Mission Tejaswee- Anemia free Assam

(Block/ PHC/ District level reporting form (Pregnant women)

Level of Reporting: PHC/Block/District							
Name of District				**Name of block**		**Name of PHC**	
Number of blocks				**No of SCs**			
S.no	Name of SC/Blocks	Target PW (As prepared by Line listing and microplanning)	No of Sessions under Mission Tejaswee	No. of PW given 1 tab daily for 100 days	No. of PW given 2 tabs daily for 100 days	No of PW detected with Hb <7gm/dl	No of PW referred to FRU
TOTAL							

Instructions:

This is a combined format for reporting from Block/PHC/District

Each level will fill as appropriate

District Level will fill for blocks and Blocks/PHCs will fill for SCs

Signature of Nodal Person at Block/PHC/District