

NO. HFW-H Una (WIFS)/2015- 9866

23-7-16

From:

Office of Chief Medical Officer,  
Una District Una H.P.

TO

✓ The Deputy Director Education, Elementary and Secondary.  
Una, District Una (HP)

Subject:  
Sir,

Regarding revised WIFS reporting format and reporting thereof.

Please find enclosed herewith the revised weekly iron and folic acid supplementation (WIFS) reporting formats received from state HQ. Now, the Govt. is pressing hard to continue the reports on revised formats. Therefore you are requested to submit the report of said activity to this office.

This is for favour.of your kind information and necessary action please.

With Regards,

Yours Faithfully,

*[Signature]*  
Chief Medical Officer,  
Una, District Una (H.P)  
Dated:

Chief Medical Officer,  
Una, District Una (H.P)

*[Handwritten initials]*

Endst. No. As Above -

• Copy to worthy Deputy Commissioner Una for favour of information please.

*[Handwritten notes]*  
A-1  
10/95  
25/7

*[Handwritten date]*  
25/7/16

Endst No. EDN-U (G-1) FTB/2014/- 33333-37  
Office of the Deputy Director of Higher Edu.  
Una District Una (HP)

Dated 27 July, 2016

Copy to:-

- 1 The Chief Medical Officer Una for information please.
- 2 The Concerned Principal GSSS Amb, Haroli, Bangana Una (B) & Ambota in Una District for information & strict compliance. You are directed to supply the said information as per appendix attached to this office within two days.



Deputy Director of Higher Edu.  
Una District Una (HP)

**Format 2 – Class Monthly Register**

*Annexure 2*

Class: \_\_\_\_\_

Name of School: \_\_\_\_\_

Total No. of Girls in Class: \_\_\_\_\_

Total No. of Boys in Class: \_\_\_\_\_

Reporting Month and Year: \_\_\_\_\_

Total No. of Students: \_\_\_\_\_

S. No	Name of the Student	F/M	Weekly IFA consumption					Consumption of Albendazole (February/August) Date: _____
			1 <sup>st</sup> Week	2 <sup>nd</sup> Week	3 <sup>rd</sup> Week	4 <sup>th</sup> Week	5 <sup>th</sup> Week	
			Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	
<b>Class Teacher Consuming IFA:</b>								
	I. Students consuming at least 4 IFA tablets in this month		II. Students consuming Albendazole tablets (In February and August)	III. Students with moderate and severe anaemia (Based on physical check up only)		IV. Adverse Effects		
				Identified	Referred	No. of Students who experienced adverse effects following IFA consumption	No. of Students referred to Health Facility due to adverse effects	
	Girls							
	Boys							
	Total							

Signature of Class Teacher: \_\_\_\_\_

### FORMAT 3 – MONTHLY SCHOOL REPORT

Annexure 3

Name of School:		Village/Town/City:	Block :	District:	
Type of School: Govt./Govt. Aided/Residential Schools/ Others, specify/.....		Name of the Nodal Teachers/Principal:			
Reporting Month and Year:		Classes in School: (plstick) 6 <sup>th</sup> /7 <sup>th</sup> /8 <sup>th</sup> /9 <sup>th</sup> /10 <sup>th</sup> /11 <sup>th</sup> /12 <sup>th</sup>			
<b>I. IFA Consumption</b>					
		Girls	Boys	Total	
Total no. of Students in 6 <sup>th</sup> to 12 <sup>th</sup> Classes	a)		b)	(a+b)	
No. of Student in 6 <sup>th</sup> to 12 <sup>th</sup> Classes consuming at least 4 IFA tablets in this month	c)		d)	(c+d)	
Coverage %	$c/a \times 100 =$		$d/b \times 100 =$		
Total number of teachers and other staff consuming at least 4 IFA tablets in this month				$(c+d)/(a+b) \times 100$	
<b>II. Albendazole Tablet Consumption ( February /August )</b>					
		Girls	Boys	Total	
No. of Students in 6 <sup>th</sup> to 12 <sup>th</sup> Classes consuming Albendazole tablets	m)		n)	(m+n)	
Coverage %	$(m)/(a) \times 100 =$		$(n)/(b) \times 100 =$		
				$(m+n)/(a+b) \times 10$	
<b>III. Students with moderate/severe anaemia (Based on physical check-up only)</b>					
		Girls	Boys	Total	
	Identified				
	Referred				
<b>IV. Nutrition and Health Education</b>					
IV a. Number of Nutrition and Health Education sessions planned in the month					
IV b. No. of Nutrition and Health Education sessions conducted					
<b>V. Adverse Effects</b>					
No. of students who experienced adverse effects following IFA consumption					
No. of students referred to health facility for management of adverse effects					
<b>VI. Stock Details</b>					
	Opening Stock	Stock received in the month (if any)	Stock Utilized in the month	Balance Stock with expiry date	Stock nee (if any)
IFA Tablets					
Albendazole Tablets					
Nodal Teacher 1		Nodal Teacher 2		Head Teacher	



### 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 <sup>th</sup> to 12 <sup>th</sup> classes/AWCs in the Block/Project		
No. of schools with 6 <sup>th</sup> to 12 <sup>th</sup> classes/AWCs submitting reports for the month		

<b>I. IFA Consumption</b>	<b>In School (for Block Education Officer )</b>	<b>In AWC (for CDPO)</b>
Total no. students in classes 6 <sup>th</sup> -12 <sup>th</sup> /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		

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

<b>III. Adolescents with moderate/severe anaemia</b> (Based on physical check up only)		Girls	Boys	Total	Girls
	Identified				
	Referred				

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

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

<b>VI. Supply Details</b>	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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### 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:								
<b>I. IFA Consumption</b>	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								
<b>II. Albendazole Consumption (February /August)</b>	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							
<b>IV. Nutrition and Health Education Session</b>								
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								
<b>V. Adverse effects</b>								
No. of adolescents who experience adverse effects following IFA consumption								
No. of adolescents who were referred to health facility for management of adverse effects								
<b>VI. Supply Details/ (TO BE SUBMITTED IN APRIL AND OCTOBER)</b>								
	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:	



**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:

5. No	Name of girl enrolled under WIFS Programme and Father's name	Age	Pls. tick (✓) the if the girl has consumed IFA Tablets					Girls consuming Albendazole tablets (February and August)
			1 <sup>st</sup> Week Date:	2 <sup>nd</sup> Week Date:	3 <sup>rd</sup> Week Date:	4 <sup>th</sup> Week Date:	5 <sup>th</sup> Week 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 (in February and August)		III. No. of girls with moderate/severe anaemia (Based on physical check up only)		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