



INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)

< Space for State Govt log >

AWC Monthly Progress Report (AMPR)

Reporting month: _____ year: _____

IDENTIFICATION AND BACKGROUND INFORMATION

	Name	Code
State		
District		
CD Block		
ICDS Project		
Sector		
Village / Town/ Ward		
Anganwadi Centre (AWC) / Mini-AWC		
Health Sub-Centre (SC) linked to this AWC		
Auxiliary Nurse & Midwife (ANM)		
Anganwadi Worker (AWW)		
Anganwadi Helper (AWH)		
Total population of AWC (as of last April)		



Ministry of Women and Child Development
Government of India

PART A

1(a) Details of births, deaths and new registrations during the month

Sl. No.	Categories	Among residents of AWC area		Among temporary residents of AWC area	
		Girls/ women	Boys	Girls/ women	Boys
1	No. of pregnancies registered				
2	No. of live births				
3	No. of babies born dead				
4	No. of babies weighed within 3 days of birth				
5	<i>Out of the above, no. of low birth weight babies (< 2500 gm)</i>				
6	No. of neonatal deaths <i>(within 28 days of birth)</i>				
7	No. of post neonatal deaths <i>(between 29 days and 12 months of birth)</i>				
8	Total infant deaths (6 + 7)				
9	Total child deaths (1- 5 years)				
	No. of deaths of women				
10	<i>during pregnancy</i>				
11	<i>during delivery</i>				
12	<i>within 42 days of delivery</i>				

1(b) Deaths of women and children during the reporting month

(List all deaths counted in section 1a)

(i) Deaths of women during pregnancy or up to 42 days after delivery:

Sl. No. of family	Sl. No. of woman	Name of the woman	Age	When death occurred			Resident?	Date of death
				During Pregnancy	During delivery	Within 42 days after delivery		

(ii) Deaths of children under five years old

Sl. No. of family	Sl. No. of child	Name of the child	Age	Sex	Nutritional Status	Resident?	Date of death

1(c) Details of previously unreported births and deaths of women and children

I. Unreported Births

(Births during previous reporting months that were not reported earlier for any reason)

Sl. No. of family	Sl. No. of child	Name of the child	Sex	Date of Birth	Live born / born dead?	Birth weight	Resident?

II. Unreported deaths of women and children

(Deaths that happened during previous reporting months but were not reported earlier for any reason)

(a) Deaths of women during pregnancy or up to 42 days after delivery

Sl. No. of family	Sl. No. of woman	Name of the woman	Age	When death occurred			Resident?	Date of death
				During Pregnancy	During delivery	Within 42 days after delivery		

(b) Deaths of children under five years old

Sl. No. of family	Sl. No. of child	Name of the child	Age	Sex	Nutritional status	Resident?	Date of death

2a. Delivery of Supplementary Nutrition and Pre-School Education (PSE)

No. of days AWC was open during the month:

	Morning snacks / breakfast	Hot cooked meals / Ready-to-eat (RTE)	Take home ration (THR)	PSE
<i>Number of days provided at the AWC</i>				

2b. Was iodized salt used at the AWC this month? Yes No

3. Supplementary Nutrition Coverage

a. Beneficiaries (Residents)

(Number of residents of AWC area who were given supplementary food for 21 or more days during the reporting month)

Category	6-35 months		36-71 months		All Children (6-71 months)		Pregnant women	Lactating mothers
	Girls	Boys	Girls	Boys	Girls	Boys		
ST								
SC								
Others								
All categories (Total)								
Minority								
Disabled								
<i>Total person-feeding days (TPFD)</i>								

b. Usual Absentees (Residents)

	6-35 months		36-71 months		All Children (6-71 months)		Pregnant women	Lactating mothers
	Girls	Boys	Girls	Boys	Girls	Boys		
<i>Number absent throughout the month</i>								
<i>Number present on at least one day of the month</i>								

c. Temporary residents who received supplementary food during the month

	6-35 months		36-71 months		Total Children (6-71 months)		Pregnant women	Lactating mothers
	Girls	Boys	Girls	Boys	Girls	Boys		
<i>Number of temporary residents who received supplementary food</i>								

4. Pre-school Education Coverage (Residents)

a. Attendance of children for 16 or more days in the reporting month

Category	Girls	Boys	Total
ST			
SC			
Others			
All categories (Total)			
Minority			
Disabled			

b. Total daily attendance during the month

Age category	Girls	Boys	Total
3 – 4 yrs			
4 – 5 yrs			
5 – 6 yrs			
All Children			

c. Usual Absentees

	Girls	Boys	Total
<i>Number of children absent throughout the month</i>			
<i>Number of children present for at least one day in the month</i>			

d. Number of days on which any PSE activity was conducted:

e. Number of days on which at least four PSE activities were conducted:

5. Nutritional Status of Children (Residents)

(As per new WHO growth chart)

	0 m to 1 yr		1 to 3 yrs		3 to 5 yrs		TOTAL	
	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>
I. Total number of children weighed								
II. <i>Out of the above, no. of children found:</i>								
a. Normal (Green)								
b. Moderately underweight (Yellow)								
c. Severely underweight (Orange)								

6. Immunization coverage

a. Number of children completing 12 months during the month:

b. Of this, number of children who have received all vaccinations:
(BCG, DPT3, OPV3, Measles1)

7. Village Health and Nutrition Day (VHND) activities summary

Activities	Yes (✓) / No (X)
a) Was VHND conducted on planned date?	
b) AWW present during VHND?	
c) ICDS Supervisor present during VHND?	
d) ASHA present during VHND?	
e) ANM / MPW present during VHND?	
f) Group health and nutrition education conducted?	
g) Demonstration conducted?	
h) Take-home rations (THR) distributed?	
i) Any children immunized?	
j) Vitamin A supplements administered?	
k) Any antenatal check-ups conducted?	
l) Did village leaders/VHSNC members participate?	
m) Was a due list prepared before the VHND for:	
<i>Immunization</i>	
<i>Vitamin A</i>	
<i>Antenatal check-ups</i>	

8. Referral Services

Types of health problems	Number of cases recorded	Number referred to health facility	Number reached health facility
<i>I. Children</i>			
a. Premature			
b. Sepsis			
c. Diarrhea			
d. Pneumonia			
e. Fever			
f. Severely underweight			
g. Other (specify).....			
h. Other (specify).....			
<i>II. Pregnant women and lactating mothers</i>			
a. Bleeding			
b. Convulsion			
c. Prolonged Labour			
d. Abortion complications			
e. Fever/offensive discharge after delivery			
f. Other (specify).....			

9. Monitoring and Supervision during the month

Sl. No.	Visit (s) made to AWC by the following:	Yes (√) or No (X)
a.	ICDS Supervisor	
b.	ANM	
c.	Health Supervisor	
d.	CDPO/ACDPO	
e.	Medical Officer	
f.	ICDS Dist Programme Officer (DPO)	
g.	State level officials	
h.	Officials from Central Government	
i.	Any other (<i>Specify.....</i>)	

10. Details of engagement in non-ICDS work during the reporting month (if any)

(Please list activities that you have been engaged beyond your normal ICDS work and provide approximate usage of time for each. Any work other than what is recorded in the 11 registers should be included. Include work done for your department, for other government departments and for non-government organizations.)

Sl. No.	Activities	Time used	
		No. of days	Hours per day

11. Analysis of important behaviors and services

Please answer the following questions:

NOTE: This analysis is meant to be used during discussions between the Supervisor and the AWW.

<i>I. Number of pregnancies registered during the month</i>	
1. Among them, how many were registered after four completed months?	
<i>II. Number of Pregnant women due to deliver next month</i>	
1. Among them, how many are not prepared for maternal emergencies?	
2. Among them, how many are not prepared for immediate newborn care?	
<i>III. Number of Live Births during this month</i>	
1. Among live births, how many are home deliveries?	
2. Among home deliveries, how many could you not visit on the day of birth?	
3. Among institutional deliveries, how many could you not visit within a day of returning home?	
4. Among live births, how many were not breastfed immediately after birth?	
5. Among live births, how many were premature births (or babies born more than one month early)?	
6. Among live births, how many weighed less than 2 kg in the first week?	
<i>IV. Number of children completing 6 months next month (currently sixth month)</i>	
1. Among them, how many are being given anything other than breast milk?	
2. Among them, how many have not yet received DPT3?	
<i>V. Number of children who completed 9 months this month (currently tenth month)</i>	
1. Among them, how many are eating less than 2 katoris of rice/khichdi/roti a day?	
<i>VI. Number of children who completed 12 months this month (currently thirteenth month)</i>	
1. Among them, how many have not yet received all vaccines?	
2. Among them, how many have not yet received vitamin A first dose?	
3. Among them, how many are eating less than 3 katoris of rice/khichdi/roti a day?	
<i>VII. Number of children 0-3 years old who are severely malnourished</i>	
1. Among them, how many did not gain adequate weight during the month?	
<i>VIII. Number of children who completed 4 years this month</i>	
1. Among them, how many do not attend PSE activities at the AWC?	
2. Among them, how many do not indicate toilet needs?	
3. Among them, how many do not play with other children?	

PART B

1. My Space

(This space is for the AWW to give her comments, suggestions, concerns etc for programme improvement)*

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.....
.....

** AWW may also seek suggestions/comments from AWH*

.....
(Signature of AWW)

2. Comments of Supervisor and follow-up actions (if any)

.....
.....
.....
.....

.....
(Signature of Supervisor)

Name:
Date:

3. Seen by CDPO

.....
(Signature of CDPO)

Name:
Date:
Stamp of CDPO office

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- i. AWW will submit this report to the Child Development Project Officer (CDPO) through Supervisor by the scheduled date of reporting*
 - ii. After being seen by CDPO, and after collation of data, the original AWC MPR will be retained by the Supervisor*

Annexe

Supplementary Food Stock details of the reporting month

Name of commodity	Opening Balance	Total receipts	Total loan taken / taken back	Total availability	Total Utilization	Total loss/ damage	Total loan given / given back	Closing balance

Name of AWW:

Signature:

Date:

Name of village: **Code:**

Name of Sector:

Code:

Reporting month: _____ / year _____