



## FAMILY PLANNING SERVICES

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

## COMMODITY, DRUG & EQUIPMENT

Section -4			
<b>K6</b>	<b>Was there any stock-out in the last one month for following commodities&amp; supplies</b>	<b>Yes / No</b>	<b>Duration of stock-out (in days)</b>
a.	Female sterilization (Falope Rings) / Postpartum sterilization	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
b.	IUCD	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
c.	OCP	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
d.	Condom	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
e.	ECP	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
<b>K7</b>	<b>Availability of drugs in the reporting month</b>		
a.	Antibiotics	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
b.	Antiseptics	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
c.	Suture	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
d.	Analgesics	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

e.	Sedatives	<input type="text"/>	<input type="text"/>
f.	Dressing material	<input type="text"/>	<input type="text"/>
<b>K8</b>	<b>Number of Equipment</b>	<b>Available</b>	<b>Functional</b>
a.	Laparoscope	<input type="text"/>	<input type="text"/>
b.	Minilap Kit	<input type="text"/>	<input type="text"/>
c.	NSV Kit	<input type="text"/>	<input type="text"/>
d.	IUCD Kit	<input type="text"/>	<input type="text"/>
e.	PPIUCD (Long Placental Forceps) Kit	<input type="text"/>	<input type="text"/>
f.	MVA kit for CAC	<input type="text"/>	<input type="text"/>

## COMMUNITY SERVICES

Section –5			
<b>K9</b>	Number of eligible couples listed in VHIR		<input type="text"/>
<b>K10</b>	Number of couples currently using any family planning methods as per VHIR		<input type="text"/>
<b>K11</b>	<b>Number of commodities distributed by ASHA</b>		
a.	OCP	<input type="text"/>	
b.	ECP	<input type="text"/>	
c.	Condom	<input type="text"/>	
<b>K12</b>	Number of ASHAs reporting stock outs of contraceptive under HDC scheme		<input type="text"/>
<b>K13</b>	Number of ASHAs submitted “Form A, B and C” for the reporting month		<input type="text"/>
<b>K14</b>	<b>Number of women/men referred to a Fixed Day Clinics (FDC) / facilities for family planning services by ASHA</b>	<b>Numbers</b>	
		<b>Referred</b>	<b>Accepted</b>
a.	Female sterilization	<input type="text"/>	<input type="text"/>
b.	Male sterilization	<input type="text"/>	<input type="text"/>
c.	Copper-T	<input type="text"/>	<input type="text"/>

## FAMILY PLANNING INCENTIVES

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



(ACTION INITIATED BY DIVISION)

Identification Particulars

NAME & CODE OF THE DIVISION .....

NAME & CODE OF THE FACILITY: .....

REPORT PREPARED BY (NAME): .....

CONTACT NUMBER: .....

REPORTING MONTH & YEAR: .....

NAME OF DIVISIONAL AD: .....

Code

M	M	Y	Y	Y	Y														

**K 25: Action taken against the districts that did not submit the report by Additional Director:**

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**K 26: Action taken for the poor KPI indicators by AD:**

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(ACTION INITIATED BY FW DIRECTORATE)

Identification Particulars

REPORT PREPARED BY (NAME): .....

CONTACT NUMBER: .....

REPORTING MONTH & YEAR: .....

M	M	Y	Y	Y	Y				

**K 27: Action Initiated for poor performing districts and divisions by FW Directorate**

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