**Annual /Biannual Report Format**

**State Mamit District**

**Report Type: (Annual /Biannual) 1st &2nd qtr 2019-20**

**Reporting period**

1. **Family Planning performance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Services** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| **Interval Minilap** | **0** | **0** |  |  |  |
| **Laparoscopy** | **0** | **0** |  |  |  |
| **PPS** | **7** | **5** |  |  |  |
| **Female Sterilization**  | **7** | **5** |  |  |  |
| **Male sterilization** | **0** | **0** |  |  |  |
| **IUCD** | **6** | **11** |  |  |  |
| **PPIUCD** | **0** | **0** |  |  |  |
| **PPIUCD Acceptance** (Out of total public health institutional deliveries) | **0** | **0** |  |  |  |

**ASHA Scheme Performance:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Services** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| **HDC (percentage distribution of condoms, OCP and ECP)**  | **53%** | **53%** |  |  |  |
| **ESB Schemes** (To be filled by states where scheme is implemented) |  |  |  |  |  |
| **PTK Utilization** | **60%** | **56%** |  |  |  |

**Status of Functionality of QAC**

* Number of meetings held -nil
* Frequency of meetings held(Quarterly/half yearly):nil
* Minutes of the meeting prepared (No)
* 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 2016-17****( April 2016 to March 2017)** | **OUTSTANDING CLAIMS from previous years (before April 2016)** | **CLAIMS PAID IN 2019-20** | **CLAIMS REJECTED (2019-20)** | **OUTSTANDING CLAIMS TILL 31st MARCH 2020** |
| **Complication** | **Death** | **Failure** | **Complication** | **Death** | **Failure** | **Complication** | **Death** | **Failure** |  | **COMPLICATION** | **DEATH** | **FAILURE** |
| **No. of Fresh/new Complication Claims submitted in 2016-17 paid** | **Total Amount** | **No. of outstanding Complication Claims from previous years paid in 2016-17** | **Total Amount** | **No. of Fresh/new death Claims submitted in 2016-17 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 2016-17 paid** | **Total Amount** | **No. of outstanding failure Claims from previous years paid in 2016-17** | **Total Amount** | **Complication** | **Amount** | **Death** | **Amount** | **Failure** | **Amount** | **No. of complication Claims (submitted in year 2016-17) not paid** | **Amount** | **No of old pending complication claims from previous years not paid** | **Amount** | **No. of death Claims (submitted in year 2016-17) not paid** | **Amount** | **No of old pending death claims from previous years not paid** | **Amount** | **No. of failure Claims (submitted in year 2016-17) not paid** | **Amount** | **No of old pending failure claims from previous years not paid** | **Amount** |
|   |   |  0 | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  |

**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**  |
|  | **0** | **0** | **0** | **0** | **0** |