

**Format for listing empaneled providers for uploading in State/UT website**

<b>Format for listing empaneled providers for uploading in State/UT website</b>							
<b>State</b>	<b>Haryana</b>						
<b>Year</b>	<b>2016-17</b>						
<b>Empanelment List for (Prepare separate list for Minilap, Lap and Vasectomy and indicate the same)</b>							
<b>SNo.</b>	<b>Name of District</b>	<b>Name of Empanelled Sterilization Provider</b>	<b>Qualification (MBBS/MS-Gynae/DGO/DNB/MS-Surgery/Other Specialty)</b>	<b>Designation</b>	<b>Type of Facility Posted (PHC/CHC/SDH/DH)</b>	<b>Postal address of facility where empaneled provider is posted</b>	<b>Contact number</b>
1	Bhiwani	Dr. Meena Barwar	MBBS	Dy C.S.	DH	DH	9416661473
2		Dr. Raj Singh Disodia	MBBS	M.O.	ESI Dispansary	ESI Dispansary	9416194309
3		Dr. Krishan Kumar	MBBS/MS	S.M.O	DH	DH	9416161325
4		Dr. Sunita Sangwan	MBBS/MD	M.O.	DH	DH	9992364265
5		Dr. Jitender	MBBS	SMO	SDH	SDH	9991095960
6		Dr. Suresh Kumar	MBBS/MS	MO	DH	DH	9467307337
7		Dr. Sucheta Yadav	MBBS	SMO	ESI Hospital	ESI Hospital	9416574421
8		Dr. Shilpa	MBBS	MO	DH	DH	
9		Dr. Umed Disodia	MBBS	SMO	SDH	SDH	9812130989



**Format for listing SQAC/SISC/DQAC and DISC members in State/UT website**

<b>Format for listing SQAC/SISC/DQAC and DISC members in State/UT website</b>						
<b>State/District</b>						
<b>Year</b>						
<b>Type of Committee (Prepare separate list for SQAC,SISC,DQAC and DISC and indicate the same)</b>						
<b>SNo.</b>	<b>Name of Member</b>	<b>Designation in the Committee (Chairperson/Vice Chairperson/ Convener/Member Secretary/ Member)</b>	<b>Designation in the state (Secretary/MD/Director/ Joint Director/Deputy Director/Empaneled Gynaecologist/Surgeon etc)</b>	<b>Member Since (Month/year)</b>	<b>Address</b>	<b>Contact number</b>
		District collector Chairperson (Sh Anshaj Kumar)		June -2017		
		CMO (Dr. Randeep Singh Poonia )				
		DFWO/Nodal Officer (Dr. Sunil Kumar )				
		Gynaecologist (Dr. Anita Gulia )				
		Surgeon (Dr. Krishan Kumar )				
		Anaesthetist (Dr. Ved Barwar )				
		Paediatrician (Dr. Raj Mehta)				
		Nursing Cader (Matron)				
		Legal Cell (Miss. Anita Nuniwal )				
		Private Sector Hospital (Dr. Devender Bohra)				

Annual /Biannual Report Format

State **Haryana**

Report Type: (Annual /Biannual)

Reporting period :- 2016-2017

**I. Family Planning performance**

Services	Q1	Q2	Q3	Q4	Total
Interval Minilap	2255	713	1287	820	5075
Laparoscopy	-	-	-	-	-
PPS	72	101	104	82	359
Female Sterilization	2327	814	1391	902	5434
Male sterilization	24	14	11	13	62
IUCD	2795	1733	1842	1964	8334
PPIUCD	1040	1170	1454	922	4610
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)	282030	478350	231380	597560	1589320
ESB Schemes (To be filled by states where scheme is implemented)	-	-	-	-	-
PTK Utilization	4020	1600	1400	2300	9320

## **Status of Functionality of QAC**

- Number of meetings held
- Frequency of meetings held(Quarterly/half yearly):
- Minutes of the meeting prepared (Yes/No)
- Number of deaths ,complication and failure reported
- Number of Enquiries conducted for each category
- Remedial steps taken

**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 2016-17									CLAIMS REJECTED (2016-17)			OUTSTANDING CLAIMS TILL 31st MARCH 2017																	
		Complication	Death	Failure	Complication	Death	Failure	Complication			Death			Failure			Complication	Amount	Death	Amount	Failure	Amount	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	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
		1	29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	29	-	66	-						

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
	1			<u>Pending</u>	:-