District Health Office, Dailekh
CBMNH Service Strengthening
VHW/ANM/MCHW Level Reporting Form

District **Name of Health Facility:** ..... **Month** **Year**

S.N.	Name of FCHV	Ward #	Total # of forms closed	ANC Care						BPP			Place of Delivery			Total # of mother visited by FCHV within 3 days of delivery	Postpartum Care						Newborn Care							Calcium					
				Total # of Pregnant Women who received Albendazole	Totaal # of Pregnant women who received TT vaccination	Total # of PG who has taken 180 IRON tablets	Counselled on Miso Prostol Tablets/Kawaj	Total # of PG who has received Misoprostol Tablets	Number of Persons who received KAWAJ	Total # of PG who prepared for Money	Total # of PG who prepared for transportation	Recognization of HW and Health Facility	Total # of newborn who born in HF	Total # of home delivered baby with the help of HW	Total # of home delivered baby		Total # of mother who has taken Misoprostol tablets after delivery	Total # of Mother who returned Misoprostol tablets	Mother who has taken Vit A	Total # of Mother who has received 45 tabs IRON after delivery	Total # of mother who has referred due to excessive bleeding (PPH)	Total # of sick mother who was referred to HF	# of newborns who applied KAWAJ	Total # of newborn breastfeeded within 1 hours of birth	Total # of excessive low birth weight baby	Total # of low birth weight baby	Total # of normal weight baby	Total # of sick newborn who was referred to HF	Counselled on FP methods	Receive 1 bottle calcium	Receive 2 bottles calcium	Receive 3 bottles calcium	Took 1 bottle calcium	Took 2 bottles calcium	Took 3 bottles calcium
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2																																			
3																																			
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5																																			
6																																			
7																																			
8																																			
9																																			
	TOTAL																																		

Report Prepared By: **Signature:** **Date:**

Name of Reviewer: **Signature:** **Date:**