

PPIUCD SERVICE DELIVERY

State:SIKKIM

Reporting Quarter:1st Qtr 2017-18

1	2	3	4	5			6	7	8	9.00	10
S.N	Name of the district	Name of facility providing PPIUCD	Type of Facility (Medical College /DH/SDH/CHC/ PHC/SC)	Total no. of deliveries conducted in the facility in reporting quarter		Total Delivery	PPIUCD Inserted		Total PPIUCD INSERTED (Column 6+ Column 7)	% Acceptors [(Column 8/Column 5)*100]	Remarks
				Caesarean Section	Normal/Assisted Deliveries		Intra Caesarean	After normal Delivery			
1	East	DH Singtam	DH	42	144	186	0	10	8	4.30	
2	West	Gyalshing	DH	6	167	173	0	27	27	15.61	
3	North	Mangan	DH	0	36	36	0	2	2	5.56	
4	South	Namchi	DH	46	172	218	0	79	79	36.24	
5	Urban	STNMH	State Hospital	261	243	504	8	1	9	1.79	
6											
7											
8											
STATE TOTAL				355	762	1117	8	119	125	11.19	

PROVIDER-WISE PPIUCD INSERTIONS

Name of the State:Sikkim

Reporting Quarter : 1st Quarter 2017-18

S.N	District	Name of the Facility	Type of Facility (Medical College /DH/SDH/CHC/ PHC/SC)	Name of Service Provider	MO/SN/ANM	No. of PPIUCD inserted in the reporting quarter	Remarks
1	East	PAKYONG PHC	PHC	DR. T DONKA BHUTIA	MO	0	0
2		SANG PHC	PHC	DR. BUNNU PAKIMOO	MEDICAL OFFICER	0	0
3		Samdong	PHC	DR Sheetal Chettri	MO/SN/ANM	0	0
4		RANGPO PHC	PHC	0	0	0	0
5		RHENOCK PHC	PHC	Lakki Bhutia	ANM	1	0
6		RONGLI PHC	PHC	SUNITA CHETTRI	SN	2	0
7		MACHONG PHC	PHC	BHIMA DHAKAL	ANM	0	0
8		DHS	DH	DR. M.P. SHARMA	MO	7	0
9	East	STNM		Dr Uttam	MO		
10				Dr. Mani	MO	4	
11				Dr Chundeng	MO	3	
12				Dr. Bandana	MO	0	
13				Dr Chimi	MO	2	
14		Dentam	PHC				
15		Gyalshing DH	DH	Dibyalata Gurung	ANM	1	
16		Sombaria	PHC	Anuradha (7), Goma (5), Kanchan (5)	GNM	17	

18	West	Richenpong	PHC	Yasoda Sharma (2), Akki Doma Bhutia (2)	ANM	4	
		Mangalabaria	PHC	Neesa Gurung	GNM	3	
		Soreng	PHC	Sangita Tamang	GNM	1	
19		Yuksom	PHC			1	
20	North	Dikchu	PHC	Dr.Surekha Rai	MO	2	
21	South	Namchi DH	DH	Dr. S,Pelzang	Gyanecologist	12	
				Dr Rajesh	Gyanecologist	9	
				Tshering Yanki	ANM	13	
22			DH	Neelima Subba	ANM	6	
23			DH	Phu Lahmu	ANM	8	
24			DH	Durga Panchokoti	SN	1	
				Sarika	SN	5	
				Meena Sharma	SN	1	
				Mari Maya	ANM	2	
25		Jorethang	CHC	Phigerm Lepcha	anm	10	
26			CHC	Manita Tamang	SN	2	
27			CHC	Chandra Kala	ANM	2	
		Phongla	PHSC	Sancha Maya Rai	Sr. ANM	2	
		Yangyang	PHC	Permila Rai	ANM	3	
		Temi	PHC	Alice Rosemati Rai	Sr. ANM	1	
		Ravangla	PHC			2	

HOME DELIVERY OF CON

State :Sikkim

Reporting Quarter:1st Qtr 2017-18

S.No	Name of District	Number of ASHAs in the district	Opening Balance of the reported quarter				Stock Received during the qua	
			CC-Nirodh (in pieces)	OCP-Mala N (in Cycles)	ECP- Ezy Pill	Centchroman (CHHAYA) (In strip)	CC-Nirodh (in pieces)	OCP-Mala N (in Cycles)
1	East	199	4964	7215	871	0	11013	3023
	South	153	2569	4127	1135	0	9450	208
	West	205	0	0	0	0	0	0
	North	84	479	1272	787		4522	1213
	Urban	25	5648	522	17	0	4050	1200
	Total	666	13660	13136	2810	0	29035	5644

TRACEPTIVES (HDC) SCHEME

Quarter		Stock Distributed under HDC scheme during the quarter				Balance Available at end of the quarter				Remarks
ECP- Ezy Pill	Centchroman (CHHAYA) (In strip)	CC-Nirodh (in pieces)	OCP-Mala N (in Cycles)	ECP- Ezy Pill	Centchroman (CHHAYA) (In strip)	CC-Nirodh (in pieces)	OCP-Mala N (in Cycles)	ECP- Ezy Pill	Centchroman (CHHAYA) (In strip)	
150	0	8788	3880	12	0	7189	6358	1009	0	
0	0	3570	0	0	0	8449	4040	1135	0	
0	0	0	0	0	0	0	0	0	0	
13		4038	1544	37		963	941	763		
100	0	4587	459	0	0	5111	1263	100	0	
263	0	20983	5883	49	0	21712	12602	3007	0	

ASHA SCHEME FOR ENSURING S

STATE :-Sikkim

REPORTING QUARTER :-1st Qtr

S.No.	Name of District	No. of ASHA	Number of EC registered under the scheme			ESB COMPONENT 1- DELAYING	
			EC with no children	EC with one child	EC with two children	No. of claims submitted in the quarter	No. of claims cleared in the quarter
						For Spacing of 2 yrs between marriage and birth of first child	For Spacing of 2 yrs between marriage and birth of first child
1	East	199	2104	6463	9526	51	59
2	Urban	25	117	139	112	0	0
3	North	84	148	809	872	161	
4	West						
5	South	153	2031	5651	6680	0	0

PACING AT BIRTH (ESB)

ESB COMPONENT 2- SPACING		ESB COMPONENT 3- LIMITING		Remarks
<u>No of claims submitted in the quarter</u> For Spacing of 3 yrs between first and second child	<u>No. of claims cleared in the quarter</u> For Spacing of 3 yrs between first and second child	<u>No . of Claim submitted in the quarter</u> For Sterilization after 1st or 2nd child	<u>No. of claims cleared in the quarter</u> For Sterilization after 1st or 2nd child	
	397	0	0	
0	0	0	0	
666		6		
0	0	0	0	

UTILIZATION REPORT OF PTK

STATE:-Sikkim

REPORTING QUARTER:- 1st Qtr 2017-18

S.No.	Name of District	Opening Balance (At start of quarter)	Stock Received (During the quarter)	Stock Utilized			Balance Available (At the end of Quarter)	Remarks
				At DH/SDH/CHC/PHC	At SC	Through ASHA		
1	East	1783	365	35	80	112	1824	
	South	1000	1000	336	5	31	1510	
	West	0	0	0	0	0	0	
	North	172	300		117	202	153	
	Urban	990	0	40	100	230	620	

Reporting Quarter: 1st Qtr 2017-18												
S.No	District	Sanctioned RMNCH+A Counsellors	Posted RMNCH+A Counsellors	S.No	Name of all the RMNCH+A Counsellor posted in the district	Name of facility where posted	TYPE OF FACILITY (MedicalCollege /DH/SDH/CHC/ PHC/SC)	Date of Joining	Whether received four days' training for Counsellors (Y/N)	Services Available in		
										Interval IUCD	PPIUCD	Post partum Sterilization
1	East		1	1								
2	Urban			2								
3	North			3								
4	West			4								
5	South			5								

RNMCH+A Counsellor Approved:-2, In position:- Nil (Recuriment under process)

RMNCHA COUNSELLORS- PERFORMANCE REPORT

State:Sikkim

the facility (Y/N)		No. of deliveries in the facility in the reporting quarter	No. of ANC Clients counselled in the reporting quarter	No. of PNC Clients counselled in the reporting quarter	No of other male/female clients counselled		NO OF CLIENTS WHO					
Interval Sterilization	Male Sterilization				Male	Female	Interval IUCD in the reporting quarter	PPIUCD in the reporting quarter	Post-partum sterilisation in the reporting quarter	Interval Female Sterilization in the reporting period	Male Sterilization in the reporting period	Injectables in the reporting period
		201	363	203	128	292	44	11	0	0	0	0
		224	224		199	22	79	18	0	0	0	0

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ADOPTED FOR				
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Centchroman (CHHAYA) in the reporting period	POP in the reporting period	Condoms in the reporting period	Mala N in the reporting period	Other family planning methods in the reporting quarter (Specify)
0	0	4535	1563	
0	0	3570	287	

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Mode of payment (Cheque/DBT/Cash)	Date of Payment	Outstanding Amount if any	If Rejected Reasons for Rejection	Remarks
NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL

STERILIZATION DEATH AU

State:

Reporting Quarter:

S.No	District	S.No	Name of the deceased client	Age	Sex	Date of operation	Type of Facility where operation was conducted (PHC/CHC/DH/ Medical college/Accredited PVT/NGO Facility)	Camp /Fixed day Static	Type of Procedure	In case of Post Partum Sterilization specify if the delivery was Ceasarean or Normal delivery	If Post abortion specify the trimester in which the abortion was done
									(Minilap/Abdominal Tubal ligation//Laparoscopic /Conventional Vasectomy/ NSV)		
1	North		NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
2	South		NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
3	East		NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
4	West		NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
5	Urban		NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

NOTE:- Performa for Conducting Audit of Death by DQAC (Annex 14 of Standards & Quality Assurance in Sterilization Services) must be annexed for

JDIT QUATERLY REPORT

Whether written consent obtained or not	Atropine used in preanaesthetic medication (Y/N)	Surgery under Anesthesia(LA/GA)	Empanelled Provider (Y/N)	Date of death	Time of death	Place of Death(Health facility,Home,on way to hospital/home)	Any Post operative complication (Y/N)	If Yes write the signs & symptoms	Under-lying/Primary cause of death	Death audited
										By DISC(Y/N)
NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

or each case.

QUARTERLY REPORTING FORMAT FOR INJECTABLES

State:

Reporting Quarter:

S.No	Name of the district	S.No	Name of facility providing DMPA	Type of Facility (Medical College/ DH/ SDH/ CHC/ PHC)	No. of staff trained in Injectables		No of clients receiving first dose of DMPA
					MO (MBBS and above/AYUSH)	Nursing Personnel (Staff Nurse/LHV/ANM)	
1	North		NIL	NIL	NIL	NIL	NIL
2	South		NIL	NIL	NIL	NIL	NIL
3	East		NIL	NIL	NIL	NIL	NIL
4	West		NIL	NIL	NIL	NIL	NIL
5	Urban		NIL	NIL	NIL	NIL	NIL

QUARTERLY REPORTING FORMAT FOR POST ABORTION FP

STATE :

Reporting Quarter:

S.No	.	Number of 1st trimester abortions reported in district	Number of 2nd trimester abortions reported in district	No of clients who adopted PAIUCD	No of clients who adopted Post abortion sterilization	
					Though Minilap Method	Through Laparoscopic Method
1	South					
2	East	6	3	0	0	0
3	Urban	26	0	1	0	0
4	West	0	0	0	0	0
5						