**Annual /Biannual Report Format**

**State: MIZORAM**

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

**Reporting period: April –September2019**

**Family Planning performance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Services** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| **Interval Minilap** | **20** | **0** | **12** | **0** | **32** |
| **Laparoscopy** | **0** | **0** | **0** | **0** | **0** |
| **PPS** | **5** | **12** | **7** | **0** | **24** |
| **Female Sterilization**  | **25** | **12** | **19** | **0** | **59** |
| **Male sterilization** | **0** | **0** | **0** | **0** | **0** |
| **IUCD** | **51** | **52** | **44** | **0** | **147** |
| **PPIUCD** | **0** | **0** | **0** | **0** | **0** |
| **PPIUCD Acceptance** (Out of total public health institutional deliveries) | **0** | **0** | **0** | **0** | **0** |

**ASHA Scheme Performance:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Services** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| **HDC (percentage distribution of condoms, OCP and ECP)**  | **cc-63%****ocp-78%****ecp-38%** | **13%**93%33% | **1.2%****61%****25%** | **0****0****0** | **77.2%****232%****88%** |
| **ESB Schemes** (To be filled by states where scheme is implemented) | **0** | **0** | **0** | **0** | **0** |
| **PTK Utilization** | **0** | **0** | **28%** | **0** | **0** |

**Status of Functionality of QAC**

* Number of meetings held-1
* Frequency of meetings held(Quarterly/half yearly):
* Minutes of the meeting prepared (Yes/No) : Yes
* Number of deaths ,complication and failure reported: Nil
* 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** |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**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**  |
|  | **NIL** | **NIL** | **NIL** | **NIL** | **NIL** |