

## Annexure 2

### FACILITY SURVEY CHECKLIST (AT THE VHND SESSION)

Date of visit \_\_\_\_\_ Code \_\_\_\_\_ Weather \_\_\_\_\_ Day: Tue  Week

Starting time of the VHND session \_\_\_\_\_ Fri  Other day  
 (\_\_\_\_\_)

Closing time of VHND Session: \_\_\_\_\_ (Tick mark the boxes whichever is applicable)

#### A. Basic information about the VHND session

- i. Name of the AWC \_\_\_\_\_
- ii. Village \_\_\_\_\_
- iii. Sub-centre \_\_\_\_\_
- iv. Block and district \_\_\_\_\_

#### B. General information about VHND session

- i. VHND session organized: **Yes**  **No**
- ii. Is it as per the action plan?: **Yes**  **No**  **NA**
- iii. Place where VHND session organized: **AWC**  **School building**  **club house**

**Community Centre**  **Open place**  **Others**  **NA**

- iv. HW(F) present at the session site: **Yes**  **No**  **Not in position**  **NA**
- v. AWW present at the session site: **Yes**  **No**  **Not in position**  **NA**
- vi. AWH present at the session site: **Yes**  **No**  **Not in position**  **NA**
- vii. ASHA present at the session site: **Yes**  **No**  **Not in position**  **NA**
- viii. GKS members (other than ASHA and AWW) present at the session site:  
**Yes**  **No**  **NA**
- ix. Presence of supervisors at the session site: **Yes**  **No**  **NA**
- x. Supervisors present at the session site:

**LHV**  **BEE**  **BPO**  **MO**

AYUSH MO  ADMO  CDMO  ICDS Supervisor   
 CDPO  DSWO  NA

- xi. Display board present at the session site: Yes  No
- xii. Display board contents include: VHND dates in the year

Types of services delivered  beneficiary group  NA

**C.Logistics available at the VHND site on the day of visit:**

LOGISTICS	AVAILABILITY	REMARKS
<b>I. Infrastructure</b>		
i. Pucca house	Yes <input type="checkbox"/> No <input type="checkbox"/>	Semi pucca <input type="checkbox"/> kutcha <input type="checkbox"/>
ii. Roof condition satisfactory	Yes <input type="checkbox"/> No <input type="checkbox"/>	
iii. Adequate space available	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size in sq ft _____
iv. Ventilation Adequate	Yes <input type="checkbox"/> No <input type="checkbox"/>	
v. Lighting adequate	Yes <input type="checkbox"/> No <input type="checkbox"/>	
vi. Electric supply present	Yes <input type="checkbox"/> No <input type="checkbox"/>	
vii. Cleanliness satisfactory	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>II. Facilities</b>		
i. Availability of drinking water at the VHND session	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes source: Tube well <input type="checkbox"/> well <input type="checkbox"/> pond <input type="checkbox"/> Pipe <input type="checkbox"/> Others _____
ii. Water source present at/nearby the VHND session	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes Tube well <input type="checkbox"/> well <input type="checkbox"/> pond <input type="checkbox"/> pipe <input type="checkbox"/> Others _____
iii. Is drinking water stored	Yes <input type="checkbox"/> No <input type="checkbox"/>	Storage container _____
iv. Storage container is covered	Yes <input type="checkbox"/> No <input type="checkbox"/>	
v. Correct method used for taking out	Yes <input type="checkbox"/> No <input type="checkbox"/>	

water from the stored container		
vi. Bucket and Mug available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
vii. Soap for hand washing available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
viii. Waiting place available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ix. Mat or other arrangement for sitting	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>III. Logistics specific to the VHND session</b>			<b>Procurement (Also if already available for use but not brought to session)</b>	<b>Remarks</b>
i. Adult weighing machine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	CDPO office GKSuntied fund Other
ii. Child weighing machine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	CDPO office GKSuntied fund Other
iii. Examination table/cot	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	CDPO office GKSuntied fund Other
iv. Hemoglobino meter	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	CDPO office GKSuntied fund Other
v. Talquist paper	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	CDPO office GKSuntied fund Other

vi. Uristix	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GK <input type="checkbox"/> S untied fund <input type="checkbox"/> Other	
vii. Stethoscope(adult)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GK <input type="checkbox"/> S untied fund <input type="checkbox"/> Other	
viii. Stethoscope(fetal)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GK <input type="checkbox"/> S untied fund <input type="checkbox"/> Other	
ix. BP instrument	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GK <input type="checkbox"/> S untied fund <input type="checkbox"/> Other	
x. measuring tape	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GK <input type="checkbox"/> S untied fund <input type="checkbox"/> Other	
xi. MUAC tape	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GK <input type="checkbox"/> S untied fund <input type="checkbox"/> Other	
xii. Condoms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GK <input type="checkbox"/> S untied fund <input type="checkbox"/> Other	
xiii. Oral pills	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GK <input type="checkbox"/> S untied fund <input type="checkbox"/> Other	
xiv. IEC/BCC materials	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GK <input type="checkbox"/> S untied fund <input type="checkbox"/> Other	

xv. IFA(small)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSun <input type="checkbox"/> tied fund <input type="checkbox"/> Other	
xvi. IFA(large)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSun <input type="checkbox"/> tied fund <input type="checkbox"/> Other	
xvii. IFA(liquid)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSun <input type="checkbox"/> tied fund <input type="checkbox"/> Other	
xviii. Deworming tablet (Albendazole)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSun <input type="checkbox"/> tied fund <input type="checkbox"/> Other	
xix. Paracetamol	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSun <input type="checkbox"/> tied fund <input type="checkbox"/> Other	
xx. Cotrimoxazole	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSun <input type="checkbox"/> tied fund <input type="checkbox"/> Other	
xxi. Gentian Violet	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSun <input type="checkbox"/> tied fund <input type="checkbox"/> Other	
xxii. ORS	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSun <input type="checkbox"/> tied fund <input type="checkbox"/> Other	
xxiii. IMNCI chart	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSun <input type="checkbox"/> tied fund <input type="checkbox"/> Other	

xxiv.	'Maa O Sisu Surakhya Card'/MCP card	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSuntied fund <input type="checkbox"/> Other	
xxv.	Drugs for minor ailments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSuntied fund <input type="checkbox"/> Other	
xxvi.	Others if any (mention)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSuntied fund <input type="checkbox"/> Other	
<b>IV.</b>	<b>Registers of HWF</b>	<b>Available</b>		<b>Source of register if supplied</b>		<b>Status</b>
i.	VHND register	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSuntied fund <input type="checkbox"/> Other	NA <input type="checkbox"/> Updated <input type="checkbox"/> Not update <input type="checkbox"/>
ii.	MCH register/ Immunization register	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSuntied fund <input type="checkbox"/> Other	NA <input type="checkbox"/> Updated <input type="checkbox"/> Not update <input type="checkbox"/>
iii.	Referral register	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSuntied fund <input type="checkbox"/> Other	NA <input type="checkbox"/> Updated <input type="checkbox"/> Not update <input type="checkbox"/>
iv.	Minor ailment treatment register	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSuntied fund <input type="checkbox"/> Other	NA <input type="checkbox"/> Updated <input type="checkbox"/> Not update <input type="checkbox"/>
v.	Oral pill distribution register	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSuntied fund <input type="checkbox"/> Other	NA <input type="checkbox"/> Updated <input type="checkbox"/> Not update <input type="checkbox"/>
vi.	Any other (Mention)_____	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	<input type="checkbox"/> CDPO office <input type="checkbox"/> GKSuntied fund <input type="checkbox"/> Other	NA <input type="checkbox"/> Updated <input type="checkbox"/> Not update <input type="checkbox"/>

v. Register of AWW	Available	Source of register if supplied		Status
i. Growth chart register IAP NEW WHO	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	CDPO office GKSuntied fund Other	NA <input type="checkbox"/> Updated <input type="checkbox"/> Not update <input type="checkbox"/>
ii. Survey register	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	CDPO office GKSuntied fund Other	NA <input type="checkbox"/> Updated <input type="checkbox"/> Not update <input type="checkbox"/>
iii. VHND register	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	CDPO office GKSuntied fund Other	NA <input type="checkbox"/> Updated <input type="checkbox"/> Not update <input type="checkbox"/>
iv. SNP register	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	CDPO office GKSuntied fund Other	NA <input type="checkbox"/> Updated <input type="checkbox"/> Not update <input type="checkbox"/>
v. Referral register	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	CDPO office GKSuntied fund Other	NA <input type="checkbox"/> Updated <input type="checkbox"/> Not update <input type="checkbox"/>
vi. Attendance register(PSE)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	CDPO office GKSuntied fund Other	NA <input type="checkbox"/> Updated <input type="checkbox"/> Not update <input type="checkbox"/>
vii. Any other (Mention)_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Block hospital <input type="checkbox"/> SC untied fund <input type="checkbox"/> RKS fund	CDPO office GKSuntied fund Other	NA <input type="checkbox"/> Updated <input type="checkbox"/> Not update <input type="checkbox"/>

**D.Services delivered at the VHND session site on the day of visit:**

COMPONENT OF VHND SERVICES	SERVICE	REMARKS
<b>I. Adolescents</b>		
i. TT at 10yrs	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
ii. TT at 16yrs	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
iii. Weekly IFA(girls)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
iv. 6 monthly de-worming(girls)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
<b>II. Pregnant women</b>		
i. Registration of identified pregnant women	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
ii. Weight measurement	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
iii. Blood pressure measurement	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
iv. Hemoglobin estimation	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
v. Urine examination for albumin	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
vi. Per abdominal examination	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
vii. Iron folic acid supplementation	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
viii. TT injection	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
<b>III. Lactating mothers</b>		
i. Contraceptive distribution	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
ii. Referral for IUD insertion	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
iii. Counseling on promotion of breast feeding	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
iv. Birth registration	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
v. Identification of danger signs	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
vi. Referral after identification of danger signs	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	



vii. Weighing newborn	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
viii. Danger signs identification of newborn	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
ix. Referral after identification of danger signs of newborn	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
<b>IV. Children 0-5 years</b>		
i. Weight measurement	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
ii. Plotting on growth monitoring chart of the measured weight	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
iii. Mid-upper arm circumference measurement	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
<b>V. Management of common illnesses</b>		
i. Treatment of minor ailments of children using IMNCI	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
ii. Treatment of minor ailments for adolescent girls, lactating mother and pregnant women	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
iii. Identification of cases disability/malnutrition/anemia/high risk pregnancy/TB/malaria/Leprosy/kalazar	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	

**E. Assessment of skills of the service providers:**

	Skill/Competency	Provided	Provided by	Correctly Done
i.	Blood pressure measurement	Yes <input type="checkbox"/>	HWF <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		No <input type="checkbox"/>	AWW <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			ASHA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

ii.	Weight measurement of Pregnant women	Yes <input type="checkbox"/>	HWF <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		No <input type="checkbox"/>	AWW <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			ASHA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii.	Weight measurement of children	Yes <input type="checkbox"/>	HWF <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		No <input type="checkbox"/>	AWW <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			ASHA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
iv.	Plotting of growth chart	Yes <input type="checkbox"/>	HWF <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		No <input type="checkbox"/>	AWW <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			ASHA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
v.	MUAC measurement	Yes <input type="checkbox"/>	HWF <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		No <input type="checkbox"/>	AWW <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			ASHA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
vi.	Hemoglobin estimation	Yes <input type="checkbox"/>	HWF <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		No <input type="checkbox"/>	AWW <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			ASHA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
vii.	Urine examination	Yes <input type="checkbox"/>	HWF <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		No <input type="checkbox"/>	AWW <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			ASHA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
viii.	P/A examination of pregnant Women	Yes <input type="checkbox"/>	HWF <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		No <input type="checkbox"/>	AWW <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			ASHA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
ix.	Identification of danger signs of pregnant women	Yes <input type="checkbox"/>	HWF <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		No <input type="checkbox"/>	AWW <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			ASHA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

x.	Identification of danger signs of newborn	Yes <input type="checkbox"/>	HWF <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		No <input type="checkbox"/>	AWW <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			ASHA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>