

**FORM-7.2 (iv)**  
**INFORMATION ON SHCs**  
**MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW**

Name of the ROH&FW: Raipur

Report for the Month of: Feb 2011

<b>5.1. Field verification Children for fully immunization at SHCs</b>		<b>Jepra</b>		<b>Selegaon</b>		<b>Makarikhuna</b>					
<b>Sl. No.</b>	<b>Action points</b>	<b>S1</b>	<b>S2</b>	<b>S3</b>	<b>S4</b>	<b>S5</b>	<b>S6</b>	<b>S7</b>	<b>S8</b>	<b>S9</b>	<b>S10</b>
<b>1</b>	<b>Total beneficiaries selected</b>	6	3	6							
<b>2</b>	<b>Total beneficiaries contacted</b>	5	3	4							
<b>3</b>	<b>Beneficiaries could not be contacted due to</b>										
	A) No such person living in the area.	0	0	0							
	B) Left the place temporarily.	1	0	2							
	C) Left the place permanently	0	0	0							
	D) Dead	0	0	0							
	E) Wrong /Incomplete address	0	0	0							
	F) Others	0	0	0							
	<b>Total</b>	1	0	2							
<b>4</b>	<b>No. of beneficiaries confirmed with full doses</b>	4	3	4							
<b>5</b>	<b>No. of beneficiaries not confirmed with dose</b>	0	0	0							
<b>6</b>	<b>Discrepancies in entries in the age of beneficiaries</b>	0	0	0							
<b>7</b>	<b>Children have Complication after receiving the services</b>	0	0	0							
<b>8</b>	<b>Satisfied with the services</b>	5	3	4							

\* Observations are separately annexed

## FORM – 7.2 (i)

## Field Verification of ANC clinics

## MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&amp;FW

5.2. Field verification of ANC mothers at SHCs										
Sl. No.	Action points	S1	S2	S3						
1	Total No of beneficiaries selected	7	4	4						
2	Total beneficiaries contacted	4	3	2						
3	Beneficiaries could not be contacted due to									
	A) No such person living in the area.	0	0	0						
	B) Left the place temporarily.	3	1	2						
	C) Left the place permanently	0	0	0						
	D) Dead	0	0	0						
	E) Wrong/Incomplete address	0	0	0						
	F) Others	0	0	0						
	<b>Total</b>	3	1	2						
4	Discrepancy in age of beneficiaries	0	0	0						
5	TT received during the pregnancy	4	3	1						
6	IFA tablet received during the pregnancy	4	3	2						
7	IFA consumed as per instruction	4	3	2						
8	Received three Ante natal check up	4	3	2						
9	No of women have gone through delivery	2	1	1						
9.1.	No. of Instts Deliveries	2	1	1						
10	DDK used during delivery	2	1	1						
11	Child fed within 30 minute of delivery	2	1	1						
12	Used colostrums as per advise	2	1	1						
13	Exclusive Breast feeding	0	0	0						
14	Three post natal check up	2	1	2						

## FORM – 7.2 (ii)

## Field Verification of INC clinics

## MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&amp;FW

5.2. Field verification of INC mothers at SHCs											
Sl. No.	Action points	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
1	Total No of beneficiaries selected	6	4	3							
2	Total beneficiaries contacted	5	3	3							
3	<b>Beneficiaries could not be contacted due to</b>										
	A) No such person living in the area.	0	0	0							
	B) Left the place temporarily.	1	1	0							
	C) Left the place permanently	0	0	0							
	D) Dead	0	0	0							
	E) Wrong/Incomplete address	0	0	0							
	F) Others	0	0	0							
	<b>Total</b>	1	1	0							
4	Discrepancy in age of beneficiaries	0	0	0							
5	TT received during the pregnancy	5	4	3							
6	IFA tablet received during the pregnancy	5	4	3							
7	IFA consumed as per instruction	5	4	3							
8	Received three Ante natal check up	5	4	3							
9	No of women have gone through delivery	5	4	3							
9.1.	No. of Instts Deliveries	5	4	3							
10	DDK used during delivery	5	4	3							
11	Child fed within 30 minute of delivery	5	4	3							
12	Used colostrums as per advise	5	4	3							
13	Exclusive Breast feeding	0	0	0							
14	Three post natal check up	5	4	3							

## FORM – 7.2 (iii)

## Field Verification of PNC clients

## MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&amp;FW

5.2. Field verification of PNC mothers at SHCs											
Sl. No.	Action points	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
1	Total No of beneficiaries selected	5	5	5							
2	Total beneficiaries contacted	3	4	2							
3	Beneficiaries could not be contacted due to										
	A) No such person living in the area.	0	0	0							
	B) Left the place temporarily.	2	1	2							
	C) Left the place permanently	0	0	0							
	D) Dead	0	0	0							
	E) Wrong/Incomplete address	0	0	0							
	F) Others	0	0	0							
	<b>Total</b>	2	1	2							
4	Discrepancy in age of beneficiaries	0	0	0							
5	TT received during the pregnancy	3	4	2							
6	IFA tablet received during the pregnancy	3	4	2							
7	IFA consumed as per instruction	3	4	2							
8	Received three Ante natal check up	3	4	2							
9	No of women have gone through delivery	3	4	2							
9.1.	No. of Instts Deliveries	2	3	2							
10	DDK used during delivery	2	3	2							
11	Child fed within 30 minute of delivery	3	4	2							
12	Used colostrums as per advise	3	4	2							
13	Exclusive Breast feeding	0	0	0							
14	Three post natal check up	3	4	2							

## FORM 7.2 (iv)

## Field Verification of JSY Clients

## MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&amp;FW

## 5.3. Field verification of JSY beneficiaries at SHCs

Sl. No.	Action points	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
1	Total No of beneficiaries selected	6	6	4							
2	Total beneficiaries contacted	4	5	3							
3	Beneficiaries could not be contacted due to										
	A) No such person living in the area.	0	0	0							
	B) Left the place temporarily.	2	1	1							
	C) Left the place permanently	0	0	0							
	D) Dead	0	0	0							
	E) Wrong/Incomplete address	0	0	0							
	F) Others	0	0	0							
	<b>Total</b>	2	1	1							
4	Discrepancy in reporting of beneficiaries	0	0	0							
5	TT received during the pregnancy	4	5	3							
6	IFA tablet received during the pregnancy	4	5	3							
7	IFA consumed as per instruction	4	5	3							
8	Received three Ante natal check up	4	5	3							
9	Three post natal check up	4	5	3							
10	Monetary benefit under JSY	3(1400) 1(1650)	2(1400) 2(1650)&1(1800)	2(1400) 1(1650)							
11	Satisfied with services	4	5	3							

## Form 7.1 (i)

## FIELD VERIFICATION OF Sterilization Cases

5.4.1. Field verification of Clients practicing Contraceptive methods - Sterilization											
Sl. No.	Action points	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
1	# of selected cases	4	4	3							
2	# of contacted cases	3	2	0							
3	Cases not contacted due to										
a	NSP	0	0	0							
b	IA/WA	0	0	0							
h	PO	0	0	0							
d	TO	1	2	0							
e	Others	0	0	3 (Mitanin not present)							
	<b>Total</b>	1	2	3							
4	<b>Discrepancy</b>										
a	Age of acceptors	0	0	0							
b	Age of spouse	0	0	0							
d	No. of Total child	0	0	0							
e	No. of Male child	0	0	0							
	<b>Total</b>	0	0	0							
5	<b>Ineligible Cases</b>	0	0	0							
6	<b>Denial/ Fake</b>	0	0	0							
a	Denial cases	0	0	0							
b	Fake cases	0	0	0							
c	Double reported cases	0	0	0							
	<b>Total</b>	0	0	0							
7	<b>Follow up by Staff out of found genuine cases</b>	3	2	0							
8	<b>Pregnancy during the use of method out of found genuine cases</b>	1	0	0							
9	<b>Complaints if any out of found genuine cases</b>	1 **	0	0	** (6 years ago TT than Pregnant)						
10	<b>Satisfied with method out of found genuine cases</b>	2	2	0							

## Form – 7.1 (ii)

## Field verification of Clients practicing – IUDs Methods

Sl. No.	Action points	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
1	# of selected cases	2	4	3							
2	# of contacted cases	2	3	2							
3	Cases not contacted due to										
a	NSP	0	0	0							
b	IA/WA	0	0	0							
h	PO	0	0	0							
d	TO	0	1	1							
e	Others	0	0	0							
	<b>Total</b>	0	1	1							
4	Discrepancy	0	0	0							
a	Age of acceptors	0	0	0							
b	Age of spouse	0	0	0							
d	No. of Total child	0	0	0							
e	No. of Male child	0	0	0							
	<b>Total</b>	0	0	0							
5	Ineligible Cases	0	0	0							
6	Denial/ Fake										
a	Denial cases	0	0	0							
b	Fake cases	0	0	0							
c	Double reported cases	0	0	0							
	<b>Total</b>	0	0	0							
7	Follow up by Staff out of found genuine cases	2	3	2							
8	Pregnancy during the use of method out of found genuine cases	0	0	0							
9	Complaints if any out of found genuine cases	0	1(Bleeding)	0							
10	Satisfied with method out of found genuine cases	2	3	2							

## Form 7.1 (iii)

## Field verification of Clients practicing - Oral Pills Contraceptive methods

Sl. No.	Action points	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
1	# of selected cases	3	4	3							
2	# of contacted cases	1	2	3							
3	Cases not contacted due to										
a	NSP	0	0	0							
b	IA/WA	0	0	0							
h	PO	0	0	0							
d	TO	2	2	0							
e	Others	0	0	0							
	<b>Total</b>	2	2	0							
4	Discrepancy										
a	Age of acceptors	0	0	0							
b	Age of spouse	0	0	0							
d	No. of Total child	0	0	0							
e	No. of Male child	0	0	0							
	<b>Total</b>	0	0	0							
5	Ineligible Cases	0	0	0							
6	Denial/ Fake										
a	Denial cases	0	0	0							
b	Fake cases	0	1	1							
c	Double reported cases	0	0	0							
	<b>Total</b>	0	1	1							
7	Follow up by Staff out of found genuine cases	1	1	2							
8	Pregnancy during the use of method out of found genuine cases	0	1	0							
9	Complaints if any out of found genuine cases	0	0	0							
10	Satisfied with method out of found genuine cases	1	1	2							



## Form 7.4 (iv)

## Field verification of Clients practicing - Condom Contraceptive methods

Sl. No.	Action points	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
1	# of selected cases	6	5	3							
2	# of contacted cases	3	2	0							
3	Cases not contacted due to										
a	NSP	0	0	0							
b	IA/WA	0	0	0							
h	PO	0	0	0							
d	TO	2	3	0							
e	Others	1	0	3							
	<b>Total</b>	3	3	3							
4	Discrepancy										
a	Age of acceptors	0	0	0							
b	Age of spouse	0	0	0							
d	No. of Total child	0	0	0							
e	No. of Male child	0	0	0							
	<b>Total</b>	0	0	0							
5	Ineligible Cases	0	0	0							
6	Denial/ Fake										
a	Denial cases	0	0	0							
b	Fake cases	0	0	0							
c	Double reported cases	0	0	0							
	<b>Total</b>	0	0	0							
7	Follow up by Staff out of found genuine cases	3	2	0							
8	Pregnancy during the use of method out of found genuine cases	0	0	0							
9	Complaints if any out of found genuine cases	0	0	0							
10	Satisfied with method out of found genuine cases	3	2	0							

**FORM 7.3 (iii)**  
**MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW**  
**INFORMATION ON Community satisfaction of Mother for Work of ANMs**

**Name of the ROH&FW:**

**Report for the Month of:**

Sl. No.	Action points	Jepra	Selegaon	Makarikhuna							
1	ANMs visited village regularly	Yes	Yes	Yes							
2	Mothers had some problem in last pregnancy	No	No	2(1 BP&1LowHB)							
3	Mothers received timely advices for getting treatment	Yes	Yes	Yes							
4	Institutional deliveries	7/10	5/6	¾							
5	Babies weighed after birth	Yes	Yes	Yes							
6	Mothers aware about JSY	Yes	Yes	Yes							
7	Mothers received three PNC	Yes	Yes	Yes							
8	Mothers advised regarding colostrums	Yes	Yes	Yes							
9	Mothers get information about proper breast feeding	Yes	Yes	Yes							
10	Mothers have knowledge about the dangerous sign of ARI-	Yes	Yes	Yes							
11	Mothers have knowledge about fluid that is to be given during diarrhea	Yes	Yes	Yes							
12	Mothers have knowledge about schedule of Child immunization	Yes	Yes	Yes							
13	Mothers aware about the disease for which immunization given to their child -	Yes	Yes	Yes							
14	Mothers aware about the immunization against measles to be given in the 9th month	Yes	Yes	Yes							
15	Awareness of mothers about the contraceptive method -	Yes	Yes	Yes							
16	Mothers aware about the side effect of the contraceptive.	Yes	Yes	Yes							
17	Awareness about the ideal gap between two children	Yes	Yes	Yes							

## Form 7.3 (ii)

## Community satisfaction of Mother for Work of ASHAs

Sl. No.	Action points	Jepra	Selegaon	Makarikhuna							
1	ASHA visited mothers during period from pregnancy to delivery	Yes	Yes	Yes							
2	Mothers Received three ANC	Yes	Yes	Yes							
3	Mothers had some problem in last pregnancy	No	No	2(1BP&1Low HB)							
4	Mothers received timely advices for getting treatment	Yes	Yes	Yes							
5	Institutional deliveries	7/10	5/6	3/4							
6	Babies weighed after birth	Yes	Yes	Yes							
7	Mothers received three PNC	Yes	Yes	Yes							
8	Mothers get information about proper breast feeding	Yes	Yes	Yes							
9	Mothers have knowledge about the dangerous sign of ARI.	Yes	Yes	Yes							
10	Mothers have knowledge about fluid that is to be given during diarrhea	Yes	Yes	Yes							
11	Mothers have knowledge about the immunization given to their child	Yes	Yes	Yes							
12	Mothers have knowledge about that the immunization against measles given in the ninth month	Yes	Yes	Yes							

## Form 7.3 (i)

**Key Information from sarpanchs (PRI) on the work of ANMs**

Sl. No.	Action points	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
	<b>No. of Panchayat Members contacted</b>	1	1	0							
<b>1</b>	Do you know about NRHM?	Yes	No	0							
<b>2</b>	Activities of NRHM are smoothly functioning ?	Yes	No	0							
<b>3</b>	Whether the JSY benefited to all the villagers?	Yes	Yes	0							
<b>4</b>	Do you know about untied funds?	Yes	Yes	0							
<b>5</b>	Do you have a Joint account with ANM in bank for untied funds?	Yes	Yes	0							
<b>6</b>	Is there proper utilization of untied funds?	Yes	Yes	0							
<b>7</b>	Are the Villagers are benefited out of the untied funds?	Yes	No	0							
<b>8</b>	In your village when and where the health camps are organized?	Yes	Yes	0							
<b>9</b>	Who is ASHA in your Village?	Yes	Yes	0							
<b>10</b>	You know about the functioning of ASHA?	Yes	Yes	0							
<b>11</b>	Know about the how many Link Worker are working in your Village?	No	No	0							
<b>12</b>	In your village whether the cases of Institutional deliveries are increased?	Yes	No	0							
<b>13</b>	Any Polio case found in your Village?	Yes	No	0							
<b>14</b>	Is there regular immunization of children from time to time in your Village?	Yes	Yes	0							

**Patient's SATISFACTION**

S. No	Particulars	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
	Socio-economic correlation										
i	Age	55	40	42	32	52	32	60	25		
ii	sex	MALE	MALE	FEMALE	FEMALE	M	F	M	M		
iii	education	NIL	10TH	6TH	NIL	5 <sup>TH</sup>	NIL	NIL	5 <sup>TH</sup>		
iv	race	INDIAN	INDIAN	INDIAN	INDIAN	INDIAN	INDIAN	INDIAN	INDIAN		
v	marital status	MARRIED	MARRIED	MARRIED	MARRIED	MARRIED	MARRIED	MARRIED	MARRIED		
vi	family size	05	06	03	04	6	7	16	11		
vii	occupation	FORMER	WORKER	WORKER		FORMER	H.W.	SHOP OWNER	Non agricul		
viii	income	2000/MT	2500/MT	1000/MT	900/MT	2500	Not know	2000	2800		
ix	social class	BPL	BPL	BPL	BPL	BPL	BPL	BPL	APL		
	2 Art of Care					YES	NO	YES	YES		
i	friendliness	YES	YES	YES	NO	GOOD	NOT KNOWN	GOOD	FAIR		
ii	Patience, sincerity	GOOD	GOOD	POOR	GOOD	FAIR	GOOD	GOOD	GOOD		
iii	Consideration, concern	GOOD	GOOD	NA	NOT KNOWN	NO	NO	NO	NO		
						NO	NO	NO	NO		
iv	Disrespect, embarrassment	NO	NO	NO	NO	NO	SOMETIMES	NO	SOMETIMES		
v	Hurt, insult	NO	NO	NO	NO						
vi	making worry, abruptness	NO	YES	SOMETIMES	NO	GOOD	GOOD	GOOD	GOOD		
	2 Technical Quality of Care					NOT KNOWN	NOT KNOWN	NOT KNOWN	NOT KNOWN		
i	Ability, accuracy	GOOD	GOOD	GOOD	GOOD	NOT KNOWN	NOT KNOWN	NOT KNOWN	NOT KNOWN		
ii	Experience, thoroughness	GOOD	POOR	YES	YES	NOT KNOWN	NOT KNOWN	NOT KNOWN	NOT KNOWN		
iii	training	YES	YES	NOT KNOWN	NOT KNOWN	NO	NO	NOT KNOWN	NOT KNOWN		



**JOB SATISFACTION**

S. No	Particulars	Charma	Bhanupratappur	PMU	RMA	MO						
1	Organization											
i	Clear Goal's & Targets	Yes	Yes	Yes	YES	YES						
ii	Reporting structure very easy and clear	Yes	Yes	Yes	YES	YES						
iii	Feedback is given on important issues	Yes	Yes	Yes	YES	YES						
iv	Facilitate Team work	Yes	Yes	Yes	YES	YES						
v	Employees are considered as an assets	Yes	Yes		YES	YES						
2	General Working Conditions				48	48						
i	Hours worked each week	55-60 hours	55-60hours	No specify	NA	NA						
ii	Activities involves field tours	Yes	Yes	Yes	NA	YES						
iii	Location of work/safe working conditions	Yes	Yes	Yes	YES	YES						
iv	Paid vacation/sick leave offered	Yes	No	No	NO	NO						
v	Stress free working condition	Yes	Yes	Yes	YES	NO						
3	Pay & promotion potential											
i	salary - timely payments	Yes	Yes	Yes	YES	YES						
ii	Opportunity of promotion	Yes	Yes	Yes	NO	YES						
iii	Compensation for additional work	No	No	No	NO	NO						
iv	Job Security	Yes	Yes	Yes	NO	YES						
v	Recognition of work	Yes	Yes	Yes	YES	YES						
4	Work Relationship											
i	Relationship with coworkers	Satisfied	Satisfied	Satisfied	GOOD	GOOD						
ii	relationship with supervisors	Satisfied	Satisfied	Satisfied	GOOD	GOOD						
iii	relationship with subordinates	Satisfied	Satisfied	Satisfied	GOOD	GOOD						
iv	Discuss and acceptance of views	Yes	Yes	Yes	GOOD	GOOD						
v	Accountability to Boss	Yes	Yes	Yes	YES	GOOD						

