**Annual Report Format**

**State: MIZORAM**

**Report Type: (Annual)**

**Reporting period: 2018-2019**

1. **Family Planning performance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Services** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| **Interval Minilap** | **76** | **39** | **50** | **61** | **226** |
| **Laparoscopy** | **70** | **62** | **18** | **30** | **180** |
| **PPS** | **190** | **237** | **223** | **198** | **848** |
| **Female Sterilization** | **336** | **338** | **291** | **289** | **1254** |
| **Male sterilization** | **0** | **0** | **0** | **0** | **0** |
| **IUCD** | **398** | **382** | **404** | **391** | **1575** |
| **PPIUCD** | **31** | **22** | **39** | **1** | **93** |
| **PPIUCD Acceptance** (Out of total public health institutional deliveries) | **3.38%** | **2%** | **2.8%** | **0.06%** | **1.5%** |

**ASHA Scheme Performance:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Services** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| **HDC (percentage distribution of condoms, OCP and ECP)** | **CC-49.5%**  **OCP-46%**  **ECP-81.3%** | **CC-48.2%**  **OCP-61.5%**  **ECP-46.1%** | **CC-30.9%**  **OCP-50%**  **ECP-38.1%** | **CC-31.8%**  **OCP-37%**  **ECP-55%** | **CC-40.1% OCP-48.6% ECP-55.12%** |
| **ESB Schemes** (To be filled by states where scheme is implemented) | **0** | **0** | **0** | **0** | **0** |
| **PTK Utilization** | **2615** | **1443** | **2260** | **50** | **6368** |

**Status of Functionality of QAC**

* Number of meetings held-2,
* Frequency of meetings held(Quarterly/half yearly): 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
* Remedial steps taken

**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** |
|  |  |  |  |  |  |