

(GOVERNMENT OF NCT OF DELHI)  
DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT  
2nd Floor Maharana Pratap ISBT Building, Kashmere Gate,  
Delhi-06  
(R.T.E.G. BRANCH)



F.No. 56 (111)/WCD/RTE/2021-22/Misc. Meeting Notice/

10334-41

Dated:

25 SEP 2023

Order

It has been directed by the Director WCD to have the weekly Progress report of SA&P 2.0 Projects, Child Care Instructions and Women Institutions in enclosed format, for the purpose of review and assessment of progress. Therefore, I am directed to enclose herewith the weekly progress report format for field offices and institutions for the purpose of review and assessment of progress.

In this regard, the weekly progress report should be submitted to the Nodal Officer, Ms. Archana Rawal, Assistant Director (Planning), assisted by the Section Officer (Planning). The further compilation and review/assessment shall be carried out by the concerned branch to apprise the senior officers. Non-compliance will be viewed seriously.

This issues with the approval of Director, DWCD.

Enclosed as above.

Deputy Director (RTEG)

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Copy for information:

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1. PS to Director, DWCD for information please.
2. PS to Additional Director, DWCD for information please.
3. All District Officers, Dept. of WCD with request to coordinate.
4. All concerned CDPOs through Deputy Director (SA&P 2.0) DWCD, GNCTD.
5. All Superintendents through Deputy Director (CPU), DWCD, GNCTD.
6. All Suptd. of Women Institutions through Deputy Director (WEC), DWCD, GNCTD.
7. Nodal officer Ms. Archana Rawal, Assistant Director (Planning) for compliance.
8. System Analyst/Deputy Director (IT) with request to upload on website please.
9. Guard file.

Deputy Director (RTEG)

## Weekly Progress Report

**Name of the Superintendent:**

**Name of the Institution (Children Home/ After Care/ Observation Home/ Place of Safety/ Open SAA, any others) :** .....

.....

**Sanctioned Capacity:**

**Actual Strength (As on date of Report) :**

**Total inmates on the starting of the week (on Monday):**

**Total inmates on the End of the week (by Sunday):**

**1. Total Number of Inmates/ Children / received (weekly)**

6-10 Years	11-14 Years	14-18 Years	18 years above

**2. No. of New Admission in the current week :**

6-10 Years	11-14 Years	14-18 Years	18 years above

**3. No of Children, who have moved/released/restored :**

Released/Moved Out/ Probation	Restored	Transfer in Other Districts	Repatriation in other State

**4.**

Case Files/ICP/SIR	Prepared	Not Prepared	Reason for Not Compliance
Individual File			
Social Investigation Report			
Individual Care Plan			
Counseling Report			

5. How many no. of cloth sets provided on arrival :

One	Two	Three	Four	Same color or different

6. Children Provided with Individual Lockers to keep their personal belongings :

Yes	No	Reasons (Why Not )

7. Daily Routine of Children made :-

Time	Activities /Schedule
Morning	
Day time	
Afternoon	
Evening	
Late Night Evening	

8. Counseling /Guidance services/ Special educator/ Physiotherapist (How many) :-

Counseling	Guidance Services	Special Educator	Physiotherapist

9. Medical Records/ Official maintained

Individually	Combined

10. No. of Death and Escape Case :-

No. of Deaths	No. of Inmate Escape	Steps Taken	Remarks

**11. Vocational Training**

Beautician Course	Stitching/ Tailoring Course	Computer Course	Any Other (If, Yes please specify)

**12. Doors and Windows maintained properly :**

	Ok/ Not ok	Reason
Windows		
Window Glass		
Doors		
Television /Fridge/ Washing Machine		

**13. Electronic Devices/equipments :**

Devices/	Working or not	Reason
TV		
Refrigerator		
CCTV		
Geyser		
Generator/Inverter		
RO/Water Purifier		

**14. Blankets/Mattresses/Pillow (Per Children) :-**

Blankets	Mattresses	Pillow	Bed Sheets

**15. Stock Register/ Master Register/ Personal Belongings register /any other records.**

Updated	Not Updated

**16. Inspections/ Visit status**

<b>Dates</b>	<b>No. of visits/Inspections held during this week</b>	<b>visits/Inspections made by the Department Officers</b>	<b>visits/Inspections made by any other Department/Institution etc.</b>

**17. Meeting of Management Committee/ food Committee/Any other Committee held in this week within the Institution.**

<b>Date</b>	<b>Meeting Details</b>	<b>Remarks</b>

**18. Security Guard/ Sanitation Staff :**

<b>Updated</b>	<b>Not Updated</b>
<b>Day</b>	
<b>Evening</b>	
<b>Night</b>	

**19. Welfare officer /house Father/ Mother**

<b>Shifts</b>	<b>Numbers</b>
<b>Day</b>	
<b>Evening</b>	
<b>Night</b>	

**Signature of Superintendent**

## Weekly Progress Report

Reporting Month : .....Date from.....to .....

1. Name of the CDPO:-.....

2. Name of the Project: - .....Total No. AWC.....

3. District: - .....

4. Status of ICDS Project :-

S.No.	Total No. of AWCs Sanctioned/ Running	AWCs Operational	AWCs Shows on Poshan Tracker App	Reasons for Closed AWC

5. Details of the Number of Beneficiaries of Anganwari :-

	Girls	Boys	Women
0-1 Years			
1-3 Years			
3-6 Years			
Pregnant Women			
Lactating Mothers			
Adolescent Girls			

6. Shows the knowledge and practice of Anganwari Centres (Yes/ No)

Variable Name	Categories	Frequency	Percentage
Standard Measures to Distribute Food			
Utensils			
Double Diet			

7. Total No. Supervisors and AWW in the project :

Total No. of Supervisor	Total No. of AWW	Total No. of Helpers	Any Remarks

**8. Details of Births, deaths and new registrations during the week :-**

S.No.	Categories					
	Details of Birth		Details of Death		Details of New Registration	
	Girls	Boys	Girls	Boys	Girls	Boys

**9. Deaths of Women during reporting Week :-**

S.No.	Name of Women	Age	Date of Death

**10. Deaths of Children under 05 Years old during the reporting week:-**

S.No.	Name of Women	Age	Date of Death

**11. Delivery of Supplementary Nutrition and Pre-School Education (PSE) :-**

	Hot Cooked meals / Ready-to-eat (RTE)
Number of days provided at the AWC	

**12. Supplementary Nutrition Coverage :-**

**a) Beneficiaries (Residents)**

(Number of residents of AWC area who were given supplementary food for 21 or more days during the reporting month)

S. No.	6-35 months		36-71 months		All Children (6-71 months)		Pregnant Women	Lactating Mothers
	Girls	Boys	Girls	Boys	Girls	Boys		

**13. Immunization coverage:-**

S. No.	No. of children completing 12 months during the month	of this, No. of children who have received all vaccinations			
		BCG	DPT3	OPV3	Measles1

**14. Inspections/ Visit status**

Dates	No. of visits/Inspections held during this week	visits/Inspections made by the Department Officers	visits/Inspections made by any other etc.

**15. Any meeting held in this week :**

Date	Meeting Details	Remarks

**16. Name of the NPO:-**

Whether supply was done	Yes	No	Short supply	Remarks

**Signature of the CDPO**

## Weekly Progress Report

**Name of the Superintendent:**

**Name of the Institution (Temporary Shelter Homes/Shelter Homes/ Shelter for Pregnant and lactating Women/Working Women Hostel :**

.....

.....

**Sanctioned Capacity:**

**Actual Strength (As on date of Report) :**

**Total inmates on the starting of the week (on Monday):**

**Total inmates on the End of the week (by Sunday):**

**1. Total Number of Inmates/ Women / received (weekly)**

18-25 Years	25-35 Years	35-45 Years	45-55 Years	55-60 Years	60 years above

**2. No. of New Admission in the current week :\**

18-25 Years	25-35 Years	35-45 Years	45-55 Years	55-60 Years	60 years above

**3. No of women moved/released/restored :**

Released/Moved Out/ Probation	Restored	Transfer in Other Districts	Repatriation in other State

**4.**

Case Files/ICP/SIR	Prepared	Not Prepared	Reason for Not Compliance
Individual File			
Social Investigation Report			
Individual Care Plan			
Counseling Report			

5. How many no. of cloth sets provided on arrival :

One	Two	Three	Four	Same color or different

6. Women Provided with Individual Lockers to keep their personal belongings :

Yes	No	Reasons (Why Not )

7. Daily Routine of Women made :-

Time	Activities /Schedule
Morning	
Day time	
Afternoon	
Evening	
Late Night Evening	

8. Counseling /Guidance services/ Special educator/ Physiotherapist (How many) :-

Counseling	Guidance Services	Special Educator	Physiotherapist

9. Medical Records/ Official maintained

Individually	Combined

10. No. of Death and Escape Case :-

No. of Deaths	No. of Inmate Escape	Steps Taken	Remarks

**11. Vocational Training**

Beautician Course	Stitching/ Tailoring Course	Computer Course	Any Other (If, Yes please specify)

**12. Doors and Windows maintained properly :**

	Ok/ Not ok	Reason
Windows		
Window Glass		
Doors		

**13. Electronic Devices::**

	Working OK /Not Ok	Reason/Remarks
TV		
Refrigerator		
CCTV		
Geyser		
Generator/Inverter		
RO/Water Purifier		
CCTV		

**14. Blankets/Mattresses/Pillow (Per Children) :-**

Blankets	Mattresses	Pillow	Bed Sheets

**15. Stock Register/ Master Register/ Personal Belongings register /any other records.**

Updated	Not Updated

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**17. Meeting of Management Committee/ food Committee/Any other Committee held in this week within the Institution.**

<b>Date</b>	<b>Meeting Details</b>	<b>Remarks</b>

**18. Security Guard/ Sanitation Staff**

<b>Updated</b>	<b>Not Updated</b>
<b>Day</b>	
<b>Evening</b>	
<b>Night</b>	

**19. Care Giver :-**

<b>Shifts</b>	<b>Numbers</b>
<b>Day</b>	
<b>Evening</b>	
<b>Night</b>	

**Signature of Superintendent**