

REPORTING FORMAT FOR **ONE** VILLAGE HEALTH AND NUTRITION DAY

District: _____

Name of the Block PHC: _____ Name of the Sub Center: _____ Name of the Village: _____ Venue of the VHND: _____

Name of the ASHA: _____ Name of the ASHA Facilitator: _____ Name of the ANM: _____ Name of the AWW: _____

Date	No. of person attended	Maternal Health Services							Child Health Services							F. P Services		Other Diseases			IEC BCC activities (Health Education) Topics for discussion		
		Ante Natal Checkup (Number of PW)		No. of High Risk Pregnancy	No. of PW with Complication referred	TT-1	TT-2	TT Booster	IFA Tablet No. of PW	Routine Immunization (No. of Beneficiaries)		Vitamin A		ARI	Diarrhoea			Children suffering from malnutrition	Low Birth Weight Infant	No. of Fever Cases		Blood Slide taken	Suspected cases of TB
		1st Visit							BCG		1st Dose												
			2nd Visit							DPT1		2nd Dose											
		3rd Visit								OPV1		3rd Dose											
										DPT2		4th Dose											
									OPV2		5th Dose												
									DPT3		6th Dose												
									OPV3		7th Dose												
									Measles		8th Dose												
									DPT & OPV Booster		9th Dose												

N.B. This format is only to record performance of one Village Health and Nutrition Day. All these records are to be supported by records in the corresponding registers like, UIP, MCH Master Register, Attendance Registers, MCH Cards, JSY Cards etc. with name and address.

Name and Signature of ASHA _____ Name and Signature of AWW _____ Name and Signature of ANM _____