

No.F.3(5-2830)-FWPM/SHFWS/FP/2020

National Rural Health Mission Office of the Mission Director Government of Tripura

Dated 5 Nov.

To
Dr. S.K. Sikdar
Deputy Commissioner
In-charge Family Planning Division
Ministry of Health & Family Welfare,
Government of India
Nirman Bhawan, New Delhi-110011

Subject: Submission of Second Quarter Report (July to September) 2020 - 21 of Family Planning Programme.

Reference: D.O. No.N.11012/10/2013-FP dated 4th September,2013.

Sir,

I am sending herewith the 2^{nd} Quarter Report (July to September) 2020 - 21 of Family Planning Programme in Tripura as per prescribed format supplied by GOI.

This is for your kind information and necessary action please.

Enclo: As stated.

(h)

Yours faithfully

Member Secretary

SH&FWS,NHM Tripura

FORMAT 1: HOME DELIVERY OF CONTRACEPTIVES (HDC) SCHEME

State :

Reporting Quarter: 2nd Quarter,2020

	Name of	of ASHAs	Opening	Balance o	f the reporte	ed quarter	Stock	Received	during the	e quarter	Stock Dis		under HDC s he quarter	cheme	Balance				
S.No			CC- Nirodh (in pieces)	OCP- Mala N (in Cycles)	ECP- Ezy Pill		(in	OCP- Mala N (in Cycles)	CP- Ezy Pi	Centchro man (CHHAYA) (In strip)	CC- Nirodh (in pieces)	OCP- Mala N (in Cycles)	ECP- Ezy Pil	Centchro man (CHHAYA) (In strip)		OCP-Mala N (in Cycles)	ECP- Ezy Pil	(CHHAY	Remarks
1	South	953	10360	4300	2280	850	0	10000	0	0	5102	4300	1050	50	5260	10000	0	0	
2	Gomati	1050	2590	4850	2300	600	0	0	0	0	1180	600	300	200	1410	4250	2000	400	
3	Sepahijala	928	9720	0	200	0	0	4000	0	0	4440	2400	200	0	5280	1600	0	0	
4	West	1371	11000	9300	900	0	6000	0	600	0	9720	7500	720	0	7280	1800	780	0	
5	Khowai	801	0	700	1300	0	0	0	0	0	0	0	0	0	0	700	1300	0	
6	Dhalai	1060	3420	3400	3750	1800	4320	45000	1800	0	2700	2400	0	200	5040	46000	5550	1600	
7	Unakoti	543	19380	5100	5005	0	6260	9000	0	4800	9400	5200	1590	200	16240	8900	3415	4600	
8	North	954	10758	1000	3500	2550	0	0	0	0	1500	800	0	300	1500	800	3500	2250	
STA	TE-TOTAL	7660	67228	28650	19235	5800	16580	68000	2400	4800	34042	23200	3860	950	42010	74050	16545	8850	

FORMAT 2- ASHA SCHEME FOR ENSURING SPACING AT BIRTH (ESB)

STATE :-

REPORTING QUARTER :- 2nd Quarter,2020-21

							NT 1- DELAYING	ESB COMPONE	NT 2- SPACING	ESB COMPONE		
			Numbe	er of EC reg	istered	NO. OI CIAIIIIS	NO. OI CIAIIIIS	INO OT CIAITIIS	NO. OI CIAIIIIS	INO . OI CIAIIII	IVO. OF CIAITIES	
						submitted in	cleared in the	submitted in the	cleared in the	submitted in the	cleared in the	
S.No.	Name of	No. of	EC with		EC with	the quarter	<u>quarter</u>	<u>quarter</u>	<u>quarter</u>	<u>quarter</u>	quarter	Remarks
5	District	ASHA		EC with		_		For Spacing	For Spacing	For	For	
			no children	one child	two	For Spacing	For Spacing of	of 3 yrs between	of 3 yrs	Sterilization	Sterilization	
			chilaren		children	of 2 yrs	2 yrs between	first and second	between first	after 1st or 2nd	after 1st or 2nd	
						hotwoon	marriago and	child	and cocond	child	child	
1	1 South 9		47996	22326	26366	141	224	31	141	224	31	
2	Gomati	1050	4094	25202	35120	116	116	284	284	77	77	
3	Sepahijala	928	20,411	16,247	38944 47436	365	365	298	298	0	0	
4	West	1371	14685	56136		410	410	340	340	163	163	
5	Khowai	801	179	18	5	279	279	0	0	46	46	
6	Dhalai	1060	1985	6664	5840	62	62	0	0	31	31	
7	Unakoti	543	543 24556 14456 16554 0		0	0	0	0	0	0		
8	North	954	5123	14763	18237	0	0	228	228	101	101	
STA	ATE TOTAL	7660	119029	155812	188502	1373	1456	1181	1291	642	449	

FORMAT 3- UTILIZATION REPORT OF PTK

STATE:- Tripura

REPORTING QUARTER:-2nd Quarter,2020-21

		Opening Balance	Stock Received	Sto				
S.No.	Name of District	(at start of quarter)	(During the quarter)	At DH/SDH/CHC/PHC	At SC	Through ASHA	Balance Available (at the end of Quarter)	Remarks
1	South	3150	1000	1770	0	0	2380	
2	Gomati	650	1000	390	678	320	262	
3	Sepahijala	50	1000	850		0	200	
4	West	1280	2000	2460	0	0	820	
5	Khowai	0	0	0	0	0	0	
6	Dhalai	1950	1000	920	0	0	2030	
7	Unakoti	640	3000	900	600	400	1740	
7	North	900	0	400	0	0	500	
5	State Total	8620	9000	7690	1278	720	7932	

FORMAT	Г 6 : SQAC/I	OQAC Fu	ınctiona	ality status	s, Moni	toring p	lan a	nd Find	ings of c	lient	exit inte	rview (1s	t Quarter -	-2019-20)				
	Name of the State/District		No of me	etings held		No. of A planned i Sl			essmen the dis	t visits done trict		Number of clients who	Number of clients who	Overall Grading of Sterilization services by the clients (mention No. of clients)				
Sno.		State Quality Assurance committee	State Indemnit y Sub- committe e	District Quality Assurance committee	District Indemnit y Sub- committe e	Static health facilities	FDS	Accredite d Private/N GO health facilities	Static health facilities	FDS	Accredited Private/NG O health facilities	Total Number of client exit interviews conducted	reported waiting time of more than 2 hours from time of registration to time of surgery	reportedly receive post operative instruction card after the surgery	Very good	Good	Average	Unsatisf actory
Name of State																		
District Wise In	formation																	
1	South			1	0	0		0	0	0	0	0	0	0	0	0	0	0
2	Gomati			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Sepahijala			Yes	Yes			0	0	0	0		0	0		4		
4	West			Yes	Yes			No	No									
5	Khowai			1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Dhalai																	
7	Unakoti			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	North			0	0			0	0	0		0	0	0	0	0	0	0

FORMAT 8- QUARTERLY REPORTING FORMAT -Training Status- Till 1st Quarter (2019-20) (Give total number of trained staff available as per format below)

State:

S.No	Name of the district	No. of staff trained (Antar	in MPA Injectable a Prog)	No. of staff trained in Pos	st Partum IUCD (PPIUCD)	No. of staff trained in Post abortion FP					
545	Hame of the district	MO (MBBS and above/AYUSH)	Nursing Personnel (Staff Nurse/LHV/ANM)	MO (MBBS and above/AYUSH)	Nursing Personnel (Staff Nurse/LHV/ANM)	MO (MBBS and above)	Nursing Personnel (Staff Nurse/LHV/ANM)				
1	South Tripura	0	0	0	0	0	0				
2	Gomati	0	0	0	0	0	0				
3	Sepahijala	21	22	0	0	0	0				
4	West Tripura	0	0	0	0	0	0				
5	Khowai	0	0	0	0	0	0				
6	Dhalai	0	0	0	0	0	0				
7	Unakoti	0	0	0	0	0	0				
8	North Tripura	61	68	8	8	0	0				
	STATE-TOTAL	82	90	8	8	0	0				

FORMAT 7: FP LMIS (Till 1st Quarter -2019-20)

		State	State Warehouse			Divisional/Regional Warehouse		District Warehouse		Medical College		District Hospitals		Sub District Hospitals		Block Warehouse (If Applicable)		Urban Public Health Facilities		нс	PHC		SC		Total Participants trained				ASHA	
S.No	Name of State	No. of State	FP Consult ant	State Store Perso nnel	Total no. of Division a/Region al warehou ses	No. of Divisional/ Regional Warehous es in which training is completed	no. of District wareho	which	Total No. of Medic al College	in which training	als	training is	Total No. of	trainin g is		training	No. of Urban Health Facilitie	which	Total CHC	No. of CHCs in which traini ng is compl eted		No. of PHCs in which trainin g is compl eted	sc	No. of SCs in whic h traini ng is comp leted	Officers /Facility	/Phar	ΔNIM	Other Cadre	Total no. of ASHAs	No. of ASHA Trained
1	South	0	0	0	0	0	0	0	0	0	1	0	2	0	0	0	0	0	5	0	18	0	148	0	0	0	0	0	953	0
2	Gomati	0	0	0	0	0	0	0	0	0	1	1	2	1	0	0	0	0	3	1	12	1	147	0	2	16	0	15	1050	0
3	Sepahijala	0	0	0	3	2	1	1	0	0	0	0	2	2	0	0	0	0	4	4	15	15	149	149	1	20	0	0	928	928
4	West	0	0	0	0	0																								
5	Khowai	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
6	Dhalai	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
8	Unakoti	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	3	0	0 14	0 14	0	0 34		0 20	0 48	0	954	0
8	North	U	U	U	U	U	1	1			1	1	1	1	0	U	1	1	3	3	14	14	98	34	19	20	48	U	954	U
-																		1												
STA	TE TOTAL	0	0	0	3	2	2	2	0	0	3	2	7	4	0	0	1	1	15	8	59	30	542	183	22	56	48	15	3885	928