

Annexure 1- Report Format

State Sikkim
Reporting Period 2016-17

1 Family Planning performance

Services	Q1	Q2	Q3	Q4	Total
Interval Minilap	23	31	27	13	94
Laparoscopy					
PPS					
Female Sterilization					
Male Sterilization	2	7	12	4	25
IUCD	232	342	289	216	1079
PPIUCD	51	116	114	71	352
PPIUCD Acceptance (Out of total public health institutional deliveries)					

ASHA Scheme Performance (%)

Services	Q1	Q2	Q3	Q4	Total
HDC (percentage distribution of condoms, OCP and ECP)	CC-65, OCP-33, ECP-12	CC-58, OCP-30, ECP-24	CC-48, OCP-38, ECP-11	CC-64, OCP-37, ECP-2	CC-59, OCP-27, ECP-13
ESB Schemes (To be filled by States where scheme is implemented)					
Status of Functionality of State Indemnity Subcommittee (SISC)/ District Indemnity Subcommittee (DISC)					

State	Number of meeting held	Frequency meeting held (Quarterly/ half yearly)	Minutes of meeting prepared (Yes/ No)	Number of monitoring visits under taken	Number of client exit interviews conducted
District 1					
District 2					
District 3					

Number of claims(Death/ complication/ failure) investigated by SISC/DISC	Remedial steps taken

S.No	STATE	FRESH/NEW CLAIMS SUBMITTED IN 2016-17 (April 2016 to March 2017)		
		Complication	Death	Failure
1	Sikkim	0	0	0

OUTSTANDING CLAIMS from previous years (before April 2016)						
Complication	Death	Failure	Complication			
			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
0	0	0	0	0	0	0

Annual compilation of death audit report (20

S.No	Name of the State	Name of the 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)	Fixed day/ Static	Type of Procedure (Minilap/ Abdominal tubal ligation/ Laparoscopic/ Conventional Vasectomy/ NSV)	In case of Post Partum Sterilization specify if the delivery was Cesarean or normal delivery	If Post abortion specify the trimester in which the abortion was done	Whether Written consent obtained? (Y/N)
1	Sikkim	North			0	0	0	0	0	0		0	
		South			0	0	0	0	0	0		0	
		West			0	0	0	0	0	0		0	
		East			0	0	0	0	0	0		0	

NOTE:-

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

16-17)

Atropine used in preanaesthetic medication (Y/N)	Anesthesia used (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 complications (Y/N)	If yes, Write the Signs/Symptoms	Under-lying/ Primary cause of death	Death audited By DISC(Y/N)	Action Taken
		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

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