




























Formats: Female Community Health Volunteers (FCHV) monitoring formats

Format-1: FCHV Monitoring Format (During Pregnancy)

 <p>Suggestions for Pregnant Women</p>	<p>Number of Pregnant women Identified =.....</p>		<p>Number of Pregnancy Registered=.....</p>
	<p>No. of Pregnant Women who got suggestions from FCHV</p>	<p>Suggestions</p>	<p>No. of Pregnant Women who following the Suggestions of FCHV</p>
	<p>Suggestion For: 4 ANC <input type="radio"/></p>		<p>No. of Pregnant Women receiving ANC <input type="checkbox"/></p>
	<p>Suggestion For: IFA <input type="radio"/></p>		<p>No. of Pregnant Women taking IFA Tablets <input type="checkbox"/></p>
	<p>Suggestion For: TD <input type="radio"/></p>		<p>No. of Pregnant Women taken TD <input type="checkbox"/></p>
	<p>Suggestion For: De-worm <input type="radio"/></p>		<p>No. of Pregnant Women taken De-worming tablets <input type="checkbox"/></p>
	<p>Suggestion For: Additional & nutritious diet <input type="radio"/></p>		<p>No. of Pregnant Women taking additional and nutritious diet <input type="checkbox"/></p>
	<p>Suggestion For: No Alcohol & Smoking (Among Alcoholism & Smokers) <input type="radio"/></p>		<p>No. of Pregnant Women who quit Alcohol & Smoking <input type="checkbox"/></p>
	<p>Suggestion For: Rest & Sleep after Lunch <input type="radio"/></p>		<p>No. of pregnant Women taking Rest and Sleep after Lunch <input type="checkbox"/></p>
	<p>Suggestion For: Personal Hygiene. <input type="radio"/></p>		<p>No. of pregnant Women practicing personal hygiene <input type="checkbox"/></p>
<p>Suggestion For: Safe Delivery <input type="radio"/></p>		<p>No. of pregnant Women having Safe Delivery <input type="checkbox"/></p>	
<p>Suggestion For: Prepared with Money & Transportation <input type="radio"/></p>		<p>No. of pregnant Women Prepared with Money & Transportation <input type="checkbox"/></p>	

Format-2:FCHV Monitoring Format (During Post-natal period)

	<i>No. of Post-natal Women who got suggestions from FCHV</i>		<i>No. of Post-natal Women who following the Suggestions of FCHV</i>
 Suggestion for Postnatal Mother & Newborn babies	<i>Suggestions for New Born Babies:</i>		
	Suggestion: To Clean with dry /soft cloths & to Keep baby warm <input type="radio"/>		No. of Newborn cleaned with Soft & Dry cloths and kept warm. <input type="checkbox"/>
	Suggestion: To Put the baby to the mother chest. <input type="radio"/>		No. of Newborn put to their mothers Chest. <input type="checkbox"/>
	Suggestion: Not to bath the baby for 24 hour <input type="radio"/>		No. of Newborn having no bath within 24 hour of birth. <input type="checkbox"/>
	Suggestion: Not to apply anything other to the chord of baby <input type="radio"/>		No. of Newborn with no application of anything ot to their chord. <input type="checkbox"/>
	Suggestion: To Initiate breast milk within one hour & to fe <input type="radio"/>		No. of Newborn initiated breast milk within one hour & fed colostrums. <input type="checkbox"/>
	<i>Suggestions for Post Natal Mothers:</i>		
	Suggestion For: 3 PNC (Mother & Newborn) <input type="radio"/>		No. of Mothers & babies visited 3 PNC <input type="checkbox"/>
	Suggestion For: IFA tablet <input type="radio"/>		No. of Mothers took IFA Tablets. <input type="checkbox"/>
	Suggestion For: Vitamin A capsule <input type="radio"/>		No. of Mothers took Vitamin A capsule. <input type="checkbox"/>
	Suggestion For: Additional & Nutritious Food <input type="radio"/>		No. of Mothers took Additional & Nutritious Food <input type="checkbox"/>
	Suggestion For: Exclusive Breastfeeding <input type="radio"/>		No. of Mothers practicing Exclusive Breastfeeding. <input type="checkbox"/>
	Suggestion For: Complementary Feeding <input type="radio"/>		No. of Mothers who has given Complementary feeding in time <input type="checkbox"/>
Suggestion For: Immunization <input type="radio"/>		No. of Mothers who immunized their child. <input type="checkbox"/>	
Suggestion For: Growth Monitoring <input type="radio"/>		No. of Mothers who monitored growth for their baby. <input type="checkbox"/>	