

PPIUCD SERVICE DELIVERY

State:SIKKIM

Reporting Quarter:4th Qtr 2016-17

1	2	3	4	5		6	7	8	9	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		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	9	147	3	1	4	3	
2	West	Gyalshing	DH	5	220	0	23	23	11	
3	North	Mangan	DH		34		6	6	17	
4	South	Namchi	DH	12	191		25	25	13	
5	Urban	STNMH	State Hospital	267	360	17	0	17	3	
6										
7										
8										
STATE TOTAL				293	952	20	55	75		

PROVIDER-WISE PPIUCD INSERTIONS

Name of the State:Sikkim

Reporting Quarter : 4th qtr 2016-17

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	0	0	0	0
6		RONGLI PHC	PHC	SUNITA CHETTRI	SN	0	0
7		MACHONG PHC	PHC	BHIMA DHAKAL	ANM	0	0
8		DHS	DH	DR. M.P. SHARMA	MO	4	0
9	East	STNM		Dr Uttam	MO	2	
10				Dr. Mani	MO	3	
11				Dr Chundeng	MO	5	
12				Dr. Bandana	MO	0	
13				Dr Chimi	MO	7	
14	West	Dentam	PHC	Leela Devi Sharma	GNM	2	
15	West	Gyalshing DH	DH	Hemlata Sharma	GNM	1	
16		Sombaria	PHC	Anuradha (7), Goma (3), Kanchan (5)	GNM	15	

18		Richenpong	PHC	Yasoda Sharma (1), Karma Choden Bhutia (1)	ANM	2	
19		Yuksom	PHC	Reena Thapa	GNM	3	
20	North	DHM	DH			6	
21	South	Namchi DH	DH	Dr. S, Pelzang	Gyanecologist	8	
22			DH	Neelima Subba	ANM	2	
23			DH	Phu Lahmu	ANM	3	
24			DH	Sarika Rai	SN	1	
25		Jorethang	CHC	Phigerm Lepcha	anm	4	
26			CHC	Manita Tamang	SN	2	
27			CHC	Harka Maya Gurung	Sr. ANM	1	
28		T. Bermiok	PHC	Tshering Ongmu Bhutia	Sr. ANM	1	
		Phongla	PHSC	Sancha Maya Rai	Sr. ANM		1
		Melli	PHC	Neelma Ruchal	ANM		1
		Temi	PHC	Alice Rosemati Rai	Sr. ANM		1

HOME DELIVERY OF

State :Sikkim

Reporting Quarter:4th Qtr 2016-17

S.No	Name of District	Number of ASHAs in the district	Opening Balance of the reported quarter				Stock Received	
			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	8395	10104	871	0	7170	1200
	South	153	5689	827	1135	0	0	4100
	West	205						
	North	84						
	Urban	25	5888	1278	17		4050	0
	Total	666	19972	12209	2023	0	11220	5300

31192 17509

CONTRACEPTIVES (HDC) SCHEME

during the quarter		Stock Distributed under HDC scheme during the quarter				Balance Available at end of the quarter			
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)
0	0	10601	4089	0	0	4964	7215	871	0
0	0	3120	800	0	0	2569	1427	1135	0
		2043	792	35					
0	0	4290	756	0	0	5648	522	16	
0	0	20054	6437	35	0	13181	9164	2022	0

2023

64.29212619 36.76394997 1.7301

Remarks

ASHA SCHEME FOR ENSURING S

STATE :-Sikkim

REPORTING QUARTER :- 4th 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	0	0
2	Urban	25	117	139	112	0	0
3	North	84	148	809	872	392	
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	
0	0	0	0	
559				
0	0	0	0	

UTILIZATION REPORT OF PTK

STATE:-Sikkim

REPORTING QUARTER:- 4th Qtr 2016-17

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	1639	0	110	101	0	1783	0
	South	400	1000	430	20	68	882	
	West							
	North							
	Urban	470	1000	40	180	260	990	

Reporting Quarter: 4th Qtr 2016												
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
	East		1		Tika Sharma	DH	DH		Y	Y	Y	Y
	Urban											
	North											
	West											
	South	0	0	0	0							

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					
					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
N	N	147	219	164	155	174	58	4	0	0	0	0
		191	191	207	0	0	24	25	4	0	0	0

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OPTED 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	10601	4089	0
0	0	11026	5410	0

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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	12	1	0	0	0
2	East	4	4	0	0	0
3	Urban	32	1	0	0	0
4						
5						