

Existing Reporting System

under

Management Information System

on

ICDS Scheme

- Sanction Orders issued by Government of India during April 1990 to March 2006**



"बालुर्वैय कुटुम्बकम्"



भारत सरकार

मानव संसाधन विकास मंत्रालय
(महिला एवं बाल विकास विभाग)GOVERNMENT OF INDIA
MINISTRY OF HUMAN RESOURCE DEVELOPMENT
(DEPARTMENT OF WOMEN & CHILD DEVELOPMENT)

MEENAXI ANAND CHAUDHRY

संयुक्त सचिव
JOINT SECRETARY

Tel.No. 386227

शास्त्री भवन, नई दिल्ली-110001, शक 30 April 1990
Shastri Bhavan New Delhi-110001, Dated

Dear

This Department has finalised new formats for monitoring monthly and half-yearly progress of ICDS Programme. The following revised formats have now been prescribed:-

- a) Anganwadi Worker's Monthly Report - These reports duly filled up by the AWWs, should be submitted to the CDPO by the 5th of the succeeding month.
- b) CDPO's Monthly Progress Report - The CDPO is required to fill up this report, on the basis of the information received by him (a) above and after adding the information available in her office should be forwarded to this Department by the 7th of the month.
- c) Check-list of Supervisor's Visit - This format will be filled up by the Supervisor for each anganwadi during her field visits. This will help her to monitor anganwadis of her circle. This information will be useful for filling up the proforma, to be submitted by her to CDPO. A copy of her inspection format should be left with the Anganwadi Worker.
- d) Half-Yearly Progress Report April to September and October to March - are required to be filled by the AWWs and CDPOs. The CDPO should furnish it to the Department by 7th of July and 7th of January each year.
- e) Quarterly Progress Report for Special Nutrition Programme.
- f) Training of ICDS functionaries - Quarterly Progress Report and one time Report.

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2. All the formats, Monthly, Half-Yearly, and Check-List of Supervisor's visit may be translated and printed as per your requirements and expenditure on translation/printing may be met from the ICDS fund.

3. These new formats may be introduced immediately. The reporting as per the existing, Monthly, Quarterly and Annual formats will be discontinued as soon as the reporting in the new formats is started.

4. I shall be grateful if reporting in the new format is started as soon as possible, latest by June 1990.

With regards,

Yours sincerely,



(MEENAXI ANAND CHAUDHRY)

*To all concerned
dealing with ICDS*

Anganwadi Worker's Monthly Progress Report

Month, 19.....

- Complete the proforma in Duplicate and hand over One Copy to Supervisor of your circle by the 5th of the following month.
- Retain the second copy with you for record.

Name of the Project

Name of Anganwadi AN No No. of days AN was opened during this month

Name of ANM

Location of your Health centre

1. AN population details (as per Survey Register)

- i) Total population of the AN area (all Age-groups) Male Female
- ii) Children - below 6 months 6 months-1 year 1-3 years 3-6 years
.....
- iii) Women - Pregnant Nursing
(first 6 months of Lactation)

2. Reported births and deaths

- i) Births Live Births Still Births
- ii) Deaths Below 1 year 1-3 years 3-6 years
.....

iii) Deaths of Women during Pregnancy and delivery

Supplementary Nutrition

3. Number of feeding days in the month

	Total Number eligible	No. enrolled in SNP register	No. received SNP for 15 days or more
4. Beneficiaries for			
a) Supplementary Nutrition :-			
i) Pregnant Women	.....	.....	.....
ii) Nursing Mothers (first 6 months of lactation)	.....	.....	.....
iii) Children 6 months - 1 year	.....	.....	.....
iv) Children 1 - 3 years	.....	.....	.....
v) Children 3 - 6 years	.....	.....	.....
b) Number of children served:	<u>Single Ration</u>	<u>Double Ration</u>	
i) Children 6 months - 3 years	.....	.....
ii) Children 3- 6 years	.....	.....
5. Classification of Nutritional Status :-	<u>Below 1 year</u>	<u>1-3 years</u>	<u>3-5 years</u>
(a) By Weight for Age			
i) No. of children weighed	.....	.....	.....
ii) No. of children			
-- with NORMAL weight	.....	.....	.....
-- in GRADE-I	.....	.....	.....
-- in GRADE-II	.....	.....	.....
-- in GRADE-III	.....	.....	.....
-- in GRADE-IV	.....	.....	.....
OR			
(b) By Coloured Strip (Fill this column only if weighing scale is either not supplied or out of order)	<u>1-3 years</u>	<u>3-5 years</u>	
i) No. of children measured	
ii) No. of children in			
-- GREEN zone	
-- YELLOW zone	
-- RED zone	

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4. Food stock/ration for next month is Available / Not available

Preschool Education

7. No. of days Preschool activities conducted in the month

8. Number of children (3 - 6yrs) enrolled in the Preschool register Boys..... Girls.....

9. No. of children actually attended for 15 days or more Boys..... Girls.....

10. During the reporting month: (Tick the applicable)

- a) Normally how much time per day did you spend on PSE 30 minutes / 1 Hour / 1 Hour 30 minutes
- b) Preschool material/toys given to children for use Regularly / Some of the days / Rarely

11. Nutrition and Health Education (NHED)

- a) No. of times NHED activities were organised
- b) Total No. of women participated in all these activities
- c) No. of times A.V.Aids were used
- d) No. of NHED sessions organised at AM in which health staff participated

12. Number of families visited by ANM Supervisor CPO & ACPO

13. Number of times AM visited by CPO ACPO Supervisor
ANM LHV MO

14. No. of joint visits to AM by CPO/ACPO with MO Supervisor with ANM/LHV

15. Whether Mahila Mandal exists Yes / No. If Yes, Meeting was held Yes / No

16. Health check-ups by ANM/LHV/MO (Number of persons)

Children 0-3 years	Children 3-6 years	Pregnant women	Nursing mothers
.....

17. Immunisation status

Number immunized this month
1st Dose 11nd Dose or Booster

a) Pregnant women given TT

b) Children 0-1 year

BCG	.....	.....
MEASLES	.....	.....

1st Dose 11nd Dose 111rd Dose

DPT	.....	.....	.....
POLIO	.....	.....	.....

c) Children 1-3 years

DPT Booster POLIO Booster

d) Children 3-6 years

DT Booster 2nd dose (given to those children who could not be immunized during 1-3 yrs. of age)

18. Shortages / Repairs

AM material required	Items required in Medicine kit	Items required to be repaired	PSE Material required

Date :
(to be sent through Supervisor)

.....
(Signature of AM Worker)

Name of the Supervisor

Integrated Child Development Services (ICDS)

To

Research Officer
Department of Women & Child Development
Ministry of Human Resource Development
Shastri Bhawan
New Delhi - 110 001.

SUBJECT: CBPD's Monthly Progress Report for the month of....., 19 ..

Name of State Code
Name of District Code
Name of Project Code

Name/s of PHC
CHC

Referral Hospitals

No. of Sub-centres in the block area

No. of Dispensaries in the block area

Category of Project - Central Sector/State Sector

Nature of Project --- Rural / Tribal / Urban

Year of sanction

Name of CBPD

Postal Address

.....Pin Code

No. of AAs sanctioned

No. of AAs functioning

No. of AAs reporting

No. of AAs opened for

0 day	1-14 days	15-20 days	21 days & above
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

The duly completed MPR for the project is furnished herewith.

Date :

.....
(Signature of CBPD)

1. Complete the proforma in triplicate and send One copy to Research Officer, Department of Women and Child Development, Ministry of Human Resource Development, Shastri Bhawan, New Delhi-1 by the 7th of the following month.
2. 2nd copy to be sent to the State Government
3. Retain the third copy for record.
4. Part-A of this report is a consolidation of MPRs received from Anganwadi Workers through Supervisors.

Part-B pertains to information on Administration & Coordination and is to be provided by CBPD

5. Write one and only one digit in each box. Only numbers are to be written in boxes
6. If the number of digits is less than the number of boxes, the excess number of boxes on the left should be filled by zeros. If the number of boxes is less than the number of digits, it indicates an error in your reporting or totalling.
7. If some information is not available cross out the boxes.

1. ICDS Project population details in reporting AMs (as per AN Survey Registers)

i) Total population of AMs (all age groups) Male Female

ii) Children -

below 6 months	6 months - 1 year	1-3 years	3-6 years
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

iii) Women - Pregnant Nursing
(first 6 months of lactation)

2. Reported births and deaths

i) Births Live Births Still Births

ii) Deaths Below 1 year 1-3 years 3-6 years

iii) Deaths of Women during Pregnancy and delivery

Supplementary Nutrition

3. No. of AMs provided SHP in the month

0 days	1-14 days	15-20 days	21 days & above
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4. Number of beneficiaries for a) Supplementary Nutrition in all reporting AMs

	Total No. eligible	Total No. enrolled	No. received SHP for 15 days or more
i) Pregnant Women	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ii) Nursing Mothers (first 6 months of lactation)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
iii) Children 6 months-1 year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
iv) Children 1 - 3 years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
v) Children 3 - 6 years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

b) Total Number of children served

	Single Ration	Double Ration
i) Children 6 months-3 years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ii) Children 3-6 years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5. Classification of Nutritional Status :-

a) By Weight for Age

	Below 1 year	1-3 years	3-5 years
i) No. of children weighed	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ii) No. of children	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-- with NORMAL weight	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-- in GRADE-I	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-- in GRADE-II	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-- in GRADE-III	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-- in GRADE-IV	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

OR

(b) By Coloured Strip (Fill this column only if weighing scale is either not supplied or out of order)

	1-2 years	3-5 years
i) No. of children measured	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ii) No. of children in		
-- GREEN zone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-- YELLOW zone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-- RED zone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Preschool Education

6. No. of AWs conducted Preschool education in the month	0 days <input type="text"/> <input type="text"/> <input type="text"/>	1-14 days <input type="text"/> <input type="text"/> <input type="text"/>	15-20 days <input type="text"/> <input type="text"/> <input type="text"/>	21 days & above <input type="text"/> <input type="text"/> <input type="text"/>
7. Total Children (3-6 yrs) enrolled in the Preschool Registers in all reporting AWs during the month		Boys <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Girls <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8. Total No. of children actually attended for 15 days or more		Boys <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Girls <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9.a) AWs where PSE activities conducted per day for		30 minutes <input type="text"/> <input type="text"/> <input type="text"/>	1 Hour <input type="text"/> <input type="text"/> <input type="text"/>	1 Hour 30 minutes <input type="text"/> <input type="text"/> <input type="text"/>
No. of AWs		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
b) Preschool material/toys used by majority of children in No. of AWs		Regularly <input type="text"/> <input type="text"/> <input type="text"/>	Some of the days <input type="text"/> <input type="text"/> <input type="text"/>	Rarely <input type="text"/> <input type="text"/> <input type="text"/>
10. Nutrition and Health Education (NHEd)				
a) No. of AWs where NHEd activities were organised			<input type="text"/> <input type="text"/> <input type="text"/>	
b) Total women participated in all AWs			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
c) No. of AWs where A.V.Aids were used for conducting NHEd sessions			<input type="text"/> <input type="text"/> <input type="text"/>	
d) Total no. of NHEd sessions organised in which Health staff also participated			<input type="text"/> <input type="text"/> <input type="text"/>	
11. Total number of families contacted through Home visits by				
	AWs <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Supervisors <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		CDPO & ACDPO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

12. Number of AMs visited by

	visited not even once	Once	Twice	More than two times
CDPO	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
ACDPO	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Supervisors	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
ANMs	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
LHV's	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
MDs	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

13. No. of joint visits to AMs by CDPO/ACDPO with MD Supervisors with ANMs/LHVs

14. No. of AMs where Mahila Mandals exist No. of AMs with no Mahila Mandal

No. of AMs where Mahila Mandal Meetings were held

15. Health check-ups by ANM/LHV/MD (Number of persons)

Children 0-3 years	Children 3-6 years	Pregnant women	Nursing mothers
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

16. Immunisation status

Number immunised this month

1st dose

11nd dose/Booster

a) Pregnant women given TT

b) Children 0-1 year 1st Dose

BCG

MEASLES

b) Children 0-1 year 1st Dose 11nd Dose 111rd Dose

DPT

POLIO

c) Children 1-3 years DPT Booster POLIO Booster

d) Children 3-6 years DT Booster 2 nd doze

* given to those children who could not be immunized during 1-3 yrs. of age)

Part - B
Administration & Coordination

17. Appointments

	Sanctioned	In position	Vacant
i) CDPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) ACDPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Supervisors	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
iv) ANWs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
v) Helpers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
vi) Ministerial posts	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
vii) Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii) Peon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. No. of joint meetings of Health and Non-health staff organised by CDPO

19. Funds received by CDPO for

-- PDL Yes / No
-- Other expenditure Yes / No

20. Problems faced in Project Implementation (Tick applicable items)

- a) Non-availability of Funds
- b) Irregular Food Supply
- c) Non-availability of Medicine
- d) Non-availability of Medicine kit
- e) Non-availability of PSE material
- f) Irregular Health Check-up
- g) Irregular Immunisation
- h) Apparatus not in working condition
- i) Any other

21. Project-level supplies

	Received during the month	Received earlier in working condition	Received earlier needs replacement
	a) Jeep
b) Trailer
c) Mopeds
d) Cycles
e) Typewriter
f) Duplicator
g) Slide Projector
h) Film Strips
i) Weighing Scales
j) Weighing Trousers
k) Growth Charts
l) Nested Beaker

Date :

(Signature of CDPO)

Name of CDPO.....

Integrated Child Development Services

CHECKLIST FOR SUPERVISOR'S VISIT

Name of the Project

Anganwadi No. Date of the visit
 Name of the AWW Time spent at the AWW

This checklist is meant to make the task of supervising anganwadis of your circle more effective. Complete this checklist at least once in a month for every anganwadi of your circle during your field visits. Start a separate file for each anganwadi to keep the duly completed checklists. Guide AWWs of your circle to improve those aspects which have been found weak and need her attention. The checklist record will help you to monitor the progress of AWWs.

A. PHYSICAL SET-UP OF ANGANWADI

(Tick the appropriate column)
 Yes No

Indoor

- | | | |
|--|-------|-------|
| 1. Clean | _____ | _____ |
| 2. Well-arranged | _____ | _____ |
| 3. Children seated in :- | | |
| - rows | _____ | _____ |
| - semi-circle | _____ | _____ |
| 4. Display of Charts | | |
| - torn or faded | _____ | _____ |
| - fresh and colourful | _____ | _____ |
| - content appropriate for age | _____ | _____ |
| - displayed at child's height | _____ | _____ |
| 5. Rations properly stored | _____ | _____ |
| 6. Availability of clean water at the AW | _____ | _____ |

Outdoor

- | | | |
|---|-------|-------|
| 7. Immediate surroundings clean | _____ | _____ |
| 8. Outside space | | |
| - available | _____ | _____ |
| - often used for play | _____ | _____ |
| 9. Registers/Records maintained & updated | | |
| - survey register | _____ | _____ |
| - immunisation register | _____ | _____ |
| - food stock register | _____ | _____ |
| - attendance registers | _____ | _____ |
| - weight record | _____ | _____ |

B. ENROLMENT AND ATTENDANCE

- | | | |
|--|-------|-------|
| 10. Improvement in enrolment over previous month | | |
| i. Children 6 months-3 years | | |
| - Boys | _____ | _____ |
| - Girls | _____ | _____ |
| ii. Children 3 years-6 years | | |
| - Boys | _____ | _____ |
| - Girls | _____ | _____ |
| iii. Pregnant Women | _____ | _____ |
| iv. Nursing Mothers | _____ | _____ |

(Tick the appropriate column)
 Yes No

- | | | |
|--|-------|-------|
| 11. No. of Children attending AW on the day of the visit | _____ | |
| 12. Majority of Children | | |
| - stay for full duration | _____ | _____ |
| - come only for SNP | _____ | _____ |

C. PERFORMANCE OF PRESCHOOL CHILDREN

- | | | |
|--|-------|-------|
| 13. Majority of children can | | |
| - identify colours | _____ | _____ |
| - identify different shapes | _____ | _____ |
| - can count | _____ | _____ |
| - can recite four or five poems | _____ | _____ |
| 14. Majority of children appear happy and are involved in ongoing activity | _____ | _____ |

D. HEALTH AND NUTRITION

15. Supplementary nutrition cooked and served under hygienic conditions _____
16. Health staff visited AW during the month _____
17. Women and children 'at risk' enrolled _____
18. NHED sessions conducted during the month _____
- If yes, no. of women attended _____
- specify the topics covered _____

19. No. of children weighed and growth chart completed _____
20. No. of children fully immunized as per U.I.P schedule _____
- 0 - 1 year _____
- 1 - 3 years _____
- 3 - 6 years _____

21. Meetings held with ANM _____
22. Any case referred to PHC _____

E. COMMUNITY PARTICIPATION

23. Contacted community representatives _____
- Sarpanch _____
- Primary school teacher _____
- Mahila Mandal member _____
24. The ANW is able to mobilize the community support effectively _____
25. Required home-visits were made _____

F. AIDS AND MATERIALS

26. ANW uses teaching aids frequently _____
27. Children are given play materials frequently _____
28. New aids and play materials were made _____
29. Materials maintained in usable condition _____

ACTION POINTS

Specify the weak areas that need attention.

Weak Areas	Action taken by you	Action planned for the next month
A. Physical set-up		
B. Enrolment and Attendance		
C. Performance of Preschool Children		
D. Health and Nutrition		
E. Community Participation		
F. Aids and Material		

(Name of the Supervisor)

(Signature)

Integrated Child Development Services (ICDS)

Half-Yearly Progress Report (HSR)

for the Period April-Sep / Oct-March, 19

ANM's Proforma

23

- Complete the proforma in duplicate and hand over one copy to Supervisor of your circle by 5th October / 5th April
- Retain the second copy for record.
- Also complete the check list of supplies to indicate the requirement of ANM

Name of the Project

Name of Anganwadi AN No

Name of ANM/Worker

Name of Supervisor

Location of your Health Centre

1. a) Literacy standard of the ANM

Illiterate Upto Vth Vth-Middle

Matric/HSc/Xth Graduate

Training received (tick applicable)

2. a) Received Job Training
- Refresher Training I
- Refresher Training II
- Any Other

b) Undergone training during the Reporting Period (tick applicable)

Job Training / Refresher Training I / Refresher Training II /
Any Other (specify)

c) Has your Helper received Orientation training - Yes/No Refresher training - Yes/No

3. a) Do you have adequate space for storing rations

None / Less than 1 month ration / 1 month ration / 2 months ration / 3 months' ration

b) Do you have bins for storing rations Yes / No

4. a) During last six months of reporting period, no. of children who have

	Less than 6 months	6 months - 3 years	3 - 5 years
No. regularly weighed
Increase in weight
Decrease in weight
No change in weight

b) No. of children who continued to receive Double Ration for 3 months or more during the reporting period

	6 months - 3 years	3 - 6 years
i) Total No. of children enrolled in ANM
ii) No. of children continued to receive Double Ration

Nutritional Deficiency

5. Iron and Folic acid, Vitamin-A distribution supplied by health functionaries

Indicate No. who have been provided/consumed

course of 100 tablets No. of children

 No. of women

No. of children received Vitamin-A

- 4
6. Which of the following activities were held under
Preschool during the reporting period (tick applicable)
- a) Celebration of Religious Festivals
 - b) Celebration of National Festivals
 - c) Nature walk
 - d) Excursion trip
 - e) Sports Day
 - f) Programme by children for community
 - g) Parents Meeting
 - h) Any other (specify)

7. Community Participation

- a) Mahila Mandal exists / does not exist
Mahila Mandal Registered / Unregistered
Have the items received in lieu
of one time grant of Rs.1000/- Yes / No
- b) Local Organisations if exist
and are supportive to ICDS
(Tick applicable) Exist supportive to AN
activities
- Village Panchyat
 - Mahila Mandal
 - Yuvak Mandal
 - Cooperative
 - Voluntary Organisation
 - Primary School
 - Adult Literacy class

c) Local Community's

Participation in ICDS (Tick applicable)

i) By contributing

- 1) Building Site of AN
- 2) Storage facility
- 3) Residence for ANM
- 4) Food items
- 5) Fuel
- 6) Play material
- 7) Cash
- 8) Any other (specify)

ii) By participation

- 1) Conducting preschool activities
- 2) Collecting children/Women
- 3) Cooking and serving food
- 4) Helping in health
checkup/immunization
- 5) Maintenance of building
- 6) Promoting Enrolment

8. a) Have you been receiving supplies regularly

Ration Yes / No
AN material Yes / No

- b) Have you handed over the check-list
of supplies to Supervisor Yes / No

9. Has all the material/Equipment
requiring repairs been repaired Yes / No

Date :
(to be sent through Supervisor)

(Signature of AN Worker)

Supplies List for Anganwadi for the period , 19
 (Indicate quantity required)

Name of the Project
 Name of Anganwadi AN No.
 Name of ANW

	Quantity
i) Utensils for cooking
ii) Utensils for serving
iii) Storage facilities
for rations - sacks
- containers
- Box
- Almairah
iv) Health cards - Child card
- Antenatal card
- Referral slip
v) Growth Cards
vi) Mats/Durries
vii) Materials for PSE
a) Building Blocks
b) Counting frames
c) Painting material
d) Chalks/crayons
e) Dholak
f) Scissors
g) Charts
viii) Registers
a) Survey Register
b) Immunisation Register
c) SNP Register for pregnant and nursing mothers
d) SNP Register for children
e) Food Stock Register
f) Stock Register
g) Dairy-cum-visit book
ix) Weighing scale (indicate standing/salter/beam)
x) Coloured Strip for measuring MUAC
xi) Weighing Trousers
xii) Nested beakers

Date :
 (to be given to Supervisor)

.....
 Signature of ANW

Integrated Child Development Services (ICDS)

To

Research Officer
 Department of Women & Child Development
 Ministry of Human Resource Development
 Shastri Bhawan
 New Delhi - 110 001.

SUBJECT: CDPD's Half-yearly Progress Report for the period
 April - Sep / Oct - March, 19 _____

Name of State Code

Name of District Code

Name of Project Code

Name/s of PHC

CHC

Referral Hospitals

No. of Sub-centres in the block area

No. of Dispensaries in the block area

Category of Project - Central Sector/State Sector

Nature of Project --- Rural / Tribal / Urban

Year of sanction

Name of CDPD

Postal Address

.....Pin Code

No. of ANs sanctioned

No. of ANs functioning

No. of AMs reporting

Date :

(Signature of CDPD)

Name of CDPD.....

-
- Complete the proforma in triplicate and send One Copy to Research Officer, Department of Women and Child Development, Ministry of Human Resource Development, Shastri Bhawan, New Delhi-1 by the 7 th of October / April
 - 2nd copy to be sent to the P.O. State Government
 - Retain the third copy for record.
-

Half-Yearly Progress Report (HYR)
for the period April-Sep / Oct-March, 19 _____
ICDS's Proforma

1. Literacy standard of the ANWs

No. of ANWs who are

Illiterate Upto 5th 5th-Middle Matric/HSc/1th Graduate

Training received

2. a) No. of ANWs received

Job Training Refresher Training I Refresher Training II Any Other

b) No. of ANWs who underwent training during the reporting period

Job Training Refresher Training I Refresher Training II Any Other

c) No. of Helpers received

Orientation Refresher

3. a) No. of ANWs with adequate space for storing rations

None	Less than 1 month ration	1 month ration	2 months ration	3 months' ration
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

b) No. of ANWs having bins for storing rations

4. During reporting period

	less than 6 months	6 mo - 3 years	3 - 5 years
a) Total No. of children regularly weighed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

b) Total No. of children with

Increase in weight Decrease in weight No change in weight

b) Total children who continued to receive Double Ration for 3 months or more during the reporting period

6 month - 3 years	3 - 6 years
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

i) Total children enrolled in AM ii) Total children continued to receive Double Ration

Nutritional Deficiency

5. Iron and Folic acid, Vitamin-A distribution supplied by health functionaries

Indicate No. who have been provided/consumed course of 100 Iron & Folic acid tabs. Total women

Total children

Total children received Vitamin-A

6. No. of ANs where following activities were held under

Preschool during the reporting period

a) Celebration of Religious Festivals

b) Celebration of National Festivals

c) Nature walk

d) Excursion trip

e) Sports Day

f) Programme by children for community

g) Parents Meeting

h) Any other

7. Community Participation

a) No. of ANs with Mahila Mandal No Mahila Mandal

No. of ANs with Mahila Mandal Registered Unregistered

No. of ANs with items received in lieu of one time grant of Rs.1000/-

b) No. of Local Organisations if exist and are supportive to ICDS

	Exist	supportive to AN activities
Village Panchyat	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mahila Mandal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yuvak Mandal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cooperative	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Voluntary Organisation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Primary School	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Adult literacy class	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

c) No. of A/Ws where
Local Community
Participated in ICDS

i) By contributing

- 1) Building Site of AW
- 2) Storage facility
- 3) Residence for A/W
- 4) Food items
- 5) Fuel
- 6) Play material
- 7) Cash
- 8) Any other

ii) By participation

- 1) Conducting preschool activities
- 2) Collecting children/Women
- 3) Cooking and serving food
- 4) Helping in health
checkup/immunization
- 5) Maintenance of building
- 6) Promoting Enrolment

B. Training	Untrained	Trained	UnderTrained	Backlog	Total appointed
i) CSPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) ACSPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Supervisors	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
iv) A/Ws	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
v) Helpers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
vi) Ministerial posts	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

9. Supply Position

	Sufficient	Insufficient	Nil
i) Utensils for cooking	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ii) Utensils for serving	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
iii) Storage facilities for rations - sacks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- container	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Box	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Almatrah	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Sufficient	Insufficient	Nil
iv) Health cards - Child card	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Antenatal card	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
- Referral slip	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
v) Growth Cards	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
vi) Mats/Durries	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
vii) Materials for PSE			
a) Building Blocks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b) Counting frames	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c) Painting material	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d) Chalks/crayons	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e) Dholak	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f) Scissors	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g) Charts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

viii) Availability of registers at AWs

No. of AWs with Registers Available Not available

	Available	Not available
a) Survey	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b) Immunisation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c) SNP for mothers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d) SNP for children	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e) Food Stock	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f) Stock	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g) Dairy-cum-visit book	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ix) Weighing scale		
a) Standing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b) Salter	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c) Beam	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
x) Coloured Strip for measuring MUAC	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
xi) Weighing trousers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
xii) Nested beakers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

- प्रोथर्मा से प्रतियो में भरे तथा उसकी एक प्रति अपने मण्डल के सुपरवाइजर की आगामी महीने की पांच तारीख तक भेज दें।
- दूसरी प्रति रिपोर्ट के लिए अपने पास रखें।

परिचोना का नाम
 आंगनवाड़ी का नाम आंगनवाड़ी सं० इस महीने में आंगनवाड़ी कितने दिन खुली

- आंगनवाड़ी कार्यकर्ता का नाम
 आपका स्वास्थ्य केन्द्र कहाँ स्थित है
1. आंगनवाड़ी की जनसंख्या का खोरा [सर्वेक्षण रजिस्टर के अनुसार]
 [1] आंगनवाड़ी क्षेत्र की कुल जनसंख्या [सभी आयु समूह] पुरुष महिलाएं
 [2] बच्चे - 6 माह से कम 6 माह से एक साल तक 1 साल से 3 साल तक 3 से 6 साल तक
 [3] महिलाएं - गर्भवती दूध पिलाने वाली
 [स्तनपान के पहले छह महीने]
 2. दर्ज किये गये कुल जन्म और मृत्यु
 [1] नए जीवित जन्म मृत जन्म
 [2] मृत बच्चों की दर्ज साल से कम एक से तीन साल तक तीन से छह साल तक
 की गई कुल संख्या
 [3] गर्भावस्था/प्रसव के दौरान मृत महिलाओं की संख्या

पूरक पोषाहार

3. महीने में कितने दिन आहार दिया गया
4. पूरक पोषाहार के क. लाभभोगी :

	<u>पात्र लाभभोगियों की कुल संख्या</u>	<u>पूरक पोषाहार कार्यक्रम रजिस्ट्रारों में दर्ज संख्या</u>	15 या इससे अधिक दिनों तक पूरक पोषाहार प्राप्त करने वाले लाभभोगियों की संख्या
1. गर्भवती महिलाएँ	.....	.....	.....
2. दूध पिलाने वाली माताएँ [स्तनपान के पहले छः महीने]	.....	.....	.....
3. 6 महीने से 1 साल तक की आयु वाले बच्चे	.....	.....	.....
4. 1 से 3 साल की आयु वाले बच्चे	.....	.....	.....
5. 3 से 6 साल की आयु वाले बच्चे	.....	.....	.....
5. कितने बच्चों को आहार दिया गया
 [1] 6 माह से 3 साल तक की आयु के बच्चे
 [2] 3 से 6 साल तक की आयु के बच्चे
5. पोषण स्तर का परीक्षण :
 [क] उम्र के अनुसार वजन द्वारा

	<u>1 साल से कम</u>	<u>1 से 3 साल तक</u>	<u>3 से 5 साल तक</u>
1] कितने बच्चों का वजन लिया गया	.....	.....	.....
2] उन बच्चों की संख्या जिनका वजन - सामान्य था	.....	.....	.....
- ग्रेड - 1 में था	.....	.....	.....
- ग्रेड - 2 में था	.....	.....	.....
- ग्रेड - 3 में था	.....	.....	.....
- ग्रेड - 4 में था	.....	.....	.....

या [क] रंगीन फीते द्वारा [इस स्तर को केवल तभी भरें जब या तो तराजू न दिया गया हो या यह ठीक न हो]

- 1] उन बच्चों की संख्या जिनका माप लिया गया:

	<u>1 से 3 साल</u>	<u>3 से 5 साल</u>
2] निम्नलिखित प्रत्येक जोन में बच्चों की संख्या:	.....	.....
- डरा जोन	.....	.....
- पीला जोन	.....	.....
- लाल जोन	.....	.....

6. अगले महीने के लिये साप-पदार्थ/सामान उपलब्ध है/उपलब्ध नहीं है

शांता पूर्व शिक्षा

7. एक महीने में कितने दिन शांता पूर्व गतिविधियाँ आयोजित की गईं _____ दिन
8. शांता पूर्व रनिस्टर में 3 - 6 वर्ष के कितने बच्चों का नाम दर्ज था _____ लड़के _____ लड़कियाँ
[रिपोर्टींग महीने के आखिरी दिन]
9. मासिक में कितने बच्चे 15 या उससे ज्यादा दिन उपस्थित रहे _____ लड़के _____ लड़कियाँ
10. रिपोर्टींग महीने के दौरान : [सभी पर निहान लगाये]
[क] आधे डर रोज सामान्यतः कितना समय शांता पूर्व शिक्षा में लगाया 30 मिनट/ 1 घण्टा/ 1 घण्टा 30 मिनट
[ख] बच्चों को शांता पूर्व सामग्री/सिलोने प्रयोग करने के लिये कितनी बार फिर गए नियमित रूप से/कुछ दिन/कभी-कभी
11. दोषाहार तथा स्वास्थ्य शिक्षा [एन एच ई डी]
[क] एन एच ई डी संकेदी गतिविधियाँ कितनी बार आयोजित की गईं _____
[ख] इन सभी गतिविधियों में कितनी महिलाओं ने भाग लिया _____
[ग] अन्य वृत्त सामग्री कितनी बार इस्तेमाल की गई _____
[घ] आंगनवाड़ी में एन एच ई डी संकेदी कितने सत्र आयोजित किए गए जिनमें स्वास्थ्य कर्मचारियों ने भाग लिया _____
12. इनके द्वारा कितने परिवारों का दौरा किया गया: आंगनवाड़ी कार्यकर्ता _____ सुपरवाइजर _____ सीडीपीओ तथा एसीडीपीओ _____
13. इनके द्वारा आंगनवाड़ी में किये गये दौरों की संख्या : सीडीपीओ _____ एसीडीपीओ _____ सुपरवाइजर _____
एनएचई _____ एनएचई _____ एम जो _____
14. इनके द्वारा आंगनवाड़ी में किए गए संयुक्त दौरों _____ एम जो के साथ सीडीपीओ/एसीडीपीओ सुपरवाइजर के साथ एनएचई/एन एच बी
15. क्या महिला मजबूत है हाँ/नहीं अगर हाँ तो क्या इसकी बैठक हुई है हाँ/नहीं
16. ए न एम/एन एच बी/एम जो द्वारा की गई स्वास्थ्य जाँच [सोचों की संख्या]
0 से 3 सात के बच्चे 3 से 6 सात के बच्चे गर्भवती महिलाएं वृद्ध पिताने वाल मातारं
17. टीकाकरण की स्थिति
- | | जिनको इस महीने टीका लगाया गया उनकी संख्या |
|--------------------------------------|---|
| | पहली बाराक दूसरी बाराक तृतीय |
| [क] गर्भवती महिलाओं को टी टी का टीका | ..... |
| [ख] 0 से 1 सात के बच्चे | बी-बी-बी-
सहरा |
| | पहली बाराक दूसरी बाराक तीसरी बाराक |
| | डीपीटी |
| | पोलियो |
| [ग] 1 से 3 सात के बच्चे | डी-बी-टी- वृद्धर पोतियो/वृद्धर |
| [घ] 3 से 6 सात के बच्चे | डी टी वृद्धर * ट्यूबिक्लिन |
- * 30 वर्षों के लिये फिर टीके 1-3 वर्ष में तो एजे है
18. लॉग/मरम्मत

आंगनवाड़ी के लिये जरूरी सामग्री की सूची	दवाई की फिट के लिए जरूरी चीजों की सूची	मरम्मत की जाने वाली चीजों की सूची	शांता पूर्व शिक्षा की सामग्री की सूची

तारीख : _____
[सुपरवाइजर के माध्यम से भेजी जानी चाहिए]
सुपरवाइजर का नाम _____

आंगनवाड़ी कार्यकर्ता के इलाखर

सुपरवाइजरो के दोरे के लिए जांच सूची

परियोजना का नाम _____

आगनवाड़ी संख्या _____

दोरे की तारीख _____

आगनवाड़ी कार्यकर्ता का नाम _____

आगनवाड़ी में लगाया गया समय _____

यह जांच सूची आपके मण्डल की आगनवाड़ियों के सुपरवाइजन के काम को अधिक कारगर बनाने के लिए बनाई गई है। अपने क्षेत्रीय दोरे के समय अपने मण्डल की प्रत्येक आगनवाड़ी के लिए एक महीने में कम से कम एक बार इस जांच सूची को भरें। विधिवत भरी गई जांच सूचियों को रखने के लिए प्रत्येक आगनवाड़ी के लिए एक अलग फाइल बनाएं। अपने मण्डल की आगनवाड़ी कार्यकर्ताओं को उन पहलुओं पर सुधार लाने के लिए मार्गदर्शन दें जिनमें कमी पाई गई है और जिन पर आगनवाड़ी कार्यकर्ता को ध्यान देने की जरूरत है। जांच सूची के रिकॉर्ड से आपके आगनवाड़ी कार्यकर्ताओं की प्रगति पर निगरानी करने में मदद मिलेगी।

क-	आगनवाड़ी का भौतिक ढांचा	[सही कतम में ✓ का निशान लगाएं]	
		हाँ	नहीं
	<u>आगनवाड़ी के भीतर</u>		
	1. साफ	___	___
	2. सुव्यवस्थित	___	___
	3. बच्चे किस तरह बैठे थे :		
	- दीवारियों में	___	___
	- अर्ध-गोताकार	___	___
	4. चार्ट किस प्रकार लगे थे :		
	- फटे हुए या बदरंग	___	___
	- नये और रंग विरंगे	___	___
	- आयु के अनुसार उचित विषय-वस्तु वाले	___	___
	- बच्चों की ऊँचाई जितने ऊँचे लगे थे	___	___
	5. रसद का सही तरीके से भण्डारण किया हुआ था	___	___
	6. आगनवाड़ी में साफ पानी की उपलब्धता	___	___
	<u>आगनवाड़ी के बाहर</u>		
	7. आस-पास का वातावरण साफ सुधरा था	___	___
	8. आगनवाड़ी के बाहर की जगह-		
	- उपलब्ध है	___	___
	- गैल-कूप के लिए अक्सर दृष्टेयात की जाती है	___	___
	9. रजिस्टर/रिकॉर्ड बनाए गए हैं और अपडेट रखे गए हैं		
	- संयोजक रजिस्टर	___	___
	- टीकाकरण रजिस्टर	___	___
	- साफ स्टाक रजिस्टर	___	___
	- डाजिरी रजिस्टर	___	___
	- बचन का रिकॉर्ड	___	___
ख-	<u>भर्ती और डाजिरी</u>		
10.	कुल लाभयोगियों की संख्या पिछले महीने से ज्यादा थी		
	[1] 6 महीने से 3 सात तक के बच्चे		
	लड़के	___	___
	लड़कियाँ	___	___
	[2] 3 से 6 सात के बच्चे		
	लड़के	___	___
	लड़कियाँ	___	___
	[3] गर्भवती महिलाएँ	___	___
	[4] दूध पिलाने वाली माताएँ	___	___
11.	दोरे के दिन आगनवाड़ी में उपस्थित बच्चों की संख्या	___	___
12.	अधिकतम बच्चे		
	- पूरे समय रहते हैं	___	___
	- केवल पूरक पोषाहार के लिए आते हैं	___	___
ग-	<u>शांता-पूर्व बच्चों का कार्य-निम्नावन</u>		
13.	अधिकतम बच्चे		
	- रंगी की पहचान कर सकते हैं	___	___
	- अलग-अलग आकृतियों की पहचान कर सकते हैं	___	___
	- गिनती गिन सकते हैं	___	___
	- चार या पाँच क्विंतार्यें सुना सकते हैं	___	___

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14. अधिकांश बच्चे कुछ रिचार्ज पत्र रहे थे और निरन्तर की जाने वाली गतिविधियों में शामिल थे
 15. स्वास्थ्य और पोषाहार
 16. दूरक पोषाहार साफ मुपरे तरीके से पकया और परोसा जाता है
 17. माइ के दौरान स्वास्थ्य स्टाफ ने दौरा किया
 18. संभावित मतभेद वाली वे गतिविधियाँ और बच्चे जिनके नाम दर्ज हैं
 19. माइ के दौरान पोषाहार स्वास्थ्य शिक्षा सत्र लगाये गये
 - यदि हाँ तो किसने ने इसमें भाग लिया
 - जिन बच्चों पर बात की गई उनका उल्लेख करें
 20. उन बच्चों की संख्या जिनके यू आर्च पी की अनुसूची के अनुसार पूरे टीके लग चुके हैं
 - 0 से 1 साल
 - 1 से 3 साल
 - 3 से 6 साल
 21. रु रुन रुन के साथ हुई बैठके
 22. और किस प्राथमिक स्वास्थ्य केंद्र को भेजा गया
 23. सामुदायिक सहभागिता
 - समुदाय के प्रतिनिधियों से सम्पर्क किया
 - सरपंच
 - प्राथमिक शाला शिक्षक
 - महिला मण्डल के सदस्य
 24. अंगनवाड़ी कार्यकर्ता प्रभावशाली ढंग से समुदाय से सहयोग ले सकती हैं
 25. अपेक्षित नुस्खे दोरे किये गये
 26. सहायक और वैशिक सामग्री
 27. नई सहायक और सेल सामग्री बनाई गई
 28. सामग्री का रख-रखाव
 29. अंगनवाड़ी कार्यकर्ता प्रायः सहायक सामग्री का प्रयोग करती हैं
 30. बच्चों को प्रायः सेल सामग्री दी जाती है

कार्यवाही के मुद्दे
उन कमजोर क्षेत्रों पर उल्लेख करें जिन पर ध्यान देने की जरूरत है

कमजोर क्षेत्र	आपके द्वारा की गई कार्रवाई	अगले महीने की कार्रवाई के लिए योजना
क. भौतिक ढांचा		
ख. नार्मल और उपस्थिति		
ग. शाला-पूर्व बच्चों का कार्य-निष्पादन		
घ. स्वास्थ्य और पोषाहार		
ङ. सामुदायिक सहभागिता		
च. सहायक और वैशिक सामग्री		

अर्ध-वार्षिक प्रगति रिपोर्ट
अप्रैल से सितम्बर / अक्टूबर से मार्च 19 की अवधि के लिए

आंगनवाड़ी कार्यकर्ता का प्रोफ़र्म

- प्रोफ़र्म दो प्रतियों में भरे और इसकी एक प्रति अपने मण्डल की सुपरवाइजर को 5 जुलाई/5 जनवरी तक भेज दे ।
- दूसरी प्रति रिप्लेई के लिए अपने पास रखे ।
- आंगनवाड़ी की जरूरत का उल्लेख करते हुए आपूर्तियों की जांच सूची भी भरे ।

परियोजना का नाम _____
 आंगनवाड़ी का नाम _____ आंगनवाड़ी संख्या _____
 आंगनवाड़ी कार्यकर्ता का नाम _____
 सुपरवाइजर का नाम _____
 आपके स्वास्थ्य केन्द्र की स्थिति _____

1- क॥ आंगनवाड़ी कार्यकर्ता का साधरता स्तर
 अनपढ़ _____ 5वीं कक्षा तक _____ 5वीं से मिडिल केबीच _____
 मैट्रिक/हायर सेकेण्ड्री/10वीं कक्षा _____ स्नातक _____

प्राप्त प्रशिक्षणों को लागू होउसपर ✓ का निशान लगाएँ।

2-क॥ प्राप्त प्रशिक्षण
 कर्ष प्रशिक्षण _____
 पुनरचर्या प्रशिक्षण-1 _____
 पुनरचर्या प्रशिक्षण-2 _____
 कोई अन्य _____

ख॥ रिपोर्टींग अवधि के दौरान लिया प्रशिक्षण को लागू हो उस पर ✓ का निशान लगाएँ।
 कर्ष प्रशिक्षण/पुनरचर्या प्रशिक्षण-1/पुनरचर्या प्रशिक्षण-2/
 कोई अन्य उल्लेख करें।

ग॥ क्या आपकी सहायिका ने प्रशिक्षण लिया है : अनुशिक्षण : हाँ / नहीं पुनरचर्या : हाँ / नहीं

3-क॥ क्या आपके पास रसद के भण्डारण के लिए पर्याप्त जगह है
 एक महीने से कम की रसद की जगह/एक महीने की रसद की जगह/दो महीने की रसद की जगह/
 तीन महीने की रसद की जगह

ख॥ रसद रखने के लिए क्या आपके पास कोष्ठ है हाँ/नहीं

4-क॥ रिपोर्टींग अवधि में ऐसे बच्चों की संख्या जिनका - आयु _____
 6 महीने से कम 6महीने से 3साल की 3 से 5 साल की

तान निम्नलिखित लक्षणों द्वारा

बनन बढ़ा है _____
 बनन घटा है _____
 बनन में कोई परिवर्तन _____
 नहीं हुआ _____

ख॥ रिपोर्टींग अवधि के दौरान ऐसे बच्चों की संख्या जिन्होंने
 3 महीने या अधिक से दुगनी रसद लेना शुरू किया है

6 महीने से 3साल 3 से 6 साल की
 की आयु वाले आयु वाले

1॥ आंगनवाड़ी में नए बच्चों की कुल संख्या _____

2॥ उन बच्चों की संख्या जो दुगनी रसद ले रहे हैं _____

पोषण की कमी

5- आयरन और फोलिक एसिड,विटामिन ए का वितरण
 किन्हे 100 गोतियों का कोर्स उपलब्ध कराया गया/
 जो सेवन कर चुके है,उनकी संख्या _____

बच्चों की संख्या _____
 माइलागो की संख्या _____

बच्चों की संख्या जिन्होंने विटामिन ए ली है _____

6. रिपोर्टींगीन अवधि के दौरान शाला-पूर्व शिक्षा के अन्तर्गत निम्नलिखित में से कौन-कौन सी गतिविधियाँ आयोजित की गईं? जो लागू हो उस पर ✓ का निशान लगाये।

- क) धार्मिक उत्सव _____
- ख) राष्ट्रीय त्योहार _____
- ग) शैर _____
- घ) भ्रमण यात्रा _____
- ङ) सेल-कूब दिवस _____
- च) समुदाय के लिए बच्चों का कार्यक्रम _____
- छ) माता-पिता की बैठक _____
- ज) अन्य कोई [उल्लेख करें] _____

7. सामुदायिक सहभागिता

- क) महिला मण्डल मौजूद है/नहीं है
- मौड़ला मण्डल पंजीकृत है/पंजीकृत नहीं है
- 1000 रुपये के एक मूलत अनुदान के बदले वस्तुएं प्राप्त कर ली थी हाँ/नहीं
- ख) स्थानीय संगठन अगर मौजूद है, और समेकित बालविकास सेवायोजना को सहयोग देते हैं [जो लागू हो उस पर ✓ का निशान लगाएँ]

मौजूद है आंगनवाड़ी की गतिविधियों में सहयोग देते हैं

- ग्राम पंचायत _____
- मौड़ला मण्डल _____
- युवक मण्डल _____
- सहकारी _____
- स्वैच्छिक संगठन _____
- प्राथमिक स्कूल _____
- प्रौढ़ शिक्षा कक्षा _____

ग) समेकित बाल विकास सेवा योजना में स्थानीय समुदाय की सहभागिता [जो लागू हो उस पर ✓ का निशान लगाएँ]

1. योगदान

- 1] आंगनवाड़ी के भवन के लिए जगह _____
- 2] भण्डारण संबंधी सुविधा _____
- 3] आंगनवाड़ी कार्यकर्ता के लिए निवास स्थान _____
- 4] बाप वस्तुएं _____
- 5] ईंधन _____
- 6] बेल सामग्री _____
- 7] नकद _____
- 8] अन्य कोई [उल्लेख करें] _____

2. सहभागिता द्वारा

- 1] शाला पूर्व गतिविधियों का आयोजन _____
- 2] बच्चों/मौड़लाओं को इकट्ठा करना _____
- 3] खाना पकाने और परीसने में सहायता करना _____
- 4] स्वास्थ्य जांच/टीकाकरण _____
- 5] भवन का रख-रखाव _____
- 6] सदस्यता बढ़ाना _____

8-क] क्या आपको सभी चीजें नियमित रूप से मिलती हैं

राशन हाँ/नहीं
आंगनवाड़ी की सामग्री हाँ/नहीं

ख] क्या सभी वस्तुओं की जांच सूची सुपरवाइजर को सौंप दी गई थी हाँ/नहीं

9. क्या प्रशिक्षण तालुक सारी सामग्री/उपकरणों की प्रशिक्षण की जा चुकी है हाँ/नहीं

तारीख :

आंगनवाड़ी कार्यकर्ता के हस्ताक्षर

[सुपरवाइजर के जाँच में जायें]

अपेक्षित मात्रा लिये

31

परियोजना का नाम _____
 आंगनवाड़ी का नाम _____ आंगनवाड़ी संख्या _____
 आंगनवाड़ी कार्यकर्ता का नाम _____

		मात्रा
2	पकाने के लिये बर्तन	_____
2	परोसने के लिये बर्तन	_____
3	रसद के लिये मच्छारण सुविधायें	_____
	- बोरे	_____
	- डिब्बे	_____
	- बक्से	_____
	- अलमारी	_____
4	स्वास्थ्य कार्ड	_____
	- बाल कार्ड	_____
	- प्रसवपूर्व दर्द	_____
	- निर्देशक पत्रिका	_____
	- रिकॉर्ड सिप	_____
5	वृद्धि कार्ड	_____
6	बटाहव्यो/दरिया	_____
7	शाला-पूर्व शिक्षा के लिये सामग्री	_____
	क। नक्का बनाने के लिये सामग्री	_____
	ख। गिनती सिखाने के लिये प्रेम	_____
	ग। पेंटिंग का सामान	_____
	घ। चाक/ब्रेडोइन	_____
	ङ। डोलाक	_____
	च। कैंडिडी	_____
	छ। चार्ट	_____
8	रजिस्टर	_____
	क। सर्वेक्षण रजिस्टर	_____
	ख। टीककरण रजिस्टर	_____
	ग। गर्भवती और दूध पिलाने वाली माताओं के लिये रस रन पी रजिस्टर	_____
	घ। बच्चों के लिये रस रन पी रजिस्टर	_____
	ङ। खाद्य स्टॉक रजिस्टर	_____
	च। डायरी-सह-दौरा पुस्तिका	_____
	छ। स्टॉक रजिस्टर	_____
9	तराजू - खड़ी तराजू/साल्टर/वीम	_____
10	वाजु के ऊपरी हिस्से का घेरा मापने के लिये रंगीन फीता	_____
11	बजन करने की पैट	_____
12	नेस्टिड बीकर	_____

तारीख : _____
 सुपरवाइजर को दिया जाए।

आंगनवाड़ी कार्यकर्ता के हस्ताक्षर

38

QUARTERLY PROGRESS REPORT FOR
SPECIAL NUTRITION PROGRAMME

Name of State:

Quarterly Progress Report for Quarter ending on _____

A. PHYSICAL COVERAGE (Position as available for the month of March, June, Sept. & December) whichever is applicable.

(In numbers)

Nutrition Programme undertaken with the assistance of	No. of Beneficiaries					
	In ICDS Area			In Non-ICDS Area		
	Children	Mothers	Total	Children	Mothers	Total
i) Local food funded by States						
ii) CARE-India						
iii) World Food Programme						
iv) Central wheat based Nutrition Programme						

- i) Local food funded by States
- ii) CARE-India
- iii) World Food Programme
- iv) Central wheat based Nutrition Programme

B. FINANCIAL ASPECT

(Rupees in Lakhs)

EXPENDITURE ACTUALLY INCURRED DURING THE QUARTER UNDER REPORT

	ICDS [⊗]	Non-ICDS Total	Progressive Total	
			ICDS	Non-ICDS
i) Local food funded by States				
ii) CARE assisted				
iii) WFP assisted				
iv) Centrally wheat based Nutrition Programme				

- i) Local food funded by States
- ii) CARE assisted
- iii) WFP assisted
- iv) Centrally wheat based Nutrition Programme

C. BUDGET PROVISION ALLOCATED BY THE STATES GOVTS./UNION TERRITORY ADMNS. FOR THE YEAR UNDER REPORT FOR RUNNING THESE PROGRAMMES.

Total Funds
(Plan & Non-Plan)

(Rupees in lakhs)

- i) Local food funded by States
- ii) CARE assisted
- iii) WFP assisted

~~(i) Rife~~

⊗ It does not include State Sector ICDS Projts.

39
PROFORMA

Quarterly Progress Report for the training of ICDS Functionaries.

Name of the Institute / Centre _____

For the Quarter _____

Sl. No.	Target	No. of Training Courses held during the quarter	Progressive total for the year-April onwards,	No. of persons trained during the quarter.	Progre-ssive total	Total Exp. variable and fixed. (Recurring & non-recurring)	Per Capita cost.	Is there shortfall if so, reasons therefor.
1	2	3	4	5	6	7	8	9

1. Child Development
Project Officer

- a. Job Training Course
- b. Refresher Training Course

2. Supervisors Training

- a. Job Training Course
- b. Refresher training Course

3. Anganwadi Workers

- a. Job Training Course
- b. Refresher Training Course
- c. Orientation of Helpers

Participated in ICDS Workshops, Misc. Trg. Instructors, State Officials, given details in the remarks Col.

One Time Progress Report for the training of ICDS Functionaries.Name of the Institute/Centre _____ Cattering States

Date of Establishment _____

Sl. No.	No. of Training courses held so far since inception	No. of persons, trained so far.	Reason if short of targets.
1	2	3	4
1. <u>Child Development Project Officer</u>			
a. Job Training Course			
b. Refresher Training Course			
2. <u>Supervisors Training</u>			
a. Job Training Course			
b. Refresher training Course			
3. <u>Anganwadi Workers</u>			
a. Job Training Course			
b. Refresher Training Course			
c. Orientation of Helpers			
4. Participants in ICDS Workshops, Misc. Trg. (Instructors, State Officials, given details in the remarks Col.			

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No.1-4/90-ME
Government of India
Ministry of Welfare
Department of Women and Child Development

.....

Shastri Bhawan, New Delhi

Dated 30.1.1991

To

Subject : Modifications in the Revised Format for Monitoring
Monthly and half-yearly progress of ICDS Programme
Reg.

Sir,

I am directed to refer to this Department D.O. letter of even number dated 28 May 1990 from Smt. Meenaxi Anand Chaudhry, Joint Secretary, addressed to the Secretary in your Department enclosing therewith revised formats for monitoring monthly and half yearly progress of ICDS programmes in your state.

2. Some modifications (copy enclosed for ready reference) have been made in respect of the format of Anganwadi workers and CDPOs to enable us to get data on details of health check ups. The modifications are as follows.

- (a) In AWW MPR Format:- sl.No.16(b) has been added.
(b) In CDPO MPR Format :- Sl.No.16 has been added and Sl. no. 16 on Immunisation Status may be treated as Sl.No.1'

3. You are requested to incorporate the modifications in the said format and furnish the information accordingly

Yours faithfully

(RAJENDRA MISHRA)

Under Secretary to the Govt. of India

CPPOs - MPR

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10. Nutrition and Health Education (NHEd)

- a) No. of AWs where NHEd activities were organised
- b) Total women participated in all AWs
- c) No. of AWs where A.V. Aids were used for conducting NHEd sessions
- d) Total no. of NHEd sessions organised in which Health staff also participated

11. Total number of families contacted through Home visits by

AWs	Supervisors	CDPO & ACDPO
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

12. Number of AWs visited by

	Visited not even once	Once	Twice	More than Two times
CDPO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ACDPO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Supervisors	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ANMs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LHVs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MOs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

13. No. of joint visits to AWs by CDPO/ACDPO with MO Supervisors with ANMs/LHVs

14. No. of AWs where Mahila Mandals exist No. of AWs with no Mahila Mandal
 No. of AWs where Mahila Mandal Meetings were held

15. Health check-ups by ANM/LHV/MO (Number of persons)

Children 0-3 years	Children 3-6 years	Pregnant women	Nursing mothers
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

16. Mothers referred to Sub Centre — PHC — CHC —
 Children " " Sub Centre — PHC — CHC —

Anganwadi Caterers (M.P.R)
Anganwadi No. 615
M.P.R

(5)

14. No. of joint visits to AW by CDPO/ACDPO with MO Supervisor with ANM/LHV

15. Whether Mahila Mandal exists Yes/No. If Yes, Meeting was held Yes/No

16. Health check-ups by ANM/LHV/MO (Number of persons)
 Children 0-3 years Children 3-6 years Pregnant women Nursing mothers

(b) Mothers referred to Sub Centre _____ PHC _____ C.H.C _____
 17. Immunisation status Number immunised this month
 Children " " 1st Dose 2nd Dose or Booster

a) Pregnant women given TT

b) Children 0-1 year
 BCG

MEASLES

1st Dose 2nd Dose 3rd Dose

DPT

POLIO

c) Children 1-3 years DPT Booster POLIO Booster

d) Children 3-6 years DT Booster 2nd dose
 (given to those children who could not be immunized during 1-3 years of age)

18. Shortages/Repairs

AW material required	Items required in Medicine kit	Items required to be repaired	PSE Material required

Date: _____
 (to be sent through Supervisor)

 (Signature of AW Worker)

Name of the Supervisor

Sl. No. 56 (L)

No. 1-4/90-ME/CD
Government of India
Ministry of Human Resource Development
Department of Women and Child Development
....

Shastri Bhavan, New Delhi.
Dated: 24th November 1992.

To

All State Secretary,

Subject: ICDS Monitoring


Sir,

In continuation of this Department's communication of even number dated 30th April 1990 introducing therewith the revised formats for furnishing monthly/half-yearly reports and Check-list of Supervisor's visit, I am to request the incorporation of some additions at Sl.Nos.(4) and (5) of Anganwadi Worker's Monthly Progress Reports and Sl. Nos.4,5 and 6 of CDPO's Monthly Progress Reports. These changes are being made in order to make the reporting of coverage under SNP and the nutrition status more gender sensitive.

2. With regard to printing of formats with these additions, as has been clarified in our guidelines, the expenditure incurred on the item may be met from the ICDS funds.

3. It will be appreciated if the reporting in the modified formats is started as soon as possible and latest by April 1993.

Yours faithfully,


(S.K. GUHA)
DIRECTOR

Z

Received
thirty-three letters
by post.
- Guha
25/11/92

Guidelines to Implement Revised Monitoring Proformae

- i) PO's and CDPO's to study the formats carefully and understand the same.
- ii) Proformae to be used by AWW's should be translated in the respective regional languages.
- iii) It is imperative that while printing the proformae format provided should be retained.
- iv) Supervisors and AWW's to be oriented in the using of the proformae at the project level/circle level. AWW's during the orientation should be given a chance to fill the proformae.
- v) All records in the prescribed registers need to be completed and updated before these proformae are filled.
- vi) Supervisors to use checklist introduced for supervision and CDPO's to counter check the same.

Integrated Child Development Services (ICDS)

Anganwadi Worker's Monthly Progress Report

Month, 19.....

- Complete the proforma in Duplicate and hand over One Copy to Supervisor of your circle by the 5th of the following month.
 - Retain the second copy with you for record.

Name of the Project

Name of Anganwadi AW No. No. of days AW was opened during this month

Name of AWW

Location of your Health centre

1. AW population details (as per Survey Register)

i) Total population of the AW area (all Age-groups) Male Female

ii) Children — below 6 months 6 months-1 year 1-3 years 3-6 years

iii) Women — Pregnant Nursing (first 6 months of Lactation)

2. Reported births and deaths

i) Births Live Births Still Births

ii) Deaths Below 1 year 1-3 years 3-6 years

iii) Deaths of Women during Pregnancy and delivery

Supplementary Nutrition

3. Number of feeding days in the month

Beneficiaries for	Total Number eligible	No. enrolled in SNP register	No. received SNP for 15 days or more
a) Supplementary Nutrition:			
i) Pregnant Women	.....	.....	.....
ii) Nursing Mothers (first 6 months of lactation)	.....	.....	.....
iii) Children 6 months-1 year (Boys) (Girls)	.....	.....	.....
iv) Children 1-3 years (Boys) (Girls)	.....	.....	.....
v) Children 3-6 years (Boys) (Girls)	.....	.....	.....
b) Number of children served:	Single Ration	Double Ration	.....
i) Children 6 months-3 years (Boys) (Girls)	.....	.....	.....
ii) Children 3-6 years (Boys) (Girls)	.....	.....	.....

5. Classification of Nutritional Status:

	Below 1 year		1-3 years		3-5 years	
	Boys	Girls	Boys	Girls	Boys	Girls
a) By Weight for Age						
i) No. of children weighed
ii) No. of children						
- with NORMAL weight
- in GRADE-I
- in GRADE-II
- in GRADE-III
- in GRADE-IV

or b) By Coloured Strip (Fill this column only if weighing scale is either not supplied or out of order)

	1-3 years		3-5 years	
	Boys	Girls	Boys	Girls
i) No. of children measured
ii) No. of children in				
- GREEN zone
- YELLOW zone
- RED zone

6. Food stock/ration for next month is Available/Not available

Preschool Education

- No. of days Preschool activities conducted in the month
- Number of children (3-6 years) enrolled in the Preschool register
Boys Girls
- Number of children actually attended for 15 days or more
Boys Girls
- During the reporting month: (Tick the applicable)
 - Normally how much time per day did you spend on PSE
30 minutes/1 Hour/1 Hour 30 minutes
 - Preschool material/toys given to children for use
Regularly/Some of the days/Rarely
- Nutrition and Health Education (NHED)
 - No. of times NHED activities were organised
 - Total No. of women participated in all these activities
 - No. of times A.V. Aids were used
 - No. of NHED sessions organised at AW in which health staff participated
- Number of families visited by
AWW Supervisor CDPO & ACDPO
- Number of times AW visited by
CDPO ACDPO Supervisor
ANM LHV MO

14. No. of joint visits to AW by CDPO/ACDPO with MO _____ Supervisor with ANM/LHV _____

15. Whether Mahila Mandal exists Yes/No. If Yes, Meeting was held Yes/No

16. Health check-ups by ANM/LHV/MO (Number of persons)
Children 0-3 years Children 3-6 years Pregnant women Nursing mothers
.....

17. Immunisation status
Number Immunised this month
1st Dose 2nd Dose or Booster

a) Pregnant women given TT

b) Children 0-1 year

BCG

MEASLES

1st Dose

2nd Dose

3rd Dose

DPT

POLIO

c) Children 1-3 years DPT Booster POLIO Booster

d) Children 3-6 years DT Booster 2nd dose (given to those children who could not be immunized during 1-3 years of age)

18. Shortages/Repairs

AW material required	Items required in Medicine kit	Items required to be repaired	PSE Material required

Date:
(to be sent through Supervisor)

(Signature of AW Worker)

Name of the Supervisor

Integrated Child Development Services (ICDS)

To

Research Officer
Department of Women & Child Development
Ministry of Welfare
Shastri Bhawan
New Delhi-110 001.

SUBJECT: CDPO's Monthly Progress Report for the month of 19

Name of State Code

Name of District Code

Name of Project Code

Name/s of PHC

CHC

Referral Hospitals

No. of Sub-centres in the block area

No. of Dispensaries in the block area

Category of Project—Central Sector/State Sector

Nature of Project—Rural/Tribal/Urban

Year of sanction

Name of CDPO

Postal Address

..... Pin Code

No. of AWs sanctioned

No. of AWs functioning

No. of AWs reporting

No. of AWs opened for

0 day

1-14 days

15-20 days

21 days & above

The duly completed MPR for the project is furnished herewith.

Date:

.....
(Signature of CDPO)

1. Complete the proforma in Triplicate and send One Copy to Research Officer, Department of Women and Child Development, Ministry of Welfare, Shastri Bhawan, New Delhi-1 by the 7th of the following month.
2. 2nd copy to be sent to the State Government.
3. Retain the third copy for record.
4. Part-A of this report is a consolidation of MPRs received from Anganwadi Workers through Supervisors. Part-B pertains to information on Administration & Coordination and is to be provided by CDPO.
5. Write one and only one digit in each box. Only numbers are to be written in boxes.
6. If the number of digits is less than the number of boxes, the excess number of boxes on the left should be filled by zeros. If the number of boxes is less than the number of digits, it indicates an error in your reporting or totalling.
7. If some information is not available cross out the boxes.

Part-A

1. ICDS Project population details in reporting AWs (as per AW Survey Registers)

i) Total population of AWs
(all age groups)

Male Female

ii) Children —

below 6 months 6 months-1 year 1-3 years 3-6 years

iii) Women —

Pregnant Nursing
(first 6 months of lactation)

2. Reported births and deaths

i) Births

Live Births Still Births

ii) Deaths

Below 1 year 1-3 years 3-6 years

iii) Deaths of Women during Pregnancy and delivery

Supplementary Nutrition

3. No. of AWs provided
SNP in the month

0 days 1-14 days 15-20 days 21 days & above

4. Number of beneficiaries for

a) Supplementary Nutrition
in all reporting AWs

Total No.
eligible

Total No.
enrolled

No. received SNP for
15 days or more

i) Pregnant Women

ii) Nursing Mothers (first
6 months of lactation)

iii) Children 6 months-1 year (Boys)

iv) Children 6 months-1 year (Girls)

v) Children 1-3 years (Boys)

vi) Children 1-3 years (Girls)

vii) Children 3-6 years (Boys)

viii) Children 3-6 years (Girls)

b) Total Number of children served

Single Ration

Double Ration

i) Children 6 months-3 years (Boys)

(Girls)

ii) Children 3-6 years

(Boys)

(Girls)

3 Classification of Nutritional Status.
a) By Weight for Age

- i) No. of children weighed
ii) No. of children
— with NORMAL weight
— in GRADE-I
— in GRADE-II
— in GRADE-III
— in GRADE-IV

Boys	Girls	Boys	Girls	Boys	Girls
Below 1 year	Below 1 year	1-3 years	1-3 years	3-5 years	3-5 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) By Coloured Strip (Fill this column only if weighing scale is either not supplied or out of order)

- i) No. of children measured
ii) No. of children in
— GREEN zone
— YELLOW zone
— RED zone

	1-3 years	1-3 years	3-5 years	3-5 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preschool Education

6. No. of AWs conducted
Preschool education
in the month

0-days	1-14 days	15-30 days	31 days & above
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Total Children (3-6 yrs) enrolled
in the Preschool Registers in all
reporting AWs during the month

Boys	Girls
<input type="checkbox"/>	<input type="checkbox"/>

8. Total No. of children actually
attended for 15 days or more

Boys	Girls
<input type="checkbox"/>	<input type="checkbox"/>

9. a) AWs where PSE activities
conducted per day for

30 minutes	1 Hour	1 Hour 30 minutes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No. of AWs

- b) Preschool material/toys
used by majority of children
in No. of AWs

Regularly	Some of the days	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Nutrition and Health Education (NHEd)

a) No. of AWs where NHEd activities were organised

b) Total women participated in all AWs

c) No. of AWs where A.V. Aids were used for conducting NHEd sessions

d) Total no. of NHEd sessions organised in which Health staff also participated

11. Total number of families contacted through Home visits by

AWWs

Supervisors

CDPO & ACDPO

12. Number of AWs visited by

	Visited not even once	Once	Twice	More than Two times
CDPO	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
ACDPO	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Supervisors	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
ANMs	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
LHVs	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
MOs	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

13. No. of joint visits to AWs by

CDPO/ACDPO with MO

Supervisors with ANMs/LHVs

14. No. of AWs where Mahila Mandals exist

No. of AWs with no Mahila Mandal

No. of AWs where Mahila Mandal Meetings were held

15. Health check-ups by ANM/LHV/MO (Number of persons)

Children 0-3 years

Children 3-6 years

Pregnant women

Nursing mothers

Part B

Immunisation Status

16. Immunisation status

Number Immunised this month

1st dose

2nd dose/Booster

a) Pregnant women given TT

b) Children 0-1 year

1st Dose

BCG
MEASLES

b) Children 0-1 year

1st Dose

2nd Dose

3rd Dose

DPT
POLIO

c) Children 1-3 years

DPT Booster

POLIO Booster

d) Children 3-6 years

DT Booster

2nd dose*

* (given to those children who could not be immunized during 1-3 yrs. of age)

Part-B

Administration & Coordination

17. Appointments

	Sanctioned	In position	Vacant
i) CDPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) ACDPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Supervisors	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
iv) AWWs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
v) Helpers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
vi) Ministerial posts	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
vii) Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii) Peon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. No. of joint meetings of Health and Non health staff organised by CDPO

19. Funds received by CDPO for — PCL Yes/No
— Other expenditure Yes/No

20. Problems faced in Project Implementation (Tick applicable items)

- a) Non-availability of funds
- b) Irregular Food Supply
- c) Non-availability of Medicine
- d) Non-availability of Medicine kit
- e) Non-availability of PSE material
- f) Irregular Health Check-up
- g) Irregular Immunisation
- h) Apparatus not in working condition
- i) Any other (Specify)

21. Project-level supplies

	Received during the month	Received earlier in working condition	needs replacement
a) Jeep
b) Trailer
c) Mopeds
d) Cycles
e) Typewriter
f) Duplicator
g) Slide Projector
h) Film Strips
i) Weighing Scales
j) Weighing Trousers
k) Growth Charts
l) Nested Beaker

Date: _____

Signature of CDPO) _____

Name of CDPO _____

Integrated Child Development Services (ICDS)
Half-Yearly Progress Report (HPR)
for the Period April-Sept./Oct.-March, 19
AWW's Proforma

- Complete the proforma in **Duplicate** and hand over **One Copy** to Supervisor of your circle by the 5th October/5th April
- Retain the second copy for record.
- Also complete the check list of supplies to indicate the requirement of AW

Name of the Project

Name of Anganwadi AW No.

Name of AW Worker

Name of Supervisor

Location of your Health Centre

1. a) Literacy standard of the AWW

Illiterate Upto Vth Vth-Middle
 Matric/HSc/Xth Graduate

Training received (tick applicable)

2. a) Received Job Training
 Refresher Training I
 Refresher Training II
 Any Other

b) Undergone training during the Reporting Period (tick applicable)

Job Training/Refresher Training I/Refresher Training II/Any Other (specify)

c) Has your Helper received Orientation training — Yes/No Refresher training — Yes/No

3. a) Do you have adequate space for storing rations

None/Less than 1 month ration/1 month ration/2 months ration/3 months ration

b) Do you have bins for storing rations Yes/No

4. a) During last six months of reporting period, no. of children who have

	Less than 6 months	6 months-3 years	3-5 years
No. regularly weighed
Increase in weight
Decrease in weight
No change in weight

b) No. of children who continued to receive Double Ration for 3 months or more during the reporting period

6 months-3 years

3-6 years

i) Total No. of children enrolled in AW

ii) No. of children continued to receive Double Ration

Nutritional Deficiency

5. Iron and Folic acid, Vitamin-A distribution supplied by Health functionaries

Indicate No. who have been provided/
consumed course of 100 tablets

No. of children

No. of women

No. of children received Vitamin-A

6. Which of the following activities were held under
Preschool during the reporting period (tick applicable)

- a) Celebration of Religious Festivals
- b) Celebration of National Festivals
- c) Nature walk
- d) Excursion trip
- e) Sports Day
- f) Programme by children for community
- g) Parents Meeting
- h) Any other (specify)

7. Community Participation

a) Mahila Mandal

exists/does not exist

Mahila Mandal

Registered/Unregistered

Have the items received in lieu of
one time grant of Rs. 1000/-

Yes/No

b) Local Organisations if exist
and are supportive to ICDS
(Tick applicable)

Exist

Supportive to AW
activities

Village Panchyat

Mahila Mandal

Yuvak Mandal

Cooperative

Voluntary Organisation

Primary School

Adult Literacy class

c) Local Community's
Participation in ICDS (Tick applicable)

i) By contributing

- 1) Building Site of AW
- 2) Storage facility
- 3) Residence for AWW
- 4) Food items
- 5) Fuel
- 6) Play material
- 7) Cash
- 8) Any other (specify)

ii) By participation

- 1) Conducting preschool activities
- 2) Collecting Children/Women
- 3) Cooking and serving food
- 4) Helping in health checkup/
immunization
- 5) Maintenance of building
- 6) Promoting Enrolment

8. a) Have you been receiving supplies regularly
- | | |
|-------------|---------|
| Ration | Yes/No |
| AW material | Yes/No. |
- b) Have you handed over the check-list
of supplies to Supervisor
- | | |
|--|--------|
| | Yes/No |
|--|--------|
9. Has all the material/Equipment
requiring repairs been repaired
- | | |
|--|--------|
| | Yes/No |
|--|--------|

Date :
(to be sent through Supervisor)

.....
(Signature of AW Worker)

Supplies List for Anganwadi for the period , 19
(Indicate quantity required)

Name of the Project

Name of Anganwadi AW No.

Name of AWW

		Quantity
i)	Utensils for cooking	.....
ii)	Utensils for serving	.....
iii)	Storage facilities for rations	.....
	— sacks	.....
	— containers	.....
	— box	.....
	— almirah	.....
iv)	Health cards	.....
	— Child card	.....
	— Antenatal card	.....
	— Referral slip	.....
v)	Growth Cards	.....
vi)	Mats/Durries	.....
vii)	Materials for PSE	.....
	a) Building Blocks	.....
	b) Counting frames	.....
	c) Painting material	.....
	d) Chalks/crayons	.....
	e) Dholak	.....
	f) Scissors	.....
	g) Charts	.....
viii)	Registers	.....
	a) Survey Register	.....
	b) Immunisation Register	.....
	c) SNP Register or pregnant and nursing mothers	.....
	d) SNP Register for children	.....
	e) Food Stock Register	.....
	f) Stock Register	.....
	g) Diary-cum-visit book	.....
ix)	Weighing scale (indicate standing/salter/beam)	.....
x)	Coloured Strip for measuring MUJAC	.....
xi)	Weighing Trousers	.....
xii)	Nested beakers	.....

Date:
 (to be given to Supervisor)

.....
 Signature of AWW

Integrated Child Development Services (ICDS)

To
Research Officer
Department of Women & Child Development
Ministry of Welfare
Shastri Bhawan
New Delhi-110 001

Subject: CDPO's Half-yearly Progress Report for the period April-Sept./Oct.-March, 19

Name of State Code
Name of District Code
Name of Project Code

Name/s of
PHC
CHC

Referral Hospitals

No. of Sub-centres in the block area

No. of Dispensaries in the block area

Category of Project — Central Sector/State Sector

Nature of Project — Rural/Tribal/Urban

Year of sanction

Name of CDPO

Postal Address

Pin Code

No. of AWs sanctioned

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

No. of AWs functioning

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

No. of AWs reporting

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Date:

(Signature of CDPO)

Name of CDPO

-
- Complete the proforma in Triplicate and send One Copy to Research Officer, Department of Women and Child Development, Ministry of Welfare, Shastri Bhawan, New Delhi-1 by the 7th of October/April.
 - 2nd copy to be sent to the P.O. State Government
 - Retain the third copy for record.
-

Integrated Child Development Services (ICDS)
Half-Yearly Progress Report (HPR)
for the Period April-Sept./Oct.-March, 19
CDPO's Proforma

1. Literacy standard of the AWWs
 No. of AWWs who are

Illiterate

Upto Vth

Vth-Middle

Matric/HSc/Xth

Graduate

Training received

2. a) No. of AWWs received

Job Training

Refresher Training-I

Refresher Training-II

Any Other

b) No. of AWWs who Underwent
 training during the
 Reporting period

Job Training

Refresher Training I

Refresher Training II

Any Other

c) No. of Helpers received

Orientation

Refresher

3. a) No. of AWWs with adequate space for storing rations

None

Less than 1 month ration

1 month ration

2 months ration

3 months ration

b) No. of AWWs having bins for storing rations

4. During reporting period

a) Total No. of children
 regularly weighed

Less than 6 months

6 months-3 years

3-5 years

b) Total No. of children with
 Increase in weight

Decrease in weight

No change in weight

c) Total children who continued to receive Double Ration for 3 months or more during the reporting period

6 months-3 years

3-6 years

i) Total children enrolled in AW

ii) Total children continued to receive Double Ration

Nutritional Deficiency

5. Iron and Folic acid, Vitamin-A distribution supplied by Health functionaries indicate No. who have been provided/consumed course of 100 Iron & Folic acid tabs.

Total women

Total children

Total children received Vitamin-A

No. of AWs where following activities were held under Preschool during the reporting period

a) Celebration of Religious Festivals

b) Celebration of National Festivals

c) Nature walk

d) Excursion trip

e) Sports Day

f) Programme by children for community

g) Parents Meeting

h) Any other

7. Community Participation

a) No. of AWs with

Mahila Mandal

No Mahila Mandal

No. of AWs with Mahila Mandal

Registered

Unregistered

No. of AWs with items received in lieu of one time grant of Rs. 1000/-

b) No. of AWs with Local Organisations if exist and are supportive to ICDS

	Exist	Supportive to AW activities
Village Panchayat	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mahila Mandal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yuvak Mandal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cooperative	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Voluntary Organisation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Primary School	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Adult Literacy Class	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

c) No. of AWs where Local Community Participated in ICDS

i) By contributing

1) Building Site of AW

2) Storage facility

3) Residence for AWW

4) Food items

5) Fuel

6) Play material

7) Cash

8) Any other

ii) By participation

1) Conducting preschool activities

2) Collecting children/women

3) Cooking and serving food

4) Helping in health checkup/immunization

5) Maintenance of building

6) Promoting Enrolment

Training	Untrained	Trained	Under Training	Backlog	Total appointed
i) CDPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) ACDPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Supervisors	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
iv) AWWs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
v) Helpers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
vi) Ministerial posts	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Supply Position		Sufficient	Insufficient	Nil	
i) Utensils for cooking		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ii) Utensils for serving		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
iii) Storage facilities for rations		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
- sacks		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
- container		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
- box		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
- almirah		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
iv) Health cards		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
- Child card		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
- Antenatal card		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
- Referral slip		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
v) Growth cards		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
vi) Mats/Durries		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
vii) Materials for PSE		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
a) Building Blocks		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Counting frames		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Painting material		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Chalks/crayons		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
e) Dholek		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f) Scissors		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
g) Charts		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

viii) Availability of registers at AWs

No. of AWs with Registers

Available

Not Available

a) Survey

b) Immunisation

c) SNP for mothers

d) SNP for children

e) Food Stock

f) Stock

g) Diary-cum-visit book

ix) Weighing scale

a) Standing

b) Salter

c) Beam

x) Coloured Strip for measuring MUAC

xi) Weighing Trousers

xii) Nested beakers

Integrated Child Development Services (ICDS) Checklist for Supervisor's Visit

Name of the Project

Anganwadi No.

Date of the visit

Name of the AWW

Time spent at the AWW

This checklist is meant to make the task of supervising anganwadis of your circle more effective. Complete this checklist at least once in a month for every anganwadi of your circle during your field visits. Start a separate file for each anganwadi to keep the duly completed checklists. Guide AWWs of your circle to improve those aspects which have been found weak and need her attention. The checklist record will help you to monitor the progress of AWWs.

A. PHYSICAL SET-UP OF ANGANWADI

(Tick the appropriate column)

Indoor

Yes

No

- | | | |
|--|-------|-------|
| 1. Clean | ..... | ..... |
| 2. Well-arranged | ..... | ..... |
| 3. Children seated in: | ..... | ..... |
| — rows | ..... | ..... |
| — semi-circle | ..... | ..... |
| 4. Display of Charts: | ..... | ..... |
| — torn or faded | ..... | ..... |
| — fresh and colourful | ..... | ..... |
| — content appropriate for age | ..... | ..... |
| — displayed at child's height | ..... | ..... |
| 5. Rations properly stored | ..... | ..... |
| 6. Availability of clean water at the AW | ..... | ..... |

Outdoor

- | | | |
|---|-------|-------|
| 7. Immediate surroundings clean | ..... | ..... |
| 8. Outside space | ..... | ..... |
| — available | ..... | ..... |
| — often used for play | ..... | ..... |
| 9. Registers/Records maintained & updated | ..... | ..... |
| — survey register | ..... | ..... |
| — immunisation register | ..... | ..... |
| — food stock register | ..... | ..... |
| — attendance registers | ..... | ..... |
| — weight record | ..... | ..... |

B. ENROLMENT AND ATTENDANCE

- | | | |
|--|-------|-------|
| 10. Improvement in enrolment over previous month | | |
| i) Children 6 months-3 years | | |
| — Boys | ..... | ..... |
| — Girls | ..... | ..... |
| ii) Children 3 years-6 years | | |
| — Boys | ..... | ..... |
| — Girls | ..... | ..... |
| iii) Pregnant Women | ..... | ..... |
| iv) Nursing Mothers | ..... | ..... |

(Tick the appropriate column)

Yes

No

11. No. of Children attending AW on the day of the visit
12. Majority of Children
- stay for full duration
 - come only for SNP
- C. PERFORMANCE OF PRESCHOOL CHILDREN**
13. Majority children can
- identify colours
 - identify different shapes
 - can count
 - can recite four or five poems
14. Majority of children appear happy and are involved in ongoing activity
- D. HEALTH AND NUTRITION**
15. Supplementary nutrition cooked and served under hygienic conditions
16. Health staff visited AW during the month
17. Women and children 'at risk' enrolled
18. NHEd sessions conducted during the month
- If yes, no. of women attended
 - specify the topics covered
19. No. of children weighed and growth chart completed
20. No. of children fully immunized as per the U.I.P. schedule
- 0-1 year
 - 1-3 years
 - 3-6 years
21. Meetings held with ANM
22. Any case referred to PHC
- E. COMMUNITY PARTICIPATION**
23. Conducted community representatives
- Sarpanch
 - Primary school teacher
 - Mahila Mandal member

10/10/19 10:00 AM - 11:00 AM

4

24. The AWW is able to mobilize the community support effectively

.....

.....

25. Required home-visits were made

.....

.....

F. AIDS AND MATERIALS

26. AWW uses teaching aids frequently

.....

.....

27. Children are given play materials frequently

.....

.....

28. New aids and play materials were made

.....

.....

29. Materials maintained in usable condition

.....

.....

ACTION POINTS

Specify the weak areas that need attention

Weak Areas	Action taken by you	Action planned for the next month
A. Physical set-up		
B. Enrolment and Attendance		
C. Performance of Preschool Children		
D. Health and Nutrition		
E. Community Participation		
F. Aids and Material		

(Name of the Supervisor)

(Signature)

Quarterly Progress Report for Special Nutrition Programme

Name of State: _____

Quarterly Progress Report for Quarter ending on _____

A. **Physical Coverage** (Position as available for the month of March, June, Sept. & December) whichever is applicable

(in numbers)

Nutrition Programme
Undertaken with the
assistance of

No. of Beneficiaries

In ICDS Area

In Non-ICDS Area

Children

Mother

Total

Children

Mother

Total

1. Total food funded by States
2. CARE—India
3. World Food Programme
4. Central wheat based Nutrition Programme

B. FINANCIAL ASPECT

(Rupees in Lakhs)

EXPENDITURES ACTUALLY INCURRED DURING THE QUARTER UNDER REPORT

	ICDS*	Non-ICDS	Total	Progressive Total		
				ICDS	Non-ICDS	Total

1. Total food funded by States
2. CARE—India
3. World Food Programme
4. Central wheat based Nutrition Programme

C. BUDGET PROVISION ALLOCATED BY THE STATES GOVTS./UNION TERRITORY ADMNS. FOR THE YEAR UNDER REPORT FOR RUNNING THESE PROGRAMMES

Total Funds (Plan & Non-Plan)

(Rupees in Lakhs)

1. Total food funded by States
2. CARE—assisted
3. WFP assisted

* It does not include State Sector ICDS Projects.
(revqpr. snp)

PROFORMA**Quarterly Progress Report for the training of ICDS Functionaries**

Name of the Institute/Centre _____

For the Quarter _____

Sl. No.	Target	No. of Training Courses held during the quarter	Progressive total for the year- April onwards	No. of Persons trained during the quarter	Progressive total	Total Exp. variable & fixed (Recurring & non-recurring)	Per Capita cost	Is there shortfall? If so, reasons therefore
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

1. CHILD DEVELOPMENT
PROJECT OFFICER

- a. Job Training Course
- b. Refresher Training Course

2. SUPERVISORS TRAINING

- a. Job Training Course
- b. Refresher Training Course

3. ANGANWADI WORKERS

- a. Job Training Course
- b. Refresher Training Course
- c. Orientation of Helpers

- 4. Participants in ICDS Workshops, Misc. Trg. (Instructors, State Officials) give details in the remarks col.

PROFORMA**One Time Progress Report for the training of ICDS Functionaries**

Name of the Institute/Centre _____

For the Quarter _____

Sl. No.	No. of Training Courses held so far since inception	No. of Persons Trained so far	Reasons if short of targets
(1)	(2)	(3)	(4)
1. CHILD DEVELOPMENT PROJECT OFFICER			
a. Job Training Course			
b. Refresher Training Course			
2. SUPERVISORS TRAINING			
a. Job Training Course			
b. Refresher Training Course			
3. ANGANWADI WORKERS			
a. Job Training Course			
b. Refresher Training Course			
c. Orientation of Helpers			
4. Participants in ICDS Workshops, Misc. Trg. (Instructors, State Officials) give details in the remarks col.			

F.No. 1-12/93-CD-I
Government of India
Ministry of Human Resource Development
(Department of Women & Child Development)

Shastri Bhawan, New Delhi.

Dated : 4 October 1993.

To

The Secretaries/Directors of all State Governments dealing with ICDS.

Subject : Use of Community Growth Chart in the anganwadi centres on monitoring the nutritional status of children.

Sir/Madam,

This is regarding the use of Community Growth Chart in the anganwadi centres of your State for monitoring the nutritional status of children. The Community Growth Chart is basically intended to take stock of the nutritional status of children in a particular anganwadi centre for a given month. The data relating to each child in the anganwadi centre could be plotted on this Growth Chart through a dot, one dot representing one child. A copy of the guidelines for Community Growth Chart and a mock sketch is enclosed for ready reference and for facilitating the use of this Community Growth Chart in each anganwadi in your State.

2. I would accordingly request you to kindly issue necessary instructions to your CDPOs for regularly monitoring the nutritional status of children in the anganwadi centres through the system of Community Growth Chart. A copy of the instructions issued to the CDPOs in your State in this regard may be sent to this Department for information and record.

Yours faithfully

Sd/
(D. Thangaraj)
Director

GUIDELINES FOR COMMUNITY GROWTH CHART

The Community Growth Chart intends to give the nutritional status of children attending an anganwadi during a particular month. In the normal growth chart for children, a single growth chart is used for each child and covers the entire duration of his age from first month to five years. Compared with that, the Community Growth Chart intends to give the position of all the children of a particular anganwadi centre for the given month. The data relating to each child in the anganwadi should be plotted on this Growth Chart through dot, one dot representing one child. The dots should be put for each such child, with reference to his/her age and nutritional status. For example, a child of the age of 13 months should be shown appropriately in the graph denoting the age of one year and one month and his/her nutritional status should be shown appropriately among normal, Grade I, Grade II, Grade III or the Grade IV portions of the Chart, as the case may be. It will be advisable if these dots are in different colours for different grades of mal-nutrition, selecting the red dot for Grade III and IV, yellow dot for Grade II, blue dot for Grade I and green dot for normal. In addition, an abstract relating to the nutritional status of all the children in the anganwadi during that particular month, should be given in the table given on the top left hand corner of the chart, under the heading "Present Status". In the other 2 heading in that table, similar data for 2 months immediately proceeding the present month by quarterly intervals should be given. For example, in case the recent chart relates to the month of May, 1993, the other 2 tables should relate to the months of Feb. 1993 and Nov. 1992.

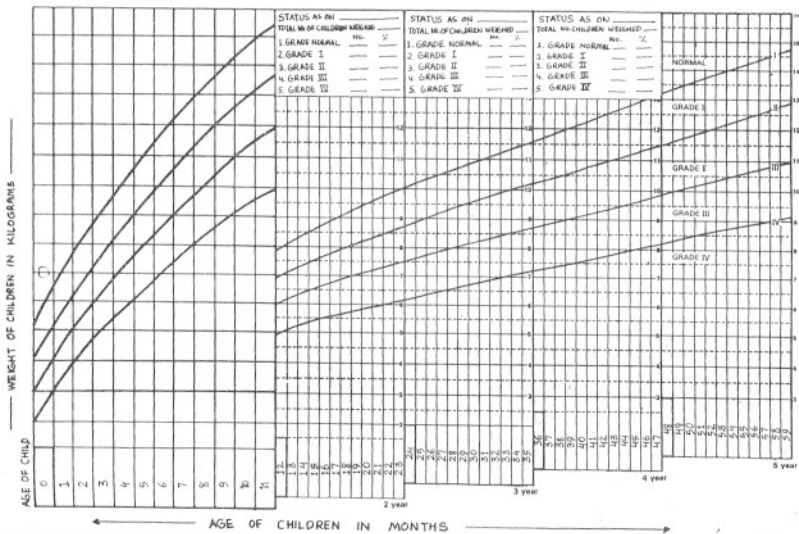
The Community Growth Chart is intended also to make the community aware about the nutritional status of its children and the progress in this regard from time to time. The Chart can also be used for health and nutritional education of the community and for community mobilisation. In addition, this Chart, having similarity with the child's growth chart used in anganwadi, will make parents, particularly mothers more interested in the interpretation of the dots and indirectly lead to making mothers more conscious about satisfactory growth of the child.



COMMUNITY GROWTH CHART

ANGANWADI CENTRE NO. _____ VILLAGE _____ PROJECT _____

NAME OF ANGANWADI WORKER _____ TOTAL NO. OF CHILDREN (0-5 YRS) _____



F.No. 1-7/93-CD-I
Government of India
Ministry of Human resource Development
Department of Women & Child Development

Shartri Bhavan, New Delhi

Dated : 26 October, 1993.

To,

The Secretary dealing with ICDS in all States/Union Territories.

Subject : Introductions regarding operationalisation of new ICDS projects.

Sir/Madam,

I am directed to enclose herewith a plan for introduction of services in a new ICDS block so as to improve the community/women's participation in the implementation of ICDS Scheme. I request that the preparatory activities listed in the instructions may please be followed for making the new ICDS projects operational .

Yours faithfully,

Sd/-
(D. Thangara)
Director

Copy to :-

1. The Directors dealing with ICDS in all States/Union Territories.
2. World Bank.
3. National Institute of Public Cooperation and Child Development, New Delhi.
4. Guard File.

Sd/-
(D. Thangara)
Director

PLAN FOR INTRODUCTION OF SERVICES IN A NEW BLOCK

1. Introducing ICDS services in an appropriate manner is critical for achieving desired high performance levels. Investment of additional resources and time at the introduction stage can accelerate improvements in health and nutrition status. Special attention needs to be given to instill good working habits in Anganwadi Workers (AWWs) and Helpers, prepare the community, establish community linkages, and set up a good quality data base on health and nutrition status in the Anganwadi area.

2. A large number of preparatory activities are required for making an ICDS project operational. These are listed below and can broadly be grouped in three phases: administrative set up and community preparation, training and operationalisation.

(a) Establishing Administrative Set Up.

Appointment of CDPO and Supervisors;

Orientation camps of district, State and block officials to tribal considerations and community participation;

- * Mapping each block with attention to accessibility of villages and of hamlets in every village, and the social composition of these habitations; 2/1

Accurate estimation of total number of AWs and AWW and Supervisors' posts required in block on the basis of the detailed mapping and with attention to covering remote habitations;

Selection of villages for AWs;

- ** Selection of AWWs and Helpers; and

Sanction of Anganwadi Centre locations.

(b) Community Awareness Creation and Mobilization Activities

- * The CDPO and/or supervisor shall contact official and non-official village leaders, especially traditional tribal leaders and opinion-makers in villages with tribal populations, to familiarize them with health and nutrition issues and ICDS services:

- ** The CDPO and/or supervisor shall hold village meetings to make all villages, all communities within villages and their separate habitations, and the majority of members of each community aware of health and nutrition issues and ICDS services. They shall discuss the communities' expectations and roles in the functioning of ICDS, and seek community participation in activities including the selection of the AWW, location of AW, introduction of services, and management of AWs;

Formation of Village-level Committees (VLC) @ to assist in and oversee the management of AWWs 2/1 based on interest generated through initial village meetings; and

Activities marked with the same number of asterisks will occur simultaneously - see 'Schedule for Introduction of services.'

1987

Formation of Block-level Committees @ to advise on and monitor the introduction and delivery of services.

(c) Training

Pre-service training of CDPO, Supervisors, AWWs and Helpers; and Joint orientation training of health-nutrition staff in the block.

(d) Supplies

Procurement and supply of equipment and material such as weighing scales, growth registers, dhurries, almirah, cooking vessels and utensils, Jeep, typewriter and other office equipment.

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(e) Service Initiating Activities in the Community

- Household survey by AWW and VLC;
- Regular home-based contacts between AWWs and pregnant women and infants;
- Establishment of women's groups @ by the supervisors and AWWs and VLCs; and
- Meetings of small groups @ of village people, especially but not limited to target mothers and mothers of target children, with AWWs, VHNS and, whenever possible, supervisors to discuss nutrition issues.

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(f) Regular Activities at the AW

The supervisors shall contact official and non-official village leaders to familiarize them with health and nutrition issues and ICDS services;

Hold village meetings to make community aware of health and nutrition issues, ICDS services and the role of community in ICDS functioning and seek community participation in the introduction of services ; and

Begin regular operation of AW activities, including weighing and growth monitoring.

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Committees and groups marked @ shall include tribal persons in at least the same proportion as the population of the village (or block, in the case of the block-level committee).

PLAN OF ACTION FOR 1993-94

Schedule for Introduction of Services (PIS)

Months 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Phase 1. Administrative and Community Preparation

Appoint CDPO																	
Appoint Supervisors.....																	
Train CDPOs																	
Train Supervisors																	
Block Level Planning Meeting							...										
Orient Team to CP							...										
Map Block							.....									
Contact Village Leaders							.....									
Community Mobilisation Activities (Mahila Shivirs etc)							.....									
Select Villages for AWs							.....									
Hold Village Meetings							.....									
Select AWWs and Helpers							.....									
Select Anganwadi Locations							.....									
Form Village Committees (VLCs)							.....									
Monthly Meetings of VLCs							.....									
Form Block Level Committees (BLCs)							.....									
Bi-Monthly Meetings of BLCs							.....									
Arrange for Supplies							.....									

Phase 2. Training of Primary Staff

Train AWWs (Three-month module)									.....	.....	.....			
Train Helpers									.....							
Joint ICDS-Health Training (AWWs Batch 1) 3/1																	

3/1 To be done in Second year approximately 3 months after end of first training.

Phase 3. Operationalization

Small Group Meetings	.....	.....	.....	.....
Formation of Women's Groups	.....	.....	.....	.....
Household Survey	.....	.....	.....	.....
Preparation of Registers	.....	.....	.....	.....
Home visits to PW and Infants	.....	.....	.....	.....
Start AW Activities	.....	.....	.....	.....
Weigh Children	.....	.....	.....	.....
Education of Mnd. Ch. Families				
Health Check up of Mnd. (ANM & AWW)				
Referral of Severely Mnd.				

1987

(g) Attention to Severely Malnourished Children

When ICDS services are being introduced, there may be a large number of severely malnourished children requiring attention. It would be useful initially to focus on them through the following activities:

- Health check-up of children with special focus on grade III and IV children;
- Initiation of double rations for severely malnourished children;
- Intensive education of their families; and
- Health referral of severely malnourished children who do not respond to supplementation.

3. The above activities need to be carried out in a synchronous manner to ensure optimum utilization of resources. For instance, selection of AWWs and their training should be synchronized so that the time gap between the recruitment and training is not large. Careful community preparation activities are necessary for securing participation in AW services.

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No.1-4/90-ME
Government of India
Department of Women & Child Development
Ministry of Human Resource Development

Shastri Bhavan, New Delhi.
Dated 30th August 1994.

To

*Recd
Muz. by post
10/9/94*
The Directors dealing with ICDS except (Delhi @ Punjab, @ Haryana, @ Tamil Nadu, @ Rajasthan, @ Himachal Pradesh, @ Kerala.

Subject: Submission of gender specific information in respect of Supplementary Nutrition, Nutritional Status, Reported Births & Deaths - Req.

Sir,

I am directed to refer to this Department's communication of even number dated 6th Nov. 1992, 24th Nov. 1992 and 29th Oct. 1993 regarding submission of gender specific information as indicated in the Revised format at Sl. Nos. 2, 4, and 5 of AWW's and CDPOs MPRs relating to reported births and deaths, beneficiaries for supplementary nutrition and classification of nutritional status.

2. In this connection, it may be mentioned that a review in the status of information as received in this Department has revealed that beneficiaries for supplementary nutrition and classification of nutritional status is still awaited from your state.

3. It will therefore, be appreciated if you would kindly review the situation and issue necessary instructions to the concerned officials to furnish the MPRs on ICDS programme accordingly.

Yours faithfully,

G. R. Summan
(G. R. Summan)

Under Secretary to the Govt. of India.

~~Confidential~~
F.No.1-4/90-ME
Government of India
Ministry of Human Resource Development
Department of Women and Child Development
....

Shastri Bhavan, New Delhi.
Dated: 5th Sept., 1995.

To

*all directors dealing with ICOS
32 states/UTs.*

Subject: Request to furnish MPR in the revised format - Reg.

Sir,

I am directed to enclose herewith revised format in respect of CDPO's Monthly Progress Report on incorporating additional information like ~~status~~ of handpumps (S.No.16(A)) and Special Component Plan/Tribal Sub-Plan (S.No.16(B)).

2. You are requested to kindly issue necessary instructions to all the CDPO's to enable them to furnish the MPR's in the revised format on time to this Deptt.

* [3. The Part (c) of MPR format will remain same]

Yours faithfully,

OK

(ANURADHA PANJA)
Asstt. Director

* only for 4 states having W.B. assistance.

(32)

Received.

(32)

7/5/95

INTEGRATED CHILD DEVELOPMENT SERVIDCES (ICDS)

To

Assistant Director(ME)
 Deptt. of Women & Child Development
 Ministry of Human Resource Development
 Room No.625, "A" Wing, Shastri Bhavan,
 New Delhi - 110 001.

SUBJECT: CDPO's Monthly Progress Report for the month of ____ 19

Name of State _____ Code

Name of District _____ Code

Name of Project _____ Code

Name/s of PHC _____
 CHC _____

Referral Hospitals _____

No. of Sub-centres in the block area _____

No. of Dispensaries in the block area _____

Category of Project - Central Sector/State Sector

Nature of Project - Rural/Tribal/Urban

Year of sanction _____

Name of CDPO _____

Postal Address _____
 _____ Pin Code _____

No. of AWs sanctioned

No. of AWs functioning

No. of AWs reporting

No. of AWs opened for

0 day	1-14 days	15-20 days	21 days & above
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

1. Complete the proforma in Triplicate and send One Copy to Assistant Director(ME), Deptt. of Women & Child Development, Ministry of Human Resource Development, Shastri Bhavan, New Delhi-1 by the 7th of the following month.
2. 2nd copy to be sent to the State Government.
3. Retain the third copy for record.
4. Part-A of this report is a consolidation of MPRS received from Anganwadi Workers through Supervisors. Part-B pertains to information on administration & Coordination and is to be provided by CDPO.
5. Write one and only one digit in each box. Only number are to be written in boxes.
6. If the number of digits is less than the number of boxes, the excess number of boxes on the left should be filled by zeros.
7. If some information is not available cross out the boxes.

1. ICDS Project population details in reporting Aws (as per Aw Survey Registers)

i) **Total Population of AWs** Male Female
(all age groups)

ii) **Children :** below 6 months 6 months-1 year 1-3 years 3-6 years

iii) **Women :**
Pregnant Nursing
(first 6 months of lactation)

2. **Reported births and deaths**

i) **Boys**

a) **Births :** Live Births Still Births

b) **Deaths :** Below 1 year 1-3 yrs. 3-6 yrs.

ii) **Girls**

a) **Births :** Live Births Still Births

b) **Deaths :** Below 1 year 1-3 yrs. 3-6 yrs.

iii) **Deaths of Women during Pregnancy and delivery**

Supplementary Nutrition

3. **No. of AWs provided SNP in the month**

0 days 1-14 days 15-20 days 21 days & above

4. **Number of beneficiaries for**

a) **Supplementary Nutrition in all reporting AWs**

	Total No. eligible	Total No. enrolled	No. received SNP for 15 days or more
i) Pregnant Women	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ii) Nursing Mothers (1st 6 months of lactation)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
iii) Children 6 months-1 year (Boys)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
iv) Children 6 months-1 years (Girls)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
v) Children 1-3 years (Boys)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
vi) Children 1-3 years (Girls)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
vii) Children 3-6 years (Boys)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
viii) Children 3-6 years (Girls)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

b) Total Number of Children served

Single Ration

Double Ration

i) Children 6 months-3 years

Boys

Girls

ii) Children 3 - 6 years

Boys

Girls

5. Classification of Nutritional Status:-

(a) By Weight for Age

	Below 1 year		1 - 3 Years		3 - 6 years	
	Boys	Girls	Boys	Girls	Boys	Girls

i) No. of children weighed

ii) No. of Children

- with NORMAL Wt.

- in GRADE - I

- in GRADE - II

- in GRADE - III

- in GRADE - IV

b) By Coloured Strip

	1-3 yrs(Boys)	1-3 yrs(Girls)	3-5 yrs(Boys)	3-5 yrs (Girls)
i) No. of children measured	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

ii) No. of children in

- GREEN zone

- YELLOW zone

- RED zone

Pre-school Education

	0 days	1-14 days	15-20 days	21days & above
6. No. of AWs conducted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Preschool education in the month

	Boys	Girls
7. Total children (3-6 yrs) enrolled in the Pre-school Registers in all reporting AWs during the month	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Boys	Girls
8. Total no. of children actually attended for 15 days or more	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	30 minutes	1 Hour	1 Hour 30 minutes
9. a) AWs where PSE activities conducted per day for	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
No. of AWs -	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

9. b) Preschool material/ toys used by majority of children in No. of AWs -
- | | | |
|--|--|--|
| Regularly | Some of the days | Rarely |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

10. **Nutrition and Health Education (NHED)**

- a) No. of AWs where NHED activities were organised
- b) Total women participated in all AWs
- c) No. of AWs where A.V.Aids were used for conducting NHED activities
- d) Total no. of NHED sessions organised in which Health staff also participated

11. **Total number of families contacted through Home visits by**
- | | | |
|---|---|---|
| AWWs | Supervisors | CDPO & ACDPO |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

12. **Number of AWs visited by**

	Visited not even once	Once	Twice	More than Two times
CDPO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ACDPO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Supervisors	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ANMs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LHVs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MOs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3. No. of Joint visits to AWs by : CDPO/ACDPO with MO Supervisors with ANMs/LHVs

4. No. of AWs where Mahila Mandal exist No. of AWs with no Mahila Mandal
- No. of AWs where Mahila Mandal meetings were held

5.(A) **Health check-ups by ANM/ LHV/ MO(Number of persons)**

Children 0-3 yrs	Children 3-6 yrs	Pregnant women	Nursing mothers
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

5 (B) **Referral Services :**

- i) No. of Children referred to PHC CHC Subcentre
- ii) No. of Mothers referred to PHC CHC Subcentre

16.	Immunisation Status	Number Immunised this month		
		1st dose	2nd dose/Booster	
	a) Pregnant Women given TT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	b) Children 0-1 year	1st dose		
	BCG	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Measles	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		1st dose	2nd dose	3rd dose
	DPT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	POLIO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c) Children 1-3 years DPT Booster	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	POLIO Booster	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d) Children 3-6 years DT Booster	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2nd dose*	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

* (given to those children who could not be immunised during 1-3 yrs. of age)

16 (A) Hand Pumps

- (i) No. of AWs having hand pumps
- (ii) No. of AWs having hand pumps in working condition

16 (B) Special Component Plan(SCP)/ Tribal Sub-Plan(TSP)

- i) Death of Scheduled Caste Children
- | | | | |
|-------|---|---|---|
| | Below 1 year | 1-3 yrs. | 3-6 yrs. |
| Boys | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Girls | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
- ii) Death of Scheduled Tribe Children
- | | | | |
|-------|---|---|---|
| | Below 1 year | 1-3 yrs. | 3-6 yrs. |
| Boys | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Girls | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
- iii) No. of Scheduled Caste Children (0-6 yrs.) receiving SNP
- | | | | |
|------|--|-------|--|
| Boys | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Girls | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|------|--|-------|--|
- iv) No. of Scheduled Tribe Children (0-6 yrs.) receiving SNP
- | | | | |
|------|--|-------|--|
| Boys | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Girls | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|------|--|-------|--|
- v) No. of Scheduled Caste Pregnant & Nursing Mothers receiving SNP
- vi) No. of Scheduled Tribe Pregnant & Nursing Mothers receiving SNP

17. Appointments :	Sanctioned	In-position	Vacant	Trained
i) CDPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) ACDPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv) AWWs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Helpers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi) Ministerial Posts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vii) Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
viii) Peon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

18. No. of joint meetings of Health and non-health staff organised by CDPO

19. Funds received by CDPO for - POL (Yes-1/ No-0)
 - Other expenditure(Yes-1,No-0)

20. **Problems faced in Project Implementation (1 for Yes, 0 for No)**

- a) Non-availability of Funds
- b) Irregular Food Supply
- c) Non-availability of Medicine
- d) Non-availability of Medicine kit
- e) Non-availability of PSE material
- f) Irregular Health Check-up
- g) Irregular Immunisation
- h) Apparatus not in working condition
- i) Any other (specify) _____

1. Project level supplies (Yes-1, No-0)	Received during the month	Received earlier in working condition	needs replacement
a) Jeep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Trailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Mopeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cycles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Typewriter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Duplicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Slide Projector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Film Strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Weighing Scales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Weighing Trousers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Growth Charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Nested Beaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date : (Signature of CDPO) _____

Name of CDPO _____

GOPAL KRISHNA
DIRECTOR

Tel.No.3385192

13.4.99

Dear

As you are aware that the Monitoring Unit of this department is directly receiving the Monthly Progress Reports (MPRs)'s and Half Yearly Progress Reports(HPRs)' data on ICDS projects. Some MPRs data received from the projects reached the Monitoring Unit even after 10th day of the month and hence discrepancies arises in the data shown by the Central level Monitoring Cell and State Specific consolidated reports.

2. In addition to the present system of work reporting, it has now been decided that the consolidated projectwise reports based on MPRs/ HPRs may be sent by 17th day of the following month as per FORMAT-1 AND FORMAT-2 enclosed herewith to avoid any discrepancies.

3. I would request you to please send these reports to Senior Programmer, ICDS Control Room No. 644, ME Unit, Deptt. of Women and Child Development, Shastri Bhavan, New Delhi every month.

Thanking you,

Yours Sincerely,

vkrl
MC (GOPAL KRISHNA)

All the Director in the States/ UTs
dealing with ICDS

32 Letter
WMM

F. No. 16-1/2004-ME
Government of India
Ministry of Human Resource Development
Department of Women and Child Development

Shastri Bhavan, New Delhi – 110 001
Dated : 02.11.2004

To,

All Secretaries/ Directors in the States/ UTs
dealing with ICDS Scheme.

Subject : Submission of Child Development Project Officer (CDPO) Monthly Progress Reports (MPRs)/ Half-Yearly Progress Reports under Integrated Child Development Services (ICDS) Scheme to Government of India – regarding.

As you are aware this department is the nodal department for the Integrated Child Development Services (ICDS) Scheme. In the existing system of reporting under the ICDS Scheme, Child Development Project Officers (CDPOs) are required to send the Monthly Progress Reports (MPRs) and Half-Yearly Progress Reports to the Government of India.

2. I am directed to say that it has been decided by this department that Child Development Project Officers (CDPO) may continue to send their Monthly Progress Reports (MPRs)/ Half-Yearly Progress Reports (HPRs) under Integrated Child Development Services (ICDS) Scheme to the State Governments/ UT Administration and these MPRs/ HPRs may not be sent directly to the Government of India.

3. State Government may continue to send the State level Consolidated Progress Reports in Format-I to V till further orders.

4. Necessary communication may be immediately given to the CDPOs/ ACDPOs in-charge of the ICDS Projects.



(Dhir Jhingran)
Director

Tel.No. 011- 23389434



सत्यमेव जयते

REVA NAYYAR

SECRETARY

Phone : 23383586, Telefax : 23381495

E-mail : secy.wcd@sb.nic.in

भारत सरकार

मानव संसाधन विकास मंत्रालय
(महिला एवं बाल विकास विभाग)

शास्त्री भवन, नई दिल्ली-110 001

GOVERNMENT OF INDIA

MINISTRY OF HUMAN RESOURCE DEVELOPMENT
(DEPARTMENT OF WOMEN & CHILD DEVELOPMENT)

SHASTRI BHAWAN, NEW DELHI-110 001

Website : <http://www.wcd.nic.in>

(26)

D.O.No.3-12/2003-ND/Tech

June 28, 2005

Dear «Address2»

Please refer to my letter of even number dated 17.12.2004

In para 2 of the said letter I had requested you to complete the preparatory work relating to sanction of new Projects/Anganwadi Centres by 31.3.2005. I hope the preparatory work has already been completed. I would request you to kindly inform me of the action taken so far.

I am also enclosing herewith a copy of the GANTT Chart and PERT Chart listing out various activities, along with the time frame for completing each of them, that are required to be undertaken in operationalisation of a project. It may be noted that, as per these charts, it takes around 14-15 months to operationalise a project. This time schedule is too long, I would, therefore, request you to have a look at it and list out the activities that can be carried out in parallel with other activities so that the total time required for operationalising a project can be brought down as much as possible.

With regards,

Yours sincerely,

Encl. As above

o/c

Re
(Reva Nayyar)

«FirstName»

«LastName»

«JobTitle»

«Company»

«Address1»

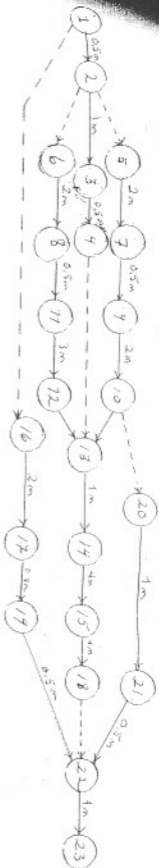
«City»

All state Secretaries
dealing with ICDS Scheme

GANTT CHART FOR INITIATION OF NEW ICDS PROJECTS

Activity\ Months	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1 Govt. of conveys allocation of projects to States/UTs	[Gantt bar from month 1 to 2]															
2 States send proposals	[Gantt bar from month 2 to 3]															
3 Govt. of conveys approval of project areas	[Gantt bar from month 3 to 4]															
4 Appointment of CDPOs	[Gantt bar from month 4 to 5]															
5 Appointment of MSs	[Gantt bar from month 5 to 6]															
6 Send CDPOs for training	[Gantt bar from month 6 to 7]															
7 Send MSs for training	[Gantt bar from month 7 to 8]															
8 Training of CDPOs	[Gantt bar from month 8 to 9]															
9 Training of MSs	[Gantt bar from month 9 to 10]															
10 Selection of AWWs	[Gantt bar from month 10 to 11]															
11 Training of AWWs	[Gantt bar from month 11 to 12]															
12 Procurement of material by State	[Gantt bar from month 12 to 13]															
13 Procurement of material by CDPOs	[Gantt bar from month 13 to 14]															
14 Selection of Anganwadi buildings	[Gantt bar from month 14 to 15]															
15 Send material to AWWs	[Gantt bar from month 15 to 16]															
16 Setting up of Anganwadis	[Gantt bar from month 16 to 17]															

IT: PERT CHART ON INSTALLATION OF TDS PROJECT



1. Start project.
2. Govt. of India conveys number of projects allocated to States/UT.
3. States send project area proposals.
4. Govt. of India conveys approval of project areas.
5. Start appointment of CDPDs.
6. Start appointment of Mukhya Sevikas.
7. Complete appointment of CDPDs.
8. Complete appointment of Mukhya Sevikas.
9. Send CDPDs for training.
10. Training of CDPDs complete.
11. Send Mukhya Sevikas for training.
12. Training of Mukhya Sevikas complete.
13. Selection of AMWs by MSs/CDPDs.
14. Send Anganwadi workers for training.
15. Anganwadi workers training complete.
16. Start procurement of material by states.
17. Procurement complete.
18. select Anganwadi workers' buildings.
19. Send state-procured material to the projects.
20. Start procurement of material by CDPD.
21. Complete procurement of material by CDPD.
22. Send material to the Anganwadis.
23. Installation of Anganwadis complete.

- 83B -



D.O.No.4-1/2005-ME

12

Fax No. : 23381495

Fax No. : 23381800

Fax No. : 23381654

Telegrams : WOMEN CHILD

भारत सरकार

मानव संसाधन विकास मंत्रालय
(महिला एवम् बाल विकास विभाग)

GOVERNMENT OF INDIA

MINISTRY OF HUMAN RESOURCE DEVELOPMENT
(DEPARTMENT OF WOMEN & CHILD DEVELOPMENT)

CHAMAN KUMAR
JOINT SECRETARY

Tel.23386227

शास्त्री भवन, नई दिल्ली - 110 001, दिनांक

Shastri Bhawan, New Delhi-110 001, Dated

9.8.2005

Dear «sirm»

Please refer to this Department's D.O.No.3-12/2003-ND/Tech dated 28.6.2005 regarding preparatory work of new ICDS projects/AWCs. Along with this letter, we had also sent you a GANTT Chart and a PERT Chart indicating the list of activities to be carried out for making the new projects/AWCs operational.

2. We had requested you to go through the GANTT Chart and PERT Chart and list out the various activities, which could be taken up in parallel so as to make the ICDS Projects/AWCs operational in less than 14-15 months. This Department, has again analyzed these activities and their sequence and timing has been reworked so as to make the AWC operational within a year of sanction. The revised GANTT Chart is enclosed.

3. I would request you to plan your activities well in advance as per the GANTT Chart, so that we don't lose time, once the sanction for these projects is given.

With regards,

Yours sincerely,

YC


(CHAMAN KUMAR) 09.08.05

«name»

«desig»

«ad1»

«ad2»

«ad3»

«ad4»

AM

State Secretaries
dealing with ICDS Scheme.

Issued by Special Post
with enclosed
1.7.8/05

13

GANTT CHART FOR INITIATION OF NEW ICDS PROJECTS AND ANGANWADI CENTRES WITHIN A PERIOD OF ONE YEAR

Activity No.	Activity/ Months	1	2	3	4	5	6	7	8	9	10	11	12
1	Govt. of India conveys sanction of projects to States/UTs	█											
2	States/ UTs sanction Projects		█	█	█								
3	Appointment of CDPO (additional charge/ deputation/ transfer)				█	█	█	█					
4	CDPOs training (in cases of deputation/ transfer)							█	█				
5	Selection of new Supervisors (from AWWs and direct recruitment)				█	█	█	█					
6	Existing Supervisors to supervise new AWC				█	█	█	█					
7	Training of new Supervisors							█	█	█			
8	Selection of AWWs/ Helpers							█	█	█			
9	Training of AWWs/ Helpers									█	█	█	
10	Procurement of material/ equipments								█	█	█	█	█
11	Selection of AW Building								█	█	█	█	█
12	Send material/ equipment to AWCs										█	█	█
13	Setting up (functioning) of AWCs												█

Note : The direct recruitment of Supervisors/ CDPOs may be completed within a period of 10 months so as to make all ICDS Projects/ AWCs operational within a period of one year.

F. No. 4-1/ 2005-ME
Government of India
Ministry of Women and Child Development

37

29.03.2006

Subject : **Operationalisation of Anganwadi Centres in an ICDS Project – regarding**

Dear

As you are aware, an ICDS Project is considered to be "**Operational**" when more than 75 per cent of the sanctioned anganwadi centres (AWCs) start providing the services of supplementary nutrition and pre-school education.

2. A project, generally, takes about 10 to 12 months to become fully operational. A Gantt Chart indicating all the activities that are required to be carried out to operationalise an ICDS Project has already been provided to you vide this Ministry's letter of even no. dated 09.08.2005. For the purpose of reporting progress (MPRs/APRs), any project which once becomes "operational" is not considered "non-operational" only because of temporary interruption in the two services, namely supplementary nutrition and pre-school education, at any given point of time. However, if interruption in the supply two services to the beneficiaries occurs in more than 25% of the operational anganwadis, it is shown under a separate category, called "projects with interrupted services" in the existing MIS formats.

3. There appear to be no guidelines on when an AWC can be considered to be operational. As such, it is possible that different States/ UTs have different understanding of the subject and report progress accordingly. With a view to have a common and clear understanding on this issue, it is clarified that an **Anganwadi Centre** would be considered to be "**Operational**" when i) both Anganwadi Worker and Anganwadi Helper are in-position and services of i) supplementary nutrition; and pre-school education are delivered through the AWC for the stipulated number of days.

4. You may, therefore, issue necessary instructions to all Child Development Project Officers (CDPOs), Supervisors and AWWs to use this definition for correct reporting under the ICDS Scheme.

With regards,

Yours Sincerely,

- 86 -


29/03
(Chaman Kumar)

All State Secretaries in-charge of ICDS Scheme.

7c