



# Integrated Child Development Services



सत्यमेव जयते

Andaman and Nicobar Administration

## Supplementary Food Distribution

|                      | Name | Code |
|----------------------|------|------|
| District             |      |      |
| ICDS Project (Block) |      |      |
| Sector               |      |      |
| Village/Ward         |      |      |
| Anganwadi Centre     |      |      |
| Anganwadi Worker     |      |      |
| Anganwadi Helper     |      |      |



Ministry of Women & Child Development  
Government of India

# Section 1a: Supplementary Feeding Record for Pregnant Women

| 1  | 2   | 3                     | 4    | 5        |          |          | 6                                   | 7              | 8   |
|--|---|-----------------------|------|----------|----------|----------|-------------------------------------|----------------|---|
| Sl. No.  | Sl. No. of family   | Sl. No. within family | Name | Category |          |          | Whether minority in the state (Y/N) | Disabled (Y/N) | Total no. of days suppl. food received in the month |
|  |   |                       |      | ST       | SC       | Other    |                                     |                |   |
|  |   |                       |      |          |          |          |                                     |                |   |
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|  |   |                       |      |          |          |          |                                     |                |   |
|  |   |                       |      |          |          |          |                                     |                |   |
| Total no. of pregnant women absent throughout the month: | Sum of pregnant women given supplementary food daily                    |                       |      |          |          | Total    |                                     |                |   |
|  | Sum of rations given daily  |                       |      |          |          | Total    |                                     |                |   |
|  | Number of pregnant women given supplementary food for 21+ days (count): | ST                    | SC   | Other    | Minority | Disabled |                                     |                |   |
|  |   |                       |      |          |          |          |                                     |                |   |

Reporting month/year:.....20.....

| 9   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |
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| Dates   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |
| Record the number of rations given for each day (fill 0 if not given) |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |
| 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |  |  |  |  |  |  |  |
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### Section 2b : Supplementary Feeding Record for Boys - 6 months to 3 years old

(Include here all boys of ages 6 months to 2 years and 11 months; move boys who have completed 3 years to section 3b)

| 1<br>Sl. No.  | 2<br>Sl. No. of family                            | 3<br>Sl. No. within family | 4<br>Name | 5<br>Age |      | 6<br>Nutritional Grade in previous month | 7<br>Category |    |       | 8<br>Whether minority in the state (Y/N) | 9<br>Disabled (Y/N) | 10<br>Total no. of days suppl. food received in the month |
|---|---|----------------------------|-----------|----------|------|--|---------------|----|-------|--|---------------------|---|
|   |   |                            |           | Yrs      | Mons |  | ST            | SC | Oth   |  |                     |   |
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|   |   |                            |           |          |      |  |               |    |       |  |                     |   |
| <b>Total no. of boys absent throughout the month:</b>                 | <b>Sum of boys given supplementary food daily</b> |                            |           |          |      |  |               |    |       |  |                     | <b>Total</b>  |
|   | <b>a. Number of boys marked "N" daily</b>         |                            |           |          |      |  |               |    |       |  |                     | <b>Total</b>  |
|   | <b>b. Number of boys marked "L" daily</b>         |                            |           |          |      |  |               |    |       |  |                     | <b>Total</b>  |
| <b>Number of boys given supplementary food for 21+ days (count) :</b> |   |                            |           |          |      |  | ST            | SC | Other | Minority                                 | Disabled            |   |

Reporting month/year:.....20.....

| 11<br>Dates   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Record the amount of rations given each day (Mark "N" for normal quantity, mark "L" for larger quantity, such as for severely underweight children, mark "O" if not given. If THR is given, mark number of days for which given, along with "N" or "L"- for instance, "L/14" if larger quantity given for 14 days. Then, tick-mark (✓) the cells for the period for which it was given) |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |
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