Annexure-VI

An Evaluation of the ICDS Programme in Rural Haryana

Beneficiary Schedule I: Nursing and expectant Women

I. Identification particulars

1. Village/Block/Anganwadi
2. Name of the beneficiary
3. Husband's Name
4. Age
5. Age at marriage and age at 1st delivery, if any.
6. Whether a Nursing or expecting woman
7. Caste (SC/BC/Others)
8. Type of family: Nucleus/Joint
9. Family particulars

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Relationship with head of household</th>
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10. Educational qualifications

11. Household occupation

12. Estimate annual income (year preceding date of survey)

13. Distance between residence to Anganwadi
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>
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<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>
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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 the 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

(i) All Cereals
   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)

III. Health Check-up

A. (For expectant women)

1. When did you last visit Anganwadi or ANM/Anganwadi Worker visit your houses for health check-up?

2. What was the purpose?

   (i) Physical and obstetrical examination

   (ii) Recording of weight/blood pressure, hemoglobin etc.

   (iii) Distribution of Iron and Folic Acid Tablets/Protein Supplements

   (iv) Observation of Hygiene of pregnancy

3. Did you attend any antenatal clinic organised by the anganwadi during your pregnancy period?

   If yes, were you satisfied with the services provided
4. How many physical examinations were carried out during your present pregnancy with the help of anganwadi worker?

5. Has any ante-natal card of your health check-up been maintained in the anganwadi (Yes/no) ?

B. (For nursing mothers)

1. (a) Did ANM anganwadi worker visit you after the delivery?
   (b) If yes, after how much period?
   (c) Give number and periodicity of later visits

2. Purpose of the visit (specify the services provided like check-up of general health and well-being of mothers, establishment of successful breast feeding of the newborn, attention to the general health of the infants)

3. Were such visits useful? If yes, explain how?

III. Were you educated and motivated/persuaded to family planning methods by the anganwadi worker? If yes, what was the outcome?

IV. Immunisation (Pregnant Women)

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<th>S.No.</th>
<th>Nature of immunisation received</th>
<th>When due</th>
<th>When received</th>
<th>Place where received</th>
<th>If not received, give reasons</th>
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V. Nutrition and health education

1. Do you get training on nutrition and health aspects from the Anganwadi worker under ICDS programme?

If yes, give details whether it is beneficial for you and your household?

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 Programme. Specify the shortcomings, if any, along with suggestions for its improvement.