



INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)

< Space for State Govt log >

AWC Annual Status Report (AASR)

Reporting year: 1.4.20.... to 31.3.20....

IDENTIFICATION AND BACKGROUND INFORMATION

	Name		Code
State			
District			
CD Block			
ICDS Project			
Sector			
Village /Town..... /Ward			
AWC..... /Mini-AWC.....			
Is there a Health Sub-Centre located in this village?	Yes	No	
Health Sub-Centre linked to this AWC			
Auxiliary Nurse & Midwife (ANM)			
Anganwadi Worker (AWW)/Mini-AWW			
Anganwadi Helper (AWH)			



Ministry of Women and Child Development
Government of India

PART A

1. Location of AWC:

a. Centre of the village; b. Periphery of the village; c. Distant *tola*/hamlet

2. AWC run by: a. State Govt. b. Panchayat c. NGO

3. Whether AWC resides in the same village/town: YES/NO

4. Distance between AWW's home and the AWC (in km):

5. How many AWC's are there in this village excluding this one:

(Write "0" if no other AWC in this village)

6. Details of Annual Family Survey

a. Total population covered by this AWC: _____ b. Total number of families _____

c. Month of the last survey: _____

Category	Pregnant women	Lactating mothers	Children												Adolescent Girls
			0-5 months		6-11 months		1y to 2 y 11m		3 y to 4 y 11m		5 y to 5 y 11 m		All children 0-71 months		
			Girl	Boy	Girl	Boy	Girl	Boy	Girl	Boy	Girl	Boy	Girl	Boy	
ST															
SC															
Other															
Total															
Minority															
Disabled															

7. Identification of the Disabled Children

(Out of the surveyed children)

	Type of disability				
	Movement	Mental	Seeing	Hearing	Speaking
No. of children 0-3 yrs					
No. of children 3-6 yrs					
Total					

8. AWC Infrastructure Status

		Code
A	Where is the AWC housed? (Own Building -1; Rented - 2; Neither own nor rented -3)	
B	If housed in own building, who has provided the same? (Panchayat - 1; Community - 2; Urban Municipality/ Corporation -3; Rural Development/ DRDA-4; ICDS - 5; Any other -6, specify _____)	
C	Whether AWC is housed in: (AWW's house - 1; AWH's house - 2; In Panchayat building - 3; In primary school - 4; Any religious place - 5; Any other community building - 6; Open space - 7)	

D	Status of the AWC structure? (<i>Pucca – 1; Semi pucca – 2; Kutcha – 3</i>)	
E	Whether the AWC has barrier free access for the physically challenged children? (<i>Yes- 1; No- 0</i>)	
F	Whether the AWC has any toilet facility for the children? (<i>Yes-1 ; No-0</i>)	
	If YES, type of toilet: <i>Pit type (Latrine) – 1; Only urinal – 2; Flush system – 3; others –4</i>	
G	Source of safe drinking water at the AWC? (<i>No provision-0; Hand pump/Tube well – 1; Tap water – 2; Well –3; others – 5 (specify _____)</i>)	
H	Whether the AWC has a kitchen/separate covered space for cooking supplementary food? (<i>Yes – 1; No – 0</i>)	
I	Whether the AWC has space for storing food commodities, health supplies and equipment? (<i>Yes – 1; No – 0</i>)	
J	Whether the AWC has adequate space for PSE activities? (<i>Yes-1; No-0</i>) If YES,, <i>Adequate indoor space – 1; Adequate outdoor space – 2; Adequate indoor and Outdoor space – 3</i>	

9. Staff Profile

Profile Characteristics	AWW	AWH
A. Age (<i>in completed years as on 31st March of the reporting year</i>)		
B. Educational Qualifications (<i>Illiterate – 1; Below V standard – 2; Up to VIII -3, Matriculation/X – 4; Higher Secondary/ Intermediate–5; Graduate & above –6</i>)		
C. Training Status		
1. Whether received Job Training of the department (<i>Yes – 1; No - 0</i>) <i>[If yes, please indicate year in which training was received]</i>	Code:	Code:
	Yr:	Yr:
2. Whether received Refresher Training of the department during the last 2 years (<i>Yes – 1; No- 0</i>) <i>(If yes, please indicate year of the last refresher training)</i>	Code:	Code:
	Yr.	Yr.
3. If refresher training has been received by AWW <i>during</i> the year, please mention <i>any three</i> topics discussed during the training: <i>i.</i> <i>ii.</i> <i>iii.</i>		
4. Whether participated in any joint training with health staff (<i>Yes – 1; No - 0</i>) <i>(If yes, please indicate the date of last joint training)</i>	Code:	Code:
	Date:	Date:

10. Supply position (Please put ✓ in boxes as applicable)

A.	Items at AWC	Available		Usable	
		Yes	No	Yes	No
1	Medicine Kit				
2	Pre-School Kit				
3	Baby weighing scale				
4	Flat weighing scale				
5	Adult weighing scale				
6	Cooking utensils				
7	IEC/BCC Materials				
8	NHED Kit				
9	Referral Slip				
10	Plates				
11	Tumblers				
12	Measuring cups				
13	Food storage bins				
14	Water storage container				
15	Chair				
16	Table				
17	Dari/Mats				
18	Other (Specify).....				

B.	Records and Registers	Yes	No
Registers prescribed by GOI (March 2012)			
1	Family Details		
2	Supplementary Food Stock		
3	Supplementary Food Distribution		
4	Pre-School Education		
5	Pregnancy & Delivery		
6	Immunization & VHND		
7	Vitamin A Bi-Annual Rounds		
8	Home Visits Planner		
9	Referrals		
10	Summary (Monthly & Annual)		
11	Weight Records of Children		
Other records			
12	WHO New Growth Charts		
13	New Joint Mother & Child Protection (MCP) Cards		
14	Stock register for items other than food commodities		
15	Visitors' Logbook/Diary		
16	Do you keep any other records/registers? If Yes, please list them: i. ii. iii.		

PART B

1. My Space

(This space is for the AWW and AWH to write their comments, suggestions, concerns etc)

<p>(i) Constraints <i>(for example, issues with food commodities supply and quality, fuel wood, payment of bills, convergence with health, community mobilization, records maintenance, growth promotion, organizing VHNDs, etc.)</i></p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>(ii) Achievements during the year</p> <p>.....</p> <p>.....</p>	
<p>(iii) Learnings during the year</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>Name of AWW</p>	<p>(Signature of AWW)</p>

2. Supervisor's Comments:

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.....
(Signature of Supervisor)

Name:

Date:

3. Seen by CDPO

.....
(Signature of CDPO)

Name:

Date:

Stamp of CDPO office

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1. AWW will submit this report to Child Development Project Officer (CDPO) through Supervisor in April of every year
 2. After seen by CDPO, and collation of data, the original AWC ASR will be retained by the Supervisor