Annexture -IV
An Evaluation of the ICDS Programme in Rural Haryana

Beneficiary Schedule: Children of 0-3 years age-group (To be convassed from the mother of the child)

I Identification particulars

1. Village
2. Name of the beneficiary with father's Name
3. Age/Sex/Caste
4. Educational Qualifications
   (a) Father
   (b) Mother
5. Occupation of the household
   (a) Main
   (b) Subsidiary
6. Estimated annual income of the household from all sources (year preceding the date of survey)
7. Type of family: Nucleus/Joint
8. Size of the family:
<table>
<thead>
<tr>
<th>Adult above 15 years</th>
<th>Children between 6-15 years</th>
<th>Children between 3-6 years</th>
<th>Children between 0-3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
</tbody>
</table>
9. Distance between residence and anganwadi
10. Who persuaded you to join the anganwadi?
11. Name of the informant and relationship with the child.
II Supplementary Nutrition

1. Since when are you getting supplementary nutrition from the angawadi centre.

2. Items of food received during last week with its quantity.

<table>
<thead>
<tr>
<th>Last day</th>
<th>Second last day</th>
<th>Third last day</th>
<th>Fourth last day</th>
<th>Fifth last day</th>
<th>Sixth last day</th>
<th>Seventh last day</th>
</tr>
</thead>
</table>

3. Where does the child eat the SNP food item?

4. If at home, does the child eat alone or share it with others?

5. Give your opinion regarding food items provided by Anganwadi

   (a) Timeliness
   (b) Adequacy
   (c) Regularity
   (d) Taste
   (e) Quantity

   (g) Need for change of item distributed over a period of time.

6. Have you to pay any money to the Anganwadi Worker?
   If yes, give its details.
7. Would you continue attending the Anganwadi Centre even if SNP is discontinued?

8. What changes have come in your household consumption pattern after joining the Anganwadi?

9. Give details of consumption (average) during the last month in Kgs.

   (i) All cereals (Wheat Atta, Maize, Jowar, Bajra, Gram, Rice etc.)

   (ii) Pulses

   (iii) Milk

   (iv) Fruit/Vegetables

   (v) Meat/fish/eggs

   (vi) Ghee (specify Desi/Dalda etc.)

   (vii) Sugar/Gur

   (viii) Others (specify)

   (ix)

   (x)

III. Health Check-up and Referral Services (Children)

1. Care of Children

   Were the following Services/Provided to the child in the Anganwadi?

   (i) Recording of height and weight in the card

   (ii) Were other milestones of development such as speech, sight, hearing, crawling, sitting, etc. recorded regularly in the Health card.

   (iii) Regular immunisation

   (iv) General check-up every three months
2. Did the child ever suffer any widely prevalent diseases like diarrhoea, dysentry, upper respiratory tract infections, skin diseases, eye diseases like trachoma, conjunctivitis etc. during your childhood?

If yes, specify.

3. Where did the child get treatment?

4. Did the child ever suffer from parasitic infections like round worm, thread worm hook-worm? If yes, specify how and where treated.

5. Was the child provided drugs and diet supplements for vitamin deficiencies etc. by the Anganwadi worker? If yes, specify.

6. i) Did the child ever suffer any serious disease?

ii) If yes, was the child referred for the specialised treatment to the PHC/Hospital by the Anganwadi Worker with the referral slip?

iii) if yes, where treated?

iv) Did the child get any notes of treatment given and further to be followed?

7. What is the mother's opinion about the child's health (Good/Average/Poor).

8. In case the child falls sick, which method of treatment is followed?

i) Home remedies

ii) Allopathic

iii) Ayurvedic

iv) Homoeopathic

v) Others (specify)
9. Are you satisfied with the medical facilities provided under ICDS at Anganwadi?

10. If no, give reasons and suggestions for improvement.

IV. Immunisation for children

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Nature of immunisation</th>
<th>Whether given</th>
<th>If no; reasons</th>
<th>If yes, where received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Measles</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>B.C.G.</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Polio</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) Ist dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ii) Second dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>iii) Third dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>iv) Booster dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Whooping Cough</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>A.T.S.</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>D.P.T.</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) Ist dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(ii) Second dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(iii) Third dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(iv) Booster dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Boost DT</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Others (Specify)</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

V. Give your views regarding sufficiency and nutritional value of the food intake at home.
VI. Give your assessment of the usefulness of the ICDS Programme. Specify the shortcomings, if any, along with suggestions for its improvement.