be inquired in detailed.
- a. Benefit received by the family from NREGA should also be inquired.
  - b. Possession of job card, job card kept with,
  - c. Registration under NREGA,
  - d. No. of family members having job card,
  - e. Details of works performed under NREGA in the village/Panchayat,
  - f. Distribution of wages as per norms, within given time period (as per norms),
  - g. No. of days worked under NREGA, give details of each family member with wages received, delay in wage distribution, etc.
  - h. Social audit of work, status and quality of work performed under NREGA
  - i. Status of any discrimination in providing job, any corruption faced
  - j. Other whatever respondent told

### **Status of Debt :**

18. Detailed status of any debt on the family to be taken. In case family did not have any burden of debt at present then ask about past latest one and in case they never take any debt that ask for overall situation of village that why usually people have to take debt, from whom, on what interest, in case of failure of repayment what they should have to do.
- a. Date of debt (s), reason for, from whom, amount (in case of more than once write each one separately)
  - b. Rate of interest of each debt,
  - c. Mode of repayment,
  - d. In case of unable to repayment action taken by money lender,
  - e. Government Debt and action taken in case of defaulter
  - f. Whether any farmer committed suicide due to debt,
  - g. If yes, discuss with his family and try to find out detailed reason,
  - h. Other whatever respondent told
19. In case of any exploitation faced by the family then inquire about how, who, since when, why your family have been exploited, action taken by the family against this and result or status of it, etc.

### **Malnutrition :**

20. What the child rearing practices adopted in the community and by the family should be inquired. Details about:
- a. Priority given to institutional or home delivery and why

- b. If, Institutional delivery referred, type of health facility preferred ,
  - c. Initiation of breastfeeding,
  - d. Colostrum feeding, neonate fed or discarded
  - e. Feeding of other items before breast milk or not
  - f. Water given to children at what age
  - g. SNP given to children or not
  - h. Hygiene practices, i.e, hand washing before cooking, before feeding children, hand washing by soap after cleaning children after toilet.
  - i. Sanitation in neighbourhood, near house, water drainage, disposal of waste
  - j. Immunization of children, all vaccines are given to child or not, if given a due time or at ease, any problem faced after immunization, etc.
  - k. Other whatever respondent told
21. Malnutrition among children : Details of any malnourished child in household or in the village should be obtained and written. In case of more space needed use extra sheets.
- a. Name of child should be written. Parents are calling children with different names so try to write as many names are used write all such names and confirm most common name with other persons.
  - b. Age: In case of children below 3 years should be written in completed months where as for elders it should be written in completed years, i.e., if it is 2 months 25 days it will be 2 months and if it is 4 years 11 months it should be written as 4 years.
  - c. Sex: write only male or female
  - d. Name of father and mother to be written
  - e. Address of the child with landmarks to recontact easily if necessary.
  - f. Date of Birth: If respondent is unable to tell exact date of birth, try to find out with observing immunization card or birth certificate or date written with AWW/ANM/ASHA/village Kotwar or ask to neighbours and other relatives or elders of the village or probe by using local event calendar i.e., any festival, season, election, crop, or important event.
  - g. Weight at the time of birth if known to parents or if birth/immunization card is available to be seen and then to be written in grams only i.e., if it is 2.4 Kg write it 2400 grams. If no record of birth weight is available simply write not available on the place.
  - h. Present weight of child should be recorded if parents have growth chart of child with them write weight of current month or previous month but in case of non availability try to meet AWW and get him/her weighed. This weight can be written in Kilo and grams i.e., 5.4 Kg. Here you should also write month of weight taken and source of weight recorded, like, Growth chart, AWC register, weighed during study, etc.
  - i. MUAC: mid upper arm circumference should be measured and recorded. For taking MUAC it is necessary to find out mid point of upper arm, i.e., mid point of shoulder and elbow. The options to be written are red, green or yellow.

- j. Symptoms: what are the symptoms child is facing since he/she had any problem to be written in detail. Duration of the onset of the system till subsidization should also be recorded. Symptoms should be recorded chronologically, i.e., first symptom observed should be recorded first
  - k. For above mentioned symptoms what treatment was taken and from where, details of each treatment received should be taken i.e., facility/doctor is Pvt/Govt, place of doctor/facility whether it is district headquarter, or nearby village or it block or any other place, it may be more than one.
  - l. Whether child was admitted in NRC or not taken should be written. In case of non admission or not taken to NRC reason of it must be written.
  - m. If child was admitted in NRC write No. of days admitted in NRC. Date of admission and discharge should be written. In case of readmission write details of every admissions.
  - n. Present status of child's condition should be written i.e, is it better, as it is, or worse and at present what are the symptoms/problems facing by the child should be written
  - o. Registration status of child with AWC should be mention if not registered then reason for not registration should be recorded.
  - p. Immunization status of child should be recorded. For accuracy PI. demand immunization card from parents and if it is available then note all the dates of each vaccines received by the children should be noted, i.e. of BCG, DPT I/II/III, Polio I/II/III, Measles. If parents did not have immunization card inquire parents about age of child at the time of that vaccination.
  - q. If child is registered with AWC does he/she receiving SNP regularly, irregularly, rarely or not receiving or it is inadequate or not satisfied and reasons for the same. Also enquire about whether only child is consuming SNP or it is shared with other members of the family. Child is consuming SNP daily in prescribed quantity or in less or more quantity.
  - r. Details of all malnourished children in the household or if there is no malnourished child in family then general information about status of malnutrition and respondent's perception about it in the village should be inquired.
22. In case of any child death (under 6 years) due to malnutrition or allied causes is reported then write details about this case. If there is no incidence of any death just write "No death" in the first space and go to Q. 23.
- a. Name of child should be written. Parents are calling children with different names so try to write as many names are used to call that child.
  - b. Age: In case of children below 3 years should be written in completed months where as for elders it should be written in completed years, i.e., if it is 2 months 25 days it will be 2 months and if it is 4 years 11 months it should be written as 4 years. If respondent is unable to tell exact age in case of children try to find out with observing immunization card or birth certificate or date written with AWW/ANM/ASHA/village Kotwar or ask to neighbours and other relatives or elders of the village or probe by using

local event calendar i.e., any festival, season, election, crop, or important event.

- c. Sex: write only male or female
- d. Name of father and mother to be written
- e. Address of the child with landmarks to recontact easily if necessary.
- f. Place of birth whether it is Private/Govt. hospital, CHC, PHC, SHC, home, relatives home, road, on any vehicle or whatsoever should be written. If the child was born on the way to hospital or at any different place than normal write in detail.
- g. Weight at the time of birth if known to parents or if birth/immunization card is available to be seen and then to be written in grams only i.e., if it is 2.4 Kg write it 2400 grams. If no record of birth weight is available simply write not available on the place.
- h. Weight of child at the time of death should be recorded if parents have growth chart of child with them it have weight of the last month or the last recorded weight should be recorded with month but in case of non availability try to meet AWW and inquire her if she had record of child's weight.
- i. Symptoms: what are the symptoms child is facing since he/she had any problem to be written in detail. Duration of the onset of the system till subsidization should also be recorded. Symptoms should be recorded chronologically, i.e., first symptom observed should be recorded first. At the time of death
- j. If parents or relatives are aware of reason of death or they have any certificate or hospital/treatment papers with them, record reason of death from it. Neighbours, AWW, ASHA, ANM or any other person of the village can also be inquired and all the reasons reported should be noted with personal information and relation with child.
- k. Details about treatment taken and from where should be inquired i.e., facility/doctor is Pvt/Govt, place of doctor/facility whether it is district headquarter, or nearby village or it block or any other place, it may be more than one. All the treatment should be recorded in chronological order, i.e., very first treatment should be written first then the next one.
- l. Total expenditure on getting treatment should be recorded and also its breakup under various heads like,
  - a. Medicine
  - b. Doctor's fees
  - c. Transport
  - d. Child's Diet and attendant's diet
  - e. Expenses met by self/on debt/by charity, should be clearly mentioned
- m. Registration status of child with AWC should be mention if not registered then reason for not registration should be recorded.
- n. Immunization status of child should be recorded. For accuracy PI. demand immunization card from parents and if it is available then note all the dates of each vaccines received by the children should be noted, i.e. of BCG,

- DPT I/II/III, Polio I/II/III, Measles. If parents did not have immunization card inquire parents about age of child at the time of that particular vaccination.
- o. If child is registered with AWC does he/she receiving SNP regularly, irregularly, rarely or not receiving or it is inadequate or not satisfied and reasons for the same. Also enquire about whether only child is consuming SNP or it is shared with other members of the family. Child is consuming SNP daily in prescribed quantity or in less or more quantity.
  - p. Whether child was admitted in NRC or not taken should be written. In case of non admission or not taken to NRC reason of it must be written.
  - q. No. of days admitted in NRC with specific mention of dates is to be written.
  - r. Any other information received

### **Maternal Death:**

23. In case of any maternal death [till conception to 42 days of termination of pregnancy due to maternal causes] occurs in household in last 2 years details of it should be noted. If there is no incidence of any death just write "No death" in the first space and go to Q. 24.
- a. Name of the deceased women
  - b. Age of women at the time of death in years
  - c. Name of her husband
  - d. Address of the women with landmarks to recontact easily if necessary.
  - e. Place of death which might be home, hospital, road, during transport, etc. give detail about place of death
  - f. History of previous pregnancies like, result of all the pregnancies i.e., number of abortion/miscarriage/still births
  - g. Weight of the women last recorded if not available inquire about general physique of women before conception and after conception, work performance, paleness, fatigue, etc.
  - h. Time of death should be recorded it might be during Pregnancy, Delivery, or after delivery. If it is reported during pregnancy then month of pregnancy at the time of death. If it is during delivery then before delivery/after delivery and if it is after delivery then hours in case of within a day and days after a day of delivery
  - i. What are the possible causes of death should be inquired. It might be hemorrhage (heavy bleeding), convulsion, tetanus, fever, or any other. If death occurred in hospital or any doctor was consulted before death ask for prescription and write after reading it. Cause of death could also be seen in any record available or inquired by husband, members of the family, neighbours, AWWs, ANM, ASHA. Source of information must be mentioned.
  - j. All symptoms observed before death of women should be inquired in detail.
  - k. Details about treatment taken and from where should be inquired i.e., facility/doctor is Pvt/Govt, place of doctor/facility whether it is district

headquarter, or nearby village or its block or any other place, it may be more than one. All the treatment should be recorded in chronological order, i.e., very first treatment should be written first then the next one.

- l. Total expenditure on getting treatment should be recorded and also its breakup under various heads like,
  - a. Medicine
  - b. Doctor's fees
  - c. Transport
  - d. Women's Diet and attendant's diet
  - e. Expenses met by self/on debt/by charity, should be clearly mentioned
- m. Registration status of women with AWC should be mentioned if not registered then reason for not registration should be recorded.
- n. Immunization status of women should be recorded. For accuracy PI demand immunization card from family members and if it is available then note dates of each vaccine of TT and IFA received by the women should be noted. Otherwise inquire with other members of family and AWW. Number of IFA received and consumed should also be tried to calculate.
- o. If women was registered with AWC does she receiving SNP regularly, irregularly, rarely or not receiving or it is inadequate or not satisfied inquire from family members
- p. Number of ANC received by women should be noted. It should also be noted that who performed these ANC.
- q. Any other information received

#### **ICDS/Health:**

24. Details about availability of health and ICDS facilities in the village should be inquired from community.

- a. Availability of AWC/ANM/ASHA/Doctor in the village
- b. Functioning of AWC
- c. Distribution of SNP
- d. Any discrimination in supply or distribution of SNP/MDM
- e. Any corruption felt/observed
- f. Other activities of AWC : PSE, availability of play materials, regularity of immunization, home visits and their usefulness by AWW and ASHA, health check ups of children and pregnant women and its regularity, NHED (VHND/Mangal Diwas), Weighing of children, growth charts of children, availability and distribution of medicines, IFA and ORS from AWC/SHC,
- g. Details about any complaint or action taken against AWW/ASHA/ANM, satisfaction from action taken,
- h. Any other information

**Education :**

25. Detailed discussion on status of education of children in village on the following points:
- a. Is there any school in village, if yes upto which class, for further education children have to go how far, mode of transport and expense on that, how long they have to go on feet.
  - b. Any case of corporal punishment (Physical/Mental) by teacher. If yes, details of the incidence and action taken against teacher and view of people on this punishment.
  - c. Any discrimination faced by children in school, if yes, then how and which students take details about it.
  - d. Does all the children are getting education. whether any child drop his/her education find its reason.
  - e. Status of girl education in village, reason for not sending girls to school, number of girls not attending school or dropped in middle.
  - f. Status of Mid Day Meal in village, quality of food, interest of children in MDM. Any discrimination in MDM, if yes type of discrimination and type of children facing it.
  - g. Other information like, distribution of uniform, bicycle, stipend/scholarship, any discrimination in these, number of students, attendance of teachers, etc.
  - h. Any other information

**Any other point:**

26. If you felt that any other points are to be added then details of them should also be noted.