

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: March 2011

5.1. Field verification Children for fully immunization at SHCs					
Sl. No.	Action points	SILTARA	RAWAN	Bishrampur	Kochvay
1	Total beneficiaries selected	3	5	4	4
2	Total beneficiaries contacted	3	4	3	3
3	Beneficiaries could not be contacted due to				
	A) No such person living in the area.	0	0	0	0
	B) Left the place temporarily.	0	1	1	1
	C) Left the place permanently	0	0	0	0
	D) Dead	0	0	0	0
	E) Wrong /Incomplete address	0	0	0	0
	F) Others	0	0	0	0
	Total	0	1	1	1
4	No. of beneficiaries confirmed with full doses	3	3	3	2
5	No. of beneficiaries not confirmed with dose	0	0	0	1
6	Discrepancies in entries in the age of beneficiaries	0	0	0	0
7	Children have Complication after receiving the services	0	0	0	0
8	Satisfied with the services	3	4	3	3

FORM – 7.2 (i)

Field Verification of ANC clinets

MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW

5.2. Field verification of ANC mothers at SHCs

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

FORM – 7.2 (ii)

Field Verification of INC clinics

MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW

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

FORM – 7.2 (iii)

Field Verification of PNC clients

MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW

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

FORM 7.2 (iv)

Field Verification of JSY Clients

MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW

5.3. Field verification of JSY beneficiaries at SHCs

Sl. No.	Action points	SILTARA	RAWAN	Bishrampur	Kochvay
1	Total No of beneficiaries selected	6	4	6	5
2	Total beneficiaries contacted	3	3	4	4
3	Beneficiaries could not be contacted due to				
	A) No such person living in the area.	0	0	0	0
	B) Left the place temporarily.	3	0	2	1
	C) Left the place permanently	0	0	0	0
	D) Dead	0	0	0	0
	E) Wrong/Incomplete address	0	0	0	0
	F) Others	0	1	0	0
	Total	3	1	2	1
4	Discrepancy in reporting of beneficiaries	0	0	0	0
5	TT received during the pregnancy	3	3	4	4
6	IFA tablet received during the pregnancy	3	3	4	4
7	IFA consumed as per instruction	3	3	2	4
8	Received three Ante natal check up	3	3	4	4
9	Three post natal check up	3	3	0	2
10	Monetary benefit under JSY	2(1400) 1(1650)	3 (1400)	2(1400) 2(1650)	3 (1400) 1(500)
11	Satisfied with services	3	3	4	4

Form 7.1 (i)

FIELD VERIFICATION OF Sterilization Cases

5.4.1. Field verification of Clients practicing Contraceptive methods – Sterilization					
Sl. No.	Action points	SILTARA	RAWAN	Bishrampur	Kochvay
1	# of selected cases	3	4	5	4
2	# of contacted cases	3	2	4	3
3	Cases not contacted due to				
a	NSP	0	0	0	0
b	IA/WA	0	0	0	
h	PO	0	0	0	
d	TO	0	0	1	1
e	Others	0	2	0	0
	Total	0	2	1	1
4	Discrepancy				
a	Age of acceptors	0	0	0	0
b	Age of spouse	0	0	0	0
d	No. of Total child	0	0	0	0
e	No. of Male child	0	0	0	0
	Total	0	0	0	0
5	Ineligible Cases	0	0	0	0
6	Denial/ Fake	0	0	0	0
a	Denial cases	0	0	0	0
b	Fake cases	0	0	0	0
c	Double reported cases	0	0	0	0
	Total	0	0	0	0
7	Follow up by Staff out of found genuine cases	3	2	0	3
8	Pregnancy during the use of method out of found genuine cases	0	0	0	0
9	Complaints if any out of found genuine cases	0	0	0	0
10	Satisfied with method out of found genuine cases	3	2	4	3

Form – 7.1 (ii)

Field verification of Clients practicing – IUDs Methods

Sl. No.	Action points	SILTARA	RAWAN	Bishrampur	Kochvay
1	# of selected cases	3	5	No list	2
2	# of contacted cases	1	3		0
3	Cases not contacted due to				
a	NSP	0	0	0	0
b	IA/WA	0	0	0	0
h	PO	0	0	0	0
d	TO	2	2	0	0
e	Others	0	0	0	2
	Total	2	2	0	2
4	Discrepancy	0	0	0	0
a	Age of acceptors	0	0	0	0
b	Age of spouse	0	0	0	0
d	No. of Total child	0	0	0	0
e	No. of Male child	0	0	0	0
	Total	0	0	0	0
5	Ineligible Cases	0	0	0	0
6	Denial/ Fake				
a	Denial cases	0	0	0	0
b	Fake cases	0	0	0	0
c	Double reported cases	0	0	0	0
	Total	0	0	0	0
7	Follow up by Staff out of found genuine cases	1	3	0	0
8	Pregnancy during the use of method out of found genuine cases	0	0	0	0
9	Complaints if any out of found genuine cases	0	0	0	0
10	Satisfied with method out of found genuine cases	1	3	0	0

Form 7.1 (iii)

Field verification of Clients practicing - Oral Pills Contraceptive methods

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

Form 7.4 (iv)

Field verification of Clients practicing - Condom Contraceptive methods

Sl. No.	Action points	SILTARA	RAWAN	Bishrampur	Kochvay
1	# of selected cases	2	3	2	2
2	# of contacted cases	1	1	0	2
3	Cases not contacted due to				
a	NSP	0	0	0	0
b	IAWA	0	0	0	0
h	PO	0	0	0	0
d	TO	1	2	2	0
e	Others		0	0	0
	Total	1	2	2	0
4	Discrepancy				
a	Age of acceptors	0	0	0	0
b	Age of spouse	0	0	0	0
d	No. of Total child	0	0	0	0
e	No. of Male child	0	0	0	0
	Total	0	0	0	0
5	Ineligible Cases	0	0	0	0
6	Denial/ Fake				0
a	Denial cases	0	0	0	0
b	Fake cases	0	0	0	0
c	Double reported cases	0	0	0	0
	Total	0	0	0	0
7	Follow up by Staff out of found genuine cases	1	1	0	2
8	Pregnancy during the use of method out of found genuine cases	0	0	0	0
9	Complaints if any out of found genuine cases	0	0	0	0
10	Satisfied with method out of found genuine cases	1	1	0	2

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

Form 7.3 (ii)

Community satisfaction of Mother for Work of ASHAs

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

Form 7.3 (i)

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

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

3Accessibility/Convenience								
i	easy appointment	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ii	care facility is far away(>3Km)	No	No	No	No	No	No	No
iii	Lot of time and efforts to get care	No	No	No	No	No	No	No
iv	convenience location	Yes	Yes	Yes	Yes	Yes	Yes	Yes
v	conveyance timing	Yes	No	No	No	No	No	No
vi	long waiting time	No	No	No	No	No	No	No
vii	telephonic consultation available	No	No	No	No	No	No	No
viii	home care provided	No	No	No	No	No	No	No
4Finance								
i	Care services are free of cost	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ii	Drugs are provided free of cost & adequate	No	No	No	No	No	No	No
iii	Investigations are undertaken in hospital free of cost	No	Na	No	No	No	No	No
iv	Have to pay consultation fee	No	No	No	No	No	No	No
v	have to pay for drugs	No	No	No	No	No	No	No
vi	have to pay for tests	No	No	No	No	No	No	No
vii	have to bribe to get services	No	No	No	No	No	No	No
5Physical Environment								
i	Pleasant atmosphere	Yes	No	Yes	No	No	No	No
ii	comfort of seating	No	No	No	No	No	No	No
iii	Attractiveness of waiting room	No	No	Yes	No	No	No	No
iv	clarity of sign & directions	No	No	Yes	No	No	No	No
v	good lighting	No	No	Yes	Yes	Yes	Yes	Yes
vi	quite	No	No	Yes	Yes	Yes	Yes	Yes
vii	Neat & clean	No	No	No	No	No	No	No
viii	Orderly facility & equipment	No	No	No	No	No	No	No

