

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

Name of the ROH&FW: Raipur, Chhattisgarh state

Report for the Month of: Oct 2011

<b>5.1. Field verification Children for fully immunization at SHCs</b>				
<b>Sl. No.</b>	<b>Action points</b>	<b>Usarbeda</b>	<b>Neganar</b>	<b>Markapal</b>
<b>1</b>	<b>Total beneficiaries selected</b>	5	4	3
<b>2</b>	<b>Total beneficiaries contacted</b>	3	2	2
<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	1	1
	C) Left the place permanently	0	0	0
	D) Dead	0	0	0
	E) Wrong /Incomplete address	0	0	0
	F) Others	1	1	0
	<b>Total</b>	2	2	1
<b>4</b>	<b>No. of beneficiaries confirmed with full doses</b>	1	1	1
<b>5</b>	<b>No. of beneficiaries not confirmed with dose</b>	2	1	1
<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>	3	2	2

**FORM – 7.2 (i)**

**Field Verification of ANC clinics**

**MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW**

<b>5.2. Field verification of ANC mothers at SHCs</b>				
<b>Sl. No.</b>	<b>Action points</b>	<b>Usarbeda</b>	<b>Neganar</b>	<b>Markapal</b>
<b>1</b>	<b>Total No of beneficiaries selected</b>	5	4	3
<b>2</b>	<b>Total beneficiaries contacted</b>	3	2	2
<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.	0	2	0
	C) Left the place permanently	0	0	0
	D) Dead	0	0	0
	E) Wrong/Incomplete address	0	0	0
	F) Others	2	2	1
	<b>Total</b>	2	4	1
<b>4</b>	<b>Discrepancy in age of beneficiaries</b>	0	0	0
<b>5</b>	<b>TT received during the pregnancy</b>	3	2	2
<b>6</b>	<b>IFA tablet received during the pregnancy</b>	3	2	2
<b>7</b>	<b>IFA consumed as per instruction</b>	3	2	2
<b>8</b>	<b>Received three Ante natal check up</b>	3	2	2
<b>9</b>	<b>No of women have gone through delivery</b>	2	1	1
<b>9.1.</b>	<b>No. of Instts Deliveries</b>	2	1	1
<b>10</b>	<b>DDK used during delivery</b>	2	1	1
<b>11</b>	<b>Child fed within 30 minute of delivery</b>	2	1	1
<b>12</b>	<b>Used colostrums as per advise</b>	2	1	1
<b>13</b>	<b>Exclusive Breast feeding</b>	0	0	0
<b>14</b>	<b>Three post natal check up</b>	2	1	1

FORM – 7.2 (ii)  
 Field Verification of INC clients  
 MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW

<b>5.2. Field verification of INC mothers at SHCs</b>				
<b>Sl. No.</b>	<b>Action points</b>	<b>Usarbeda</b>	<b>Negarar</b>	<b>Markapal</b>
<b>1</b>	<b>Total No of beneficiaries selected</b>	5	4	3
<b>2</b>	<b>Total beneficiaries contacted</b>	3	2	2
<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.	0	0	0
	C) Left the place permanently	1	1	0
	D) Dead	0	0	0
	E) Wrong/Incomplete address	0	0	0
	F) Others	1	1	1
	<b>Total</b>	2	2	1
<b>4</b>	<b>Discrepancy in age of beneficiaries</b>	0	0	0
<b>5</b>	<b>TT received during the pregnancy</b>	3	2	2
<b>6</b>	<b>IFA tablet received during the pregnancy</b>	3	2	2
<b>7</b>	<b>IFA consumed as per instruction</b>	3	2	2
<b>8</b>	<b>Received three Ante natal check up</b>	3	2	2
<b>9</b>	<b>No of women have gone through delivery</b>	3	2	2
<b>9.1.</b>	<b>No. of Instts Deliveries</b>	3	2	2
<b>10</b>	<b>DDK used during delivery</b>	3	2	2
<b>11</b>	<b>Child fed within 30 minute of delivery</b>	3	2	2
<b>12</b>	<b>Used colostrums as per advise</b>	3	2	2
<b>13</b>	<b>Exclusive Breast feeding</b>	0	0	0
<b>14</b>	<b>Three post natal check up</b>	3	2	2

FORM – 7.2 (iii)  
 Field Verification of PNC clients  
 MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW

<b>5.2. Field verification of PNC mothers at SHCs</b>				
<b>Sl. No.</b>	<b>Action points</b>	<b>Usarbeda</b>	<b>Neganar</b>	<b>Markapar</b>
<b>1</b>	<b>Total No of beneficiaries selected</b>	5	4	3
<b>2</b>	<b>Total beneficiaries contacted</b>	3	2	2
<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.	0	0	0
	C) Left the place permanently	1	1	0
	D) Dead	0	0	0
	E) Wrong/Incomplete address	0	0	0
	F) Others	1	1	1
	<b>Total</b>	2	2	1
<b>4</b>	<b>Discrepancy in age of beneficiaries</b>	0	0	0
<b>5</b>	<b>TT received during the pregnancy</b>	3	2	2
<b>6</b>	<b>IFA tablet received during the pregnancy</b>	3	2	2
<b>7</b>	<b>IFA consumed as per instruction</b>	3	2	2
<b>8</b>	<b>Received three Ante natal check up</b>	3	2	2
<b>9</b>	<b>No of women have gone through delivery</b>	3	2	2
<b>9.1.</b>	<b>No. of Instts Deliveries</b>	3	2	2
<b>10</b>	<b>DDK used during delivery</b>	3	2	2
<b>11</b>	<b>Child fed within 30 minute of delivery</b>	3	2	2
<b>12</b>	<b>Used colostrums as per advise</b>	3	2	2
<b>13</b>	<b>Exclusive Breast feeding</b>	0	0	0
<b>14</b>	<b>Three post natal check up</b>	3	2	2

**Field Verification of JSY Clients  
MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&FW**

<b>Sl. No.</b>	<b>Action points</b>	<b>Usarbeda</b>	<b>Neganar</b>	<b>Markapal</b>
1	Total No of beneficiaries selected	5	4	3
2	Total beneficiaries contacted	3	2	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.	0	0	0
	C) Left the place permanently	1	1	0
	D) Dead	0	0	0
	E) Wrong/Incomplete address	0	0	0
	F) Others	1	1	1
	<b>Total</b>	2	2	1
4	Discrepancy in reporting of beneficiaries	0	0	0
5	TT received during the pregnancy	3	2	2
6	IFA tablet received during the pregnancy	3	2	2
7	IFA consumed as per instruction	3	2	2
8	Received three Ante natal check up	3	2	2
9	Three post natal check up	3	2	2
10	Monetary benefit under JSY	2(1650) 1(1400)	2(1650)	2(1650)
11	Satisfied with services	3	2	2

## Form 7.1 (i)

## FIELD VERIFICATION OF Sterilization Cases

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

## Form – 7.1 (ii)

## Field verification of Clients practicing – IUDs Methods

Sl. No.	Action points	Usarbeda	Negamar	Markapal
<b>1</b>	<b># of selected cases</b>	2	1	1
<b>2</b>	<b># of contacted cases</b>	1	1	1
<b>3</b>	<b>Cases not contacted due to</b>			
a	NSP	0	0	0
b	IA/WA	0	0	0
h	PO	0	0	0
d	TO	0	0	0
e	Others	1	0	0
	<b>Total</b>	1	0	0
<b>4</b>	<b>Discrepancy</b>	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
<b>5</b>	<b>Ineligible Cases</b>	0	0	0
<b>6</b>	<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
<b>7</b>	<b>Follow up by Staff out of found genuine cases</b>	1	1	1
<b>8</b>	<b>Pregnancy during the use of method out of found genuine cases</b>	0	0	0
<b>9</b>	<b>Complaints if any out of found genuine cases</b>	0	0	0
<b>10</b>	<b>Satisfied with method out of found genuine cases</b>	1	1	1

Form 7.1 (iii)  
Field verification of Clients practicing - Oral Pills Contraceptive methods

Sl. No.	Action points	Usarbeda	Negamar	Markapal
<b>1</b>	<b># of selected cases</b>	2	2	2
<b>2</b>	<b># of contacted cases</b>	1	1	1
<b>3</b>	<b>Cases not contacted due to</b>			
a	NSP	0	0	0
b	IA/WA	0	0	0
h	PO	0	0	0
d	TO	1	0	0
e	Others	0	1	1
	<b>Total</b>	1	1	1
<b>4</b>	<b>Discrepancy</b>	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
<b>5</b>	<b>Ineligible Cases</b>	0	0	0
<b>6</b>	<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
<b>7</b>	<b>Follow up by Staff out of found genuine cases</b>	0	0	0
<b>8</b>	<b>Pregnancy during the use of method out of found genuine cases</b>	0	0	0
<b>9</b>	<b>Complaints if any out of found genuine cases</b>	0	0	0
<b>10</b>	<b>Satisfied with method out of found genuine cases</b>	1	1	1



## Form 7.4 (iv)

## Field verification of Clients practicing - Condom Contraceptive methods

Sl. No.	Action points	Usarbeda	Neganar	Markapal
<b>1</b>	<b># of selected cases</b>	3	0	0
<b>2</b>	<b># of contacted cases</b>	1	0	0
<b>3</b>	<b>Cases not contacted due to</b>			
a	NSP	0	0	0
b	IA/WA	0	0	0
h	PO	0	0	0
d	TO	0	0	0
e	Others	2	0	0
	<b>Total</b>	2	0	0
<b>4</b>	<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
<b>5</b>	<b>Ineligible Cases</b>	0	0	0
<b>6</b>	<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
<b>7</b>	<b>Follow up by Staff out of found genuine cases</b>	0	0	0
<b>8</b>	<b>Pregnancy during the use of method out of found genuine cases</b>	0	0	0
<b>9</b>	<b>Complaints if any out of found genuine cases</b>	0	0	0
<b>10</b>	<b>Satisfied with method out of found genuine cases</b>	1	0	0

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

<b>Sl. No.</b>	<b>Action points</b>	<b>Usarbeda</b>	<b>Neganar</b>	<b>Markapal</b>
1	ANMs visited village regularly	1	1	1
2	Mothers had some problem in last pregnancy	0	0	0
3	Mothers received timely advices for getting treatment	1	1	1
4	Institutional deliveries	1	1	1
5	Babies weighed after birth	1	1	1
6	Mothers aware about JSY	1	1	1
7	Mothers received three PNC	1	1	1
8	Mothers advised regarding colostrums	1	1	1
9	Mothers get information about proper breast feeding	1	1	1
10	Mothers have knowledge about the dangerous sign of ARI-	0	0	0
11	Mothers have knowledge about fluid that is to be given during diarrhea	0	0	0
12	Mothers have knowledge about schedule of Child immunization	1	1	1
13	Mothers aware about the disease for which immunization given to their child -	0	0	0
14	Mothers aware about the immunization against measles to be given in the 9th month	1	1	1
15	Awareness of mothers about the contraceptive method -	0	0	0
16	Mothers aware about the side effect of the contraceptive.	0	0	0
17	Awareness about the ideal gap between two children	0	0	0

## Form 7.3 (ii)

**Community satisfaction of Mother for Work of ASHAs**

<b>Sl. No.</b>	<b>Action points</b>	<b>Usarbeda</b>	<b>Neganar</b>	<b>Markapal</b>
<b>1</b>	ASHA visited mothers during period from pregnancy to delivery	1	1	1
<b>2</b>	Mothers Received three ANC	1	1	1
<b>3</b>	Mothers had some problem in last pregnancy	0	0	0
<b>4</b>	Mothers received timely advices for getting treatment	1	1	1
<b>5</b>	Institutional deliveries	1	1	1
<b>6</b>	Babies weighed after birth	0	0	0
<b>7</b>	Mothers received three PNC	1	1	1
<b>8</b>	Mothers get information about proper breast feeding	1	1	1
<b>9</b>	Mothers have knowledge about the dangerous sign of ARI.	0	0	0
<b>10</b>	Mothers have knowledge about fluid that is to be given during diarrhea	0	0	0
<b>11</b>	Mothers have knowledge about the immunization given to their child	1	1	1
<b>12</b>	Mothers have knowledge about that the immunization against measles given in the ninth month	1	1	1

## Form 7.3 (i)

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

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

Form 7.3 (iv)  
**Patient's SATISFACTION**

FORM 7.3 (v)  
**JOB SATISFACTION**

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

5	Use of Skills and Abilities			
i	Opportunities to utilize skills & talents	Yes	Yes	Yes
ii	Opportunities to learn new skills	Yes	Yes	Yes
iii	Support for additional training	No	No	No
iv	It is a challenging Job	Yes	Yes	Yes
v	Provides all resources& Logistics	Yes	Yes	Yes
6	Work Activities			
i	Variety of job responsibilities	Yes	Yes	Yes
ii	Independence of your work Role	Yes	Yes	Yes
iii	Opportunities for periodic changes in duties	Yes	Yes	Yes
iv	Flexibility of Scheduling	Yes	Yes	Yes
v	Fixed duty rosters	Yes	Yes	Yes
7	Personal			
i	Residential accommodation provided	Yes	Yes	Yes
ii	Transportation arranged for duties	No	No	No
iii	benefits for children education	No	No	No
iv	Health insurance of family members	No	No	No
v	Risk coverage/life insurance	No	No	No