



INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)

< Space for State Govt log >

Project Monthly Progress Report (PMPR)

Reporting month: _____ year: _____

IDENTIFICATION AND BASIC INFORMATION

	Name		Code
State			
District			
CD Block			
ICDS Project			
Type of Project	Rural..... / Urban..... /Tribal.....		
No. of Sectors			
	<i>Sanctioned</i>	<i>Functioning</i>	<i>Reporting this month</i>
No. of AWCs			
No. of Mini AWCs			
Total population of the project (as of last April):			
Block PHC linked to this project			
CDPO			
ACDPO (if any)			



Ministry of Women and Child Development
Government of India

PART A

1. 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</i> , no. of low birth weight babies (< 2500 gm)				
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>				

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

Sum of open days reported during the month by all AWCs:

Average no. of days AWCs were open during the month

	Morning snacks/ breakfast	Hot cooked meals/ RTE	Take home ration (THR)	PSE
i. Sum of number of days each service was provided, reported by all AWCs during the month				
ii. Average number of days each service was provided				
iii. Number and % of AWCs providing supplementary food for 21 or more days	%	%	%	
iv. Number and % of AWCs providing PSE for 16 or more days				%
v. Number and % of AWCs providing services for 9 days or less	%	%		%

(For computing average or percentage, divide by the number of reporting AWCs during the month)

2b. Number of AWCs using iodized salt:

% of reporting AWCs:

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	Total		
ST									
SC									
Others									
All categories (Total)									
Minority									
Disabled									

b. Feeding Efficiency

i. Annual population totals (as in April)*									
ii. Usual absentees during the month*									
iii. Total present for at least one day during the month*									
iv. Expected Total Person Feeding Days (TPFD)									
v. Actual TPF									
vi. Feeding Efficiency (%)									

* Sum of numbers reported by all reporting AWCs

iv Expected TPF = [Sum of {(iii) from each AWC x no. of days when HCM/RTE was given from that AWC MPR} for all AWCs]

v Actual TPF = Sum of TPF reported by all AWCs

vi Feeding Efficiency [(v/iv) x 100]

c. Temporary residents who received supplementary food during the month

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

4. Pre-school Education Coverage (Residents)

a. Number of children 36-71 month old who attended for 16 or more days in the reporting month

<i>Category</i>	<i>Girls</i>	<i>Boys</i>	<i>Total</i>
ST			
SC			
Others			
All categories (Total)			
Minority			
Disabled			

b. Total Daily Attendance of Children

<i>Age category</i>	<i>Girls</i>	<i>Boys</i>	<i>Total</i>
3 – 4 yrs			
4 – 5 yrs			
5 – 6 yrs			
All Children			

c. PSE Attendance Efficiency

	<i>Girls</i> (36-71 m)	<i>Boys</i> (36-71 m)	<i>Total</i> (36-71 m)
i. Annual population totals (as in April)*			
ii. Usual absentees during the month*			
iii. Total present for at least one day during the month*			
iv. Expected Total Daily Attendance			
v. Actual Total Daily Attendance			
vi. PSE attendance efficiency (%)			

* Sum of numbers reported by all reporting AWCs

iv Expected Total Daily Attendance = [Sum of {(iii) from each AWC x no. of days when PSE was conducted, from that AWC MPR} for all AWCs]

v Actual Total Daily Attendance = Sum of Total Daily Attendance reported by all AWCs

vi PSE Attendance Efficiency [(v/iv) x 100]

d. PSE Activities

	Total	Average
i. No. of days on which <i>any</i> PSE activity was conducted		
ii. No. of days on which <i>at least four</i> PSE activities were conducted		

(For computing average, divide total by number of reporting AWCs)

5. Nutritional Status of Children (Residents)

(As per new WHO Growth Charts)

	0 m to 1 yr		1 yr to 3 yrs		3 yrs to 5 yrs		All Children		
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Total
i. No. of children weighed									
ii. Annual Population Totals									
iii. Weighing efficiency (%)									
iv. Out of the children weighed, no. of children found:									
a. Normal (Green)	Number								
	%								
b. Moderately underweight (Yellow)	Number								
	%								
c. Severely underweight (Orange)	Number								
	%								

[For computing percentages, divide by the total number of children reported in April (ii)]

6. Immunization coverage

- (i) No. of children completing 12 months during the month:
- (ii) Of this, no. of children who have received all vaccinations:
- (iii) Percentage timely full immunization coverage [(ii x100)/ i]: %

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

Activity	No. of AWCs reported 'Y'	% of reporting AWCs
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 education conducted?		
g) Demonstration conducted?		
h) Take-home rations 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	AWCs		Cases			
	No of AWCs reporting any case	% of reporting AWCs	Total cases reported	Total cases referred	Total cases reached facility	% referred cases reached facility
<i>I. Children</i>						
a. Premature						
b. Sepsis						
c. Diarrhea						
d. Pneumonia						
e. Fever						
f. Severely underweight						
g. Other						
<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						

9. Monitoring and Supervision during the month

(i) Visits to AWCs

Visited By	No. of AWCs visited in the month	% of reporting AWCs visited
<i>(from AWW MPR)</i>		
a. ICDS Supervisor		
b. ANM		
c. Health Supervisor		
d. CDPO/ACDPO		
e. Medical Officer		
f. District Programme Officer		
g. Officials from State Government		
h. Officials from Central Government		
<i>(from CDPO's own records)</i>		
a. CDPO/ACDPO		
b. Joint visit by CDPO/ACDPO with MO or any other Health Department Official		
c. DPO/Regional Deputy Director		

(ii) Participation of CDPO/ACDPO in Review Meetings during the month

	<i>No. of meetings attended by CDPO/ACDPO at different levels</i>		
	Sector	Block	District
a. ICDS meeting			
b. Review meeting with health			
c. Review meeting with PRIs			
d. Review meeting with other departments			

10. Human Resources

Sl. No.	Functionary	Sanctioned	In-position
a.	CDPO		
b.	ACDPO (if any)		
c.	Assistant/ Statistical Assistant		
d.	Supervisor		
e.	AWW		
f..	AWW for mini AWCs		
g.	AWH		
h.	Ministerial post/ Block level staff		
i.	Driver		

11. Information on any intervention that has been carried out in the project area using AWC platform by other Agencies

Sl. No.	Name of the intervention/activity	Name of the Agency <i>[e.g. Panchayat, Other line deptt, NGOs, International Organizations etc]</i>

12. Details of engagement in non-ICDS work by CDPO/ACDPO

(Please list activities that you have been engaged beyond your normal ICDS work and provide approximate usage of time for each. Include work done for your department, some other government department as well as for non-government organizations)

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

PART B

1. My Space

(i) Achievements:

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(ii) Problems identified:

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(iii) Actions initiated to resolve the identified problems:

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(iv) Support needed from the DPO/Directorate/Commissionerate :

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.....

.....
(Signature of CDPO)

Name:
Date:
Stamp of CDPO office

2. Seen by DPO

.....
(Signature of DPO)

Name:
Date:
Stamp of DPO office

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1. CDPO will submit this report to the State Directorate through DPO by the scheduled date of reporting
 2. After being seen by DPO, and after collation of data (at the district level), the original Project MPR will be retained by the CDPO for audit requirements.