

**MONTHLY REPORT OF HAU  
FOR**

**FORM - C**

\* CUDP-III/CSIP/IPP-VIII/IPP-VIII(Extn.)/RCH Sub-Project Asansol/HHW SCHEME

Report for the month of \_\_\_\_\_ Year \_\_\_\_\_  
Name of the Municipality / Corporation \_\_\_\_\_  
HAU No. \_\_\_\_\_ No. of reporting SCs \_\_\_\_\_

POSITION AS ON 1<sup>ST</sup> APRIL, \_\_\_\_\_

- 1) No. of Beneficiary Families \_\_\_\_\_ 2) No. of Beneficiary Population \_\_\_\_\_  
3) No. of Eligible Couples \_\_\_\_\_ 4) No. of Infants (under 1 year) \_\_\_\_\_  
5) No. of Children (1 to < 5 years) \_\_\_\_\_

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April _____
1.	Ante Natal Care		
1.1	Ante Natal cases Registered		
	(a) New - (i) Before 12 weeks		
	- (ii) After 12 weeks		
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups		
1.3	Total No. of high risk pregnant women		
	a) Attended		
	b) Referred		
1.4	No. of TT doses		
	a) TT1		
	b) TT2		
	c) Booster		
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia		
2.	Natal Care		
2.1	Total No. of deliveries conducted		
	a) Normal		
	b) Forceps		
	c) Caesar		
2.2	Place of delivery		
	a) Home		
	b) Institution		
2.3	Age of mother at the time of delivery		
	a) Less than 20 years		
	b) 20 years and above		
2.4	No. of complicated Delivery cases referred to Govt./Non Govt. Hospital / Nursing Home / Maternity Homes		

\* Put tick mark (✓) whichever is applicable.

Contd..

Sl. No.	Services	Performance in the reporting month		Cumulative performance since April _____	
		M	F	M	F
<b>3.</b>	<b>Pregnancy Outcome</b>				
<b>3.1</b>	<b>No. of births</b>				
	a) Live births				
	b) Still births				
<b>3.2</b>	<b>Order of birth in 3.1 (a) (live births)</b>				
	a) 1 <sup>st</sup>				
	b) 2 <sup>nd</sup>				
	c) 3+				
<b>3.3</b>	<b>New born status of birth in 3.1 (a) (live births)</b>				
	a) Less than 2.5 Kg.				
	b) 2.5 Kg. or more				
	c) Weight not recorded				
<b>3.4</b>	<b>High risk new born</b>				
	a) No. Attended				
	b) No. Referred				
<b>4.</b>	<b>Post Natal Care</b>				
<b>4.1</b>	<b>No. of women received 3 post natal check-ups</b>				
<b>4.2</b>	<b>No. of Complicated cases referred</b>				
<b>5.</b>	<b>Maternal Deaths</b>				
<b>5.1</b>	<b>During Pregnancy</b>				
<b>5.2</b>	<b>During Delivery</b>				
<b>5.3</b>	<b>Within 6 weeks of delivery</b>				
<b>6.</b>	<b>RTI/STI</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>
<b>6.1</b>	<b>Cases detected</b>				
<b>6.2</b>	<b>Cases treated</b>				

Contd..

**7 Immunization & Prophylaxis :**

	<b>During the month</b>	<b>Cumulative since April _____</b>
<b>No. of Sessions planned</b>		
<b>No. of Sessions held</b>		
<b>No. of outreach Sessions held</b>		

		During the month				Cumulative since April _____						
		Under - 1 Yr.		Above 1 Yr.		Under - 1 Yr.			Above 1 Yr.			
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total	
BCG												
DPT	DPT-1											
	DPT-2											
	DPT-3											
OPV	OPV-0											
	OPV-1											
	OPV-2											
	OPV-3											
Hepatitis B	Hep-1											
	Hep-2											
	Hep-3											
Measles												
Fully immunized Children under 1 year	Having BCG+3 doses of OPV&DPT + Measles											
VITAMIN -A	Dose - 1											
Children more than 18 months	DPT Booster											
	OPV Booster											
VITAMIN -A	Dose - 2											
	Dose - 3											
	Dose - 4											
	Dose - 5											
Children more than 5 yrs.	DT - 1											
	DT - 2											
Children more than 10 yrs.	TT - 1											
	TT - 2											
Children more than 16 yrs.	TT - 1											
	TT - 2											
No. of Children received IFA												
UNTOWARD REACTION												
1. Reported deaths associated with immunization												
2. Number of abscesses												
3. Other Complications												

Contd..

Sl. No.	Services	Performance in the reporting month			Cumulative performance since April _____		
		M	F	T	M	F	T
8.	<b>Vaccine preventable diseases for under - 5 years children</b>						
	<b>a) Diphtheria</b>	M	F	T	M	F	T
	i) Cases						
	ii) Deaths						
	<b>b) Poliomyelitis</b>						
	i) Cases						
	ii) Deaths						
	<b>c) Neo Natal Tetanus</b>						
	i) Cases						
	ii) Deaths						
	<b>d) Tetanus other than Neo Natal</b>						
	i) Cases						
	ii) Deaths						
	<b>e) Whooping Cough</b>						
	i) Cases						
	ii) Deaths						
	<b>f) Measles</b>						
	i) Cases						
	ii) Deaths						
8.1	<b>Other specified communicable diseases</b>						
	<b>a) Malaria</b>						
	i) Cases						
	ii) Deaths						
	<b>b) Tuberculosis</b>						
	i) Cases						
	ii) Deaths						
	<b>c) Leprosy</b>						
	i) Cases						
	ii) Deaths						
9.	<b>ARI under 5 years (Pneumonia)</b>						
	a)Cases						
	b)Treated with Co-trimoxazole						
	c)Deaths						
10.	<b>Acute Diarrhoeal Diseases under 5 years</b>						
	a)Cases						
	b)Treated with ORS						
	c)Deaths						
11.	<b>Child Deaths</b>						
	a) under 1 week						
	b) 1 week to under 1 month						
	c) 1 month to under 1 year						
	d) 1 year to under 5 years						

Contd..

Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31 <sup>st</sup> March preceding year)/ subsequent cumulative monthly total (a)	Performance in the reporting month		Cumulative performance Since April including carried over performance (a + b - c)
			No of New Acceptors (b)	Nos. Discontinued OR taken off for crossing Eligible age (c)	
12.	<b>Contraceptive Services</b>				
12.1	<b>Male Sterilisation</b>				
	a) Conventional				
	b) No scalpel				
12.2	<b>Female Sterilisation</b>				
	a) Abdominal				
	b) Laparoscopic				
12.3	<b>Total IUD insertions</b>				
12.3.1	Cases followed up				
12.3.2	Complications				
12.4	<b>No. of CC users</b>				
	a) No. of OP users				
	b) No. of condom users				
12.5	<b>Total Nos protected by all methods (12.1+12.2+12.3+12.4)</b>				
12.6	<b>No. of Eligible Couples accepted sterilization</b>		<b>Performance in the reporting month</b>		<b>Cumulative performance Since April</b>
12.6.1	Having upto 2 living children				
12.6.2	Having 3 or more children				
12.7	<b>No. of CC distributed</b>				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13.	<b>Abortions</b>				
	a) Spontaneous				
	b) No. of MTPs done				
	c) Deaths				
14.	<b>Deaths</b>				
	a) Maternal Deaths (as in Sl No. 5)				
	b) Child Deaths (as in Sl. No. 11)				
	c) Other Death except Sl. No. 5 & 11				
14.1	<b>Total Death = 14 (a + b + c)</b>				
15.	<b>IEC Activities</b>	<b>Held</b>		<b>Attendance</b>	
		<b>Topics</b>	<b>No. Held</b>	<b>Male</b>	<b>Female</b>
	1. Group Discussion				
	2. Deployment of Folk Media				
	3. Others (Specify)				

Date :

Signature of PTMO / STS

**MONTHLY REPORT OF HAU  
FOR**

**FORM - C**

\* CUDP-III/CSIP/IPP-VIII/IPP-VIII(Extn.)/RCH Sub-Project Asansol/HHW SCHEME

Report for the month of \_\_\_\_\_ Year \_\_\_\_\_  
Name of the Municipality / Corporation \_\_\_\_\_  
HAU No. \_\_\_\_\_ No. of reporting SCs \_\_\_\_\_

<b>POSITION AS ON 1<sup>ST</sup> APRIL, _____</b>	
1) No. of Beneficiary Families _____	2) No. of Beneficiary Population _____
3) No. of Eligible Couples _____	4) No. of Infants (under 1 year) _____
5) No. of Children (1 to < 5 years) _____	

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April _____
1.	<b>Ante Natal Care</b>		
1.1	<b>Ante Natal cases Registered</b>		
	(a) New - (i) Before 12 weeks		
	- (ii) After 12 weeks		
	(b) Old		
1.2	<b>No. of Pregnant women who had 3 check-ups</b>		
1.3	<b>Total No. of high risk pregnant women</b>		
	a) Attended		
	b) Referred		
1.4	<b>No. of TT doses</b>		
	a) TT1		
	b) TT2		
	c) Booster		
1.5	<b>No. of pregnant women under treatment for Anaemia</b>		
1.6	<b>No. of pregnant women given prophylaxis for Anaemia</b>		
2.	<b>Natal Care</b>		
2.1	<b>Total No. of deliveries conducted</b>		
	a) Normal		
	b) Forcéps		
	c) Caesar		
2.2	<b>Place of delivery</b>		
	a) Home		
	b) Institution		
2.3	<b>Age of mother at the time of delivery</b>		
	a) Less than 20 years		
	b) 20 years and above		
2.4	<b>No. of complicated Delivery cases referred to Govt./Non Govt. Hospital / Nursing Home / Maternity Homes</b>		

\* Put tick mark (✓) whichever is applicable.

Contd..

Sl. No.	Services	Performance in the reporting month		Cumulative performance since April _____	
		M	F	M	F
3.	<b>Pregnancy Outcome</b>				
3.1	<b>No. of births</b>				
	a) Live births				
	b) Still births				
3.2	<b>Order of birth in 3.1 (a) (live births)</b>				
	a) 1 <sup>st</sup>				
	b) 2 <sup>nd</sup>				
	c) 3+				
3.3	<b>New born status of birth in 3.1 (a) (live births)</b>				
	a) Less than 2.5 Kg.				
	b) 2.5 Kg. or more				
	c) Weight not recorded				
3.4	<b>High risk new born</b>				
	a) No. Attended				
	b) No. Referred				
4.	<b>Post Natal Care</b>				
4.1	<b>No. of women received 3 post natal check-ups</b>				
4.2	<b>No. of Complicated cases referred</b>				
5.	<b>Maternal Deaths</b>				
5.1	<b>During Pregnancy</b>				
5.2	<b>During Delivery</b>				
5.3	<b>Within 6 weeks of delivery</b>				
6.	<b>RTI/STI</b>	M	F	M	F
6.1	<b>Cases detected</b>				
6.2	<b>Cases treated</b>				

Contd..

7. Immunization & Prophylaxis :

	During the month	Cumulative since April _____
No. of Sessions planned		
No. of Sessions held		
No. of outreach Sessions held		

		During the month				Cumulative since April _____						
		Under - 1 Yr.		Above 1 Yr.		Under - 1 Yr.			Above 1 Yr.			
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total	
BCG												
DPT	DPT-1											
	DPT-2											
	DPT-3											
OPV	OPV-0											
	OPV-1											
	OPV-2											
Hepatitis B	Hep-1											
	Hep-2											
	Hep-3											
Measles												
Fully immunized Children under 1 year	Having BCG+3 doses of OPV&DPT + Measles											
VITAMIN -A	Dose - 1											
Children more than 18 months	DPT Booster											
	OPV Booster											
VITAMIN -A	Dose - 2											
	Dose - 3											
	Dose - 4											
	Dose - 5											
Children more than 5 yrs.	DT - 1											
	DT - 2											
Children more than 10 yrs.	TT - 1											
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Children more than 16 yrs.	TT - 1											
	TT - 2											
No. of Children received IFA												
UNTOWARD REACTION												
1. Reported deaths associated with immunization												
2. Number of abscesses												
3. Other Complications												

Contd..



Sl. No.	Services	Performance in the reporting month			Cumulative performance since April _____		
		M	F	T	M	F	T
8.	<b>Vaccine preventable diseases for under - 5 years children</b>						
	<b>a) Diphtheria</b>	M	F	T	M	F	T
	i) Cases						
	ii) Deaths						
	<b>b) Poliomyelitis</b>						
	i) Cases						
	ii) Deaths						
	<b>c) Neo Natal Tetanus</b>						
	i) Cases						
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	i) Cases						
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	i) Cases						
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9.1	<b>Other specified communicable diseases</b>						
	<b>a) Malaria</b>						
	i) Cases						
	ii) Deaths						
	<b>b) Tuberculosis</b>						
	i) Cases						
	ii) Deaths						
	<b>c) Leprosy</b>						
	i) Cases						
	ii) Deaths						
9.	<b>ARI under 5 years (Pneumonia)</b>						
	a) Cases						
	b) Treated with Co-trimoxazole						
	c) Deaths						
9.	<b>Acute Diarrhoeal Diseases under 5 years</b>						
	a) Cases						
	b) Treated with ORS						
	c) Deaths						
1.	<b>Child Deaths</b>						
	a) under 1 week						
	b) 1 week to under 1 month						
	c) 1 month to under 1 year						
	d) 1 year to under 5 years						

Contd..

Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31 <sup>st</sup> March preceding year)/ subsequent cumulative monthly total (a)	Performance in the reporting month		Cumulative performance Since April _____ including carried over performance (a + b - c)
			No of New Acceptors (b)	Nos. Discontinued OR taken off for crossing Eligible age (c)	
12.	Contraceptive Services				
12.1	Male Sterilisation				
	a) Conventional				
	b) No scalpel				
12.2	Female Sterilisation				
	a) Abdominal				
	b) Laparoscopic				
12.3	Total IUD insertions				
12.3.1	Cases followed up				
12.3.2	Complications				
12.4	No. of CC users				
	a) No. of OP users				
	b) No. of condom users				
12.5	Total Nos protected by all methods (12.1+12.2+12.3+12.4)				
12.6	No. of Eligible Couples accepted sterilization		Performance in the reporting month		Cumulative performance Since April _____
12.6.1	Having upto 2 living children				
12.6.2	Having 3 or more children				
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13.	Abortions				
	a) Spontaneous				
	b) No. of MTPs done				
	c) Deaths				
14.	Deaths				
	a) Maternal Deaths (as in Sl No. 5)				
	b) Child Deaths (as in Sl. No. 11)				
	c) Other Death except Sl. No. 5 & 11				
14.1	Total Death = 14 (a + b + c)				
15.	IEC Activities	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion				
	2. Deployment of Folk Media				
	3. Others (Specify)				

Date :

Signature of PTMO / STS

MONTHLY REPORT OF HAU  
FOR

**FORM - C**

\* CUDP-III/CSIP/IPP-VIII/IPP-VIII(Extn.)/RCH Sub-Project Asansol/HHW SCHEME

Report for the month of \_\_\_\_\_ Year \_\_\_\_\_  
Name of the Municipality / Corporation \_\_\_\_\_  
HAU No. \_\_\_\_\_ No. of reporting SCs \_\_\_\_\_

**POSITION AS ON 1<sup>ST</sup> APRIL, \_\_\_\_\_**

- 1) No. of Beneficiary Families \_\_\_\_\_ 2) No. of Beneficiary Population \_\_\_\_\_  
3) No. of Eligible Couples \_\_\_\_\_ 4) No. of Infants (under 1 year) \_\_\_\_\_  
5) No. of Children (1 to < 5 years) \_\_\_\_\_

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April _____
1.	Ante Natal Care		
1.1	Ante Natal cases Registered		
	(a) New - (i) Before 12 weeks		
	- (ii) After 12 weeks		
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups		
1.3	Total No. of high risk pregnant women		
	a) Attended		
	b) Referred		
1.4	No. of TT doses		
	a) TT1		
	b) TT2		
	c) Booster		
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia		
2.	Natal Care		
2.1	Total No. of deliveries conducted		
	a) Normal		
	b) Forceps		
	c) Caesar		
2.2	Place of delivery		
	a) Home		
	b) Institution		
2.3	Age of mother at the time of delivery		
	a) Less than 20 years		
	b) 20 years and above		
2.4	No. of complicated Delivery cases referred to Govt./Non Govt. Hospital / Nursing Home / Maternity Homes		

\* Put tick mark (✓) whichever is applicable.

Contd..

Sl. No.	Services	Performance in the reporting month		Cumulative performance since April _____	
		M	F	M	F
3.	<b>Pregnancy Outcome</b>				
3.1	No. of births				
	a) Live births				
	b) Still births				
3.2	<b>Order of birth in 3.1 (a) (live births)</b>				
	a) 1 <sup>st</sup>				
	b) 2 <sup>nd</sup>				
	c) 3+				
3.3	<b>New born status of birth in 3.1 (a) (live births)</b>				
	a) Less than 2.5 Kg.				
	b) 2.5 Kg. or more				
	c) Weight not recorded				
3.4	<b>High risk new born</b>				
	a) No. Attended				
	b) No. Referred				
4.	<b>Post Natal Care</b>				
4.1	No. of women received 3 post natal check-ups				
4.2	No. of Complicated cases referred				
5.	<b>Maternal Deaths</b>				
5.1	During Pregnancy				
5.2	During Delivery				
5.3	Within 6 weeks of delivery				
6.	<b>RTI/STI</b>	M	F	M	F
6.1	Cases detected				
6.2	Cases treated				

Contd..

7. Immunization & Prophylaxis :

	During the month	Cumulative since April _____
No. of Sessions planned		
No. of Sessions held		
No. of outreach Sessions held		

		During the month				Cumulative since April _____						
		Under - 1 Yr.		Above 1 Yr.		Under - 1 Yr.			Above 1 Yr.			
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total	
BCG												
DPT	DPT-1											
	DPT-2											
	DPT-3											
OPV	OPV-0											
	OPV-1											
	OPV-2											
	OPV-3											
Hepatitis B	Hep-1											
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Measles												
Fully immunized Children under 1 year	Having BCG+3 doses of OPV&DPT + Measles											
VITAMIN -A	Dose - 1											
Children more than 18 months	DPT Booster											
	OPV Booster											
VITAMIN -A	Dose - 2											
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Children more than 10 yrs.	TT - 1											
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Children more than 16 yrs.	TT - 1											
	TT - 2											
No. of Children received IFA												
UNTOWARD REACTION												
1. Reported deaths associated with immunization												
2. Number of abscesses												
3. Other Complications												

Contd..

Sl. No.	Services	Performance in the reporting month			Cumulative performance since April _____		
8.	Vaccine preventable diseases for under - 5 years children						
	a) Diphtheria	M	F	T	M	F	T
	i) Cases						
	ii) Deaths						
	b) Poliomyelitis						
	i) Cases						
	ii) Deaths						
	c) Neo Natal Tetanus						
	i) Cases						
	ii) Deaths						
	d) Tetanus other than Neo Natal						
	i) Cases						
	ii) Deaths						
	e) Whooping Cough						
	i) Cases						
	ii) Deaths						
	f) Measles						
	i) Cases						
	ii) Deaths						
8.1	Other specified communicable diseases						
	a) Malaria						
	i) Cases						
	ii) Deaths						
	b) Tuberculosis						
	i) Cases						
	ii) Deaths						
	c) Leprosy						
	i) Cases						
	ii) Deaths						
9.	ARI under 5 years (Pneumonia)						
	a) Cases						
	b) Treated with Co-trimoxazole						
	c) Deaths						
10.	Acute Diarrhoeal Diseases under 5 years						
	a) Cases						
	b) Treated with ORS						
	c) Deaths						
11.	Child Deaths						
	a) under 1 week						
	b) 1 week to under 1 month						
	c) 1 month to under 1 year						
	d) 1 year to under 5 years						

Contd..

Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31 <sup>st</sup> March preceding year)/ subsequent cumulative monthly total (a)	Performance in the reporting month		Cumulative performance Since April including carried over performance (a + b - c)
			No of New Acceptors (b)	Nos. Discontinued OR taken off for crossing Eligible age (c)	
12.	Contraceptive Services				
12.1	Male Sterilisation				
	a) Conventional				
	b) No scalpel				
12.2	Female Sterilisation				
	a) Abdominal				
	b) Laparoscopic				
12.3	Total IUD insertions				
12.3.1	Cases followed up				
12.3.2	Complications				
12.4	No. of CC users				
	a) No. of OP users				
	b) No. of condom users				
12.5	Total Nos protected by all methods (12.1+12.2+12.3+12.4)				
12.6	No. of Eligible Couples accepted sterilization		Performance in the reporting month		Cumulative performance Since April
12.6.1	Having upto 2 living children				
12.6.2	Having 3 or more children				
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13.	Abortions				
	a) Spontaneous				
	b) No. of MTPs done				
	c) Deaths				
14.	Deaths				
	a) Maternal Deaths (as in Sl No. 5)				
	b) Child Deaths (as in Sl. No. 11)				
	c) Other Death except Sl. No. 5 & 11				
14.1	Total Death = 14 (a + b + c)				
15.	IEC Activities	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion				
	2. Deployment of Folk Media				
	3. Others (Specify)				

Date :

Signature of PTMO / STS

**MONTHLY REPORT OF HAU  
FOR**

**FORM - C**

\* CUDP-III/CSIP/IPP-VIII/IPP-VIII(Extn.)/RCH Sub-Project Asansol/HHW SCHEME

Report for the month of \_\_\_\_\_ Year \_\_\_\_\_  
Name of the Municipality / Corporation \_\_\_\_\_  
HAU No. \_\_\_\_\_ No. of reporting SCs \_\_\_\_\_

<b>POSITION AS ON 1<sup>ST</sup> APRIL, _____</b>	
1) No. of Beneficiary Families _____	2) No. of Beneficiary Population _____
3) No. of Eligible Couples _____	4) No. of Infants (under 1 year) _____
5) No. of Children (1 to < 5 years) _____	

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April _____
1.	<b>Ante Natal Care</b>		
1.1	<b>Ante Natal cases Registered</b>		
	(a) New - (i) Before 12 weeks		
	- (ii) After 12 weeks		
	(b) Old		
1.2	<b>No. of Pregnant women who had 3 check-ups</b>		
1.3	<b>Total No. of high risk pregnant women</b>		
	a) Attended		
	b) Referred		
1.4	<b>No. of TT doses</b>		
	a) TT1		
	b) TT2		
	c) Booster		
1.5	<b>No. of pregnant women under treatment for Anaemia</b>		
1.6	<b>No. of pregnant women given prophylaxis for Anaemia</b>		
2.	<b>Natal Care</b>		
2.1	<b>Total No. of deliveries conducted</b>		
	a) Normal		
	b) Forceps		
	c) Caesar		
2.2	<b>Place of delivery</b>		
	a) Home		
	b) Institution		
2.3	<b>Age of mother at the time of delivery</b>		
	a) Less than 20 years		
	b) 20 years and above		
2.4	<b>No. of complicated Delivery cases referred to Govt./Non Govt. Hospital / Nursing Home / Maternity Homes</b>		

\* Put tick mark (✓) whichever is applicable.

Contd..



Sl. No.	Services	Performance in the reporting month		Cumulative performance since April _____	
		M	F	M	F
<b>3.</b>	<b>Pregnancy Outcome</b>				
3.1	No. of births				
	a) Live births				
	b) Still births				
3.2	Order of birth in 3.1 (a) (live births)				
	a) 1 <sup>st</sup>				
	b) 2 <sup>nd</sup>				
	c) 3+				
3.3	New born status of birth in 3.1 (a) (live births)				
	a) Less than 2.5 Kg.				
	b) 2.5 Kg. or more				
	c) Weight not recorded				
3.4	High risk new born				
	a) No. Attended				
	b) No. Referred				
<b>4.</b>	<b>Post Natal Care</b>				
4.1	No. of women received 3 post natal check-ups				
4.2	No. of Complicated cases referred				
<b>5.</b>	<b>Maternal Deaths</b>				
5.1	During Pregnancy				
5.2	During Delivery				
5.3	Within 6 weeks of delivery				
<b>6.</b>	<b>RTI/STI</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>
6.1	Cases detected				
6.2	Cases treated				

Contd..

7. Immunization & Prophylaxis :

	During the month	Cumulative since April _____
No. of Sessions planned		
No. of Sessions held		
No. of outreach Sessions held		

		During the month				Cumulative since April _____						
		Under - 1 Yr.		Above 1 Yr.		Under - 1 Yr.			Above 1 Yr.			
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total	
BCG												
DPT	DPT-1											
	DPT-2											
	DPT-3											
OPV	OPV-0											
	OPV-1											
	OPV-2											
	OPV-3											
Hepatitis B	Hep-1											
	Hep-2											
	Hep-3											
Measles												
Fully immunized Children under 1 year	Having BCG+3 doses of OPV&DPT + Measles											
VITAMIN -A	Dose - 1											
Children more than 18 months	DPT Booster											
	OPV Booster											
VITAMIN -A	Dose - 2											
	Dose - 3											
	Dose - 4											
	Dose - 5											
Children more than 5 yrs.	DT - 1											
	DT - 2											
Children more than 10 yrs.	TT - 1											
	TT - 2											
Children more than 16 yrs.	TT - 1											
	TT - 2											
No. of Children received IFA												
UNTOWARD REACTION												
1. Reported deaths associated with immunization												
2. Number of abscesses												
3. Other Complications												

Contd..

Sl. No.	Services	Performance in the reporting month			Cumulative performance since April _____		
		M	F	T	M	F	T
8.	Vaccine preventable diseases for under - 5 years children						
	a) Diphtheria	M	F	T	M	F	T
	i) Cases						
	ii) Deaths						
	b) Poliomyelitis						
	i) Cases						
	ii) Deaths						
	c) Neo Natal Tetanus						
	i) Cases						
	ii) Deaths						
	d) Tetanus other than Neo Natal						
	i) Cases						
	ii) Deaths						
	e) Whooping Cough						
	i) Cases						
	ii) Deaths						
	f) Measles						
	i) Cases						
	ii) Deaths						
9.	Other specified communicable diseases						
	a) Malaria						
	i) Cases						
	ii) Deaths						
	b) Tuberculosis						
	i) Cases						
	ii) Deaths						
	c) Leprosy						
	i) Cases						
	ii) Deaths						
10.	ARI under 5 years (Pneumonia)						
	a) Cases						
	b) Treated with Co-trimoxazole						
	c) Deaths						
11.	Acute Diarrhoeal Diseases under 5 years						
	a) Cases						
	b) Treated with ORS						
	c) Deaths						
12.	Child Deaths						
	a) under 1 week						
	b) 1 week to under 1 month						
	c) 1 month to under 1 year						
	d) 1 year to under 5 years						

Contd..

Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31 <sup>st</sup> March preceding year)/ subsequent cumulative monthly total (a)	Performance in the reporting month		Cumulative performance Since April including carried over performance (a + b - c)
			No of New Acceptors (b)	Nos. Discontinued OR taken off for crossing Eligible age (c)	
12.	Contraceptive Services				
12.1	Male Sterilisation				
	a) Conventional				
	b) No scalpel				
12.2	Female Sterilisation				
	a) Abdominal				
	b) Laparoscopic				
12.3	Total IUD insertions				
12.3.1	Cases followed up				
12.3.2	Complications				
12.4	No. of CC users				
	a) No. of OP users				
	b) No. of condom users				
12.5	Total Nos protected by all methods (12.1+12.2+12.3+12.4)				
12.6	No. of Eligible Couples accepted sterilization		Performance in the reporting month		Cumulative performance Since April
12.6.1	Having upto 2 living children				
12.6.2	Having 3 or more children				
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13.	Abortions				
	a) Spontaneous				
	b) No. of MTPs done				
	c) Deaths				
14.	Deaths				
	a) Maternal Deaths (as in Sl No. 5)				
	b) Child Deaths (as in Sl. No. 11)				
	c) Other Death except Sl. No. 5 & 11				
14.1	Total Death = 14 (a + b + c)				
15.	IEC Activities	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion				
	2. Deployment of Folk Media				
	3. Others (Specify)				

Date :

Signature of PTMO / STS

**MONTHLY REPORT OF HAU**

FOR

\* CUDP-III / CSIP / IPP-VIII / IPP-VIII(Extn.) / RCH Sub-Project Asansol / HHW SCHEME

Report for the month of \_\_\_\_\_ Year \_\_\_\_\_

Name of the Municipality / Corporation \_\_\_\_\_

HAU No. \_\_\_\_\_ No. of reporting SCs \_\_\_\_\_

POSITION AS ON 1<sup>ST</sup> APRIL, \_\_\_\_\_

1. No. of Beneficiary Families \_\_\_\_\_ 2. No. of Beneficiary Population \_\_\_\_\_

3. No. of Eligible Couples \_\_\_\_\_ 4. No. of Infants (under 1 year) \_\_\_\_\_

5. No. of Children (1 to &lt; 5years) \_\_\_\_\_

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April _____
<b>1.</b>	<b>Ante Natal Care</b>		
1.1	Ante Natal cases Registered		
	(a) New (i) Before 12 weeks		
	(ii) After 12 weeks		
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups		
1.3	Total No. of high risk pregnant women		
	a) Attended		
	b) Referred		
1.4	No. of TT doses		
	a) TT1		
	b) TT2		
	c) Booster		
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia		
<b>2.</b>	<b>Natal Care</b>		
2.1	Total No. of deliveries conducted		
	a) Normal		
	b) Forceps		
	c) Caesar		
2.2	Place of delivery		
	a) Home		
	b) Institution		
2.3	Age of mother at the time of delivery		
	a) Less than 20 years		
	b) 20 years and above		
2.4	No. of complicated Delivery cases referred to Govt. / Non-Govt. Hospital / Nursing Home / Maternity Homes		

\* Put tick mark (✓) whichever is applicable.

Contd..

Sl. No.	Services	Performance in the reporting month		Cumulative performance since April _____	
		M	F	M	F
<b>3.</b>	<b>Pregnancy Outcome</b>				
3.1	No. of births				
	a) Live births				
	b) Still births				
3.2	Order of birth in 3.1 (a) (live births)				
	a) 1 <sup>st</sup>				
	b) 2 <sup>nd</sup>				
	c) 3+				
3.3	New born status of birth in 3.1 (a) (live births)				
	a) Less than 2.5 Kg.				
	b) 2.5 Kg. or more				
	c) Weight not recorded				
3.4	High risk new born				
	a) No. Attended				
	b) No. Referred				
<b>4.</b>	<b>Post Natal Care</b>				
4.1	No. of women received 3 post natal check-ups				
4.2	No. of Complicated cases referred				
<b>5.</b>	<b>Maternal Deaths</b>				
5.1	During Pregnancy				
5.2	During Delivery				
5.3	Within 6 weeks of delivery				
<b>6.</b>	<b>RTI/STI</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>
6.1	Cases detected				
6.2	Cases treated				

Contd..

7. Immunization & Prophylaxis :

	During the month	Cumulative since April _____
No. of Sessions planned		
No. of Sessions held		
No. of outreach Sessions held		

		During the month				Cumulative since April _____						
		Under - 1 Yr.		Above - 1 Yr.		Under - 1 Yr.			Above - 1 Yr.			
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total	
BCG												
DPT	DPT-1											
	DPT-2											
	DPT-3											
OPV	OPV-0											
	OPV-1											
	OPV-2											
	OPV-3											
Hepatitis B	Hep -1											
	Hep -2											
	Hep -3											
Measles												
Fully Immunized Children under 1 year	Having BCG+3 doses of OPV & DPT +Measles											
VITAMIN - A	Dose - 1											
Children more than 18 months	DPT Booster											
	OPV Booster											
VITAMIN - A	Dose - 2											
	Dose - 3											
	Dose - 4											
	Dose - 5											
Children more than 5 yrs.	DT - 1											
	DT - 2											
Children more than 10 yrs.	TT - 1											
	TT - 2											
Children more than 16 yrs.	TT - 1											
	TT - 2											
No. of Children received IFA												
UNTOWARD REACTION												
1. Reported deaths associated with immunization												
2. Number of abscesses												
3. Other Complications												

Sl. No.	Services	Performance in the reporting month			Cumulative performance since April _____		
		M	F	T	M	F	T
<b>8.</b>	<b>Vaccine preventable diseases for under- 5 Years children</b>						
a)	Diphtheria						
	i) Cases						
	ii) Deaths						
b)	Poliomyelitis						
	i) Cases						
	ii) Deaths						
c)	Neo Natal Tetanus						
	i) Cases						
	ii) Deaths						
d)	Tetanus other than Neo Natal						
	i) Cases						
	ii) Deaths						
e)	Whooping Cough						
	i) Cases						
	ii) Deaths						
f)	Measles						
	i) Cases						
	ii) Deaths						
<b>8.1</b>	<b>Other specified communicable diseases</b>						
a)	Malaria						
	i) Cases						
	ii) Deaths						
b)	Tuberculosis						
	i) Cases						
	ii) Deaths						
c)	Leprosy						
	i) Cases						
	ii) Deaths						
<b>9.</b>	<b>ARI under 5 years (Pneumonia)</b>						
a)	Cases						
b)	Treated with Co-trimoxazole						
c)	Deaths						
<b>10.</b>	<b>Acute Diarrhoeal Diseases under 5 years</b>						
a)	Cases						
b)	Treated with ORS						
c)	Deaths						
<b>11.</b>	<b>Child Deaths</b>						
a)	under 1 week						
b)	1 week to under 1 month						
c)	1 month to under 1 year						
d)	1 year to under 5 years						



Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31 <sup>st</sup> March preceding year)	Performance in the reporting month		Cumulative performance Since April _____ including carried over performance (a + b - c)
			No. of New Acceptors	Nos. Discontinued OR taken off for crossing Eligible age	
		(a)	(b)	(c)	
<b>12</b>	<b>Contraceptive Services</b>				
12.1	Male Sterilisation				
	a) Conventional				
	b) No Scalpel				
12.2	Female Sterilisation				
	a) Abdominal				
	b) Laparoscopic				
12.3	Total IUD insertions				
12.3.1	Cases followed up				
12.3.2	Complications				
12.4	No. of CC users				
	a) No. of OP users				
	b) No. of Condom users				
12.5	Total Nos. protected by all methods (12.1+12.2+12.3+12.4)				
12.6	No. of Eligible Couples accepted sterilization		Performance in the reporting month		Cumulative performance Since April _____
12.6.1	Having 2 living children				
12.6.2	Having 3 or more living children				
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
<b>13.</b>	<b>Abortions</b>				
	a) Spontaneous				
	b) No. of MTPs done				
	c) Deaths				
<b>14</b>	<b>Deaths</b>				
	a) Maternal Deaths (as in Sl. No. 5)				
	b) Child Deaths (as in Sl. No. 11)				
	c) Other Death except Sl. No. 5 & 11				
14.1	Total Death = Sl. No. 14 (a + b+ c)				
<b>15.</b>	<b>IEC Activities</b>	<b>Held</b>		<b>Attendance</b>	
		<b>Topics</b>	<b>No. Held</b>	<b>Male</b>	<b>Female</b>
	1. Group Discussion				
	2. Deployment of Folk Media				
	3. Others (Specify)				

Signature of PTMO / STS  
Date :

22/6/06

Kind Attn: Dr. Shilani Goswami

Please check the matter for printing on the Box (cartons) and confirm immediately.

TO *Chairman*

**COOCH BEHAR MUNICIPALITY**  
DFID ASSISTED HONORARY HEALTH WORKER SCHEME  
DIST. : COOCH BEHAR, PH. : 03582 222 286 -

HMIS FORMS : A  B  C

TO

**BANKURA MUNICIPALITY**  
DFID ASSISTED HONORARY HEALTH WORKER SCHEME  
DIST. : BANKURA, PH. : 03242 254804/250368 -

FORMS : A  B  C

TO

**JANGIPUR MUNICIPALITY**  
DFID ASSISTED HONORARY HEALTH WORKER SCHEME  
DIST. : MURSHIDABAD, PH. : 953483 266074 -

FORMS : A  B  C

TO

**BISHNUPUR MUNICIPALITY**  
DFID ASSISTED HONORARY HEALTH WORKER SCHEME  
DIST. : BANKURA, PH. : 953244 252591 -

FORMS : A  B  C

TO

**BERHAMPÖRE MUNICIPALITY**  
DFID ASSISTED HONORARY HEALTH WORKER SCHEME  
DIST. : MURSHIDABAD, PH. : 953482 250012 -

FORMS : A  B  C

TO

**KALNA MUNICIPALITY**  
DFID ASSISTED HONORARY HEALTH WORKER SCHEME  
DIST. : BARDHAMAN, PH. : 953454 255004 -

FORMS : A  B  C

TO

**SURI MUNICIPALITY**  
DFID ASSISTED HONORARY HEALTH WORKER SCHEME  
DIST. : BIRBHUM, PH. : 953462 255534 -

FORMS : A  B  C

TO

**KRISHNAGAR MUNICIPALITY**  
DFID ASSISTED HONORARY HEALTH WORKER SCHEME  
DIST. : NADIA, PH. : 953472 252926/258932 -

FORMS : A  B  C

TO

**BOLPUR MUNICIPALITY**  
DFID ASSISTED HONORARY HEALTH WORKER SCHEME  
DIST. : BIRBHUM, PH. : 953463 252501 -

FORMS : A  B  C

TO

**MEDINIPUR MUNICIPALITY**  
DFID ASSISTED HONORARY HEALTH WORKER SCHEME  
DIST. : MEDINIPUR (W), PH. : 953222 275384/266483 -

FORMS : A  B  C

TO

**PURULIA MUNICIPALITY**  
DFID ASSISTED HONORARY HEALTH WORKER SCHEME  
DIST. : PURULIA, PH. : 03252 222409 -

FORMS : A  B  C

*Sengupta*  
S. N. Sengupta  
(9831800150)  
22/6/06

ক্রমিক নং	পরিষেবা	প্রঃ দঃ যাঁরা আগেই সুরক্ষিত হয়েছেন তার সংখ্যা (পূর্ববর্তী বছরের ৩১শে মার্চ পর্যন্ত) / পরবর্তী মাসের মোট সংখ্যা	সম্পাদিত কার্যাবলী		মোট সংখ্যা (এপ্রিল, ..... থেকে, পূর্ববর্তী বছরের সংখ্যা সহ)	
			নতুন গ্রহণকারীর সংখ্যা	যাঁরা ব্যবহার করা ছেড়ে দিয়েছেন অথবা যেসব প্রজননশীল দম্পতির বয়স পেরিয়ে গেছে তার সংখ্যা		(ক)
১২.	জন্ম নিয়ন্ত্রণ পদ্ধতি গ্রহণের পরিষেবা					
১২.১	পুরুষের স্থায়ী পদ্ধতি					
	ক) কনডোমিনাল					
	খ) নো স্ক্যালপেল					
১২.২	মহিলার স্থায়ী পদ্ধতি					
	ক) অ্যাবডোমিনাল					
	খ) ল্যাপারোস্কপিক					
১২.৩	আই. ইউ. ডি. পরামের মোট সংখ্যা					
১২.৩.১	এরূপ কতজনকে ফলো-আপ করা হয়েছে তার সংখ্যা					
১২.৩.২	জটিলতার সংখ্যা					
১২.৪	প্রচলিত জন্ম নিয়ন্ত্রণ পদ্ধতি ব্যবহারের সংখ্যা					
	ক) ওরাল পিল কতজন ব্যবহার করেছেন					
	খ) নিরোধ কতজন ব্যবহার করেছেন					
১২.৫	বিভিন্ন পরিকল্পনা পদ্ধতি ব্যবহার দ্বারা সংরক্ষিতের মোট সংখ্যা (১২.১ + ১২.২ + ১২.৩ + ১২.৪)					
১২.৬	কতজন প্রজননশীল দম্পতি পরিবার স্থায়ী পরিকল্পনা পদ্ধতি গ্রহণ করেছেন			কেবল মাত্র উল্লিখিত ১৫ দিনে	মোট সংখ্যা (এপ্রিল, ..... থেকে)	
১২.৬.১	যাদের জীবিত দুটি পর্যন্ত সন্তান আছে তার সংখ্যা					
১২.৬.২	যাদের জীবিত তিন ও উর্ধ্বে সন্তান আছে তার সংখ্যা					
১২.৭	প্রচলিত পরিবার পরিকল্পনা পদ্ধতির বিতরণের সংখ্যা					
১২.৭.১	ওরাল পিল বিতরণের সংখ্যা					
১২.৭.২	কন্ডোম বিতরণের সংখ্যা					
১৩.	গর্ভপাত (অ্যাবোরশন)					
	ক) স্বতঃস্ফূর্ত অ্যাবোরশন					
	খ) এম. টি. পির সংখ্যা					
	গ) মৃত্যু					
১৪.	মৃত্যুর পরিসংখ্যান					
	ক) মাতৃ (প্রসূতি) মৃত্যুর সংখ্যা (ক্রমিক নং - ৫)					
	খ) বাচ্চার মৃত্যুর পরিসংখ্যান (ক্রমিক নং - ১১)					
	গ) অন্যান্য মৃত্যু (ক্রমিক নং ৫ ও ১১ ছাড়া)					
১৪.১	মোট মৃত্যুর সংখ্যা = ক্রমিক নং ১৪ (ক + খ + গ)					
১৫.	আই. সি. সি.-র কার্যক্রম	অনুষ্ঠিত হয়েছিল		উপস্থিতি		
		বিষয়	সংখ্যা	ছেলে	মেয়ে	
		ক) দলভিত্তিক আলোচনা				
		খ) জনশিক্ষা প্রচলিত পদ্ধতি				
	গ) অন্যান্য (বিশেষভাবে উল্লেখ করুন)					

স্বাক্ষরসেবী স্বাস্থ্যকর্মীর স্বাক্ষর  
তারিখ :

ক্রমিক নং	পরিষেবা	প্রঃ দঃ যাঁরা আগেই সুরক্ষিত হয়েছেন তার সংখ্যা (পূর্ববর্তী বছরের ৩১শে মার্চ পর্যন্ত) / পরবর্তী মাসের মোট সংখ্যা	সম্পাদিত কার্যাবলী		মোট সংখ্যা (এপ্রিল, ..... থেকে, পূর্ববর্তী বছরের সংখ্যা সহ)
			নতুন গ্রহণকারীর সংখ্যা	যাঁরা ব্যবহার করা ছেড়ে দিয়েছেন অথবা যেসব প্রজননশীল দম্পতির বয়স পেরিয়ে গেছে তার সংখ্যা	
১২.	জন্ম নিয়ন্ত্রণ পদ্ধতি গ্রহণের পরিষেবা				
১২.১	পুরুষের স্থায়ী পদ্ধতি				
	ক) কনডেনশনাল				
	খ) নো স্ক্যালপেল				
১২.২	মহিলার স্থায়ী পদ্ধতি				
	ক) অ্যাবডোমিনাল				
	খ) ল্যাপারোস্কপিক				
১২.৩	আই. ইউ. ডি. পরানোর মোট সংখ্যা				
১২.৩.১	এরূপ কতজনকে ফলো-আপ করা হয়েছে তার সংখ্যা				
১২.৩.২	জটিলতার সংখ্যা				
১২.৪	প্রচলিত জন্ম নিয়ন্ত্রণ পদ্ধতি ব্যবহারের সংখ্যা				
	ক) ওরাল পিল কতজন ব্যবহার করেছেন				
	খ) নিরোধ কতজন ব্যবহার করেছেন				
১২.৫	বিভিন্ন পরিকল্পনা পদ্ধতি ব্যবহার দ্বারা সংরক্ষিতের মোট সংখ্যা (১২.১ + ১২.২ + ১২.৩ + ১২.৪)				
১২.৬	কতজন প্রজননশীল দম্পতি পরিবার স্থায়ী পরিকল্পনা পদ্ধতি গ্রহণ করেছেন		কেবল মাত্র উল্লিখিত মাসে		মোট সংখ্যা (এপ্রিল, ..... থেকে)
১২.৬.১	যাদের জীবিত দুটি পর্যন্ত সন্তান আছে তার সংখ্যা				
১২.৬.২	যাদের জীবিত তিন ও উর্ধ্বে সন্তান আছে তার সংখ্যা				
১২.৭	প্রচলিত পরিবার পরিকল্পনা পদ্ধতির বিতরণের সংখ্যা				
১২.৭.১	ওরাল পিল বিতরণের সংখ্যা				
১২.৭.২	কন্ডোম বিতরণের সংখ্যা				
১৩.	গর্ভপাত (অ্যাবোরশন)				
	ক) স্বতঃস্ফূর্ত অ্যাবোরশন				
	খ) এম. টি. পির সংখ্যা				
	গ) মৃত্যু				
১৪.	মৃত্যুর পরিসংখ্যান				
	ক) মাতৃ (প্রসূতি) মৃত্যুর সংখ্যা (ক্রমিক নং - ৫)				
	খ) বাচ্চার মৃত্যুর পরিসংখ্যান (ক্রমিক নং - ১১)				
	গ) অন্যান্য মৃত্যু (ক্রমিক নং ৫ ও ১১ ছাড়া)				
১৪.১	মোট মৃত্যুর সংখ্যা = ক্রমিক নং ১৪ (ক + খ + গ)				
১৫.	আই. সি. সি.-র কার্যক্রম	অনুষ্ঠিত হয়েছিল		উপস্থিতি	
		বিষয়	সংখ্যা	ছেলে	মেয়ে
	ক) দলভিত্তিক আলোচনা				
	খ) জনশিক্ষা প্রচলিত পদ্ধতি				
	গ) অন্যান্য (বিশেষভাবে উল্লেখ করুন)				

প্রথম সারির পরিদর্শিকার স্বাক্ষর  
তারিখ :

Sl. No.	Services	No. of E.C. already protected (as on 31 <sup>st</sup> Mar. preceding year)/ subsequent cumulative monthly total (a)	Performance in the reporting month		Cumulative performance Since April _____ including carried over performance (a + b - c)
			No. of New Acceptors (b)	Nos. Discontinued OR taken off for crossing Eligible age (c)	
<b>12</b>	<b>Contraceptive Services</b>				
12.1	Male Sterilisation				
	a) Conventional				
	b) No Scalpel				
12.2	Female Sterilisation				
	a) Abdominal				
	b) Laparoscopic				
12.3	Total IUD insertions				
12.3.1	Cases followed up				
12.3.2	Complications				
12.4	No. of CC users				
	a) No. of OP users				
	b) No. of Condom users				
12.5	Total Nos. protected by all methods (12.1+12.2+12.3+12.4)				
12.6	No. of Eligible Couples accepted sterilization		Performance in the reporting month		Cumulative performance Since April _____
12.6.1	Having upto 2 living children				
12.6.2	Having 3 or more living children				
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
<b>13.</b>	<b>Abortions</b>				
	a) Spontaneous				
	b) No. of MTPs done				
	c) Deaths				
<b>14</b>	<b>Deaths</b>				
	a) Maternal Deaths (as in Sl. No. 5)				
	b) Child Deaths (as in Sl. No. 11)				
	c) Other Death except Sl. No. 5 & 11				
14.1	Total Death = Sl. No. 14 (a + b+ c)				

15.	IEC Activities	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion				
	2. Deployment of Folk Media				
	3. Others (Specify)				

Signature of HO / AHO  
Date :

**SUDA**

# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal

Ref No. ....SUDA-Health/DFID/06/36(11)

Date .....21.06.2006

From : Dr. Shibani Goswami  
Project Officer  
Health Wing, SUDA

To : The Chairman  
Cooch Behar / Jangipur / Berhampur / Suri / Bolpur / Purulia /  
Bankura / Bishnupur / Krishnagar / Kalna / Medinipur Municipality

Sub. : Supply of re-designed HMIS forms A, B & C

Sir / Madam,

For systematic preparation of reports under Health Management Information Systems (HMIS), the HMIS forms have been re-designed which are being printed and sent to your ULB by M/S CALENDARS Exhibition (India) Pvt. Ltd., P-51/1/1, Benaras Road, Belgachia, Howrah - 711 105 (Tele. Ph. - 2651 7163/64; Cell Phone - 9831800139).

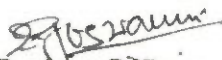
The list of ULBs showing the nos. of HMIS Forms A, B & C to be used by you for this purpose is enclosed herewith. The Supply will contain a specimen copy of each item bearing the signature of the undersigned. Each type of HMIS Forms will be in shrink poly packing each containing 100 nos. Weight of each packet of HMIS Forms will be 1.20 Kg. approx.

I would request you to make necessary arrangement to receive those materials and return the challan duly stamped and signed by your designated official to the said supplier. The name of the designated official may also be informed to us to help us in processing bills of the supplier.

Thanking you.

Yours faithfully,

Encl. : As stated.

  
Project Officer

21.06.2006

SUDA-Health/DFID/06/36(11)/1(11)

CC

The Project Director, HHW Scheme - DFID, ..... Municipality  
- for kind information and necessary action.

  
Project Officer

21.06.2006

SUDA-Health/DFID/06/36(11)/2(1)

CC

M/S CALENDARS Exhibition (India) Pvt. Ltd., P-51/1/1,  
Benaras Road, Belgachia, Howrah - 711 105.

  
Project Officer

**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING  
"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal**

Ref No. ....SUDA-Health/DFID/06/34

Date ..... 13.06.2006

**From : Dr. Shibani Goswami  
Project Officer  
Health, SUDA****To : CALENDARS Exhibition (India) Pvt. Ltd.  
P-51/1/1, Benaras Road, Belgachia  
Howrah - 711 105****Sub : Work order for Printing and Supply of HMIS Forms A, B & C under  
DFID assisted Honorary Health Worker Scheme in 11 Non-KMA ULBs.**

Dear Sir (s)

On receipt of your acceptance letter dt. 13.06.2006 along with DD bearing no. 540150 dt. 12.06.2006 drawn on Bank of Maharashtra, Howrah Branch, you are requested to undertake the job for printing & supply of HMIS forms A, B & C at the existing rate quoted by you @ Rs. 150/- (Rupees one hundred fifty) only per packet of 100 nos. of Forms of each type plus VAT @ of 4% and on the same terms & conditions applied in the work order issued by CMU bearing no. CMU-305/2006/3510 dt. 31.03.2006.

The distribution list is as under :

Sl. No.	ULBs	Required No. of		
		Form A	Form B	Form C
1	Cooch Behar	4000	1200	300
2	Jangipur	4000	1200	300
3	Berhampur	6500	2200	300
4	Suri	3500	1200	300
5	Bolpur	3500	1200	300
6	Krishnagar	6500	2200	300
7	Kalna	3500	1200	300
8	Bankura	5500	2200	300
9	Bishnupur	3500	1200	300
10	Purulia	6000	2200	300
11	Medinipur	6500	2200	300
<b>Total</b>		<b>53000</b>	<b>18200</b>	<b>3300</b>

Contd. to P-2.

Before final printing, draft HMIS Forms be shown to the undersigned for approval.

**Date of Completion :**

Time allowed for completion of the job is 4 (four) weeks, but in no case shall exceed 6 (six) weeks from the date of receipt of the formal work order.

The bills in triplicate along with receipted copy challan from respective Municipality in the prescribed format, which is enclosed, shall be submitted for payment. Copies of documents in respect of IT, PAN no., VAT no. & PT enrollment no. shall also be submitted along with the bills for payment.

**Cost involvement :**

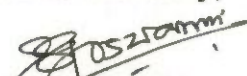
As per the existing approved rate of Rs. 150/- per packet of 100 nos. of forms, the total cost involvement is Rs. 1,16,220/- (745 nos. of packet of 100 forms each x Rs. 150/- = Rs. 1,11,750/- + 4% VAT i.e. Rs. 4,470/-).

Thanking you.

**Enclo. : As stated.**

**SUDA-Health/DFID/06/34(1)  
C.C.  
Finance Officer, Health, SUDA**

**Yours faithfully,**

  
**Project Officer**

13.06.2006

  
**Project Director**





Date : 13.06.2006

To  
State Urban Development Agency  
Health Wing, "ILGUS BHAVAN"  
H-C-Block, Sector-III  
Bidhan Nagar, Kolkata-91  
West Bengal

Kind Attention : Dr. Shibani Goswami ( Project Director)

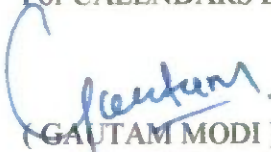
Dear Madam,

We are enclosing herewith the Demand Draft as a Performance Security for Rs.10250.00 vide No.540150 dt.12.06.06 in favour of "PROJECT OFFICER, HHW SCHEME DFID" drawn on Bank of Maharashtra, Howrah Branch, against work order bearing No.CMU-305/2006/3510 dated 31.03.06 for printing & supply of Family Schedule & HMIS Forms & A,B,C & D.

We accept your offer to Print & supply HMIS Forms A,B & C at the existing rate quoted by us

Thanking you,

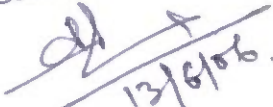
Yours faithfully,  
For CALENDARS EXHIBITION (INDIA) PVT LTD

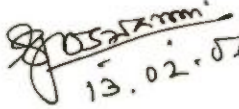
  
(GAUTAM MODI)  
General Manager  
Cell : 98318 00152

Encl. : As above

DD handed over to FO, to deposit in the A/c  
of HHW scheme, DFID, SUBA.

Received D.D.

  
13/6/06.

  
13.02.06.

**CALENDARS EXHIBITION (INDIA) PVT LTD**

P-51/1/1, Benaras Road, Belgachia, Howrah- 711 105 (W.B.) India, Ph.: 033-2651 7163/64, Fax: 033-2651 7165  
website: www.calendarsexhibition.com, www.print-house.ws, E-mail : info@calendarsexhibition.com

Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31 <sup>st</sup> March preceding year) <i>as account cumulative</i> <i>Monthly Total (a)</i>	Performance in the reporting month		Cumulative performance Since April including carried over performance (a + b - c)
			No. of New Acceptors (b)	Nos. Discontinued OR taken off for crossing Eligible age (c)	
12	<b>Contraceptive Services</b>				
12.1	Male Sterilisation				
	a) Conventional				
	b) No Scalpel				
12.2	Female Sterilisation				
	a) Abdominal				
	b) Laparoscopic				
12.3	Total IUD insertions				
12.3.1	Cases followed up				
12.3.2	Complications				
12.4	No. of CC users				
	a) No. of OP users				
	b) No. of Condom users				
12.5	Total Nos. protected by all methods (12.1+12.2+12.3+12.4)				
12.6	No. of Eligible Couples accepted sterilization <i>upto</i>		Performance in the reporting month		Cumulative performance Since April
12.6.1	Having 2 living children				
12.6.2	Having 3 or more living children				
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13.	<b>Abortions</b>				
	a) Spontaneous				
	b) No. of MTPs done				
	c) Deaths				
14	<b>Deaths</b>				
	a) Maternal Deaths (as in Sl. No. 5)				
	b) Child Deaths (as in Sl. No. 11)				
	c) Other Death except Sl. No. 5 & 11				
14.1	Total Death = Sl. No. 14 (a + b + c)				

ve since

15.	IEC Activities	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion				
	2. Deployment of Folk Media				
	3. Others (Specify)				

Signature of PTMO/STG HO/AHO

Date :

ক্রমিক নং	পরিষেবা	সংখ্যা (প্রজননশীল দম্পতি) যাঁরা আগেই সুরক্ষিত হয়েছেন তার সংখ্যা (পূর্ববর্তী বছরের ৩১শে মার্চ পর্যন্ত) তারিখ: ১৫/০৪/১৯৮৫	সম্পাদিত কার্যাবলী		সংখ্যা (এপ্রিল, ..... থেকে, পূর্ববর্তী বছরের সংখ্যা সহ)
			নতুন গ্রহণকারীর সংখ্যা	যাঁরা ব্যবহার করা ছেড়ে দিয়েছেন অথবা যেসব প্রজননশীল দম্পতির বয়স পেরিয়ে গেছে তার সংখ্যা	
		(ক)	(খ)	(গ)	(ক + খ - গ)
১২	জন্ম নিয়ন্ত্রণ পদ্ধতি গ্রহণের পরিষেবা				
১২.১	পুরুষের স্থায়ী পদ্ধতি				
	ক) কনডোমিনাল				
	খ) নো ক্যালপেল				
১২.২	মহিলার স্থায়ী পদ্ধতি				
	ক) অ্যাবডোমিনাল				
	খ) ল্যাপারোস্কপিক				
১২.৩	আই ইউ ডি. পরানোর মোট সংখ্যা				
১২.৩.১	এরূপ কতজনকে ফলো-আপ করা হয়েছে তার সংখ্যা				
১২.৩.২	জটিলতার সংখ্যা				
১২.৪	প্রচলিত জন্ম নিয়ন্ত্রণ পদ্ধতি ব্যবহারের সংখ্যা				
	ক) ওরাল পিল কতজন ব্যবহার করেছেন				
	খ) নিরোধ কতজন ব্যবহার করেছেন				
১২.৫	বিভিন্ন পরিকল্পনা পদ্ধতি ব্যবহার দ্বারা সংরক্ষিতের মোট সংখ্যা (১২.১ + ১২.২ + ১২.৩ + ১২.৪)				
১২.৬	কতজন প্রজননশীল দম্পতি পরিবার স্থায়ী পরিকল্পনা পদ্ধতি গ্রহণ করেছেন		কেবল মাত্র উল্লিখিত মাসে		মোট সংখ্যা (এপ্রিল, ..... থেকে)
১২.৬.১	যাদের জীবিত দুটি সন্তান আছে তার সংখ্যা				
১২.৬.২	যাদের জীবিত তিন ও উর্ধ্বে সন্তান আছে তার সংখ্যা				
১২.৭	প্রচলিত পরিবার পরিকল্পনা পদ্ধতির বিতরণের সংখ্যা				
১২.৭.১	ওরাল পিল বিতরণের সংখ্যা				
১২.৭.২	কন্ডোম বিতরণের সংখ্যা				
১৩.	গর্ভপাত (অ্যাবোরশন)				
	ক) স্বতঃস্ফূর্ত অ্যাবোরশন				
	খ) এম. টি. পির সংখ্যা				
	গ) মৃত্যু				
১৪.	মৃত্যুর পরিসংখ্যান				
	ক) মাতৃ (প্রসূতি) মৃত্যুর সংখ্যা (ক্রমিক নং - ৫)				
	খ) বাচ্চার মৃত্যুর পরিসংখ্যান (ক্রমিক নং - ১১)				
	গ) অন্যান্য মৃত্যু (ক্রমিক নং ৫ ও ১১ ছাড়া)				
১৪.১	মোট মৃত্যুর সংখ্যা = ক্রমিক নং ১৪ (ক + খ + গ)				
১৫.	আই. সি. সি.-র কার্যক্রম	অনুষ্ঠিত হয়েছিল		উপস্থিতি	
		বিষয়	সংখ্যা	ছেলে	মেয়ে
	ক) দলভিত্তিক আলোচনা				
	খ) জনশিক্ষা প্রচলিত পদ্ধতি				
	গ) অন্যান্য (বিশেষভাবে উল্লেখ করুন)				

প্রথম সারির পরিদর্শিকার স্বাক্ষর  
তারিখ :



Date : 09.06 2006

To  
State Urban Development Agency  
Health Wing, "ILGUS BHAVAN"  
H-C-Block, Sector-III  
Bidhan Nagar, Kolkata-91  
West Bengal

Kind Attention : Dr. Shibani Goswami ( Project Director)

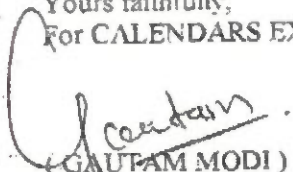
Dear Madam,

We acknowledge with thanks the receipt of your offer letter dated 06.06.06 vide work order bearing No.CMU-305/2006/3510 dated 31.03.06 for printing & supply of Family Schedule & HMIS Forms & A,B,C & D.

We accept your offer to Print & supply HMIS Forms A,B & C at the existing rate quoted by us

Thanking you,

Yours faithfully,  
For CALENDARS EXHIBITION (INDIA) PVT LTD

  
(GAUTAM MODI)  
General Manager  
Cell : 98318 00152

**CALENDARS EXHIBITION (INDIA) PVT LTD**

Received 09/06/2006 12:45 PM Belgachia, Howrah- 711 105 (W.B.) India, Ph.: 033-2651 7163/64, Fax: 033-2651 7165  
website: www.calendarsexhibition.com, www.print-house.ws, E-mail : info@calendarsexhibition.com



Date : 07.06.2006

To  
State Urban Development Agency  
Health Wing, "ILGUS BHAVAN"  
H-C-Block, Sector-III  
Bidhan Nagar, Kolkata-91  
West Bengal

Kind Attention : Dr. Shibani Goswami ( Project Director)

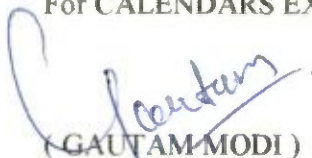
Dear Madam,

We acknowledge the receipt of your offer letter dated 06.06.06 pursuant to work order bearing No.CMU-305/2006/3510 dated 31.03.06 for printing & supply of Family Schedule & HMIS Forms & A,B,C & D, we accept your offer to Print & supply HMIS Forms A,B & C at the existing rate quoted by us with a request to amend the terms & conditions in regard to the delivery of the Forms to 11 different destination, it is requested that the delivery charges should be extra at actuals, because the quantity is too small & the submission amount of Performance Security should be exempted of Rs.10,250.00 (Rupees Ten thousand two hundred fifty only) as our security deposit of Rs.10.75 lacs (Rupees Ten lacs seventy thousand only) is already with you.

Hope that you will consider the above request and oblige.

Thanking you,

Yours faithfully,  
For CALENDARS EXHIBITION (INDIA) PVT LTD

  
(GAUTAM MODI)  
General Manager  
Cell : 98318 00152

**CALENDARS EXHIBITION (INDIA) PVT LTD**

P-51/1/1, Benaras Road, Belgachia, Howrah- 711 105 (W.B.) India, Ph.: 033-2651 7163/64, Fax: 033-2651 7165  
website: [www.calendarsexhibition.com](http://www.calendarsexhibition.com), [www.print-house.ws](http://www.print-house.ws), E-mail : [info@calendarsexhibition.com](mailto:info@calendarsexhibition.com)

**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING****"ILGUS BHAVAN"**H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal

Ref No. ...SUDA-Health/DFID/06/30

Date ..... 06.06.2006

**From : Dr. Shibani Goswami**  
Project Officer  
Health, SUDA**To : CALENDARS Exhibition (India) Pvt. Ltd.**  
P-51/1/1, Benaras Road, Belgachia  
Howrah - 711 105**Sub : Offer letter for Printing and Supply of HMIS Forms A, B & C under  
DFID assisted Honorary Health Worker Scheme in 11 Non-KMA ULBs.**

Dear Sir (s)

Pursuant to work order bearing no. CMU-305/2006/3510 dt. 31.03.2006 issued by the office of CMU for printing & supply of Family Schedule and HMIS Forms A, B, C & D against NIQ No. CMU-26/2002(Pt. III)/1808 dt. 27.01.2006, you are requested to undertake the job for printing & supply of HMIS forms A, B & C at the existing rate quoted by you and on the same terms & conditions applied in the said work order.

The distribution list is as under :

Sl. No.	ULBs	Required No. of		
		Form A	Form B	Form C
1	Cooch Behar	4000	1200	300
2	Jangipur	4000	1200	300
3	Berhampur	6500	2200	300
4	Suri	3500	1200	300
5	Bolpur	3500	1200	300
6	Krishnagar	6500	2200	300
7	Kalna	3500	1200	300
8	Bankura	5500	2200	300
9	Bishnupur	3500	1200	300
10	Purulia	6000	2200	300
11	Medinipur	6500	2200	300
<b>Total</b>		<b>53000</b>	<b>18200</b>	<b>3300</b>

Contd. to P-2.

Received  
on 7/6/06

**Date of Completion :**

Time allowed for completion of the job is 4 (four) weeks, but in no case shall exceed 6 (six) weeks from the date of receipt of the formal work order.

The bills in triplicate along with receipted copy challan from respective Municipality in the prescribed format, which is enclosed, shall be submitted for payment. Copies of documents in respect of IT, PAN no., VAT no. & PT enrollment no. shall also be submitted along with the bills for payment.

**Cost involvement :**

As per the existing approved rate of Rs. 150/- per packet of 100 nos. of forms, the total cost involvement is Rs. 1,16,220/- (745 nos. of packet of 100 forms each x Rs. 150/- = Rs. 1,11,750/- + 4% VAT i.e. Rs. 4,470/-).

If you are agree, you are requested to submit the acceptance letter along with the Performance Security for Rs. 10,250/- in the form of Demand Draft in favour of "Project Officer, HHW Scheme-DFID", by 14<sup>th</sup> June, 2006.

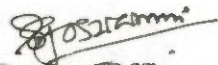
On receipt of your acceptance letter, the formal work order will be issued

Thanking you.


Encl. : As stated.

SUDA-Health/DFID/06/30(1)  
C.C.  
Finance Officer, Health, SUDA

Yours faithfully,

  
Project Officer

06.06.2006

  
Project Director

**CHALLAN**

**Name of the Municipality** : .....

**1. HMIS Form A (In Bengali)** ..... Nos. Packets (Each packet containing 100 nos.)

**2. HMIS Form B (In Bengali)** ..... Nos. Packets (Each packet containing 100 nos.)

**3. HMIS Form C (In English)** ..... Nos. Packets (Each packet containing 100 nos.)

**Received the above mentioned items in good condition.**

**Signature with seal**



Working sheet

	FP	HTH N.	RD. NO. (144) FORM A 4 nos. 10 m x 2 1/2 m.	SC M.	@ 144.	FORM B.
1. Co. Chhtr.	1	17	3500 + 500	4	1000 + 200	250 + 100
2. Jangipr.	1	19	3500	4	1000	200
3. Beohar.	1	40	6000	8	2000	200
4. Sui	1	14	3000	3	1000	200
5. Bolpur.	1	14	3000	3	1000	200
6. Khandyn.	1	35	6000	7	2000	200
7. Kakra	1	12	3000	3	1000	200
8. Bankur.	1	28	5000	6	2000	200
9. Bishnup.	1	14	3000	3	1000	200
10. Purulia.	1	29	5500	6	2000	200
11. Medinipur.	1	38	6000	8	2000	200

47500      16000      2250

÷ 100      475      160      22

71250      24000      3300

Total. 98550 + 13200 = 111750  
 Vat 4% 3942 + 528 = 4470

1,02,492      11,6220

8800  
 5550  
 2260  
 1100  
 8800  
 160

@ x 150.  
 13200  
 528  
13728



IEC Performance Report

..... Municipality / Municipal Corporation

Period : ..... 2006 / 07 to ..... 2006 / 07

(11) 585

(A) Group Discussion :

Period	Total no of blocks in the ULB	Total no. of group meetings held	Item of topics discussed	Total no. of participants			Remarks
				F	M	T	
April to May, 2006							
June to July, 2006							
And so on							

(B) Baby Show :

Total No. of HAUs	Baby Show held on (Date)	For HAU No.	No. of children participated		
			F	M	T

(C) Awareness through deployment of folk media :

Date	HAU / HP No.	Type of Folk media utilised	Item of topics covered	Total no. of Participants		
				F	M	T

Signature & No / Date