Annexure-V

An Evaluation of the ICDS Programme in Rural Haryana

Beneficiary Schedule: Children of 3-6 years age group

(To be canvassed from the mother of the child)

I. Identification Particulars

1. Village/Project/Anganwadi
2. Name of the beneficiary with father's name.
3. Age/Sex/Caste
4. Educational Qualification of
   (a) Father
   (b) Mother
5. Type of the family: Nucleus/Joint
6. Size of the family

<table>
<thead>
<tr>
<th></th>
<th>Adult above 15 yrs.</th>
<th>Children between 6-15 yrs.</th>
<th>Children between 0-3 yrs.</th>
<th>Children between 3-6 yrs.</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
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</table>

7. Occupation of the household
   i) Main
   ii) Subsidiary
8. Estimated annual income of the household from all sources
9. Distance between residence and Anganwadi
10. Who persuaded you to join the Anganwadi
11. Name of the informant and his/her relationship with the child.
II. Supplementary Nutrition

1. Since when getting supplementary nutrition from the Anganwadi 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 he/she eat alone or share it with others?

5. Give your opinion regarding food items provided by Anganwadi.
   (a) Timelines
   (b) Adequacy
   (c) Regularity
   (d) Quality
   (e) Taste
   (f) 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 the child 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)

Care of Children

1. Were the following services/provided to the child in the Anganwadi?

(i) Recording of height and weight in the card Yes/No

(ii) Were other milestones of development such as speech, sight, hearing, crawling, sitting etc. recorded regularly in the health card. Yes/No
(iii) Regular immunisation  
(iv) General check-up every three months

2. Did the child ever suffer any widely prevalent diseases like diarrhea, dysentery, upper respiratory tract infections, skin diseases, eye diseases like trachoma, conjunctivitis etc. during his childhood?

   If yes, specify.

3. Where did the child get treatment?

4. Did the child 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 workers? If yes, specify.

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

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

   (iii) If yes, where treated?

   (iv) Did the child get any notes of treatment given and further treatment/advice 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? If no, give reasons and suggestions for improvements.

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

V. Non-formal pre-school education

(1) Do you attend the anganwadi Centre regularly?

(2) For how long have you been imparted non-formal education at the centre?

(3) What have you taught at the Anganwadi Centre so far?

(4) How do you consider this non-formal education imparted at the centre to be useful?

5. Do you find any shortcomings on this account? If yes, specify and suggest improvements.

VI. Give your views regarding the sufficiency and nutritional value of the food intake at home.

VII. Give your assessment of the usefulness of the ICDS programmes. Specify the shortcomings, if any, along with suggestions for its improvement.