

To,

The Child Development Project Officer,

(Signature of AW Worker)

SUBJECT: AWW's Monthly Progress Report for the month of

Name of State _____ Code _____

Name of District _____ Code _____

Name of Project _____ Code _____

AW Centre No. _____ Code _____

Location of AWC _____

Opened	Provided SNP	Conducted PSE
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Number of days _____

i)		No. of Births			Deaths					
Children :	Live Birth	LBW out of LB	Total Birth	Below 1 year	1 – 3 years	3 – 6 years	No. of SC	No. of ST	Total Death	
Boys										
Girls										

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

4. Beneficiaries.

i) **Supplementary Nutrition.**

[illegible]

1. Complete the Performa 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.

AWWs M P R
Printed and issued by:-
Directorate of Social Welfare, Women and Child Development,
Government of Arunachal Pradesh,
Naharlagun – 791 110.

Women

	Total no. in the area	Total no. enrolled	Total who received SNP for 25 and above days	No. of received double ration out of Col.(3)	No. of SC / ST / OBC / BPL / Disabled out of Col.(3)				
					SC	ST	OBC	BPL	Disabled
	1	2	3	4	5	6	7	8	9
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 in the area		0 – 1 year				1 – 3 year				3 – 5 year			
		No. Children		Weighed		No. Children		Weighed		No. Children		Weighed	
		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 organized _____

ii) No. of Women participated _____

7. **Referral Services :** Number of persons referred _____.

	Severely Malnourished (Grade-III & IV)	Others
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 BGC, 3 Polio, 3 DPT, Hepatitis B & 1 Vitamin – A) : _____

1 – 3 year (1 DPT, 1 Polio, 4 Vitamin – A) : _____

3 – 6 year (1 DPT) : _____