

Format 9 - State Monthly Report

State:		Reporting Month and Year:								
Name of the Nodal Officer :										
Total No. of Districts in the State:										
Total No. of Districts submitting reports for the month (by both education and ICDS Dept):										
I. IFA Consumption		In school			In AWC		Total			
Total no. of adolescents covered under WIFS Programme in the State		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 No. of adolescents consuming at least 4 IFA tablets in this month		d)			e)		f)			
Total No. of staff (Nodal Teachers/AWWs/AWHs) consuming at least 4 IFA tablets in this month										
COVERAGE %		$(d)/(a) \times 100 =$			$(e)/(b) \times 100 =$		$(f)/(c) \times 100 =$			
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 Tablet		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 No. Nutrition Health Education sessions planned in the reporting month										
Total Nutrition Health Education sessions conducted 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 APRIL AND OCTOBER)

	Quantity Procured	Date of procurement	Expiry Date of the Stock	Stock Utilized (in the last 6 months)	Balance Stock with expiry date
IFA tablets					
Albendazole tablets					

Signature State Nodal Officer :

Date: