

FORM-7.2 (iv)

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

Name of the ROH&FW: RAIPUR (C.G)

Report for the Month of: DECEMBER 2011

**5.1. Field verification Children for fully immunization at SHCs**

Sl. No.	Action points	Pachara	Lainga	Sohagpur	
1	Total beneficiaries selected	6	6	6	
2	Total beneficiaries contacted	4	5	4	
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	1	0	
	C) Left the place permanently	0	0	0	
	D) Dead	0	0	0	
	E) Wrong /Incomplete address	0	0	0	
z	F) Others	2	1	2	
	<b>Total</b>	2	1	2	
4	No. of beneficiaries confirmed with full doses	4	4	4	
5	No. of beneficiaries not confirmed with dose	0	1	0	
6	Discrepancies in entries in the age of beneficiaries	0	0	0	
7	Children have Complication after receiving the services	0	0	0	
8	Satisfied with the services	4	5	4	

**FORM – 7.2 (i)**

**Field Verification of ANC clients**

**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>Pachara</b>	<b>Lainga</b>	<b>Sohagpur</b>	
<b>1</b>	<b>Total No of beneficiaries selected</b>	10	10	10	
<b>2</b>	<b>Total beneficiaries contacted</b>	4	6	5	
<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.	2	4	0	
	C) Left the place permanently	0	0	0	
	D) Dead	0	0	0	
	E) Wrong/Incomplete address	0	0	0	
	F) Others	4	0	5	
	<b>Total</b>	6	4	5	
<b>4</b>	<b>Discrepancy in age of beneficiaries</b>	0	0	0	
<b>5</b>	<b>TT received during the pregnancy</b>	4	6	5	
<b>6</b>	<b>IFA tablet received during the pregnancy</b>	4	6	1	3(60 Tabs)1(30Tabs)
<b>7</b>	<b>IFA consumed as per instruction</b>	4	6	1	
<b>8</b>	<b>Received three Ante natal check up</b>	4	6	5	
<b>9</b>	<b>No of women have gone through delivery</b>	4	6	5	
<b>9.1.</b>	<b>No. of Instts Deliveries</b>	4	5	4	
<b>10</b>	<b>DDK used during delivery</b>	4	5	4	
<b>11</b>	<b>Child fed within 30 minute of delivery</b>	4	6	5	
<b>12</b>	<b>Used colostrums as per advise</b>	4	6	5	
<b>13</b>	<b>Exclusive Breast feeding</b>	0	0	0	
<b>14</b>	<b>Three post natal check up</b>	4	6	5	

## FORM – 7.2 (ii)

## Field Verification of INC clients

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

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

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

**Field Verification of JSY Clients**

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

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

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>Pachara</b>	<b>Lainga</b>	<b>Sohagpur</b>
<b>1</b>	<b># of selected cases</b>	6	6	6
<b>2</b>	<b># of contacted cases</b>	4	3	4
<b>S 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 2	3	2
<b>Total</b>		2	3	2
<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>	4	3	4
<b>8</b>	<b>Pregnancy during the use of method out of found genuine cases</b>	1	0	0
<b>9</b>	<b>Complaints if any out of found genuine cases</b>	1	0	0
<b>10</b>	<b>Satisfied with method out of found genuine cases</b>	3	3	4

Form -7.1 (ii)

Field verification of Clients practicing – IUDs Methods

Sl. No.	Action points	Pachara	Lainga	Sohagpur	
<b>1</b>	<b># of selected cases</b>	No	No	5	
<b>2</b>	<b># of contacted cases</b>	List	List	4	
<b>3</b>	<b>Cases not contacted due to</b>	For	For		
A	NSP	IUD	IUD	0	
B	IA/WA	Users	Users	0	
H	PO			0	
D	TO			0	
E	Others			1	
	<b>Total</b>			1	
<b>4</b>	<b>Discrepancy</b>			0	
A	Age of acceptors			0	
B	Age of spouse			0	
D	No. of Total child			0	
E	No. of Male child			0	
	<b>Total</b>			0	
<b>5</b>	<b>Ineligible Cases</b>			0	
<b>6</b>	<b>Denial/ Fake</b>			0	
A	Denial cases			0	
B	Fake cases			4	
C	Double reported cases			0	
	<b>Total</b>			4	
<b>7</b>	<b>Follow up by Staff out of found genuine cases</b>			0	
<b>8</b>	<b>Pregnancy during the use of method out of found genuine cases</b>			0	
<b>9</b>	<b>Complaints if any out of found genuine cases</b>			0	
<b>10</b>	<b>Satisfied with method out of found genuine cases</b>			0	

Form 7.1 (iii)

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

Sl. No.	Action points	Pachara	Lainga	Sohagpur	
<b>1</b>	<b># of selected cases</b>	2	3	6	
<b>S 2</b>	<b># of contacted cases</b>	1	2	4	
<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	1	2	
	<b>Total</b>	1	1	2	
<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	1	2	4	
C	Double reported cases	0	0	0	
	<b>Total</b>	1	2	4	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>	0	0	0	

<b>1</b>	<b># of selected cases</b>	3	2	5	
<b>2</b>	<b># of contacted cases</b>	1	1	3	
<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	1	2	
	<b>Total</b>	2	1	2	
<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	1	1	2	
c	Double reported cases	0	0	0	
	<b>Total</b>	1	1	2	
<b>7</b>	<b>Follow up by Staff out of found genuine cases</b>	0	0	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>	0	0	1	

<b>FORM 7.3 (iii)</b>					
<b>MONTHLY PERFORMANCE REPORT ON TECHNICAL ACTIVITIES FOR ROH&amp;FW</b>					
<b>INFORMATION ON Community satisfaction of Mother for Work of ANMs</b>					
<b>Sl. No.</b>	<b>Action points</b>	<b>Pachara</b>	<b>Lainga</b>	<b>Sohagpur</b>	
<b>S1</b>	ANMs visited village regularly	4	6	5	
<b>2</b>	Mothers had some problem in last pregnancy	0	0	0	
<b>3</b>	Mothers received timely advices for getting treatment	4	6	5	
<b>4</b>	Institutional deliveries	4	5	4	
<b>5</b>	Babies weighed after birth	4	5	4	
<b>6</b>	Mothers aware about JSY	4	5	4	
<b>7</b>	Mothers received three PNC	4	5	4	
<b>8</b>	Mothers advised regarding colostrums	4	5	4	
<b>9</b>	Mothers get information about proper breast feeding	4	5	4	
<b>10</b>	Mothers have knowledge about the dangerous sign of ARI-	4	5	4	
<b>11</b>	Mothers have knowledge about fluid that is to be given during diarrhea	4	5	4	
<b>12</b>	Mothers have knowledge about schedule of Child immunization	4	5	4	
<b>13</b>	Mothers aware about the disease for which immunization given to their child -	4	5	4	
<b>14</b>	Mothers aware about the immunization against measles to be given in the 9th month	4	5	4	
<b>15</b>	Awareness of mothers about the contraceptive method -	4	5	4	
<b>16</b>	Mothers aware about the side effect of the contraceptive.	4	5	4	
<b>17</b>	Awareness about the ideal gap between two children	4	5	4	

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

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

## Form 7.3 (i)

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

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

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

**JOB SATISFACTION**

**JOB SATISFACTION**

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