

ANNEXURE 9

Format 9- CHC/ PHC / UHC Monthly Report

Name of CHC / PHC/ UHC:

Reporting month and year:

Total No. govt .schools 6-12th class:

Total ICDS projects:

Target population for the month

Girls:

Boys:

Total:

a) **Date of procurement of IFA:**

b) **Quantity of IFA procured:**

c) **Date of procurement of Albendazole:**

d) **Quantity of Albendazole procured:**

e) **Date of expiry of IFA**

Adolescent population covered in the state in the reporting month

In school (DoE)

Out of school (ICDS)

Total

f) Girls given 4 IFA tablets per month (5 tablets in case of five weeks in a month)

g) Boys Given 4 IFA tablets per month (5 tablets in case of five weeks in a month)

h) **Grand Total of boys and girls given WIFS tablets**

i) Total adolescents given with moderate/severe anaemia) referred

j) IFA consumption by Nodal Teacher / AWW

In school

Out of school

Total

k) Girls given Albendazole

l) Boys given Albendazole

m) **Grand Total of boys and girls given Albendazole**

Achievement in IFA distribution against target = Total Girls and boys given IFA tablets (i) / Total Target population*100=

.....
HO / MO I/C
CHC / PHC / UHC