

INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) SCHEME

To

The Child Development Project Officer (CDPO)

SUBJECT: AWW's Monthly Progress Report for the month of _----- 20-----._

1. Anganwadi Centre (AWC) : Identification and Background information

Name of State _____ **Code** _____

Name of District _____ **Code** _____

Name of Project _____ **Code** _____

AWC No. _____ **Code** _____

Location of AWC _____

2. Anganwadi Centre (AWC) : No. of days functioning and provided services

	Opened	Provided SNP	Conducted PSE
Number of days	_____	_____	_____

3. Reported births and deaths

i) **Children :** ✂--- No. of Births --✂ ✂----- Deaths -----✂ Population (0-6 years)

	Live Birth	LBW out of LB	Total Birth	Below 1 year	1-3 years	3-6 years	No. of SC	No. of ST	Total
Boys	-----	-----	-----	-----	-----	-----	-----	-----	-----
Girls	-----	-----	-----	-----	-----	-----	-----	-----	----- ✂

ii) **Women :** Deaths of Women during Pregnancy and delivery -----

4. Beneficiaries

i) Supplementary Nutrition

	Total no. in the area	Total no. enrolled	Total who received SNP for 25 & above days	No. received double ration out of Col. (3)	No. of SC/ ST/ OBC/ BPL/ Disabled out of Col. (3)				
					S.C.	S.T.	OBC	BPL	Dis-Abled**
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Women									
Pregnant									
Lactating*									
Children 6-12 months									
Girls									
Boys									
Children 12-36 months									
Girls									
Boys									
Children 36-60 months									
Girls									
Boys									

Children 60-72 months									
Girls									
Boys									

* first 6 months of lactation.

** physically, mentally retarded etc.

Note : Total of col (4) to Col. (9) may or may not be equal to col.(3).

ii) Pre-school Education Beneficiaries (Children 36-72 months) :

	Total no. in the area	Enrolled	Attended 16 & above days
Boys	_____	_____	_____
Girls	_____	_____	_____

5. Classification of Nutritional Status by weight for age :

No. of Children	0 – 1 year				1 – 3 year				3 – 5 year			
	No. in the area		Weigh		No. in the area		Weigh		No. in the area		Weigh	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Normal												
Grade-I												
Grade-II												
Grade-III												
Grade-IV												
Total												

6. Nutrition and Health Education (NHED)

- i) Whether NHED activities were organised _____
- ii) No. of women participated _____

7. Referral Services :

↺ --- Number of persons referred ↻
Severely Malnourished Others
(Grade-III & IV)

- i) Children 0 - 1 year Boys : _____
Girls : _____
- ii) Children 1 - 6 year Boys : _____
Girls : _____
- iii) Pregnant & Lactating Women _____

8. IFA tablets

No. of Pregnant & Lactating Women given IFA tablets ----- No. of tablets distributed -----

9. No. of visits to AWC during the month : i) By ANM ----- ii) By Supervisor -----

10. Immunization (during the month) :

No. of Children fully immunized :
0-1 year (1 BCG, 3 Polio, 3 DPT, Hepatitis B & 1 Vitamin 'A') : _____
1-3 year (1 DPT, 1 Polio, 4 Vitamin 'A') : _____
3-6 year (1 DT) : _____

11. Breast feeding & Weaning Practices

- i. Number of newborn during the month : Boys ----- Girls -----
- ii. Number of newborn breast-fed with colostrums : Boys ----- Girls -----
- iii. Number of infants completing six months during the reporting month : Boys ----- Girls -----
- iv. No. of infants exclusively breastfed for the first six months : Boys ----- Girls -----
- v. No. of infants out of 11(iii) above started complementary food : Boys ----- Girls -----

Name of the AWW -----
Address of AWC -----

(Signature of AWW)

(Signature of Supervisor)

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1. Complete the proforma in Duplicate and send one copy to Child Development Project Officer (CDPO) through Supervisor by 2nd day of the following month.
 2. 2nd copy to be retained for record.

Updated on 25.1.2005