

**INTEGRATED CHILD DEVELOPMENT SERVICES ( ICDS ) SCHEME**

To,

The Director,  
Social Welfare, Women and Child Development,  
Government of Arunachal Pradesh,  
P.O.: NAHARLAGUN – 791 110.

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

**1. Project : Identification and Background information**

Name of State \_\_\_\_\_ Code \_\_\_\_\_  
Name of District \_\_\_\_\_ Code \_\_\_\_\_  
Name of Project \_\_\_\_\_ Code \_\_\_\_\_

No. of Sub-centres in the block area \_\_\_\_\_  
No. of Dispensaries in the block area \_\_\_\_\_  
Nature of Project - Rural / Tribal / Urban \_\_\_\_\_  
Year of sanction by Government of India \_\_\_\_\_  
Year of sanction by State Government \_\_\_\_\_  
Year of operational \_\_\_\_\_

**2. Details of Anganwadi Centres (AWCs)**

i) No. of AWCs : Sanctioned \_\_\_\_\_ Functioning \_\_\_\_\_ Reporting \_\_\_\_\_

ii) No. of AWCs : Number of days in a month

	<u>0 day</u>	<u>1-14 days</u>	<u>15-25 days</u>	<u>25 days &amp; above</u>
Opened	_____	_____	_____	_____
Provided SNP	_____	_____	_____	_____
	<u>0 day</u>	<u>1-15 days</u>	<u>16 &amp; above days</u>	
Conducted PSE	_____	_____	_____	_____

**3. Reported births and deaths**

i)

Children :	No. of Births			No. of Deaths					
	Live Birth	LBW out of LB	Total Birth	Below 1 year	1 – 3 years	3 – 6 years	No. of SC	No. of ST	Total Death
Boys									
Girls									

ii) **Women :** Deaths of Women during Pregnancy and delivery .....

- Complete the Performa in Duplicate and send One Copy to State nodal officer dealing with ICDS Scheme by the 7th of the following month. It may sent through DPO wherever available.
- Retain the second copy for record.

**CDPO M P R**

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Directorate of Social Welfare, Women and Child Development,  
Government of Arunachal Pradesh,  
Naharlagun – 791 110.

4. Beneficiaries

i) Supplementary Nutrition ( in all reporting AWCs in a month)

	Total number in the area	Total number enrolled	Total who received SNP for 25 & above days	No. received double ration out of Col (3)
	1	2	3	4
<b>Women</b>				
Pregnant				
Lactating *				
<b>Child 6-12 months</b>				
Girls				
Boys				
<b>Children 12-36 months</b>				
Girls				
Boys				
<b>Children 36 - 60 months</b>				
Girls				
Boys				
<b>Children 60 - 72 months</b>				
Girls				
Boys				

\* first 6 months of lactation.

ii) Pre - School Education Beneficiaries ( Children 36 – 72 months ) :

	Total no. in the area	Total no. Enrolled	Attended 16 & above days
Boys			
Girls			

5. Classification of Nutritional Status by weight / colour strip for age:

No. of Children in the area		0 – 1 year				1 – 3 year				3 – 5 year			
		No. in the area		Weigh		No. in the area		Weigh		No. in the area		Weigh	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
	Normal												
	Grade – I												
	Grade – II												
	Grade – III												
	Grade – IV												
<b>Total :</b>													

6. Nutrition and Health Education (NHED)

i) No. of AWCs where NHED activities were organised \_\_\_\_\_

ii) No. of women participated \_\_\_\_\_

7. Referral Services :

Number of persons referred

	Severely Malnourished (Grade-III & IV)	Others
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i) Children 0 - 1 year

Boys : \_\_\_\_\_

Girls : \_\_\_\_\_

ii) Children 1 - 6 year

Boys : \_\_\_\_\_

Girls : \_\_\_\_\_

iii) Pregnant & Lactating Women \_\_\_\_\_

8. No. of visits to AWC during the month: i) By ANM \_\_\_\_\_

ii) By Supervisor \_\_\_\_\_

9. No. of joint meetings of Health and non-health staff organized by CDPO: \_\_\_\_\_

10. Staffing position :

Sl. No	Name of functionaries	Sanctioned	In position	Vacant	Trained	Under Job Training	Untrained
1.	CDPO						
2.	Supervisor						
3.	Extension Officer(WCS)						
4.	Statistical Assistant						
5.	Gramsevika (Sr) / (Jr)						
6.	UDC						
7.	LDC						
8.	Projector Operator						
9.	Driver						
10.	Peon						
11.	AW Workers						
12.	AW Helpers						

Name of the CDPO : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone No. \_\_\_\_\_

( Stamp of CDPO office )