

#### FAMILTY PLANNING REPORT FOR KEY INDICATOR



## (FOR FACILITY) (PLEASE FILL DETAILS THAT ARE APPLICABLE FOR THE FACILITY)

Identification Particulars							
	Code						
NAME & CODE OF THE DISTRICT:							
NAME & CODE OF THE BLOCK:							
NAME & CODE OF THE FACILITY:							
TYPE OF THE FACILITY (BPHC / CHC / DH):							
LEVEL OF THE FACILITY (L <sub>2</sub> / L <sub>3</sub> ):							
FACILITY INDENTIFICATION NUMBER:							
REPORT PREPARED BY (NAME):							
CONTACT NUMBER:							
REPORTING MONTH & YEAR:	M M Y Y Y Y						
NAME & SINGNATURE OF MOIC:							

#### STAFF

	Section – 1								
K1	Availability of trained staff in the facility for family planning services:								
	Decignation	Total Number	(Perso	ns traine	Number o	les method	ned in fo s should b ainings)	Ilowing services be counted under diff	erent type of
	Designation	of staff available	LAP	ML	IUCD	PIUCD	NSV	Comprehensive Abortion Services (CAS)	Counselling
a.	Doctors								
b.	Nurses			è				v	
c.	ANMs								
d.	FP Counsellor								

#### **SERVICES**

	Section –2									
K2	Counselling Services at the facility									
a.	Number of individuals (eligible) counselled for any family planning method in the reporting month									
	Total	Total Male								
b.	Number of individuals (eligible) accepted family planning methods in the reporting month									
5	Total	Male	Female							



#### **FAMILY PLANNING SERVICES**

	Section –3							
K3	Number of individuals (eligible) received or accepted any modern family planning method	Yes / No	(Numbers)					
a.	Female sterilization							
b.	Postpartum sterilization							
c.	Male sterilization							
d.	IUCD							
e.	PPIUCD							
f.	OCP							
g.	Condom							
K4	Follow-up by services							
a.	Number of individuals visited clinic/camp for follow-up services							
b.	Number of individuals visited clinic/camp for removal of IUCD							
C.	Number of women reported complications due to family planning methods during follow-up (IUCD/PPIUCD, Sterilization (ML/LAP/PPS/NSV)							
d.	Number of cases with complications referred to other facilities (IUCD/PPIUCD, Sterilization (ML/LAP/PPS/NSV)							
K5	Comprehensive Abortion Services	a						
a.	Safe Abortion Services	Ļ						
b.	Number of clients that accepted post abortion FP services	Spacing	Limiting					

### COMMODITY, DRUG & EQUIPMENT

	Section –4	4为44年7月	
K6	Was there any stock-out in the last one month for following commodities& supplies	Yes / No	Duration of stock-out (in days)
a.	Female sterilization (Falope Rings) / Postpartum sterilization		
b.	IUCD		
c.	OCP		
d.	Condom		
e.	ECP		
K7	Availability of drugs in the reporting month		
a.	Antibiotics		
b.	Antiseptics		
C.	Suture		
d.	Analgesics		

e.	Sedatives	S							
f.	Dressing materia	ıl							
K8	Number of Equipment	Available	Functional						
a.	Laproscope	е							
b.	Minilap Ki	it							
c.	NSV Ki	t							
d.	IUCD Ki	t							
e.	PPIUCD (Long Placental Forceps) Ki	t							
f.	MVA kit for CAC								
COMMUN	ITY SERVICES Section –5								
K9	Number of eligible couples listed in VHIR								
K10	Number of couples currently using any family planning method	ds as per VHIR							
K11	Number of commodities distributed by ASHA								
a.		OCP							
b.		ECP							
C.		Condom							
K12	Number of ASHAs reporting stock outs of contraceptive under	· HDC scheme							
K13	Number of ASHAs submitted "Form A, B and C" for the repo	rting month							
K14	Number of women/men referred to a Fixed Day Clinics (FDC) / facilities for family planning services by ASHA		mbers						
a.	Female sterilization	Referred	Accepted						
a.	i emale sterilization								

#### **FAMILY PLANNING INCENTIVES**

b.

C.

S. No.	Section –6	
K15	Status of Family Planning indemnity scheme	
a.	Number of cases booked under Family Planning indemnity scheme payment	
b	Number cases paid incentives under FPIS	
K16	PPIUCD incentive	
а	Number of PPIUCD providers paid incentive of INR150	MO SN
b	Total Number of ASHAs that were paid incentive of INR150 for PPIUCD motivation	
K 17	Status of ESB scheme	
а	Total no. of ASHAs that were paid incentive for sterilization after 2 children (1000Rs)	

Male sterilization

Copper-T



# FAMILY PLANNING REPORT FOR KEY INDICATOR (FOR DISTRICT ONLY)



	Identification Particulars										
	CODE OF THE DISTRICT:		С	od	е						
REPOR	T PREPARED BY (NAME):										
CONTA	CT NUMBER:										
REPOR	TING MONTH & YEAR: M M Y	Y	Y	1	Y						
NAME	SINGNATURE OF CMO:										
ROGRA	MME REVIEW MECHANISM	No.					Or in a second				
K18	Section –6		and the								
	Quality Assurance Mechanisms  District quality assurance committees (DQAC) team formed: (Yes/No)	Т									
a		+			<u> </u>	T		<u> </u>			
b	If "Yes", Date of last DQAC meeting held										
K19		Yes/	No)								
a	Facility										
b	Block	÷									
С	District										
K20	Private sector accreditation					(Numbers)  Accredited Applied					
a	Number of private facilities:		AUC			J		ррпе			
K21	Supportive supervision visit conducted on FDCs in the reporting month										
	Number of FDCs planned										
a	Number of FDCs held							1			
		- 1				_					
b. K22	Number of teams prepared for outreach camps										

(ACTION INITIATED BY DIVISION)

Identification Particulars								
ANAME A CORE OF THE DIVIDION		1	1		Code			
NAME & CODE OF THE DIVISION								
NAME & CODE OF THE FACILITY:								
REPORT PREPARED BY (NAME):								
CONTACT NUMBER:								
REPORTING MONTH & YEAR:	M	M	Y	Y	YY			
NAME OF DIVISIONAL AD:						_		
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K 25: Action taken against the districts that did not submit the report b							• • • • • • • • • • • • • • • • • • • •	
K 26: Action taken for the poor KPI indicators by AD:								
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(ACTION INITIATED BY FW DIRECTORATE)

Identification Particula	rs	
REPORT PREPARED BY (NAME):  CONTACT NUMBER:  REPORTING MONTH & YEAR:	M M Y Y Y	
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K 27: Action Initiated for poor performing districts and divisions by	FW Directorate	
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