

वित्तीय दिशा निर्देश

कार्यक्रम का नाम : FRU पर प्रदान की जा रही सेवाओं की गुणवत्ता को सुनिश्चित करने हेतु सहयोगात्मक पर्यवेक्षण ।

बजट/एफ०एम०आर० शीर्ष (अनुलग्नक 2 के आधार पर): A.1

बजट क्रम संख्या/एफ०एम०आर० कोड संख्या : (अनुलग्नक 2 के आधार पर): A.1.1.1.2

कार्यक्रम का संक्षिप्त विवरण :

FRU पर प्रदान की जा रही है सेवाओं की गुणवत्ता को सुनिश्चित करने हेतु जिला स्तर पर त्रैमासिक बैठक का आयोजन किया जाना है । FRU संचालित रहे इसके लिए राज्य स्तर पर प्रतिवेदन को विकसित किया गया है । FRU संबंधी सूचनाओं को प्रतिवेदन में संकलित कर प्रत्येक माह राज्य स्वास्थ्य समिति, बिहार को प्रेषित किया जाएगा । प्राप्त प्रतिवेदन को प्रत्येक माह विश्लेषण किया जाएगा । इस क्रम में तीन माह में एक बार जिले में बैठक आयोजित कर चर्चा की जायेगी । जिला कार्यक्रम प्रबंधक की यह जबाबदेही होगी कि बैठक आयोजित करवायें तथा बैठक में कृत कार्यवाही से राज्य स्वास्थ्य समिति को अवगत करवायेंगे ।

प्रतिवेदन प्रपत्र संलग्न (चार पृष्ठ)

इकाई राशि (रु० में) : - 12500 / -बैठक / त्रैमासिक

वित्तीय दिशा निर्देश:

इस राशि का उपयोग बैठक में भाग लेने वाले पदाधिकारी/सलाहकार/कर्मचारी जलपान, स्टेशनरी आदि हेतु व्यय किया जाएगा ।

इस संदर्भ में यदि कोई पत्र में प्रेषित किया गया हो (पत्र सं० तिथि के साथ उल्लेखित करें)
(क) (ख) (ग)

संबंधित कार्यक्रम अधिकारी/सलाहकार का नाम- गौरव कुमार, उपनिदेशक मातृ एवं शिशु स्वास्थ्य
संबंधित कार्यक्रम अधिकारी/सलाहकार का फोन नंबर- 9431005972,

James J.

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Report For the month of ...

Sr #	Monthly status Report for FRUs	
1	Name of FRU	
2	Type of Facility DH/SDH/CHC	
3	Whether accredited as mother and child friendly hospital	
4	Cesarean Section Conducted 24X7 (Total No.)	
5	Blood Storage Facility Functional (with adequate linkage to RBTC) (Yes/ no)	
6	New Borne Care Services available on 24 hr basis (Total No treated .)	
7	Total Pregnant Women Who visited FRU for ANC check up	
8	Total Pregnant Women admitted for Delivery	
9	Total Deliveries	
10	Total BPL Deliveries	
11	% BPL Deliveries	
12	Total Normal Deliveries	
13	Total Complicated Deliveries	
14	Total Cesarean Section	
15	C- Section Percentage against Total Delivery	
16	BPL C- Section	
17	% of BPL Cesarean Section against total BPL Deliveries	
18	No of obstetric cases given blood Transfusion	
19	Delivery cases referred to higher centres	
20	No. of Mothers treated for sepsis(Total No.)	
21	Safe abortion services No. of MTPs (Total No.)	
22	* total maternal death during the month	
23	Male sterilization services (not camp based) (Total NSV)	
24	Female sterilization services (not camp based) (Total TL)	
	* (in case of maternal death pl. fill up details in MD Line List and Send along with the report)	

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Date :-

Signature
Designation

Monthly Status Report of FRUs

Law for

F.R.U. MONTHLY REPORT
FRU s Existing Staff Position in facilities

Name of the Facility :

District:-

Type of the facility:-

Month / Year:-

Sr.No.	Staff / Training Information.	Numbers	
		Required	Available
1	OBG Specialist		
2	Anesthetist		
3	Pediatrician		
4	MOs trained in Comprehensive EmOC		
5	MOs trained in LSASEOC		
6	MOs trained in Blood Storage		
7	MOs trained in Basic EmOC		
8	Staff Nurses		
9	MOs trained in RTI / STI management		
10	Staff Nurses trained in RTI / STI management		
11	LTs trained in RTI / STI diagnosis		
12	MOs trained in MTP		
13	LTs trained in Blood Storage		
14	Doctors trained in NSV		
15	Doctors trained in Lap Ligation		
16	Staff Nurses trained in SBA		

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Date :--

Signature :

Designation :

[Handwritten Signature]

Name of the Facility :- ...
 District :-
 Type of the Facility :- DH/SDH/CHC
 Reporting for the Month / Year :- ... / 2011.....

Sr #	Service Type (UN Process Indicators)	No. of Mother Provided Services
1	Injectable Oxytocics	
2	Injectable Antibiotics	
3	Injectable Sedatives	
4	Manual Removal of Placenta	
5	Removal of Product of pregnancy (in incomplete abortion)	
6	Assisted Vaginal delivery (Forceps or Vaccum delivery)	
7	C- section Opration	
8	Blood Transfusion	

Date :-

Signature
 Designation

Handwritten signature

MD (Meternal Death) Line List	
Name of FRU	
Reporting Month	
Registration Number of the mother who died	
Name of the mother who died (Full Name)	
Age of the mother who died	
Residence	Village
	Block
	District
Date of Death	
Cause of Death	

MD (Meternal Death) Line List	
Name of FRU	
Reporting Month	
Registration Number of the mother who died	
Name of the mother who died (Full Name)	
Age of the mother who died	
Residence	
Date of Death	
Cause of Death	

MD (Meternal Death) Line List	
Name of FRU	
Reporting Month	
Registration Number of the mother who died	
Name of the mother who died (Full Name)	
Age of the mother who died	
Residence	
Date of Death	
Cause of Death	

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Lawyer