

# Status of anganwadis (ICDS centres) in 28 villages of Manikpur block, Chitrakoot district, Uttar Pradesh

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## Introduction

The Integrated Child Development Services Scheme (ICDS) launched by the Government of India (GoI) in 1975 is meant to be a package of services to improve the health, care, and nutrition practices affecting children under the age of six across India. The specific objectives of the scheme are:

- Improving the nutritional and health status of children (0-6 years)
- Developing a framework for ensuring adequate physical, psychological and social development of the child
- Minimizing the incidence of morbidity, malnutrition, school dropout and mortality
- Establishing effective collaboration between different departments working for promoting child development
- Enabling mothers to participate actively for meeting the health and nutritional needs of their children through proper nutrition and health education.

Accordingly, a wide range of services are to be provided through ICDS centres, which are generally known as anganwadis. The services include:

- Supplementary nutrition
- Immunization services
- Health check-ups for children less than six years of age
- Antenatal care of expectant mothers and postnatal care of nursing mothers
- Referral services for beneficiaries who are in the need of prompt medical attention
- Non-formal, pre-school education for children in the 3-6 years age group
- Nutrition and health education especially for the women in the 15-45 years age group.

For the delivery of the services, anganwadi centres (AWCs) are supposed to be operational in all regions of the country. Each AWC is to be manned by members of an ICDS team, consisting of an Anganwadi Worker (AWW) and an Anganwadi Helper (AWH), working under a supervisor, Child Development Project Officer (CDPO) and a District Programme Officer. Immunization, health check-up and referral services are to be provided in convergence with the public health system.

## Scope of study

In the light of the above, this document presents the findings of a study conducted in June 2018 to ascertain the status of anganwandis in 28 villages of Manikpur block of Chitrakoot district, Uttar Pradesh, in terms of:

- Location and facilities
- Profile of staff
- Enrolment and actual attendance of children
- Provision of services
- Monitoring and support mechanism

## Context

The study was conducted as part of a project being undertaken in the 28 villages by Akhil Bhartiya Samaj Sewa Sansthan (ABSSS), Chitrakoot, with support from ChildFund India (CFI), New Delhi.

The 28 villages, like the rest of Manikpur block, fall under a region known as Patha, which is a rocky upland with poor soil and severely degraded forests. The major part of the population comprises people of the Kol adivasi group, which is designated as a scheduled caste in UP. Victims of exploitation for generations, the Kols are a highly marginalised and poor people with low educational and health levels. Many of their villages are in remote locations which are frequented by dacoit gangs. Public services in the area are scarce and ineffective.

Poor health and nutrition levels are most alarmingly reflected in child malnutrition figures. According to data collected for 938 children of 0-5 years in the 28 villages through a health camp organised by ABSSS in association with the Community Health Centre (CHC), Manikpur, 21% of male children and 19% of female children are severely malnourished.

Considering the above, the ABSSS-CFI project has been designed with the objective of “enabling all children from 0-5 years and pregnant and lactating mothers living in poverty to lead healthier, more productive and self-sufficient lives through an integrated approach to tackling the health and nutrition issues”.

Against the above background, the present study was undertaken to help the project team form a clear understanding of the status of ICDS in the villages on the basis of empirical data. The understanding is expected to lead to more effective project strategies and interventions.

The 28 villages fall under 10 gram panchayats (GPs) as given in Table 1. (Note: All the villages in a GP are not covered by the project. Further, all the 28 villages were not covered under the present study because, as discussed later, anganwadis are present only in 16 villages.)

A total of around 4300 households (HHs) with an average of 5.6 members per HH live in the 28 villages. Around two-thirds of the HHs are of SC groups (Kol and others) and 18% are of OBC groups. HHs of the general category form only 10% of the total HHs. Apart from Muslim HHs, which form 8% of the total, there are a few Christian HHs in some villages.

**Table 1: GP-wise list of villages**

No	Gram Panchayat	Villages
1	Ailaha Badhiya	Ailaha
2	Sarinya	Vinay Nagar, Muslim Purwa, Ramuriya, Ahari
3	Chureh Keshruwa	Suargarha, Harjanpur, Sukhrampur, Hata, Dandi, Kekramar
4	Umari	Umari, Khichari, Bhairam Purwa, Belha
5	Sakrauha	Sakrauha
6	Ranipur	Ranipur
7	Manikpur	Govind Nagar, Gudhva
8	Sarhat	Sarhat, Manikpur (rural), , Maugadhi
9	Kota Kandaila	Patrakar Puram, Hardiha
10	Unchadeeh	Unchadeeh, Gadhwa, Amarpur
11	Giduraha	Giduraha

## Methodology

After review of literature on the subject, including previous studies on status of anganwadis<sup>1</sup>, information required for the study was gathered through the following ways:

- Detailed interviews with AWWs and AWHs, based on a questionnaire prepared in Hindi
- Actual observation of anganwadis by investigators
- Focus group discussions (FGDs) mothers of children in 0-6 age group, in villages where the anganwadis are located.

The questionnaires were administered by project staff after receiving orientation and training for this purpose.

## Key findings

### Location of anganwadis

It was found that anganwadis are present in only 16 of the 28 villages. Table 2 shows the GP-wise list of project villages with and without anganwadis. The fact that an anganwadi is not located in a village does not necessarily mean that the children of the village are denied ICDS services, as they can be enrolled in the anganwadi of a neighbouring village. However, the absence of an anganwadi in a village does usually mean that the children and their mothers have to walk a considerable distance to avail of services, and the children are unlikely to attend anganwadis regularly. That attendance of children in anganwadis is low was established by the study, and the relevant findings are discussed later.

**Table 2: Project villages with and without anganwadis**

<b>Gram Panchayat</b>	<b>Project villages with anganwadis</b>	<b>Project villages without anganwadis</b>
Ailaha Badhiya	Ailaha	
Sarinya	Vinay Nagar, Ahari, Ramuriya	Muslim Purwa
Chureh Keshruwa	Suargarha, Harjanpur, Sukhrampur, Dandi, Kekramar	Hata
Umari	Khichari	Umari, Bhairam Purwa, Belha
Sakrauha	Sakrauha	
Ranipur		Ranipur
Manikpur		Govind Nagar, Gudhva
Sarhat	Sarhat	Manikpur (rural), Maugadhi
Kota Kandaila	Patrakar Puram, Hardiha	
Unchadeeh	Unchadeeh, Gadhwa	Amarpur
Giduraha		Giduraha

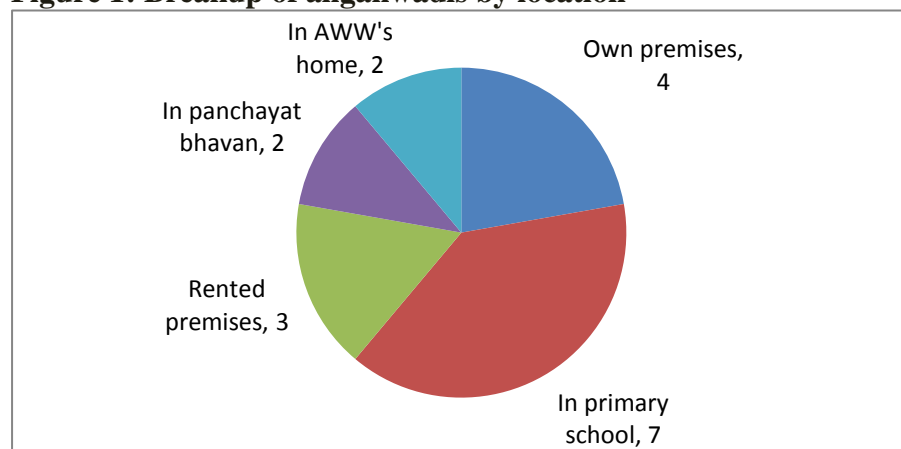
<sup>1</sup> The key document in this respect is 'A Quick Evaluation Study of Anganwadis under ICDS' by the Programme Evaluation Organisation of Niti Aayog, Government of India, in June 2015.

Among the villages that do not have anganwadis, the following have a large population (over 100 HHs), and thereby a large population of under-served children:

- Belha
- Ranipur
- Govind Nagar
- Manikpur rural
- Giduraha.

Data on location of anganwadis within villages (figure 1) shows that only a fourth of the anganwadis have their own premises and around half are located in a primary school.

**Figure 1: Breakup of anganwadis by location**



## Enrolment and attendance of children

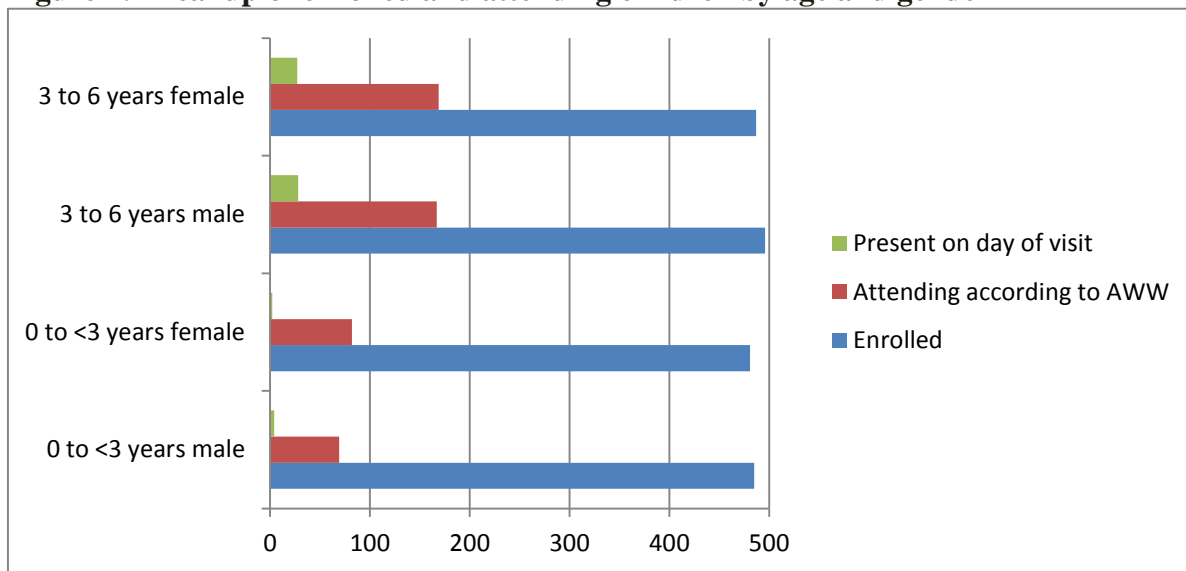
Data on enrolment and attendance of children in anganwadis was obtained in the following ways:

- Enrolment data according to age-group, gender and social group was taken from anganwadi registers. (This data may be inflated.)
- AWWs were asked to give estimates of regularly attending children by age-group, gender and social group.
- Actual number of children present on the day of the visit to the anganwadi by project staff was recorded them.

Of the above three sources and kinds of data, the last is obviously the most important, with the following riders:

- Attendance on the days of visits could have been low in particular anganwadis due to local factors such as rainfall, or marriages/functions in the village.
- If early childhood education (ECE) is not provided in anganwadis, there is little reason for children to remain in the centres after they have received supplementary nutrition. In other words, in centres without ECE services, attendance would anyway be low.
- Low attendance does not necessarily mean low coverage of immunisation services, as these are provided on particular days only.

**Figure 2: Breakup of enrolled and attending children by age and gender**



The data (figure 2) shows that while 966 children below the age of 3 are enrolled, only 140 or less than one-sixth of the total enrolled are claimed to be regularly attending by AWWs, and the number actually present at the time of the visit was only 6. The situation is marginally better in case of children above the age of 3: While 983 children are enrolled, the number of those claimed to be attending is 336, or around one-third of the total enrolled, and the number actually present at the time of the visit was 59, or 6% of the total enrolled. No significant variation in attendance by gender was reported by AWWs. However, in the 3-6 years age group, nearly 80% of the children present at the time of the visit were found to be from SC groups. This indicates that the potential demand for ICDS services from these groups is high.

Through FGDs with mothers and other community-members, the following emerged as the main reasons for not sending children regularly to anganwadis:

- “Nothing happens in anganwadi” (that is, no education or health services are regularly provided)
- AWWs are not usually present in anganwadis, and the centres are handled mainly by AWHs.
- Food and nutritional supplements are either not provided in anganwadis or of generally poor quality.

## Profile of AWWs

Interviews of AWWs who are supposed to be in charge of anganwadis indicates that they have the experience and training for their jobs. All have studied at least up to middle school, and 2 are graduates (table 3). Ten are above the age of 30. The average number of years of service recorded by them is 18.5 years, and the average number of years of service at the present centre is 10.5. Twelve of the 16 AWWs reported that they had received training of 14 days on health and education. However, they last received training nearly 5 years back, and were generally unfamiliar with ECE. Only 5 AWWs reported that they faced difficulties in coming to work.

However, all the above reported data requires the following qualifications:

- Only 2 of the 16 AWWs live in the villages where they are posted. Most live in Manikpur or Karvi, which are at a considerable distance.
- Most villages are not well connected by public transport, which is in the form of shared autos or jeeps run by private operators. Services from Manikpur to the villages in the morning are particularly poor, and the autos/jeeps run only when they are overfull. Under these circumstances, it is impossible for most AWWs to reach their centres on time, unless they have their own vehicles.
- According to beneficiaries in the villages, most AWWs come to the centres only on some days of the month; for example, when there is a health camp or immunization rounds. Only 3-4 AWWs are reported to be regular in attendance according to community members.
- All the AWWs were given prior information about the visit by the project staff. Even then, 4 of them were not present at the centre on the day of the visit, and information was obtained from them over the phone.

**Table 3: Number of AWWs and AWHs according to age, education-level and social group**

Parameter	Number of AWWs	Number of AWHs
Age: 20-30 years	4	6
Age: 31-40 years	6	5
Age: 41 years and above	6	5
SC	6	7
OBC	6	7
GEN	3	1
Muslim	1	1
No schooling	0	3
Studied up to primary-school level	0	7
Up to middle-school level	5	5
Up to high-school level	4	0
Up to intermediate level	5	1
Graduate	2	0

### Profile of AWHs

The profile of AWHs (table 3) matches that of AWWs except with respect to education level. Ten AWWs have studied only up to the primary-school level or not gone to school at all. The AWHs are reported to be regular in attendance (they are mostly from nearby villages), but given their education level, they would not be able to deliver many ICDS services on their own, unless their literacy levels are improved and they are provided intensive training.

### Operational hours/days

According to responses of AWWs, the anganwadis are open for 4 hours a day, and in the month preceding the survey the anganwadis were open for an average of 23 days. Only 2 AWWs reported that their centres were closed for more than a week in the previous 12 months. However, data obtained from mothers through FGDs was considerably different: They said that the anganwadis were open for only 13 days, and only for 3 hours in the day.

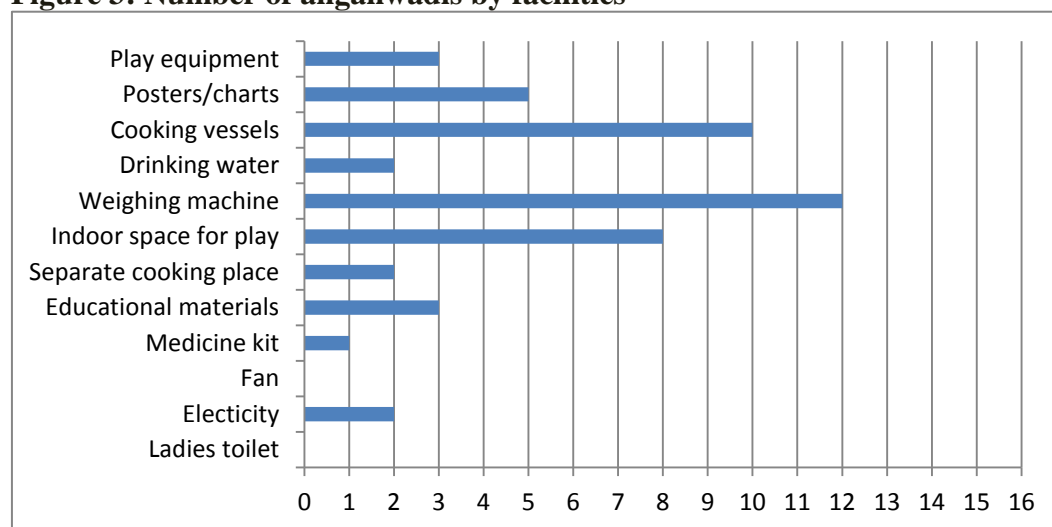
The data on operational hours/days has to be anyway read along with data on attendance and regular services provided. The latter data shows that the operational hours/days of anganwadis do not signify much, as children’s participation is extremely low, and ECE is not conducted systematically.

### Anganwadi space and facilities

Half the anganwadis are very small, and do not provide any space for play. Whereas each anganwadi is expected to provide pre-school education to an average of around 60 children above the age of 3 (according to enrolment data), the space available in most anganwadis is for a maximum of 20 children. As observed by the project staff, in only half the anganwadis were the walls, roofs, flooring, doors and windows of “good” quality. In 7 anganwadis, the flooring is severely damaged, and can cause injury to children. (As half the anganwadis are in primary schools, the quality of building matches that of the school.)

Anganwadis are expected to have a range of facilities, including pre-school education kits, medicine kits, utensils, a separate area for cooking and adequate indoor space for play. However, as the data in figure 3 shows, the surveyed anganwadis lack even basic facilities like drinking water, toilets, electricity, medicine kits and separate cooking areas. None have toilets for ladies. Drinking water is obtained from nearby handpumps in only 2 anganwadis, and stored in buckets or utensils, without boiling or filtering. A medicine kit was seen only in 1 anganwadi. Very basic education materials were seen in only 3 anganwadis and the materials did not look used. Good-quality posters or charts were seen only in 2 anganwadis. Weighing machines are available in 12 anganwadis, but all were in a poor condition.

**Figure 3: Number of anganwadis by facilities**



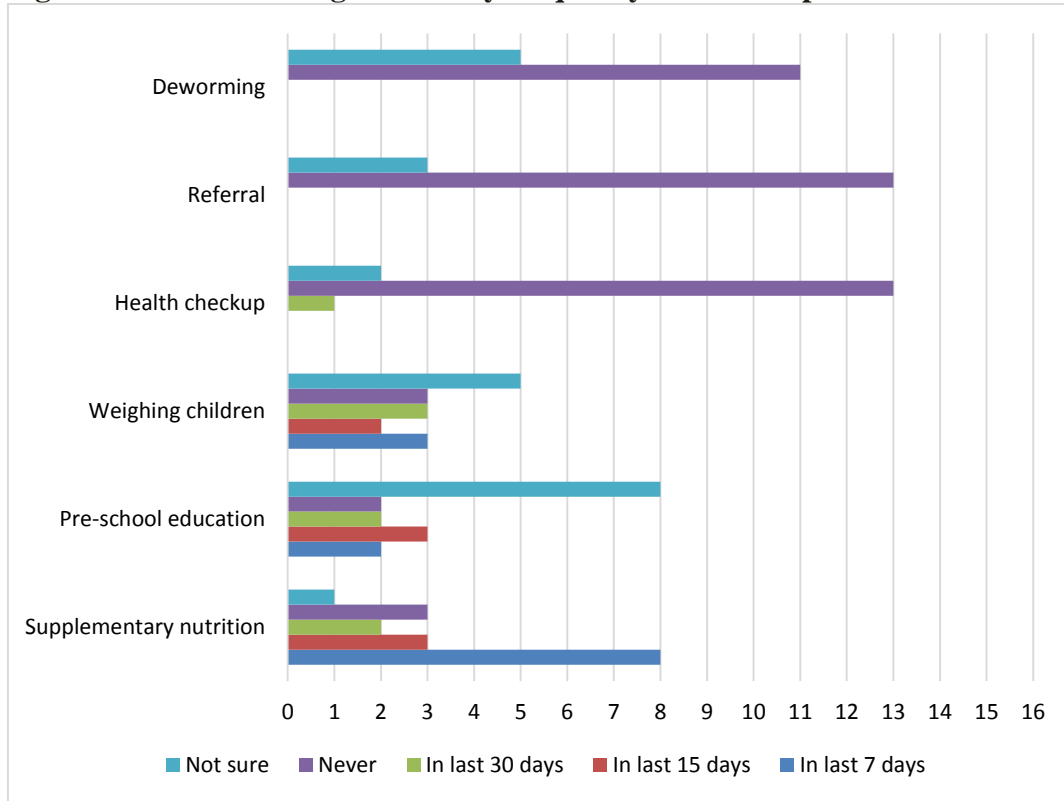
### Services provided by anganwadis

Information obtained through FGDs showed that anganwadis either do not provide any services regularly, or provide poor quality of services. This observation was confirmed by AWWs who were asked to give information about the services they provide, and also the rate quality of different services.

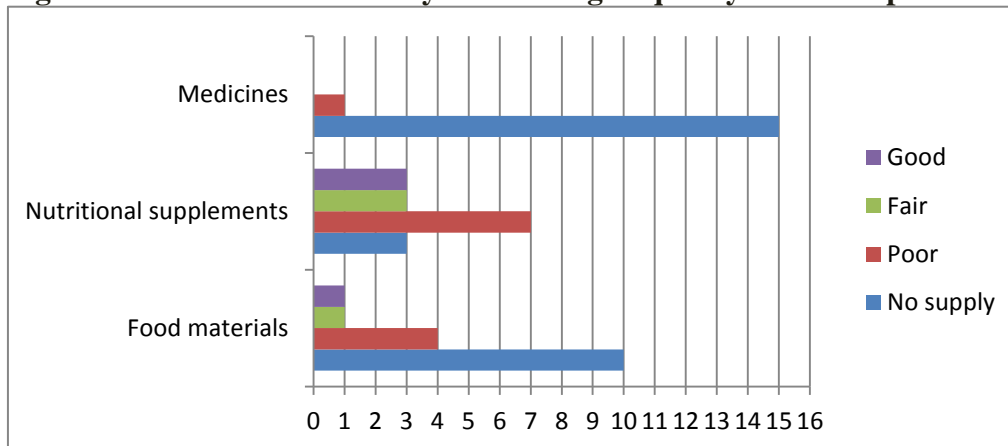


As can be seen in figure 4, supplementary nutrition is the only service provided regularly by anganwadis, and even this was not done in 8 anganwadis in the 7 days prior to the survey. Five AWWs did not have any idea about when supplementary nutrition was last provided. Pre-school education was claimed to be provided regularly only in 2 anganwadis, and 10 AWWs had no idea about when it was last provided. Likewise, 9 AWWs had no idea about when children’s weight was last taken. All except 1 AWW had no idea about deworming, referral services or health checkups.

**Figure 4: Number of anganwadis by frequency of services provided**



**Figure 5: Number of AWWs by their rating of quality of service provided in their centres**

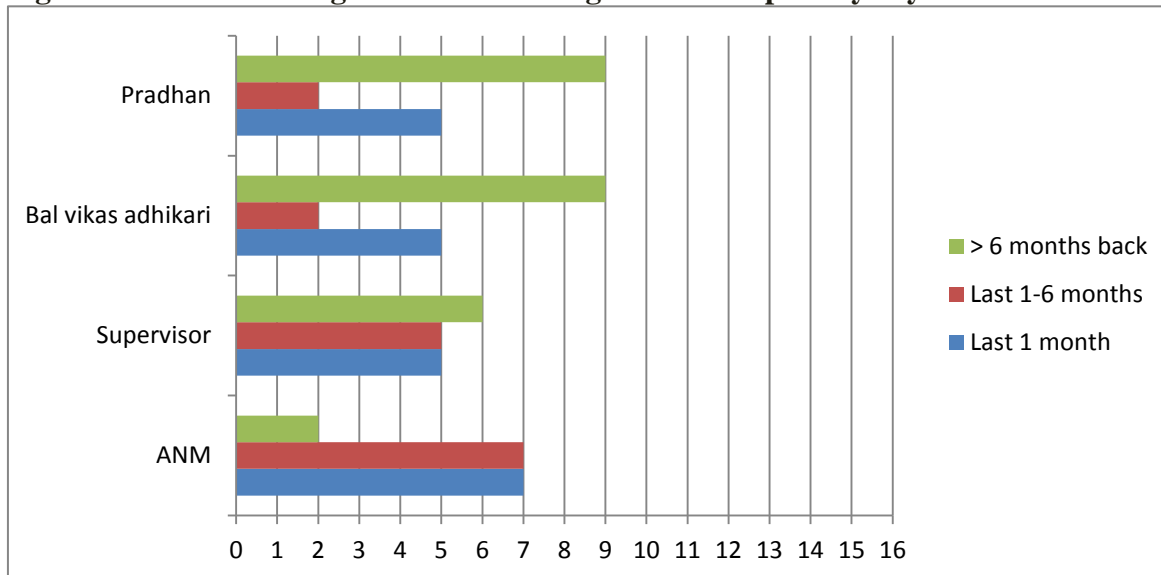


AWWs themselves did not rate the quality of services well. Only 6 AWWs reported that quality of nutritional supplements was fair or good and 10 AWWs reported that food materials were never received (figure 5). Likewise, 15 AWWs reported that they never received medicines, so they had nothing to say about its quality. All the AWWs reported that there was no system of regular supply of required materials.

## Monitoring and support system

The poor status of anganwadi services is reflected and reinforced by a poor monitoring and support system. While regular visits to anganwadis by auxiliary nurse midwives (ANMs), ICDS supervisors and their superiors are expected to take place, data reported by AWWs shows that all these officials except the ANM had not visited the majority of centres in the 30 days preceding the survey (figure 5). In 9 anganwadis even ANMs had not visited in the preceding 30 days. Supervisors had not visited 6 centres even once in the previous 6 months. Even most of the village pradhans also do not visit the centres regularly, presumably because there is no regular supply of materials.

**Figure 7: Number of anganwadis according to last visit paid by key functionaries**



## Conclusions

The status of anganwadis in the project area is extremely poor and the following issues are of high concern:

- Twelve of the 28 project villages, including 5 with over 100 HHs, do not have anganwadis.
- The overwhelming majority of children do not attend anganwadis regularly. Among children below the age of 3, the attendance is negligible.
- Half the anganwadis are in bad physical shape and none have all the required facilities.
- Most AWWs are reported to be not attending their centres regularly. While there are practical (transport) problems faced by the women, there is also clearly a well-established culture of poor performance and accountability, which is reflected in the fact that in 11 of the 16 anganwadis, a supervisor had not paid a visit in the one month preceding the survey.

- Except nutritional supplements, the anganwadis provide no services, and are not in a position to do so.

The remedies to the above problems lie largely with the government, particularly senior officials who would have to take firm steps to improve facilities and services. Pressure from local communities and media reports could move the officials concerned to action. In the absence of these measures, project interventions such as investments for improving facilities in anganwadis might not yield any significant positive results related to the project's objective.

## Appendix 1: Representative photos



Mother and children waiting for anganwadi staff at ICDS centre (with own building)



Typical anganwadi interior: damaged flooring, no place for play, no separate cooking or food storage area



**Inside an anganwadi, when nutritional supplements (powder on card paper) are served**

## Appendix 2: Questionnaire

### आंगनवाडी सूचना प्रपत्र

#### A. सामान्य जानकारी

##### A.1 : आंगनवाडी केंद्र के बारे में सामान्य जानकारी:

1	आंगनवाडी केंद्र का नाम	
2	गाँव का नाम:	
3	ग्राम पंचायत का नाम:	
4	कौन से वर्ष में आंगनवाडी की शुरुआत हुई	
5	आंगनवाडी कहाँ स्थित है [प्राइमरी स्कूल में=1 ,अपनी खुद की बिल्डिंग में=2 , किराये के परिसर में=3 पंचायत भवन में=4 , आंगनवाडी के घर में=5 , अन्य=6)	
6	आंगनवाडी केंद्र का कुल क्षेत्रफल (स्कवायर फीट में लिखें)	
7	भ्रमण के दिन आंगनवाडी कार्यकर्त्री केंद्र में उपस्थित थी (नहीं =0, हाँ =1)	

##### A.2 : आंगनवाडी कार्यकर्त्री एवं सहायिका का विवरण:

क्र०	नाम	पद	उम्र	सामाजिक समूह*	शैक्षणिक स्तर**	वैवाहिक स्तर***	मोबाइल

\* अनुसूचित जनजाति =1, अनुसूचित जाति =2, अन्य पिछड़ा वर्ग =3, सामान्य =4, मुस्लिम =5, स्पष्ट) नहीं /उत्तर देने की इच्छा नहीं =99

\*\* कोई शिक्षा नहीं = 0, प्राइमरी स्कूल तक = 1, पूर्व माध्यमिक तक = 2, हाई स्कूल तक = 3, इंटरमिडिएट = 4, ग्रेजुएशन = 5, स्पष्ट नहीं /उत्तर देने की इच्छा नहीं =99

\*\*\* वैवाहिक नहीं =0, वैवाहिक =1, तलाक/अलग =2, विधवा =3, स्पष्ट) नहीं /उत्तर देने की इच्छा नहीं =99

#### B. आंगनवाडी कार्यकर्त्री द्वारा दी गयी जानकारी

### B.1 आँगनवाड़ी कार्यकर्त्री द्वारा दी गयी जानकारी

1	आप आँगनवाड़ी कार्यकर्त्री के पद पर कितने वर्षों से कार्य कर रही ? (वर्षों की संख्या लिखे ; स्पष्ट नहीं /उत्तर नहीं =99)	
2	आप इस केंद्र में कितने वर्षों से कार्य कर रही है ? (वर्षों की संख्या लिखे ; स्पष्ट नहीं /उत्तर नहीं =99)	
3	क्या आप उसी गाँव में रहती है जिस गाँव में केंद्र है ? (नहीं =0, हाँ =1, साफ नहीं =99)	
4	क्या आप सामान्यतःकेंद्र आने में कठिनाई महसूस करती है ? (नहीं =0, हाँ =1, साफ नहीं =99)	
5	क्या आँगनवाड़ी कार्यकर्त्री ने अपने स्वास्थ्य जिम्मेदारियों / कर्तव्यों पर कोई प्रशिक्षण प्राप्त किया है? (नहीं =0, हाँ =1, साफ नहीं =99)	
6	क्या आपने ने अपने शिक्षा जिम्मेदारियों / कर्तव्यों पर कोई प्रशिक्षण प्राप्त किया है? (नहीं =0, हाँ =1, साफ नहीं =99)	
7	आँगनवाड़ी कार्यकर्त्री के रूप में कार्य करने शुरुआत में आप ने कितने दिनों का प्रशिक्षण प्राप्त किया? (दिनों की संख्या लिखे ; स्पष्ट /उत्तर नहीं =99)	
8	शुरुआती प्रशिक्षण के बाद आप ने कितने दिनों का प्रशिक्षण प्राप्त किया ? (दिनों की संख्या लिखे ; स्पष्ट /उत्तर नहीं =99)	
9	कितने वर्षों पहले आप ने अंतिम प्रशिक्षण प्राप्त किया ? (दिनों की संख्या लिखे ; स्पष्ट /उत्तर नहीं =99)	
10	क्या प्राप्त प्रशिक्षण पर्याप्त था ?	

	<p>नहीं =0, हाँ =1, स्पष्ट नहीं /उत्तर नहीं =99)</p> <p><b>यदि नहीं तो कौन सा प्रशिक्षण आप लेना चाहेगी :</b></p>	
11	<p>क्या आप अपना वेतन सामान्यतः समय से प्राप्त करती ?</p> <p>(नहीं =0, हाँ =1, स्पष्ट नहीं /उत्तर नहीं =99)</p>	
12	<p>क्या पिछले 12 महीनो में केंद्र एक सप्ताह से ज्यादा दिनों तक बंद रहा है?</p> <p>(नहीं =0, हाँ =1, स्पष्ट नहीं /उत्तर नहीं =99)</p> <p><b>यदि हाँ तो कारणों को लिखे :</b></p>	
13	<p>पिछले ३० दिनों में केंद्र कितनों दिनों तक खुला रहा?</p> <p>(दिनों की संख्या लिखे ;स्पष्ट नहीं /उत्तर नहीं =99)</p>	
14	<p>सामान्यतः केंद्र दिन में कितने घंटे खुलता है ?</p> <p>(घंटों की संख्या लिखे; स्पष्ट नहीं /उत्तर नहीं =99)</p>	
15	<p>केंद्र में निम्न लिखित सामग्री की आपूर्ति को वह किस प्रकार वर्णित करेगी</p> <p>(आपूर्ति नहीं =0, खराब आपूर्ति =1, औसत आपूर्ति =2, अच्छी आपूर्ति =3, स्पष्ट नहीं</p>	



	<p>/उत्तर नहीं =99)</p> <p>खाद्य सामग्री :</p> <p>पूरक पोषाहार :</p> <p>दवाईयाँ :</p> <p><i>यदि खराब आपूर्ति है तो समस्याओं को लिखिए :</i></p>	<p>-----</p> <p>-----</p> <p>-----</p>
16	<p>सामान्यतः केंद्र में किस प्रकार का खाना बच्चों को दिया जाता है?</p> <p>[खाना नहीं दिया जाता=0, रोज एक ही प्रकार का बना खाना=1; साप्ताहिक मेनू के आधार पर बना खाना=2; बना बनाया खाना=3, घर ले जाने लायक सुखा खाना=4, अन्य=5 ; स्पष्ट नहीं / उत्तर नहीं=99]</p> <p>शिशु (0-3 years)</p> <p>बच्चा (3-6 years)</p>	<p>-----</p> <p>-----</p>
17	<p>दिए जाने वाले खाने की गुणवत्ता और मात्रा के बारे आप क्या सोचती है ?</p> <p>(खराब=0 , औसत=1 , अच्छा=2 , स्पष्ट नहीं / उत्तर नहीं=99]</p>	
18	<p>केंद्र की सुविधाओं के बारे में वह क्या सोचती है?</p> <p>(खराब=0 , औसत=1 , अच्छा=2 , स्पष्ट नहीं / उत्तर नहीं=99]</p> <p><i>यदि खराब है तो वह इसको सुधारने के बारे में क्या सोचती है :</i></p>	
19	<p>पिछले 6 महीनो में क्या आपको आंगनवाड़ी जिम्मेदारियों के अलावा कार्य करने को कहा गया?</p> <p>(नहीं =0, हाँ =1, स्पष्ट नहीं / उत्तर नहीं=99)</p> <p><i>यदि हाँ तो कौन सा काम उसे करने को कहा गया :</i></p>	
20	<p>आंगनवाड़ी रजिस्टर भरने में सामान्यतः आप कितने घंटे खर्च करती है?</p> <p>(घंटो की संख्या लिखे ; स्पष्ट नहीं /उत्तर नहीं=99)</p>	

21	<p>कितने महीने पहले निम्न व्यक्तियों ने केंद्र में अंतिम भ्रमण किया ?</p> <p>[ महीनों के संख्या लिखे ; एक महीने से कम =0; स्पष्ट नहीं/ उत्तर नहीं= 99, आते नहीं=100]</p> <p>ए०एन० एम्०</p> <p>सुपरवाइजर</p> <p>बाल विकास कार्यक्रम अधिकारी</p> <p>प्रधान</p>	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
22	<p>क्या केंद्र में निम्न स्वास्थ्य कार्यकर्ताओं भ्रमण के दिन सुनिश्चित है? जैसे – डॉक्टर, ए० एन० एम्० आदि</p> <p>डॉक्टर</p> <p>ए० एन० एम्०</p> <p>(नहीं =0, हाँ =1, स्पष्ट नहीं/ उत्तर नहीं =99)</p>	<p>-----</p> <p>-----</p>
23	<p>क्या यह भ्रमण उपयोगी है?</p> <p>(नहीं =0, हाँ =1, स्पष्ट नहीं/ उत्तर नहीं =99)</p> <p><b>यदि नहीं तो वह क्यों अनुपयोगी है लिखे:</b></p>	
24	<p>क्या अभिभावक / समुदाय सदस्य उसके काम में उसकी मदद करते हैं?</p> <p>(नहीं =0, हाँ =1, स्पष्ट नहीं/ उत्तर नहीं =99))</p> <p><b>यदि हाँ तो वह कैसे मदद कर करते हैं लिखे :</b></p>	

**B.2 आंगनवाड़ी केंद्र में कुल नामांकित बच्चे :**

क्रम	विवरण	बालक	बालिका	कुल	कुल अनु० जाति	कुल अन्य पिछड़ा वर्ग	कुल सामान्य	कुल मुस्लिम	कुल अन्य
1	0 से 3 वर्ष								
2	3 से 6 वर्ष								

**B.3 आंगनवाड़ी केंद्र में सामान्यतः आने वाले बच्चों के संख्या:**

क्रम	विवरण	बालक	बालिका	कुल	कुल अनु० जाति	कुल अन्य पिछड़ा वर्ग	कुल सामान्य	कुल मुस्लिम	कुल अन्य
1	0 से 3 वर्ष								
2	3 से 6 वर्ष								

**C. सर्वेक्षणकर्ता द्वारा विवरण****C.1 भ्रमण के दौरान उपस्थित बच्चे :**

क्रम	विवरण	बालक	बालिका	कुल	कुल अनु० जाति	कुल अन्य पिछड़ा वर्ग	कुल सामान्य	कुल मुस्लिम	कुल अन्य
1	0 से 3 वर्ष								
2	3 से 6 वर्ष								

**C. 2 आंगन वाड़ी केंद्र में उपलब्ध संसाधन :**

क्र	सुविधाए	उपलब्ध नहीं =0, उपलब्ध परन्तु खराब स्थिति में =1, उपलब्ध और अच्छी स्थिति में =2, स्पष्ट नहीं =99
1	मेडिसन किट/ फर्स्ट ऐड बॉक्स	
2	वजन मशीन	
3	दीवाल चित्रण एवं चार्ट	

4	खाना बनाने के बर्तन	
5	पेयजल रखने के बर्तन	
6	खेल सामग्री- काउंटिंग फ्रेम, बिल्लिंग ब्लॉक, आदि	
7	अन्य	

**C. 3 आंगन वाड़ी केंद्र में बच्चों हेतु शैक्षणिक सामग्री की सूची:**

क्र०	शैक्षणिक सामग्री का नाम	क्र०	शैक्षणिक सामग्री का नाम
1		5	
2		6	
3		7	
4		8	

**C.4 आंगनवाड़ी संरचना की गुणवत्ता :**

क्र	विवरण	जानकारी (खराब = 0, औसत = 1, अच्छा = 2, स्पष्ट नहीं = 99)
1	बिल्लिंग (ईमारत)	
2	छत	
3	फर्श	
4	दरवाजे	
5	खिड़कियाँ	

**C.5 आंगनवाड़ी केंद्र में उपलब्ध सामान्य सुविधाएँ:**

क्र	सुविधाएँ	जानकारी (हाँ-1, नहीं-0, स्पष्ट नहीं=99)
1	पेयजल	
2	बालिकाओं/महिलाओं के लिए शौचालय	
3	बिजली	
4	पंखे	
5	अन्दर खेलने की पर्याप्त जगह	
6	खाना बनाने की अलग व्यवस्था	
7	खाना रखने की पर्याप्त व्यवस्था	
8	खेल सामग्री रखने की पर्याप्त व्यवस्था	

### C. 6 निम्नलिखित सेवाएँ आंगनवाड़ी द्वारा बच्चों को कब दी गयी

( पिछले 6 महीने में कभी नहीं दिया गया = 0, आज या कल दिया गया =1, पिछले सात दिनों में एक बार दिया गया =2, पिछले 15 दिनों में एक बार दिया गया =3, पिछले ३० दिनों में एक बार दिया गया =4, पिछले 3 से 6 माह में एक बार दिया गया =5, साफ नहीं =99)

क्र	सुविधाएँ	जानकारी
1	पोषक आहार	
2	पूर्व स्कूल शिक्षा	
3	बच्चों का वजन	
4	टीकाकरण	
5	स्वास्थ्य परीक्षण	
6	रेफरल सेवाएँ	
7	डीवार्मिंग	
8	खेल सामग्री	

### C.7 अन्य अवलोकन :

1.	आंगनवाड़ी कार्यकर्त्री के उत्साह पर का आप का क्या अवलोकन है? (कोई उत्साह नहीं =0, कम उत्साह = 1, अच्छा उत्साह =2, स्पष्ट नहीं= 99)	
2.	क्या बच्चे केंद्र में खुश दिखते हैं? (नहीं =0,हाँ =1, स्पष्ट नहीं =99)	
3.	जब आप ने बच्चों से कविता सुनाने या गाना गाने के लिए कहते हैं तो बच्चों का क्या रिस्पोंस रहा? (बच्चे कुछ नहीं बोले=0, ठीक से नहीं बोले=1, अच्छी प्रकार से बोले=2, स्पष्ट नहीं / कुछ नहीं कह सकते =99)	

### C.माताओं की आंगनवाड़ी केंद्र के बारे में राय :

## माताओं का पूरा नाम

1-

2-

3-

4-

5-

6-

1	क्या पिछले 12 महीनो में आंगनवाड़ी केंद्र एक सप्ताह से ज्यादा दिनों तक बंद रहा है? (नहीं =0, हाँ =1, स्पष्ट नहीं /उत्तर नहीं =99)	
2	पिछले ३० दिनों में आंगनवाड़ी केंद्र कितनों दिनों तक खुला रहा? (दिनों की संख्या लिखे ;स्पष्ट नहीं /उत्तर नहीं =99)	
3	सामान्यतः आंगनवाड़ी केंद्र दिन में कितने घंटे खुलता है ? (घंटों की संख्या लिखे; स्पष्ट नहीं /उत्तर नहीं =99)	
4	आंगनवाड़ी केंद्र में निम्न लिखित सामग्री की आपूर्ति किस प्रकार की है (आपूर्ति नहीं =0, खराब आपूर्ति =1, औसत आपूर्ति =2, अच्छी आपूर्ति =3, स्पष्ट नहीं /उत्तर नहीं =99) खाद्य सामग्री : पूरक पोषाहार : दवाईयाँ	----- ----- -----
5	सामान्यतः आंगनवाड़ी केंद्र में किस प्रकार का खाना बच्चों को दिया जाता है? [खाना नहीं दिया जाता=0, रोज एक ही प्रकार का बना खाना=1; साप्ताहिक मेनू के आधार पर बना खाना=2; बना बनाया खाना=3, घर ले जाने लायक सुखा खाना=4,	

	अन्य=5 ; स्पष्ट नहीं / उत्तर नहीं=99] शिशु (0-3 years) बच्चा (3-6 years)	----- -----
6	आंगनवाड़ी केंद्र में दिए जाने वाले खाने की गुणवत्ता और मात्रा के बारे आप क्या सोचती है ? (खराब=0 , औसत=1 , अच्छा=2 , स्पष्ट नहीं / उत्तर नहीं=99]	
7	आंगनवाड़ी केंद्र की सुविधाओं के बारे में आप क्या सोचती है? (खराब=0 , औसत=1 , अच्छा=2 , स्पष्ट नहीं / उत्तर नहीं=99]	

सर्वेक्षणकर्ता का नाम व् हस्ताक्षर	
भ्रमण के तिथि	
सुपरवाइजर का नाम , हस्ताक्षर व् निरीक्षण की तिथि	
डाटा एंट्री की तिथि	