**Annual /Biannual Report Format**

**District:AIZAWL WEST**

**Report Type: (Annual /Biannual)**

**Reporting period: April, 2019 – March,2020**

1. **Family Planning performance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Services** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| **Interval Minilap** | **5** | **2** | **3** | **3** | **13** |
| **Laparoscopy** | **15** | **19** | **28** | **0** | **62** |
| **PPS** | **66** | **77** | **61** | **35** | **239** |
| **Female Sterilization** | **86** | **98** | **92** | **38** | **314** |
| **Male sterilization** | **0** | **0** | **0** | **0** | **0** |
| **IUCD** | **51** | **75** | **49** | **0** | **175** |
| **PPIUCD** | **1** | **0** | **9** | **8** | **18** |
| **PPIUCD Acceptance** (Out of total public health institutional deliveries) | **1** | **0** | **9** | **8** | **18** |

**ASHA Scheme Performance:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Services** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| **HDC (percentage distribution of condoms, OCP and ECP)** | **cc-5497**  **ocp-5000**  **ecp-3000** | **cc-10000**  **ocp-3000**  **ecp-** | **cc-3000**  **ocp-3000**  **ecp-3000** | **cc-1000**  **ocp-2000**  **ecp-** | **cc-19497**  **ocp-13000**  **ecp-6000** |
| **ESB Schemes** (To be filled by states where scheme is implemented) | **NA** | **NA** | **NA** | **NA** | **NA** |
| **PTK Utilization** | **1500** | **1500** | **1500** | **2000** | **6500** |

**Status of Functionality of QAC**

* Number of meetings held- Nil
* Frequency of meetings held(Quarterly/half yearly): Nil
* Minutes of the meeting prepared (Yes/No) :
* Number of deaths ,complication and failure reported: -1(0n going)
* Number of Enquiries conducted for each category ; Nil
* Remedial steps taken : Nil

**Status of FPIS Claims**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No** | **STATE** | **FRESH/NEW CLAIMS SUBMITTED IN 2017-18**  **( April 2016 to March 2018)** | | | **OUTSTANDING CLAIMS from previous years (before April 2017)** | | | **CLAIMS PAID IN 2016-17** | | | | | | | | | | | | **CLAIMS REJECTED (2017-18)** | | | | | | **OUTSTANDING CLAIMS TILL 31st MARCH 2018** | | | | | | | | | | | |
| **Complication** | **Death** | **Failure** | **Complication** | **Death** | **Failure** | **Complication** | | | | **Death** | | | | **Failure** | | | |  | | | | | | **COMPLICATION** | | | | **DEATH** | | | | **FAILURE** | | | |
| **No. of Fresh/new Complication Claims submitted in 2017-18 paid** | **Total Amount** | **No. of outstanding Complication Claims from previous years paid in 2017-18** | **Total Amount** | **No. of Fresh/new death Claims submitted in 2017-18 paid** | **Total Amount** | **No. of outstanding death Claims from previous years paid in 2016-17** | **Total Amount** | **No. of Fresh/new failure Claims submitted in 2017-18paid** | **Total Amount** | **No. of outstanding failure Claims from previous years paid in 2017-18** | **Total Amount** | **Complication** | **Amount** | **Death** | **Amount** | **Failure** | **Amount** | **No. of complication Claims (submitted in year 2017-18) not paid** | **Amount** | **No of old pending complication claims from previous years not paid** | **Amount** | **No. of death Claims (submitted in year 2017-18) not paid** | **Amount** | **No of old pending death claims from previous years not paid** | **Amount** | **No. of failure Claims (submitted in year 2017-18) not paid** | **Amount** | **No of old pending failure claims from previous years not paid** | **Amount** |
|  |  |  |  |  |  |  |  | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Specify reasons for claim rejection (Death/complication/failure)**

**Status of Death Audit**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of State** | **Number of Death reported** | **Number of death audits conducted** | **Number of deaths attributed to sterilization** | **Reason of death** | **Action taken** |
|  |  |  |  |  |  |