## Schedule for Pregnant Women

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name of the Pregnant Woman</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Name of the Husband</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>District: Name</td>
<td></td>
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<td>4.</td>
<td>ICDS Project: Name</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Type of Project</td>
<td>(R: Rural, U: Urban, T: Tribal)</td>
</tr>
<tr>
<td>6.</td>
<td>AW/Non-ICDS Unit: Name</td>
<td>(1-4 for Anganwadis and 5 for non-ICDS Village/Urban Unit)</td>
</tr>
<tr>
<td>7.</td>
<td>Household No.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>The order of pregnancy</td>
<td>(1: First, 2: Second, 3: Third, 4: Fourth, 5: Fifth, 6: Sixth, 7: Seventh, 8: Eighth or more)</td>
</tr>
<tr>
<td>10.</td>
<td>Total No. of children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The stage of pregnancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1- I Trimester (First three months)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2- II Trimester (4-6 months)</td>
<td></td>
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<tr>
<td></td>
<td>3- III Trimester (6-9 months)</td>
<td></td>
</tr>
</tbody>
</table>
11. Was any check up conducted during this pregnancy
   (1-Yes, 2-No)

12. If yes, how many health checkups were done during
    (1-One, 2-Two, 3-Three or more)
    i) I Trimester
    ii) II Trimester
    iii) III Trimester

13. Who advised you for health check up
    (1-Family Member, 2-Govt. Health Staff
    3-Private Practitioner, 4-AWW, 5-Community/
    Social Worker, 6. Others)

14. Where was the last health check up done
    (1-Home, 2-PHC/Sub Centre/Govt. Hospital,
    3-Private Hospital, 4-AW, 5-Other)

15. Did you/do you have any complications related to pregnancy
    (1-Yes, 2-No)

16. If yes, who referred you to Doctor/PHC/Hospital
    (1-Govt. Health Staff, 2-Private Practitioner
    3-AWW, 4-Supervisor, 5-CDPO, 6-Other.
    7-Not referred)

17. Have you received Tetanus Toxoid Vaccine
    (1-Yes, 2-No)

18. If yes, number of doses received
    (1-one dose, 2-two doses, 3-three dose,
    4-doses not known)

19. If no, reasons,
    1-Nobody advised her about TT Vaccination,
    2-She knows about vaccination but not willing due to various reasons,
    3-She will get immunised within the due course of time,
    4-She knows but not able to get immunized due to various reasons

20. Have you received Iron & Folic Acid Tablets (Use local term)
    (1-Yes, 2-No)
21. Have you received supplementary Nutrition (food) from AW/Some other organisation during last three months 
(1-Yes, 2-No)

22. Do you consume the food given to you 
(1-All, 2-Some, 3-Little, 4-Does not consume)

23. If Codes (1,2 or 3) in Ques. 25. Do you take it as 
1-One full meal of the day (Substitute food) 
2-In addition to regular meals of the day

24. If the food is received from AW:
   i) How do you like the taste of the food 
   (1-Always, 2-Most of the times, 3-Sometimes, 4-Doesn’t like)

   ii) Is there any variety in preparation 
   (1-Yes, 2-No)

   iii) How many times on an average in a week have you received SN during last three months 
   (1-Once, 2-Twice, 3-Thrice, 4-Four times, 5-Five times, 6-Six times)

25. Do you feel that the food given to you has helped in improving your health 
(1-Yes, 2-No)

26. Whether you attended any session on Health and Nutrition Education during last six months 
(1-Yes, 2-No)

27. HNE Knowledge and Practice 
   i) Can you tell whether the colostrum (First milk) should be given to the new born 
   (1-Yes, 2-No, 3-Doesn’t know)

   ii) How long a child should be breast fed 
   (1-Upto six months, 2-Upto one year, 3-As long as possible

   iii) Whether a child should be given vaccination 
   (1-Yes, 2-No)

   iv) Whether the child should be given food as usual during illness 
   (1-Yes, 2-No, 3-Doesn’t know)

   v) How many times the small babies need to be fed 
   (1- (3 or 4) times, 2- (5 or 6) times, 3-more than six times)
vi) Do you know how to prepare ORS (Oral Rehydration Solution) (1-Yes, 2-No)

vii) Do you eat more than what you used to eat before pregnancy (1-Yes, 2-No)

28. Did you receive any advice regarding:
   i) Age gap to be kept between two children (1-Yes, 2-No)

   ii) Limiting the family size (1-Yes, 2-No)

   iii) Practices to be adopted for Family Planning (1-Yes, 2-No)

29. If yes, source of advice (1-Family member, 2-Govt. health staff, 3-AWW, 4-TV/Radio/Print media, 5-Others)

30 Problems faced in utilizing ICDS services
For (i-viii) Write (1-Yes, 2-No)
   i) Distance of Anganwadi

   ii) AW not opened frequently

   iii) Food not supplied regularly

   iv) Timings of AW

   v) No other activity except feeding programme

   vi) Behaviour of AWW not good

   vii) Behaviour of Health Staff (Doctor, LHV, ANM etc.) not good

   viii) Not able to spare much time from house-hold work

Filled by: ________________________________

______________________________

(Investigator’s name & signature with date)
Schedule for Anganwadi Worker

1. District: ____________________________  Name ____________________________

2. ICDS Project: ____________________________  Name ____________________________

3. Type of Project: (R-Rural, U-Urban, T-Tribal)

4. AW / Village code (1-4 for Anganwadis, 5 for non-ICDS area)

5. Serial number of functionaries

6. Caste (1-SC, 2-ST, 3-Others)

7. Age of Anganwadi worker
   1. 15-25 years
   2. 26-45 years
   3. 45+

8. Marital Status
   1. Unmarried
   2. Married
   3. Window
   4. Divorce / Separated

9. Educational Qualifications
   1. Under Vth class
   2. Upto VIIIth class
   3. Matriculation / Xth
   4. Pre-University / Higher Secondary (XIIth)
   5. Graduate
   6. Post Graduate
10. Work Experience of AWW in ICDS
   1. Less than 5 years
   2. 5-10 years
   3. 10-15 years

11. a) Have you been undergone the training for AWWs in ICDS
   1. No
   2. Yes

   b) If yes, nature of training received
      1. Job training
      2. Job and Refresher training
      3. Special training (specify)

12. Since how long have you been working in this Anganwadi
   1. Less than 6 months
   2. 6-12 months
   3. 1-3 years
   4. 3-6 years
   5. 6 years and above

13. Do you belong to this village / area/ ward
   1. Yes
   2. No

14. How far is the AW from your residence
   1. Less than 5 kms
   2. 5-10 kms
   3. 10kms and above
   4. Stays with in the campus of AW

15. Where is the Anganwadi located
   1. In Panchayat building
   2. In Village School building
   3. In a building provided / made by the community free of rent.
   4. In a temporary structure / Shed
   5. In AWW's own house with rent
   6. In a rented building
   7. In a building site provided by the community and constructed with Govt. fund

16. What are the timings of AWC...................................Total hrs (  )

17. a) Do you think it is important to involve local people / local leaders / local groups in AW activities.
   1. Yes
   2. No
   3. Do not know
b) If yes, why (1-Yes, 2-No)

- 1. Community's programme
- 2. Community has to take over the programme later
- 3. Resources cannot be mobilised by Govt. alone
- 4. Success of the programme depends on the community

Any other (specify)

5.

6.

18. Who among the following have helped you in running the AWC (1-Yes, 2-No)

- 1. Beneficiary mother
- 2. Women in general
- 3. Youth groups
- 4. Adolescent girls
- 5. Village Pradan
- 6. Village Panchayat
- 7. Community leaders
- 8. School teachers

19. What type of help have you received from the above (1-Yes, 2-No)

- 1. Site / building for AWC
- 2. Cash for the construction
- 3. Material for the construction of AWC
- 4. Labour for construction of AW building
- 5. Safe drinking water
- 6. Storage facilities for ration / equipments
- 7. Fire wood / fuel
- 8. Food material for supplementary nutrition
- 9. Residential accommodation for ICDS functionaries
- 10. Office accommodation for CDPOs
- 11. Participation in AW activities
20. a) Do you face any problem in involving community in the AW activities
   1. Yes
   2. No

   b) If yes, what are the problems (1-Yes, 2-No)

   - [ ] 1. Indifferent attitude of community
   - [ ] 2. Hostility towards ICDS functionaries
   - [ ] 3. Lack of time of AWW
   - [ ] 4. Superstitious beliefs
   - [ ] 5. Lack of directions from Supervisors/CDPOs
   - [ ] 6. Caste feelings
   - [ ] 7. People have no time
   - Any other (specify)

21. Are you getting Supplementary nutrition ration in time
   1. Yes
   2. No

22. Have there been interruption in distribution of SN in the year (Calender year, 1997)
   1. Never
   2. Once in a while
   3. Often

23. For how many days in the last one year (Calender year, 1997) Supplementary Nutrition was not distributed (check from records)
24. What were the main reasons for disruption (1-Yes, 2-No)

- 1. Food items not supplied
- 2. Indent was not placed in advance by CDPO
- 3. Food items could not be collected in time
- 4. Transportation problem
- 5. Weather conditions
- 6. AWW on leave
- 7. AWW / Helper not in position
- 8. Food items were spoiled
- Any other (specify)

25. a) Is the food given acceptable to the community

- 1. No
- 2. Only some food items are acceptable
- 3. All acceptable

b) If food items are not acceptable / only a few are acceptable (1-Yes, 2-No) what are the reasons

- 1. Hard to digest
- 2. Causes diarrhoea
- 3. Not tasty
- 4. Poor quality
- 5. Not cooked properly
- 6. Dry/ Not fit for consumption by children
- 7. Any other

26. a) What percentage of the enrolled children (0-3yrs) come to receive supplementary nutrition from AWC (observe attendance of children in the AW and check register)

- 1. Less than 50 per cent
- 2. 50 per cent
- 3. More than 50 per cent
- 4. All the enrolled children
b) If less than 50 per cent children come, what are the reasons (1-Yes, 2-No)

- 1. Children do like the taste of the food
- 2. No one at home to collect the food
- 3. AWC is far off from home
- 4. Superstitious beliefs of parents
- Any other (specify)

27.a) What percentage of the registered women beneficiaries come to receive SN from AWC (check the register and enter)

- 1. 100 per cent
- 2. 75 per cent
- 3. 50 per cent
- 4. Below 50 per cent

b) If less than 50 per cent, what are the reasons

- 1. Do not find time to come to AW centre
- 2. Do not like the taste of the food
- 3. AWC far off
- 4. Superstitious beliefs
- Any other (specify)

28. Do you have sufficient utensils for cooking and serving SN?

- 1. Yes
- 2. No

29. Do you face any fuel problem?

- 1. Yes
- 2. No

30.a) Are you able to monitor the growth of all children

- 1. Yes
- 2. No
b) If No, what are the problems do you face in monitoring the growth of children (1-Yes, 2-No)

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>1. Growth charts are not available</td>
</tr>
<tr>
<td></td>
<td>2. Weighing scale has not been supplied</td>
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<tr>
<td></td>
<td>3. Weighing scale under repair</td>
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<tr>
<td></td>
<td>4. No time to monitor all children</td>
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<tr>
<td></td>
<td>5. Parents do not cooperate</td>
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<tr>
<td></td>
<td>6. Do not know how to fill up growth chart</td>
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<tr>
<td></td>
<td>7. Training provided not adequate</td>
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</table>

c) Who fills up the growth charts at the AWC (1-Yes, 2-No)

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>1. AWW</td>
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<tr>
<td></td>
<td>2. ANM</td>
</tr>
<tr>
<td></td>
<td>3. LHV</td>
</tr>
<tr>
<td></td>
<td>4. School teacher</td>
</tr>
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<td></td>
<td>5. Supervisor</td>
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<td></td>
<td>6. Any other literate community member</td>
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</table>

31. How frequently do you organise NHEd sessions

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>1. Once in a month</td>
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<tr>
<td></td>
<td>2. Twice in a month</td>
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<td></td>
<td>3. Once in two months</td>
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<td>Any other (specify)</td>
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</table>

32. On what messages Health and Nutrition education was given (1-Yes, 2-No)

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1. Breast feeding</td>
</tr>
<tr>
<td></td>
<td>2. Immunization</td>
</tr>
<tr>
<td></td>
<td>3. Supplementary Nutrition</td>
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<tr>
<td></td>
<td>4. Use of Health services</td>
</tr>
<tr>
<td></td>
<td>5. Prevention of diarrhoea</td>
</tr>
<tr>
<td></td>
<td>6. Importance of monitoring growth of children</td>
</tr>
</tbody>
</table>
7. Common diseases - Prevention

8. Health and hygiene

9. Family Planning - Spacing the children

Any other (specify)

10.

11.

37. What methods have you adopted for NHEd sessions (1-Yes, 2-No)

1. Film shows

2. Exhibitions

3. Discussions

4. Demonstrations

5. Radio Programme

6. Well baby show

7. Talks by experts

38. What problems do you face in organising NHEd sessions (1-Yes, 2-No)

1. Lack of time on my part

2. Lack of resources (Funds / Material)

3. Lack of interest among women

4. Women busy in household chores / other tasks

5. Timings do not suit the women

6. Health functionaries / Higher officials do not cooperate

Any other (specify)

7.

8.

35.a) How many children attend preschool activities of the AWC, at least thrice a week

1. All the enrolled children

2. Half the enrolled children

3. Less than half
b) If less than half, what are the reasons (1-Yes, 2-No)

- AWC is far off
- Parents do not understand significance of pre-school education
- Parents find AW programme not useful
- AW activities are not interesting for children
- Parents take away the children to their place of work
- Any other (specify)

6.

C) Does the supervisor help you in organising PSE activities

- Yes
- No

D) If yes, in what ways does she help (1-Yes, 2-No)

- Demonstrate new activities
- Planning the programme
- Help in preparation of aids / play materials
- Any other (specify)

4.

5.

36.a) Were you able to achieve the target of immunisation coverage (1-Yes, 2-No)

b) If No, what are the reasons (1-Yes, 2-No)

- Parents did not cooperate
- Vaccine not available
- Cold storage at PHC / PHC - subcentre / MCH under repair
- Superstitious beliefs of parents
- Health functionaries did not come for immunisation
- Any other (specify)

6.
37.a) Do you refer children and women to doctors or anyone in the village
   1. Yes
   2. No

b) Where do you refer them
   1. PHC
   2. MCH
   3. PHC - subcentre
   4. Village dai

c) What problems do you face in referral service (1-Yes, 2-No)
   1. Parents do not take children to hospital / PHC
   2. Hospital / PHC is far off
   3. Lack of transport facilities
   4. PHC / MCH medicines are not available
   5. PHC / MCH staff are not present
   6. Indifferent attitude of doctors / staff
   7. Parents do not undertake follow-up visits

38.a) Where does the health check-up of children/ women take place
   1. At AWC
   2. At PHC/MCH/PHC sub-centre

b) Who does the health check-up
   1. Medical Officer
   2. LHV
   3. ANM
   4. Village dai

c) What problems are you facing in organising health check-ups (1-Yes, 2-No)
   1. Shortage of medical / para-medical staff
   2. Unwillingness of medical staff to come to AWC
   3. Lack of awareness on the part of community on the visits of health staff
   4. Reluctance of people to come forward for health check-up
   5. Lack of awareness of the community about the importance of health checkup
   6. Faith of community in quacks/ traditional methods
39. Do you get help from the ANM in the following (1-Yes, 2-No)

☐ 1. Identification of eligible beneficiary
☐ 2. Identification of at-risk children
☐ 4. Growth monitoring
☐ 5. NHEd sessions
☐ 6. Health check-up of women and children
☐ 7. Immunisation

☐ 40.a) Have you been supplied with a medicine kit

1. Yes
2. No

☐ b) Has it been replenished from time to time

1. Yes
2. No

☐ 41. Do you have a functional Mahila Mandal in the village/Ward

1. Yes
2. No

☐ 42. What has been the specific contribution of Mahila Mandal to AWC (1-Yes, 2-No)

☐ 1. Repair / Maintenance of building
☐ 2. Preparing Supplementary food
☐ 3. Organisation of Camps, functions etc.
☐ 4. Provision of Utensils, toys, durries etc.
☐ 5. Collecting children for immunisation
☐ 6. Any other (specify)

☐ 43.a) Are the older girls (16-18 years) help you in AW activities

1. Yes
2. No
b) If yes, in what way (1-Yes, 2-No)

☐  1. In preparation / distribution of SN
☐  2. In preschool activities
☐  3. In NHED sessions
☐  4. Collecting children for immunization
☐  Any other (specify)

5.

6.

☐ ☐  44. a) How many home visits have you undertaken in the last one month (Please check the diary of AWW and enter)

b) What is the purpose of these visits (1-Yes, 2-No)

☐  1. Educate parents of malnourished children
☐  2. Educate pregnant women and lactating mothers
☐  3. Sick children's homes for advise
☐  4. To motivate parents of those children who do not attend the AW regularly
☐  5. Social visit without any specific purpose
☐  Any other (specify )

6.

c) What problems do you face in undertaking home visits (1-Yes, 2-No)

☐  1. No time
☐  2. Parents not available at home at the time of visit
☐  3. Parents do not find time to talk
☐  4. Elders at home do not approve of wasting time in discussing problems
☐  Any other (specify)

5.
45.a) How much time are you devoting in a day for the following activities

(1. Below 1 hour, 2. 1-2 hours, 3. 3-4 hours, 4. 4 hours & above)

- [ ] 1. Preschool Education
- [ ] 2. Feeding children and women
- [ ] 3. Maintaining Records
- [ ] 4. Home visits

46.a) Is the helper from this village / ward

- [ ] 1. Yes
- [ ] 2. No

b) Has she been trained

- [ ] 1. Yes
- [ ] 2. No

47. Problems / Constraints you have faced in running the AWC (1-Yes, 2-No)

- [ ] 1. Village / Local level politics
- [ ] 2. Lack of interest / involvement of community
- [ ] 3. Lack of cooperation from higher authorities
- [ ] 4. AW situated in remote area and hence not easily accessible
- [ ] 5. Lack of transportation facility
- [ ] Any other (specify)

6.

7.

Information pertaining to Questions 48 and 51 should be collected from the records of Anganwadi Worker for the calendar year (Jan. to Dec. 1997)

48. Vital Statistics

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total population of the Anganwadi area</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>2. Number of births</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>3. Number of live births</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
4. Number of children died within 7 days birth
5. Number of children died within the age of 1 year
6. Number of children died between the age of 1 year and 4 years
7. Number of women died during pregnancy

49. Total number of children (3-6 years) registered & attending preschool activities in the last 3 months (Oct. - Dec. 1997)

<table>
<thead>
<tr>
<th>Registered</th>
<th>Attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
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<td></td>
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</tbody>
</table>

50. Total number of beneficiaries registered and availing SN in the last quarter by sex and age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No. Registered</th>
<th>No.availing benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>i) 0-3 Years children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii) 3-6 years children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii) Pregnant women</td>
<td></td>
<td></td>
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<tr>
<td>iv) Lactating mothers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

51. Immunization coverage
   a) Pregnant Women
      Total No. of pregnant women registered
      T.T.
      1st dose
      2nd dose
   b) Children (0-1 year)
      Total No. of children in the AW area
      BCG
      Measles
      DPT
<table>
<thead>
<tr>
<th></th>
<th>1st dose</th>
<th>2nd dose</th>
<th>3rd dose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>c) Children (1-3 years)</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total No. of children in the AW area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPT Booster</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d) Children (3-6 years)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total No. of children in AW area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPT Booster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Typhoid Vaccination</td>
<td></td>
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</tbody>
</table>
OBSERVATION SCHEDULE

Growth Monitoring children

Select a malnourished child from 0-3 years age group. Request the AWW to weigh the child and plot the weight in Growth chart.

1. Observe the AWW and rate her in the following aspects. (1-Yes, 2-No)

   1. Whether the AWW could take the weight of the child properly (without shoes, child’s feet not touching ground, adjustment of Zero error).

   2. Whether her reading of the weight is correct (reads the weight without touching the child and after the child becomes calm and when the needle stops moving).

   3. Whether she could fill up a growth chart (filling up the information box, filling up the month and year column completely).

   4. Whether she was able to plot the weight of the child correctly.

   5. Whether she could interpret the growth chart (Take the growth chart of a child where she has plotted weights for few months and ask her to interpret this card).

   6. Whether she could give right advice to the mother. (Ask what advise she gave).

II. Request the AWW to list out the activities she performs after plotting the weight. (1-Yes, 2-No)

   a) Classify the children in grades of malnutrition

   b) Explain the weight of the child to the mother

   c) Show the mother the growth chart and advise her about the growth of her child

   d) Refer the severely malnourished cases to doctor

   e) Enrol severely malnourished children (grade III and IV) for double ration

   f) None of the above

PRESCHOOL EDUCATION

A. Select five children between 4 and 6 years of age in each AW and find out the following:

   1. The child can count up to
     1. 50
     2. 100
     3. above 100
     9. No Response
B. First, give child 5 stones and see whether he/she can count the number and tell you.
(1-Can count, 2-Cannot count, 3-Then give 8 stones and 12 stones and ask how many stories are here record)

1. Can tell the number
2. Cannot tell

C. Show the child cards containing 4 colours (Red, Yellow, Blue and Green) and ask him/her to identify them.
1. If he/she can identify 1 colour
2. If he/she can identify 2 colours
3. If he/she can identify 3 colours
4. If he/she can identify all the 4 colours
9. No Response

D. Show the child chart containing 4 colours (Red, Yellow, Blue and Green) and by pointing the colour, ask him/her to label the colour.
1. Knows 1 colour by name
2. Knows 2 colours by name
3. Knows 3 colours by name
4. Knows 4 colours by name
9. No Response

E. Give the child a piece of paper with a circle drawn on it and ask him/her to colour inside of the circle with a crayon.
(1-Yes, 2-No)

1. Can the child hold the crayon properly
2. Can the child colour the inside of the circle properly

F. Request the AWW to narrate a story to the children and rate her ability as per the guidelines given below.

1. Very Effective 2. Effective 3. Not Effective

Points to be considered for rating the worker
i) Arrangement of children in a circle, in rows—smaller to taller children
ii) Use of aids
iii) Involvement of children in story narration
iv) Use of simple language, reiteration of new vocabulary
v) Recapitulation — questioning the children at the end, making children sum up the story Rating

V. Effective — AWW scoring 4 to 5 points
Effective — AWW scoring 2 to 3 points
Not Effective — AWW scoring below 1 point
VILLAGE LEVEL INFORMATION

(Collect information from Village PHC/PHC sub-centre or collect information from AWCs existing in the village)

1. Total population of the village

2. Vital Statistics (in actual numbers)

   i) Total population of the Anganwadi area
   Male: __________ Female: __________

   ii) Number of births
   Male: __________ Female: __________

   iii) Number of live births
   Male: __________ Female: __________

   iv) Number of children died within 7 days of birth
   Male: __________ Female: __________

   v) Number of children died within the age of 1 year
   Male: __________ Female: __________

   vi) Number of children died between the age of 1 year and 4 years
   Male: __________ Female: __________

   vii) Number of women died during pregnancy
   Male: __________ Female: __________

(Collect the following information from the Community Leader/Village Officer/AWW)

3. Number of primary/elementary schools in the village
   [ ]

4. Number of ECCE centres in the village/ward

   1. Balwadi
   [ ]

   2. Day care centres
   [ ]

   3. Creche
   [ ]

5. Which of the following is functioning in the village

   1. PHC
   [ ]

   2. PHC sub-centre
   [ ]

   3. ACH
   [ ]

   4. None
   [ ]

6. Who is approached by village people for medical emergencies

   1. Trained Dai
   [ ]

   2. Untrained Dai
   [ ]

   3. VHW
   [ ]

   4. ANM
   [ ]

   5. LHV
   [ ]

   6. Private Doctor
   [ ]

   7. Vaidya, quack, compounder
   [ ]
7. a) Are there any Child welfare / development related services / programmes being implemented in the village other than ICDS

   1. Yes
   2. No

b) If yes, what are these services

   1. Health related services
      for Women
      for Children
   2. Nutrition services
      for Women
      for Children
   3. Preschool education
PROFORMA FOR OBSERVATION OF THE ANGANWADI

Physical Infrastructure

1. Building
   - 1. Pucca structure
   - 2. Katcha (Semi-permanent)
   - 3. Hut

2. Sewage disposal
   - 1. Adequate
   - 2. Inadequate
   - 3. Not existing

3. Ventilation
   - 1. Adequate
   - 2. Inadequate
   - 3. Not existing

4. Lighting
   - 1. Very good
   - 2. Good
   - 3. Poor

5. Building structure
   - 1. Old and dilapidated
   - 2. Fairly New

Location of AWC

6. Accessibility
   - 1. Within 1 km.
   - 2. Within 1-3 kms.
   - 3. 3 kms and above distance

7. Location
   - (a) 1. Located in Congested area
     - 2. Located in Non-congested area
   - (b) 1. Away from main roads / railway tracks / high raised buildings / industrial pollution
     - 2. Adjacent to main roads / railway tracks / high raised buildings / industrial pollution

8. Surroundings
   - 1. Neat and clean (free from uncovered drains, away from garbage and animal sheds)
   - 2. Unhygienic (Uncovered drains, garbage, stagnant water)

Rooms

9. No. of Rooms
   - 1. One
   - 2. Two and above

10. Room size
    - 1. Adequate (to accommodate 40 children & with moving space)
    - 2. Inadequate (accommodates only 30 children)
3. Too small

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| 11. Storage space | 1. Adequate (with built in Almirah cupboards for storing equipments / aids)  
2. Inadequate (only a cup-board is provided)  
3. Non-existent (Things are spread out in the room) |
| 12. Water facility | 1. Tap water  
2. Well water  
3. Hand pump  
4. River  
5. Pond |
| 13. Toilet facility | 1. Adequate (At least a toilet for children's use)  
2. Inadequate (No toilet facility available) |
2. Not Available |
| 15. Outdoor space | 1. Adequate (spacious outdoor area for 30 children to play)  
2. Not adequate (small outdoor space)  
3. Not existing (No outdoor space) |
Observation Schedule

Name of the Respondent

1. District: Name

2. ICDS Project: Name

3. Type of Project
   (R-Rural, U-Urban, T-Tribal)

4. AW/Non-ICDS Unit: Name
   (1-3 for Anganwadis and 4 for non-ICDS Village/Urban Unit)

5. Household No.

6. Caste
   (1-SC, 2-ST, 3-Others)

7. Agricultural Land Ownership
   1. Marginal Farmer (less than 2.5 Acre or 1 Hectare)
   2. Landless Agricultural Labourer
   3. Non-Agricultural Labourer
   4. Other

8. Monthly Income (Rs)
   1-(Less than 500), 2-(500-1000)
   3-(1000-2000), 4-(Above 2000), 5-(Not known)

9. Type of Household:
   1-Nuclear, 2-Joint, 3-Extended

10. No. of members in the household:
11. Whether some member in household is utilizing any of the ICDS services
   (1-Yes, 2-No)

   (code for (i-vi) 0-0, 1-1, 2-2.... 7-7, 8-8)

   - (i) No. of Live Births
   - (ii) No. of Still Births
   - (iii) Total No. of Births
   - (iv) No. of deaths of children 7 days of age
   - (v) No. of deaths of children 1 year of age
   - (vi) No. of deaths of children (1-4) years of age

13. Did the family provide any / service to ICDS (AW) any other programme (in non-ICDS Unit) during the last three months
   (1-yes, 2-No)

   - (i) Provided eatables/food material
   - (ii) Provided fuel
   - (iii) Provided play material for children
   - (iv) Provided some money in cash

14. For whom the interview has been conducted from the household
   (Cross the code indicated)

   - (i) Child in the age group (0-3) Yrs.
   - (ii) Child in the age group (3-6) Yrs.
   - (iii) Pregnant Women
   - (iv) Lactating Mother
   - (v) Women in the age group (15-45) Yrs.
| Col. 3 | Age in completed months for (0-3) yrs children (Write M for Months before the Age eg. M26) otherwise in completed years (Write Y for Year eg. Y 32) |
| Col. 4 | Sl. No. of the mother of the Child (0-6 yrs) to be entered from Col. 1 |
| Col. 5 | 1-Male, 2-Female |
| Col. 6 | 1-Unmarried, 2-Currently Married (Both spouse living) 3-Widowed, 4-Others |
| Col. 7 | 1-Illiterate, 2-Below V Standard, 3-(V-Matric), 4-Above Matric |
| Col. 8 | 1-Agriculture, 2-Business / Industry, 3-Job / Service, 4-Daily Wage Earner, 5-Student, 6-Household Work, 7-Other |
| Col. 9 | 1-Orthopaedically Handicapped, 2-Totally Blind, 3-Deaf, 4-Mentally Retarded, 5-If more than one, 6-Others |
| Col. 10 | 1-(0-3) yrs Children, 2-(3-6) yrs Children, 3-Pregnant, 4-Lactating Woman, 5-Other Woman (15-45) yrs |

Note: Col. (11-15): Applicable for the categories (1-5) as indicated in Col. 10,
Col. 11, 12, 13: Write 1-(Yes) and 2-(No) if availed and not availed respectively.
Col. 14 & 15: Write 1-Yes (if availed at least 50% of the days during the last three months after registration for Supplementary Nutrition/PSE as the case may be), 2-No (Not availed)
Col. 16: 1-reading in I-standard, 2-reading in II standard, 3-reading in III standard, 4-reading in IV standard, 5-reading in V standard, 6-dropped upto V standard, 7-Never enrolled (for age 7 years & above)
Col. 17: Write 1-(Yes), if PSE attended when the child was in the age group 3-6 yrs otherwise 2-(No)

Filled by:  
________________________  
________________________  
(Investigator's name & signature with date)
15. Details of Family Members

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<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Age</th>
<th>Sl. No. Of the mother of the child (0-6 Yrs)</th>
<th>Sex</th>
<th>Marital</th>
<th>Educational qualification</th>
<th>Occupation</th>
<th>Type of handicap if any</th>
<th>Category</th>
<th>Utilization of services during the last three months (for categories 1-5)</th>
<th>Present educational status of children (5-14 Years)</th>
<th>Whether PSE attended</th>
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<td>Name of the Husband</td>
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<td>1. District: Name</td>
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<td>2. ICDS Project: Name</td>
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<td>3. Type of the Project</td>
<td>(R-Rural, U-Urban, T-Tribal)</td>
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<td>4. AW/Non-ICDS Unit: Name</td>
<td>(1-3 for Anganwadis 4 for Non-ICDS/Urban Unit)</td>
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<td>5. Household No.</td>
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<td>6. Caste</td>
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<td>7. Serial No. of Woman (15-45 Yrs)</td>
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<td>8. Have you utilized the services of Anganwadi some-time in the past</td>
<td>(1-Yes, 2-No)</td>
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<td>9. If yes, do you think the services provided are useful for mothers and children</td>
<td>(1-Yes, 2-No)</td>
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<td>10. Have you received any education regarding health and nutrition</td>
<td>(1-Yes, 2-No)</td>
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11. If yes, who gave you this education
   (1-Govt. Health Staff, 2-Private practitioner, 3-AWW,
   4-Supervisor, 5-CDPO, 6-Community/Social Worker, 7-Others

12. How many children do you have
   (write exact No. upto 7 and 8 for 8 & above

13. Can you tell whether the colostrum (first milk)
    should be given to the child
   (1- yes, 2-No)

14. Did you give the colostrum (first milk)
    to your youngest child
   (1-yes, 2-No)

15. How long a child should be breast fed?
    (1-upto 6 month, 2-upto 1 year, 3-As long as possible

16. How long have you breast fed your youngest child
    (1-upto 6 months, 2-upto 1 year 3-more than one year

17. Should the children be immunized
    (1-yes, 2-No)

18. Did you get your youngest child immunized
    (1-yes, 2-No)

19. Should the pregnant woman get vaccinated
    (1-yes, 2-No)

20. Did you get yourself vaccinated during
    your last pregnancy
    (1-yes, 2-No)

21. Whether the child should be given food
    as usual during illness
    (1-yes, 2-No)

22. How many times a child (below one year)
    Should be fed in a day (1- Three or four times,
    2-Five or Six times, 3-more than six times)

23. How many times did/are you feed/feeding
    your youngest child (1- Three or four times,
    2-Five or six times, 3-more than six times)

24. Do you know to prepare ORS
    (Oral Rehydration Solution)
    (1-yes, 2-No)
25. Whether the children should be weighed from time to time
   (1-yes, 2-No)

26. Did you get your youngest child weighed at AW or some other place from time to time
   (1-yes, 2-No)

27. Should a pregnant woman take more than her normal diet
   (1-yes, 2-No)

28. Did you receive any advice regarding:
   i) Age gap to be kept between two children
      (1-yes, 2-No)
   ii) Limiting of the family size
      (1-yes, 2-No)
   iii) Practices to be adopted for family planning
      (1-yes, 2-No)

29. Have you adopted any method of family planning
    (1-yes, 2-No)

30. If no, would you like to adopt
    (1-yes, 2-No)

Filled by: ____________________________

(Investigator's name & signature with date)
Schedule for Supervisor

Name of the Respondent ________________________________

1. District: Name ____________________________

2. ICDS Project: Name ____________________________

3. Type of Project: (R-Rural, U-Urban, T-Tribal)

4. AW/Non-ICDS unit: Name ____________________________
   (1-4 Anganwadis, 5 for non-ICDS village/urban unit)

5. Caste (1-SC, 2-ST, 3-Others)

6. a) Have you been trained as supervisor in ICDS scheme
   1. Yes
   2. No

   b) What is the type of training you have received
      1. Job training
      2. Both job and refresher training
         Any other (specify)
      3. 
      4.

7. How many AWCs do you have under your charge
   1. 20 AWCs
   2. 25 AWCs
   3. 30 and above AWCs

8. What is your prescribed number of visits to AWCs
   (as per state govt. directive)
      1. Less than 10 per month
      2. 15 per month
      3. 20 per month
      4. 25 per month
      5. All the AWCs
9. How often do you get to visit the same AWC
   1. Once in a week
   2. Once in a fortnight
   3. Once in a month
   4. Once in two months and above

10. If you are unable to make the scheduled number of visits, what are the reasons (1-yes, 2-No)
   1. Too many AWCs under control
   2. AWCs are scattered
   3. AWCs not easily accessible by road
   4. Transport problem
   5. Preoccupation in other tasks
   Any other (specify)

11. a) Have you noticed any improvement among children attending AWCs
   1. Yes
   2. No

   b) If yes, in what sphere?
      1. Creative Activities
      2. Language development
      3. Reading ability
      4. Writing ability
      5. Change in behaviour
      6. Eating habits
      7. Comprehension
      8. Discipline
12. a) Is growth monitoring of children being carried out in all the AWCs under your supervision
   1. In all the AWCs
   2. In 50 per cent centres
   3. Below 50 per cent centres

b) If below 50 per cent of AWCs, what are the reasons (1-No, 2-Yes)
   1. Growth charts not available
   2. Weighing scale not available
   3. Weighing scale under repair
   4. AWW does not know how to weigh and plot
   5. Lack of time on the part of AWW
   6. Mothers do not let their children to be weighed
   7. Children do not come to AWC regularly
      Any other (specify)

13. What do you do in case of severely malnourished children (1-Yes, 2 No)
   1. Check the weight by actual weighment
   2. Educate the mothers
   3. Guide the AWW about therapeutic/double ration to be given
   4. Referring serious cases to the hospital
      Any other (specify)

   5.

   6.
14. What problems do you face in providing services to severely malnourished children (1-Yes, 2-No)

- Children unable to eat double quantity ration
- Children do not consume the food regularly
- Parents take the food home and distribute among family members
- Parents/children do not come to receive the food
- Parents do not allow the children to be weighed once in fifteen days
- Parents do not take the children to hospital for follow-ups

Any other (specify)

15. a) On an average how many of the enrolled beneficiaries below three years come to receive supplementary nutrition

1. 75 to 100 per cent
2. 50 to 75 per cent
3. Below 50 per cent

b) If below 50 per cent what are the reasons (1-Yes, 2-No)

- Mothers do not bring them to AWC
- AWC far off from homes
- Ignorance of parents about importance of SN
- Nobody at home to come and receive SN
- Weather conditions

Any other (specify)
16. a) Do you face problem in procurement of ration
   1. Yes
   2. No

   b) If yes, what are they?
   1. Ration does not arrive in time
   2. Unpalatable (due to spoilage)
   3. Less quantity package
   4. All ingredients are not given together
      Any other (specify)
   6.

17. a) Is the supplementary food acceptable to the beneficiaries
   1. No
   2. Only some items are acceptable
   3. All acceptable

   b) If food items are not acceptable/only a few are acceptable,
      what are the reasons (1-Yes, 2-No)

   1. Hard to digest
   2. Causes diarrhoea
   3. Not tasty
   4. Poor quality
   5. Not cooked properly
   6. Dry/not fit for consumption for children

18. What problems do you face in organising SN at the AWs (1-Yes, 2-No)

   1. Needy people do not utilise
   2. Children do not eat the food at the AW itself
   3. Misuse of distribution of food by the AW
   4. Food material received are not good quality
   5. Inadequate cooking utensils
   6. Records not maintained properly at the AWCs
7. Interference by affluent people

8. Non-beneficiaries demand food

Any other (specify)

9.

19. a) Out of the AWCS under your supervision, how many organise HNEd sessions in a month (1. 25%, 2. 50%, 3. 75%, 4. 100%)

1. Once

2. Twice

3. Thrice

4. Four times

b) What is the average attendance per session

1. below 10

2. 10-20

3. 20-30

4. 30 and above

c) How do you help the AWW in ORGANISING HNEd sessions (1-Yes, 2-No)

1. By taking sessions

2. By fixing up resource persons

3. Liaison with state govt. officials and health functionaries

4. Arranging material for demonstration/display

5. Guiding AWW

6. No response

20. What are the problems in organising HNEd sessions (1-Yes, 2-No)

1. Material to conduct HNEd not available

2. AWW do not possess the skill to organise sessions
3. AWW lack confidence in talking to mothers

4. Lack of motivation on the part of AWWs

5. Lack of awareness on the part of community

Any other (specify)

6.

21. In how many AWCs, have you helped in formation and strengthening of Mahila Mandal

22. a) Was the coverage of scheduled caste children and mothers adequate?
   1. Yes
   2. No

   b) If No, what are the reasons (1-Yes, 2-No)
      1. Case barrier
      2. Lack of efforts on the part of AWW
      3. Local politics

      Any other (specify)

23. Have you helped AWW in formulating time schedule for preschool activities
   1. Yes
   2. No

24. What efforts have you initiated in creating awareness among community about ICDS programme (1-Yes, 2-No)
   1. Mother's meeting
   2. Campaigns/melas
   3. Film shows
   4. Listening to Radio programme
5. Frequent visits to beneficiary’s household

6. Cultural programmes

7. Frequent visits to community leaders

Any other (specify)

8.

9.

25. a) Do you organise continuing education at the circle level regularly

1. Yes
2. No

b) What problems do you face in organising continuing education (1-Yes, 2-No)

1. AWWs do not find time
2. Resource persons do not come to circle level
3. No direction from CDPO

Any other (specify)

4.

5.

26. a) Is the coordination between all the health and ICDS functionaries adequate

1. Adequate
2. Inadequate

b) At what level is the coordination inadequate?

1. ANM
2. LHV
3. Medical Officer
4. At all levels

c) What are the reasons for inadequacies of coordination (1-Yes, 2 No)

1. Indifferent attitude of health functionaries
2. Indifferent attitude of ICDS functionaries
3. Inadequacy of medicine/vaccine supply at the MCH/PHC/PHC sub-centre

4. Health functionaries are too pre-occupied with other tasks

5. ICDS functionaries are too pre-occupied with other tasks

6. Non-cooperation from AWW

7. Non-cooperation from ANM

27 What kind of help do you give to AWWs (1-Yes, 2-No)

1. Help in survey

2. Demonstrate the use of weighing scale

3. Demonstrate filling up of growth charts correctly

4. Planning the programmes for PSE and NHEd

5. Coordinate with primary health centres

6. Help in organising monthly meetings of mothers

7. Coordinate with village Panchayat

8. Help in organising functions/melas/campaigns

Any other (specify)

9.

10.

28. Can you list the problems/constraints faced by you in implementing the programme at circle level (1-Yes, 2-No)

1. Administrative problems

2. Village level politics

3. Lack of interest of community
4. Lack of involvement of community

5. Lack of cooperation from AWWs

6. Lack of cooperation from CDPOSs

7. Lack of cooperation from health functionaries

8. Lack of transport facilities for visiting AWCs

9. AW not accessible due to lack of proper roads

Any other (specify)

10.

11.

Signature of the investigator

Name of the investigator

Date
Proforma for Child Development Project Officer (C.D.P.O)

Name of the Respondent ________________________________

☐ ☐ 1. District: Name ________________________________

☐ ☐ 2. ICDS Project: Name ________________________________

☐ 3. Type of Project: (R-Rural, U-Urban, T-Tribal)

☐ ☐ 4. AW/Non-ICDS Unit: Name ________________________________

(1-4 for Anganwadis, 5 for non-ICDS village/urban unit)

☐ 5. Caste (1-SC, 2-ST, 3-Others)

☐ 6. Have you been trained as CDPO

1. Yes

2. No

☐ 7. What is the nature of training you have received

1. Job Training

2. Both Job and Refresher training

Any other (Specify)

3.

4.

☐ 8. What is your experience as CDPO

1. Less than 5 Years

2. 5-10 years

3. 10-15 years
9. Have you got full complement of staff in the project. Give details

<table>
<thead>
<tr>
<th>Staff</th>
<th>No. posts sanctioned</th>
<th>No. in position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CDPO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistant CDPO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Supervisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. AWWs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Helpers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. What is your prescribed number of Anganwadi visits (as per state government directive)

1. 20 per month
2. 25 per month
3. 30 per month
4. Above 30 per month

11. a) Have you been able to meet the target of visits fixed by the state government

1. Always
2. Sometimes
3. Never

b) If sometimes or never, what are the reasons (1- Yes, 2-No)

1. Anganwadi located at far off places
2. Conveyance problem
3. Too much of administrative work
4. Holding additional charge and hence no time
5. Target fixed the state govt. is too high

Any other (Specify)
6.
7.
12. What do you do during your visits to Aganwadi centres (1-yes, 2-No)

- Discuss the problems of AWWs
- Check the Aganwadi registers / records
- Supervise AW activities
- Participate in AW activities
- Demonstrate activities to AWWs
- Talk to leaders of community / beneficiaries
- Physical verification of stock of SN, supply and distribution
- Cheque daily diary of AWWs/ Supervisors

Any other (Specify)

13. a) What type of food is being given as supplementary nutrition at the centers

- CARE
- WEP
- Locally available food
- Ready to eat food

14. How do you procure the supplementary nutrition ration

- Through the agency identified by the state
- By calling tenders from open market
- Cooperative stores

Any other (specify)

15. What problems are you facing in the procurement of SN material (1-Yes, 2 No)

- Irregular supplies
- Incorrect measurement
- Poor packaging and hence difficulty in preserving
- Stale stock
- Malpractices by suppliers
- Transportation problem

Any other
16. Where is the ration transported from the source of procurement

1. To CDPO's office
2. To a store at the project
3. To supervisor's circle headquarters
4. To AWC
Any other (Specify)

5.

17. What are the problems in storage of ration (1-Yes, 2-No)

1. No proper storage facility available
2. Lack of space
3. Pilferage
4. Infestation
5. Rats
6. None
Any other (Specify)

7.

18. a) Have there been any interruptions in SN distribution in the entire project, in the last year (calendar year 1990)

1. Yes
2. No

b) If Yes, how often

1. Once
2. Twice
3. Thrice
4. More than three times

19. a) Do you face any problem in procuring growth charts

1. Yes
2. No
b) If yes, what are the reasons (1-Yes, 2-No)

1. Short supply at state level
2. Process of procurement is time consuming
3. Delay in printing
4. Delay in communication of requirements at various levels
5. Shortage of funds for printing them

Any other

6.
7.

20. What are the constraints faced by you in procuring NHEd material and other play material for AWCs (1-Yes, 2-No)

1. Lack of funds
2. Delay in release of funds by state govt.
3. Material not available in the regional language
4. Non availability for material at the state level
5. None

Any other (specify)

6.

21. a) According to your assessment, what percentage of AWCs are functioning properly

1. 25%
2. 50%
3. 75%
4. 100%
b) If 25-50% AWCs are not functioning properly, what are the reasons (1-Yes, 2-No)

☐ 1. Law literacy level of AWWs
☐ 2. Inadequate training of AWWs
☐ 3. Lack of adequate supervision by supervisors
☐ 4. Timely supplies are not made available
☐ 5. Community do not come to avail the services
☐ 6. AWW lacks motivation and skill

Any other (specify)

☐

22. a) Have you set up a Coordination Committee at the project level

☐ 1. Yes
☐ 2. No

b) If Yes, how effective is it

☐ 1. Very effective
☐ 2. Effective
☐ 3. Not effective

☐

23. a) Is the cooperation between health and ICDS functionaries adequate

☐ 1. Adequate
☐ 2. Not adequate

b) If not adequate what are the reasons (1-Yes, 2-No)

☐ 1. Inadequate health staff
☐ 2. Health staff overworked
☐ 3. Health staff not interested in ICDS work
☐ 4. Strained relationship between health and ICDS functionaries

Any other (specify)

5.
24. What are problems have you faced in implementing ICDS program (1-Yes, 2-No)

☐ 1. Administrative problems
☐ 2. Lack of cooperation from subordinate staff
☐ 3. Political interference
☐ 4. Lack of interest of community
☐ 5. Lack of involvement of community
☐ 6. Lack of transport facilities
☐ 7. AWCs are not easily accessible
☐ 8. Lacunae in the training of AWWs
☐ 9. Lacunae in the training of Supervisors
☐ 10. Lacunae in the training of CDPOs/ACDPOs
☐ 11. Lack of cooperation between health and ICDS functionaries
☐ 12. Too much of administrative work

Any other (specify)

13.
14.

25. Please mention two specific measures you have taken to strengthen your project in the following areas in the last one year (Calendar year 1997)

a) enrolling children below 3 years of age
   i) 
   ii) 
   iii) None

b) Enrolling children of SC/ST and backward classes
   i) 
   ii) 
   iii) None

c) Eliciting community support for ICDS programme
   i) 
   ii) 
   iii) None
d) Providing continuing education project functionaries
   i)  
   ii) 
   iii) None

e) Publicising health and nutrition messages
   i)  
   ii)  
   iii) None

f) Enhancing Coordination between health and ICDS functionaries
   i)  
   ii)  
   iii) None

g) Enrolment of girl children in Aganwadi centre and checking drop -out
   i)  
   ii)  
   iii) None

26. a) To what extent do you think in that the ICDS programme has achieved its objectives ?
   (1. to a great extent 2. to some extent 3. very little)

   b) If to some extent and very little , what are the reasons?
      1. Political interference  
      2. People not cooperative 
      3. Corruption at all levels and pilferages 
      4. Lack of coordination between health and ICDS functionaries 
      5. Training of ICDS functionaries not adequate to perform the tasks assigned 
      Any other (specify) 
      6. 

Signature of the 
Investigator
Name. ___________________________
Date. ___________________________
# Schedule for Lactating Mother

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the Lactating Mother</td>
<td></td>
</tr>
<tr>
<td>Name of the Husband</td>
<td></td>
</tr>
<tr>
<td>1. District: Name</td>
<td></td>
</tr>
<tr>
<td>2. ICDS Project: Name</td>
<td></td>
</tr>
<tr>
<td>3. Type of the Project</td>
<td></td>
</tr>
<tr>
<td>(R-Rural, U-Urban, T-Tribal)</td>
<td></td>
</tr>
<tr>
<td>4. AW/ Non-ICDS Unit: Name</td>
<td></td>
</tr>
<tr>
<td>(1-3 for Anganwadis and 4 for Non-ICDS Village / Urban Unit)</td>
<td></td>
</tr>
<tr>
<td>5. Household No.</td>
<td></td>
</tr>
<tr>
<td>6. Caste</td>
<td></td>
</tr>
<tr>
<td>(1-SC, 2-ST, 3- Others)</td>
<td></td>
</tr>
<tr>
<td>7. Serial No. Of the Lactating Mother</td>
<td></td>
</tr>
<tr>
<td>8. Age of the youngest child in months</td>
<td></td>
</tr>
<tr>
<td>9. Where was the child born</td>
<td></td>
</tr>
<tr>
<td>(1-Home, 2-PHC/Sub centre/ Govt. Hospital, 3-private Hospital, 4- Others)</td>
<td></td>
</tr>
<tr>
<td>10. Who gave you maternity assistance at the time of your last delivery</td>
<td></td>
</tr>
<tr>
<td>1- Trained Dai, 2-Govt. health staff, 3-private medical practitioner,</td>
<td></td>
</tr>
<tr>
<td>4-AWW, 5- Others, 6- None</td>
<td></td>
</tr>
<tr>
<td>11. Did you receive any medical attention after delivery</td>
<td></td>
</tr>
<tr>
<td>(1-yes, 2-No)</td>
<td></td>
</tr>
</tbody>
</table>
12. Did you have any complication after delivery
   (1-yes, 2-No)

13. If yes, who referred you to Doctor/PHC/Hospital
   1- Govt. Health Saff, 2- Private Practitioner, 3- AWW, 4- Supervisor,
      5- CDPO, 6-Others, 7- Not referred

14. Did any body advice you to get your child immunized
   (1-Govt. Health Staff, 2- Private Medical Practitioner, 3- AWW,
    4- Family member, 5- Others)

15. Have you got your child immunized
   (1-yes, 2-No)

16. If No, would you like to get the child immunized
   (1-Yes, 2-No)

17. When did you start breast feeding the child
   1-(0-6 hours), 2- (6-24hrs), 3-(24-48 hrs), 4-(48+hrs), 5- No breast feeding

18. Whether the colostrum (first milk) was given to the new born
   (1-Yes, 2-No)

19. If yes, who advised
   (1-Trained Dai, 2- Govt. Health Staff, 3-AWW, 4-Private Practitioner, 5- Others)

20. What was the advise given
    For (i-iv) write (1-Yes, 2-No)
    i) How to take care of the breast
      ☐
    ii) Advantage of breast feeding
       ☐
    iii) Importance of colostrum
        ☐
    iv) About duration of breast feeding
        ☐

21. If No (in question No.21) reasons:
    1-No one advised, 2-No such practice in the area,
       3- Knowledge but no' such practice in the area
       ☐

22. How many times in a day do you breast feed your child
    (1-(3 or 4) times, 2- (5 or 6) times, 3- More than Six times, 4-No breast feeding
    ☐
23. How long would you like to breast feed your child
   (1-upto six month, 2-upto one year, 3-As long as possible)

24. Have you started giving milk other than breast milk to the child
   (1-Yes, 2-No)

25. If yes, type of milk given
   (1-Powder Milk, 2-Animal Milk, 3-Both)

26. At what age (in months) this feed was introduced

27. How many times in a day the top milk is given to the child
   (1-(1-2 times, 2-(3-4) times, 3-Five times or more 4-On demand)

28. Have you started giving weaning food / semi solids to the child
   (1-Yes, 2-No)

29. If yes, Type of food started
   For (i-v), write (1-Yes, 2-No)
   i) Juice, dalwater, soup etc.
   ii) Mashed fruit and vegetables
   iii) Kheer, Khichri, Suji, Biscuit, Cereal, Supplements
   iv) Eggs etc.
   v) Any other

30. Who advised you to introduce weaning foods/ semisolids
   1-Family member, 2- Govt. Health Staff, 3- AWW, 4- Others

31. After delivery have you received supplementary Nutrition (food) from
   AW/ some other organisation
   (1-Yes, 2-No)

32. How many times on you average in a week have you received SN after delivery
   (1-Once, 2- Twice, 3 Thrice, 4- Four times, 5-Five times, 6-six times)

33. DO you consume the food given to you
   (1-All, 2-Some, 3-Little, 4-Does not consume)

34. If codes (1, 2 or 3) in Que. 36. Do you take it as
   1-One full meal of the day ( Substitute Food),
   2-In addition to regular meals of the day
35. If the food received from AW:
   i) Do you like the taste of the food given
      (1- Always, 2- Most of times, 3- Some times, 4- Don't like)
   ii) Is there variety in preparation
      (1-Yes, 2-No)

36. Did you receive any advice regarding:
   i) Age gap to be kept between two children
      (1-Yes, 2-No)
   ii) Limiting the family size
      (1-Yes, 2-No)
   iii) Practices to be adopted for Family planning
      (1-Yes, 2-No)

37. If yes, source of advice
   (1- Family member, 2- Govt. Health Staff, 3-AWW,
     4-TV/ Radio/ Print media, 5-Others)

38. Whether you attended any session on Health and Nutrition Education
   (1-Yes, 2-No)

39. Do you know how to prepare ORS (Oral Rehydration Solution)
   (1-Yes, 2-No)

40. Whether the child should be given food as usual during illness
   (1-Yes, 2-No 3- Does not know)

41. Problems faced in utilizing ICDS services
   For (i-viii) Write (1-Yes, 2-No)
   i) Distance of Anganwadi
   ii) AW not opened frequently
   iii) Food not supplied regularly
   iv) Timings of AW
   v) No other activity except feeding programme
   vi) No good behaviour of AWW
vii) No good behaviour of Health Staff, (Doctor, LHV, ANM. etc.)

viii) Not able to spare much time from household work

Filled by: ____________________________

(Investigator's name & signature with date)
Name of the Respondent

1. District: Name: 

2. ICDS Project: Name: 

3. Type of Project: (R-Rural, U-Urban, T-Tribal)

4. AW/Non-ICDS unit: Name: 
(1-4 for Anganwadis an 5 for non-ICDS village/urban unit)

5. Community Leader No:

6. Caste: (1-SC, 2-ST, 3-Others)

7. Position of the Respondents
   - 1. Gramapanchayat President/Member
   - 2. Secretary Youth Club
   - 3. School Headmaster/Teacher
   - 4. President Mahila Mandal
   - 5. Councillors of Municipalities

8. Awareness about ICDS scheme
   a) Do you know that there is an Anganwadi in the village
      1. Yes  2. No
   b) If yes, how did you come to know about its existence?
      Through  (1-Yes, 2-No)
      - 1. AWW/Helper
      - 2. Family members
      - 3. Community Members
4. Government officials

5. Functionaries of other schemes in operation

9. What is an Anganwadi (1-Yes, 2-No)

   1. Place for teaching
   2. Place for the children to play
   3. Place which provide food
   4. Place for health check-up/immunization
   5. Place for custodial care of children
   6. Place for all round development of children
   7. Any other (specify)

10. Can you tell us the services being provided at the Anganwadi Centre (1-Yes, 2-No)

    1. Non-formal Preschool Education
    2. Supplementary Nutrition
    3. Referral Services
    4. Immunization
    5. Health check-up
    6. Health and Nutrition Education

11. Who are the ICDS functionaries? How often do they contact you? (1-Very often, 2-Often, 3-Never)

       Functionaries

       a) Anganwadi worker
       b) Helper
12. How do you think the community can participate in the AW activities (1-Yes, 2-No)

☐ 1. Availing of services of Anganwadi
☐ 2. Providing support to anganwadi worker
☐ 3. Contributing cash to anganwadi
☐ 4. Contributing material to anganwadi
☐ 5. Monitoring the anganwadi
☐ 6. Participating in anganwadi activities
☐ 7. Any other (specify)

13. Were you consulted in the following (1-Yes, 2-No)

☐ a) Selection of Location of AWC
☐ b) Site selection
☐ c) Selection of AWW
☐ d) Selection of helper
☐ e) Selection of beneficiaries

14. a) Have you in any way contributed to Anganwadi Centre? (1-Yes, 2-No)

b) If yes, how? (1-Yes, 2-No)

☐ 1. Getting space for Anganwadi
2. Support for the AWW
3. Publicising ICDS programme
4. Supply of Medicine
5. Providing fuel
6. Building Construction
7. Storage facilities for ration/equipment
8. Residential accommodation for AWW
9. Providing drinking water
10. Construction of roads
11. Transport of sick children
12. Immunization
13. Cleanliness of play yard
14. Motivating community

C) If no, what are the reasons for non-contributing? (1-Yes, 2-No)

1. AWW did not ask for help
2. Do not know in what way could I contribute
3. Any other (specify)

15. a) Has any change taken place in your village since the Anganwadi was opened? (1-Yes, 2-No, 3-Cannot say)

b) If yes, to what extent have the changes taken place in the following (1-To a great extent, 2-To some extent, 3-Very little, 4-Cannot say)

a) Improvement in health status of (1-Women, 2-Children)

b) Improvement in nutrition status of (1-Women, 2-Children)
16. Improvement in

☐ a) Personal Hygiene

☐ b) Sanitation

17. Awareness about education of women and children

18. Awareness of better care of pregnant and nursing mother

19. a) Do you find any difference in children attending the anganwadi with that of children not attending the anganwadi (1-Yes, 2-No)

b) If yes, in which way (1-Yes, 2-No)

☐ 1. Better performance in school

☐ 2. Better adjusted in school

☐ 3. Change in discipline/behaviour

☐ 4. Creative Activities

☐ 5. Cleanliness

☐ 6. Any other (specify)

20. a) Are you satisfied with the food provided in the AWC (1-Yes, 2-No)

b) If No, reasons

☐ 1. Poor quality of food material supplied

☐ 2. Irregular service

☐ 3. Unhygienic way of preparing food

☐ 4. Inadequate facilities for preparing food

☐ 5. Ration is not available at the AWC

☐ 6. Ration is not adequate for Children/Pregnant/ lactating mother

☐ 7. Negative attitude of the AWW
8. Improper selection of beneficiaries

9. Food is hard to digest/causes diarrhoea

10. Food is not palatable

21. a) Do you visit Anganwadi Centre? (1-Yes, 2-No)

   b) If yes, What do you do at the Anganwadi? (1-Yes, 2-No)
      1. Observe the anganwadi activities
      2. See if the ration is distributed properly
      3. Finding out the problem of AWW's
      4. Talk to the beneficiaries
      5. Observe cleanliness
      6. Any other (specify)

22. a) Are there any local committee formed to help the activities of the AWC (1-Yes, 2-No, 3-Don't know)

   b) If yes, are you a member of this committee (1-Yes, 2-No)

   c) What are the activities of the Committee (1-Yes, 2-No)
      1. Ensure proper functioning of AWC
      2. Solve problems faced by AWW and community
      3. Improve the utilization services
      4. Supervising the AWW
      5. Link other services with ICDS
      6. Any other (specify)

23. a) Are there any other organisations which help the AWC (1-Yes, 2-No)
1. Panchayats
2. Mahila Mandals
3. Youth Club
4. Schools
5. Voluntary Organisations
6. Any other (specify)

b) How do they help (1-Yes, 2-No)

1. Day to day running of AWC
2. Help in cooking, distribution of SN
3. Help in campaigns, organising functions etc.
4. Construction/repair/providing facilities at AWC
5. Cooking demonstration/other NHEd activities
6. Arranging accommodation for Anganwadi Workers
7. Any other (specify)

24. a) Are the backward poor sections of community availing/receiving the services provided (1-Yes, 2-No, 3-Don’t know)

b) If no, what are the reasons

1. AWC is located in the area belonging to upper class people
2. AWC is located far away from the backward class area
3. Community does not approve having upper and lower class children in the same anganwadi
4. Feel scared to come forward
5. Not aware of the services provided
6. Superstitious beliefs
7. AWW is not giving services to them
8. Any other (specify)

25. How effective do you think is the AWW in relation to the following
(1-Effective, 2-Not effective, 3-Don’t know)

a) Organising SNP at the AW
b) Organising preschool activities
c) Getting participation of women
d) Dealing with the community
e) Coordination with the health staff
f) Solving minor health problems of children
g) Improving the status of women

Signature of the Investigator

Name:

Date: