

APPENDIX - I

Figure- 2.1
MAP OF ASSAM

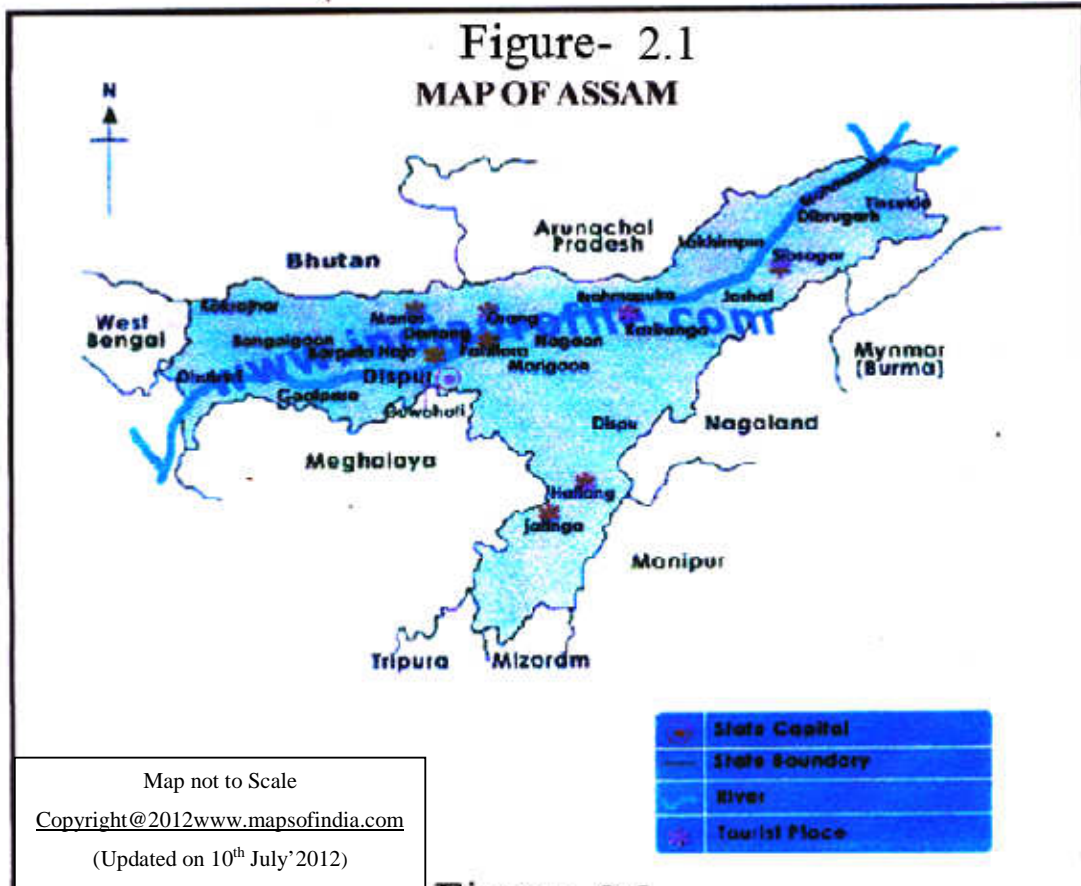
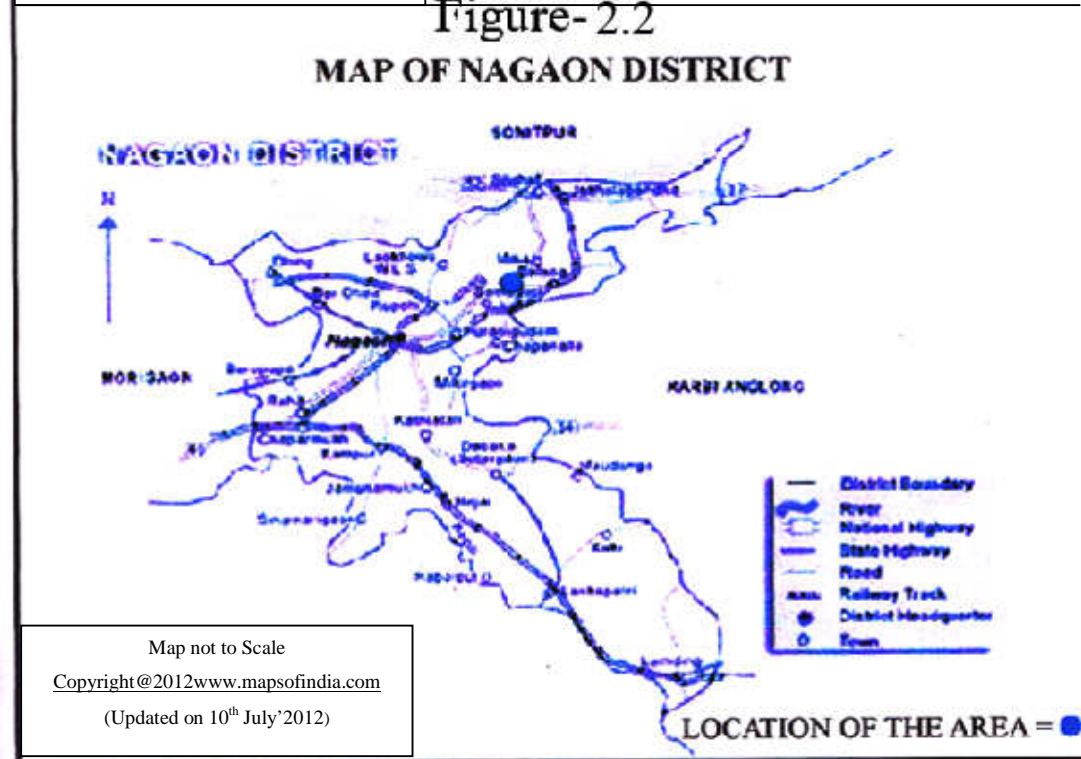


Figure- 2.2
MAP OF NAGAON DISTRICT



APPENDIX - II

INTERVIEW SCHEDULE – I

An interview schedule to elicit background information about the beneficiaries of Anganwadi centres

BACKGROUND INFORMATION :

1. Name :
2. Age : (In completed Years) :
3. Caste :
 - a. SC
 - b. ST
 - c. OBC
 - d. General
 - e. Other
4. Type of Family : Joint / Nuclear
5. Size of Family member :
 - a. 4 or less than 4
 - b. 5 – 8 member
 - c. 8 and above
6. Religion : Hindu / Muslim / Other
7. Occupation of the Beneficiaries Household : (Details about the nature of occupation) :

8. Monthly income of Beneficiaries Household.

Category	Income
A	Below Rs. 6000/-
B	Rs. 6001 – Rs. 8000/-
C	Rs. 8001 – Rs. 10000/-
D	Rs. 10001 and above

9. What is the Educational Qualification of women Beneficiaries ?

- a. Illiterate
- b. High school
- c. HSLC passed
- d. HSLC and above

10. What are the reasons for sending their children to the Anganwadi ?

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AWARENESS AND PARTICIPATION :

11. Are you aware that there is an ICDS programme in your villages. *Yes/No*

12. If, yes kindly list the services it provides

13. What yours opinion about the media?

.....
.....

14. What are the activities carried out at Anganwadi Center ?

.....
.....

15. Do you think that this programme is needed for you ? *Yes/No*

16. Do you visit the Anganwadi Center in your village ? *Yes/No*

17. Sources of information about AWW programme –

- a. Extension
- b. Research
- c. Print media
- d. Electronic media
- e. Traditional media
- f. Any other

18. Being a Beneficiaries of the programme how you evaluate the Implementation of Pre-school Education ?

Unsatisfactory / Satisfactory / Good / Do not know

19. Are you aware about the role played by media on ICDS programme?

- a. Pre-school education
- b. Supplementary nutrition
- c. Health check-up
- d. Referral services
- e. Health and nutrition education
- f. Any other

20. Do you think this programme helped in keeping the good health your Children ? *Yes/No*

21. Do you know that you and your children need to be immunized ? *Yes/No*
If yes, How

22. Are you aware about immunization schedule ? *Yes/No*
If yes, from where

- a. AWC
- b. Print meadia

- c. Electronic media
- d. Fellow person
- e. Research
- f. Any other.

23. Do you feel that the improve health status of your and your children is
Attributed by

- Health Check-up
- Immunization
- Supplementary Food

24. Do you have any idea about programme conducted through media in AWCs ? *Yes/No*

If yes, what types of media
Print/Traditional/Audio-visual/Electronic media

25. Sources of information about supplementary nutrition –

- a. Staff of AWC
- b. Fellow person
- c. Print media
- d. Electronic media
- e. Any other

26. Beneficiaries perception of ICDS programme :

.....
.....

27. Beneficiaries views on media :

.....
.....

28. Do you discussed with Anganwadi workr about your problems ? *Yes/No*

29. Does Anganwadi Worker help in solving your problems ? *Yes/No*

30. Being a beneficiaries of the programme how you evaluate the
Functioning of the Anganwadi Center in your village in general :

Unsatisfactory / Satisfactory / Good

31. How do you feel the impact of media in ICDS programme?

- a. Pre-school education
- b. Supplementary nutrition
- c. Health check-up
- d. Referral services
- e. Health and nutrition education
- f. Any other

32. Do you help to the Anganwadi Worker in the various activities of ICDS
Programme ? *Yes/No*

33. If yes, in what type of activities you help to the Anganwadi Worker

ATTITUDE OF BENEFICIARIES :

34. Being Beneficiaries of the programme how do you read the programme :

- a) Useful
- b) Not Useful
- c) Partially useful
- d) Do not know

35. How do you benefited from the programme ?

- a. Improving health status of the family.
- b. Reducing the incidence of mortality and morbidity of children.
- c. Developing children in physical, social and intellectual
- d. Film show on small family norms
- e. Diet for pregnancy and lactating mothers

- f. Adequate diet for pre-school children
- g. Do not know.

36. Would you like to continue with the programme ?

- a. Yes
- b. No
- c. Do not know

37. Would you like to make any suggestion for better implementation of the Programme :

APPENDIX - III

INTERVIEW SCHEDULE – II

An interview schedule to elicit the general information about the Anganwadi centres

1. Name and Address of the Anganwadi Centre
 - a. Centre No. :
 - b. Place :
 - c. Area :
 - d. Administrative division : Panchayat / Municipality / Corporation
2. Date of commencement of the center :
3. Location of the Center : From the beneficiaries' household K.m.
4. Housing of the center :
 - a. In Primary School
 - b. In religious place
 - c. In Public house
 - d. In own Building
5. Is the Anganwadi center safe (From the point of children) : *Yes/No*
6. What are the amenities available at Anganwadi Center ?

Does the Anganwadi Center have toilet facilities ? *Yes/No*

Does the Anganwadi Center have drinking water facilities ? *Yes/No.*

If Yes, what type ?

Tap /Well/ hand pump/ River/ Pond
7. What types of media available at Anganwadi centre–
 - a. Print Media
 - b. Audio-Visual media
 - c. Traditional media

8. Do you think that the availability of In-home and Ex-home media is adequate for you and for children ?

.....

9. Does the Anganwadi Center has separate space for various activities :

- a. Outdoor space for playing
- b. Indoor space for sitting
- c. Storage space for food.

10. Total No. of Children registered at the Anganwadi Center

11. Total No. of Mothers registered at the Anganwadi Center

12. Delivery of Services and Achievement of Package of Services :

13. What are the Services provided at the Anganwadi Center ?

- a. Supplementary food
- b. Health Check-up
- c. Referral Services
- d. Immunization
- e. Health and Nutrition Education
- f. Non-formal Pre-school Education.

14. Assessment of impact of media in respect –

- a. Packagers of services
- b. Teaching personnel on Anganwadi worker
- c. Teaching method used in Anganwadi centres

15. How many Beneficiaries received Supplementary food in your Anganwadi center?

Pregnant Women

Nursing Mother

Children

16. Assessment of role of media in existing programme at Anganwadi centre in respect of :

- a. Supplementary food
- b. Health Check-up
- c. Referral Services
- d. Immunization
- e. Health and Nutrition Education
- f. Non-formal Pre-school Education.
- g. Any other

17. Do you think that the Supplementary food is adequate for you and for children?

18. Assessment of Health Check-up in respect of :

- a. Satisfactory organization and management
- b. Satisfactory record maintenance
- c. Satisfactory Implementation
- d. No satisfactory

(By observing the records of Anganwadi Center)

19. Do Referral services provided in your Center ? *Yes/No*

If yes, How ?

20. How many Beneficiaries covered under Immunization ?

Pregnant Woman

Children

21. Do you attend the Health and Nutrition session organized by Anganwadi

Worker ? *Yes/No*

22. Do the children stay in the Anganwadi Center for the full duration ? *Yes/No*

23. If yes, what are the content of HNE ? Recall

Breast-feeding

Immunization

Family Planning

Cleanness and Hygiene

24. If no, when they come ?

Observation : Type of materials basis available in Anganwadi Center.

25. Do you think that these are adequate for you ?

Yes/No

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APPENDIX - IV

INTERVIEW SCHEDULE – III

An interview schedule to elicit general information about the functionaries of ICDS

1. Name of the Anganwadi worker.
2. Whether the Anganwadi worker and Helper in position? *Yes/No*
3. Age in completed years
4. Caste : ST/SC/OBC/General & Others
5. Type of Family : Joint/Nuclear
6. Are you from the same community? *Yes/No*
7. What is the Marital Status? Married/Unmarried/Widowed/Divorce
8. Motives of Anganwadi Worker :
 - a. Social Service
 - b. To earn livelihood
 - c. To supplement income
 - d. Any other (Specify) :
9. What is the Educational Qualification?
 - ii. High School (8th – 10th)
 - iii. HSLC passed
 - iv. HSLC and above

10. Have you received training? *Yes/No*
 If, Yes What type of training did you receive?
 Job training / Refresher Training / Special Training
11. Assessment of impact of media in respect of :
 a. Package of services
 b. Teaching personnel or Anganwadi worker
 c. Teaching method used in Anganwadi centre
12. Since how long they are working as an Anganwadi Worker ?
 Number of year
13. How you enrolled the Beneficiaries in the ICDS programme :
 a. Home Visit
 b. Conducting meeting in the community
 c. Parents visit to the Anganwadi Center
 d. Organizing meeting through Audio-Visual media
 e. Any Other (Specify) :
14. Do you find difficulties in running the Anganwadi Center ? *Yes/No*
 If yes, what are those difficulties ?
 a. Location of the Center
 b. Distributing Supplementary Nutrition
 c. Non-cooperation of Community people
 d. Solving problems of Beneficiaries
 e. Identifying Beneficiaries.
 f. Non availability of appropriate media
15. Average time spent (Hours per Week) on various activities by Anganwadi Worker :
 a. Non-formal pre-school Education
 b. Record keeping
 c. Meeting Beneficiaries

- d. Contacting officials.
- e. Exhibition cum demonstration
- f. Nutrition education

ADMINISTRATIVE SUPPORT :

16. How many times in a month you visit the Anganwadi Center ?
- a. Once in a month
 - b. Twice in a month
 - c. Trice in a month
 - d. Once in a week
17. Assessment of role of media in ICDS functionaries in respect of :
- a. CDPO
 - b. Supervisors
 - c. Anganwadi worker
 - d. Anganwadi helper
18. What are the areas that you provide help to Anganwadi Worker : (please specify)
-
19. What kind of media do you suggested for implementing the existing programme?
- a. Audio-Visual media
 - b. Print media
 - c. Traditional
 - d. Any other
20. Can you list the problems that you faced ?
- a. Lack of interest / involvement of community
 - b. Administrative Problems
 - c. Lack of Co-Operation from the Anganwadi worker

- d. Lack of interest of proper utilization of media
- e. Transportation problems
- f. Any other (Specify) :

21. What kind of change or improvement do you suggest for Developing the Programme for making it more practical and effective :

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APPENDIX - V

OBSERVATION SHEET – I

Sl. No.	Particulars	Existence of	Yes	No
1	Cleanliness of Anganwadi	a. Building b. Toilet c. Anganwadi students		
2	Amenities available at Anganwadi centre	a. Toilet b. Drinking water c. Furniture d. Play ground		
3	Availability and utilization of mass media	a. Electronic media b. Print media c. Traditional media		
4	Maintenance of Registers and Records	a. Family survey b. Attendance register c. Stock register d. Supplementary Nutrition e. Any other		
5	Anganwadi workers skill in planning pre-school activities	a. Unsatisfactory b. Satisfactory c. Good		
6	Conducting existing programmes at AWCs regularly	a. Supplementary Nutrition b. Health Check-up c. Pre-school education d. Referral service e. Health and nutrition Education f. Any other		

7	Anganwadi workers skill in conducting pre-school activities through media / aids	<ul style="list-style-type: none"> a. Unsatisfactory b. Satisfactory c. Good 		
8	Availability and utilization of teaching aids	<ul style="list-style-type: none"> a. Chart b. Poster c. Flash card d. Flannel board e. Any other 		

APPENDIX – VI



Anganwadi Centre of Rupahi Development Block



Invcestigator at the AWC



Activities at Angawadi Centre



Anganwadi Centre of Rupahi Development Block



Teaching Activities at Angawadi Centre



**Invcestigator with the respondents
at the AWC**