

FORMAT 5 – DISTRICT MONTHLY REPORT

District:	State:	Reporting Month and Year:						
Name of the Nodal Officer:								
Total No. of Blocks in the District :	Total No. of Schools (including Govt./Govt. Aided/Residential Schools in the District:		Total No. of AWCs in the District:					
Total No. of Blocks submitting reports from Education Dept.:								
Total No. of Blocks submitting reports from ICDS Dept:								
I. IFA Consumption	In School		In AWC		Total			
Total no. of adolescents covered under WIFS Programme in the District	Girls:		b)	c)				
	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 of adolescents consuming at least 4 IFA tablets in this month	d)		e)	f)				
COVERAGE %	$(d)/(a) \times 100 =$		$(e)/(b) \times 100 =$	$(f)/(c) \times 100 =$				
Total No. of staff (Nodal Teachers/AWWs/AWHs) consuming 4/5 IFA tablets in this month								
II. Albendazole Consumption (February /August)	In school		In AWC		Total			
No. of Girls consuming Albendazole tablets								
No. of Boys consuming Albendazole tablets								
Total No. of adolescents consuming Albendazole tablets	m)		n)	p)				
COVERAGE %	$(m)/(a) \times 100 =$		$(n)/(b) \times 100 =$	$(p)/(c) \times 100 =$				
III. Adolescents with moderate/severe anaemia (Based on physical check up only)		Girls	Boys	Total	Girls	Girls	Boys	Total
	Identified							
	Referred							
IV. Nutrition and Health Education Session								
Total Nutrition Health Education sessions planned by nodal teachers/AWWs in the reporting month								
Total Nutrition Health Education sessions conducted by nodal teachers/AWWs 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 (TO BE SUBMITTED IN APRIL AND OCTOBER)								
	Opening Stock	Stock Received (if any)		Stock Utilized (in the last 6 months)		Balance Stock with expiry date		
IFA tablets								
Albendazole tablets								
Signature of District Nodal Officer						Date:		

