

Format 7(A) – Monthly format for Anganwadi Centre

Annexure 7A

Name of AWC/Village:			AWC Code:			Block/Project:		
Name of AWW:			Reporting Month and Year:			District:		
S. No	Name of girl enrolled under WIFS Programme and Father's name	Age	<i>Pls. tick (✓) the if the girl has consumed IFA Tablets</i>					Girls consuming Albendazole tablets (February and August)
			1 st Week	2 nd Week	3 rd Week	4 th Week	5 th Week	
			Date:	Date:	Date:	Date:	Date:	
			OPTIONAL. THIS RECORD MAY BE KEPT IN AWC REGISTERS					
Total No. of girls consuming IFA in a week								
			I. IFA consumption	II. Albendazole consumption <i>(In February and August)</i>	III. No. of girls with moderate/severe anaemia <i>(Based on physical check up only)</i>	IV. Nutrition and Health Education Sessions	V. Adverse Effects	
Total No. of Adolescent Girls (10-19 years) registered at the AWC under WIFS Program					Referred:	Total No. of sessions planned:	a. No. of Adolescents Girls who experienced adverse effects:	
No. of Adolescent Girls (10-19 years) registered at the AWC consuming at least 4 IFA tablets in this month					Identified:	Total No. of sessions conducted:	b. No. of adolescents girls referred to health facility for management of side effects :	
VI. Supply			Opening Balance	Stock Received	Stock utilized	Closing Balance with expiry date	Stock Required (if any):	
IFA Tablets								
Albendazole Tablets								
Signature Anganwadi Worker			Signature ICDS Supervisor					