ISSNIP Monthly Register

1. Basic Details

Name of Project:	*LGD Code:	*Main AWC / Mini AWC:
Name of AWC:	AWC Code:	*Name Of Supervisor:
*Name of AWW:	Mobile number of AWW:	*Name of AW Helper:

2. Infrastructure

Type of AWC building Pucca / Others:	Owned/rented/Others:
Whether drinking water available at AWC? (Y/N):	
Whether Kitchen available at AWC? (Y/N):	
Whether toilet available at AWC? (Y/N):	Type of toilet at AWC:

3. Total Population as per Anganwadi Survey Register

Infants (0- 6 Months)	Children(6 -36 Months)	Children (36-72 months)	Pregnant Women	Lactating Mothers
test				

4. AWC Functioning & services delivered

Number of days AWC functioned:	Number of days AWC conducted Preschool Education:
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^{*}ECCE material available at AWC(Y/N):

Infanta (O. O. Mantha)	No. of beneficiaries availing Supplementary Nutrition /Month				
Infants (0- 6 Months)	Breakfast	HCM	THR		
Normal Children					
*Severely underweight Children					
Pregnant Women					
Lactating Mothers					

5. Services

	Supplementary Nutrition 21+days in the Reporting Month				Pre- School Education			
_	6-36		36-72		Women		36-72 month	
Category	Boys	Girls	Boys	Girls	Pregnant	Lactating	Boys	Girls
1	2	3	4	5	6	7	8	9
sc								
ST								
OBC								
General								
Total								
Minority (out of total)								

6. Classification of Nutritional Status of Children as per the WHO Growth Standards

Children	No. of Childr	en (0-3years)	No. of Children (3-5years)	
	Boys	Girls	Boys	Girls
Normal (Green)				
Moderately Under weight (yellow)				
Severely Under weight (Red)				
Stunted (Height for Age)				
Wasted (Weight for height)				
Minority (out of total)				

7. Village Health Sanitation and Nutrition Day (VHSND) activity summary and other details

Date of VHSND conducted	test
AWW present during VHSND? (Y/N)	
Number of antenatal check- ups conducted during the Month	
Total children Immunized during Month	
Did Village leaders/VHSNC members participated in VHSND?	
* No of children given de-worming tablets (Children 1-2 yrs-half tablet and above 1 tablet)	
No of Referrals made for the Month	
No of Home visits made during the Month	

8. *THR Distribution

Quantity of THR	Normal Children	Pregnant women lactating Mothers	Severely underweight Children
Opening Balance			
Received			
Distributed			
Closing balance			

^{*}fields are not be updated by AWW

Signature of AWW

