

FORMAT 4 - MONTHLY BLOCK REPORT FOR ICDS/EDUCATION DEPT.

Block/Project:	District:	State:
Reporting Month and Year:	Name of the Block Education Officer/ Name of the CDPO:	

	Schools	AWCs
Total No. of schools (including govt./govt. aided, municipal, residential and others) with 6 th to 12 th classes/AWCs in the Block/Project		
No. of schools with 6 th to 12 th classes/AWCs submitting reports for the month		

I. IFA Consumption	In School (for Block Education Officer)	In AWC (for CDPO)
Total no. students in classes 6 th -12 th /out of school girls covered under WIFS Programme in the block/project	Girls:	b)
	Boys:	
	Total a):	
No. of Girls consuming at least 4 IFA tablets in this month		
No. of Boys consuming at least 4 IFA tablets in this month		
Total No. of adolescents consuming at least 4 IFA tablets in this month	c)	d)
COVERAGE %	$(c)/(a) \times 100 =$	$(d)/(b) \times 100 =$
Total No. of staff (teachers/AWW & AWH) consuming at least 4 weekly IFA tablets in this month		

II. Albendazole Consumption (In February /August)	In school	In AWC
No. of Girls consuming Albendazole tablets		
No. of Boys consuming Albendazole tablets		
Total No. of adolescents consuming Albendazole tablets	m)	n)
COVERAGE %	$(m)/(a) \times 100 =$	$(n)/(b) \times 100 =$

III. Adolescents with moderate/severe anaemia (Based on physical check up only)	In school			In AWC
	Girls	Boys	Total	Girls
	Identified			
Referred				

IV. Nutrition and Health Education		
Total No. of Nutrition Health Education sessions planned in the reporting month		
Total Nutrition Health Education sessions conducted by in the reporting month		

V. Adverse effects		
No. of adolescents who experience adverse effects following IFA consumption		
No. of adolescents who were referred to health facility for management of adverse effects		

VI. Supply Details	Opening Stock	Stock Received (if any)	Stock Utilized	Balance Stock with expiry date	Stock needed (if any)
IFA tablets					
Albendazole tablets					

Signature of CDPO/Block Education Officer	Date:
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