

From
Dr.T.Kavitha,MD,DGO.,
Deputy Director of Medical,
Rural Health Services and
Family Welfare,
Erode.

To
The Director of Family Welfare,
Chennai-6

Ref.No: 425 /A3/2024

dated: .04.2024

Respected Sir,

Sub: Family Welfare Programme – Uploading The Documents-Quarterly
Report of QAC -Functionality Status -For 4th Quarterly Report & Annual
Report For The Year 2023-2024 - Regarding.

Ref: Ref.No.7496/FW/QA&I-2/2023 dated: 11.03.2024,
of the Director of Family Welfare, Chennai.

As per the reference cited above, here with I am submitting the updated QAC
4th Quarterly report & Annual Report for the year 2023-2024 as per the prescribed format in
the respect of Erode District.

Encl:

I.4th Quarterly Report (From 01.01.2024 to 31.03.2024)

- 1.DQAC Functionality Status Client exit interview Report
- 2.Sterilization Death audit report(Death-IIB)
- 3.Death Audit Report
- 4.Beneficiary Wise Claim (Failure-1A)
- 5.FPIS Status
- 6.DQAC/DISC Members list

II.Annual Report (01.04.2023 to 31.03.2024)

1. DQAC Functionality Status Client exit interview Report
2. Sterilization Death audit report(Death-IIB)
3. FPIS Status

T. Kavitha 08/04/24
Deputy Director of Medical,
Rural Health Services and
Family Welfare, Erode.

8/4/24

QUAC/BUQAC FUNCTIONALITY STATUS

Unit: ERODE

Reporting Quarter: 01.01.2024 TO 31.03.2023 (4th Quarterly Report)

QUAC/BUQAC Functionality status, Monitoring plan and findings of client exit interview

Sl. No.	Name of the State/ District	Committees formed (Yes/No)				No of meetings held in the reporting quarter				Minutes of meetings documented	Action Taken Report Prepared	Monitoring calender for assessment visits developed? (Y/N)	
		State Quality Assurance committee	State Indemnity Sub-committee	District Quality Assurance committee	District Indemnity Sub-committee	State Quality Assurance committee	State Indemnity Sub-committee	District Quality Assurance committee	District Indemnity Sub-committee	Yes/No	Yes/No	State Level	District level
Name of State													
District Wise Information													
1	ERODE			YES	YES			2	1	YES	NO		YES

Deputy Director of Medical, Rural Health Services
and Family Welfare, Erode

T. V. S.
08/04/24
8/4/24

QC/DQAC FUNCTIONALITY STATUS

Dist:ERODE

Reporting Quarter:01.01.2024 TO 31.03.2024 (4th Quarterly Report)

SQAC/DQAC Functionality status, Monitoring plan and findings of client exit interview

No. of Assessment visits planned in the district by SISC/DISC during the reporting quarter			No. of Assessment visits done in the district during the reporting quarter			Total Number of client exit interviews conducted	Number of clients who reported waiting time of more than 2 hours from time of registration to time of surgery	Number of clients who reportedly receive post operative instruction card after the surgery	Overall Grading of Sterilization services by the clients (mention No. of clients)			
Static health facilities	Camps	Accredited Private/NGO health facilities	Static health facilities	Camps	Accredited Private/NGO health facilities				Very good	Good	Average	Unsatisfactory
NIL	NIL	NIL	0	13	7	11	NIL	11	9	2	0	NIL

Deputy Director of Medical, Rural Health Services and Family Welfare, Erode

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T. K. S. 08/04/24

ATION DEATH AUDIT QUATERLY REPORT

ERODE

Quarter: 01.01.2024 To 31.03.2024(4th Quarterly Report)

Reporting Quarter: 01.01.2024 To 31.03.2024(4th Quarterly Report)																								
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 Caesarean or Normal delivery	If Post abortion specify the trimester in which the abortion was done	Whether written consent obtained or not	Atropine used in pre-anaesthetic 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		Action Taken
									(Minilap/Abdominal Tubal ligation//Lap aroscopic/Conventional Vasectomy/ NSV)													By DISC (Y/N)		
1	Erode	NIL																						

Deputy Director of Medical, Rural Health Services and Family Welfare, Erode

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21.04.24

Name of the District :
Reporting Quarter: 01.01.2024 To 31.03.2024 (4th Quarterly Report)

Status of Death Audit

Name of District	Number of Death reported	Number of death audits conducted	Number of deaths attributed to sterilization	Reason of Death	Action Taken
ERODE			NIL		

Deputy Director of Medical, Rural Health Services and
Family Welfare, Erode


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REPORTING QUARTER: 01.01.2024 To 31.03.2024 (4th Quarterly Report)

Name of the District	No	Name of Beneficiary /Claimant	Sex & Age	Address	Date of operation	(Minilap/ Abdominal tubal ligation/ Laparoscopic/ Conventional Vasectomy/ NSV)	Facility Name where operation conducted	Facility Type (PHC/CHC/DH /Medical college/ Accredited PVT/NGO Facility)	Operation done in Camp/ Fixed Day Static	Name of Surgeon/doctor who operated	Whether Empanelled or Not
ERODE	1	Tmt.Govindammal, W/o.Suresh,	Female & 33	54,Kalliyamman Kovil street, R.N.pudhur(PO), Erode (District).	07.09.2013	LSCS WITH ST	GHQH,Erode	DH	-	Dr.Tamiliselvi, MD,OG,, GHQH,Erode.	Empanelled
	2	Tmt.Sivanagammal, W/o.Nagesh,	Female & 30	Painapuram, Thalavady, Sathyamangalam, Erode (District).	18.11.2016	PS	PHC, Thalavadi.	PHC	-	Dr.Nirmaladevi, MBBS,DGO GH,Sathyamangalam.	Empanelled
	3	Tmt.Roja, W/o.Vinithkumar,	Female & 24	28/2A,Perya Sathanur, vinnapalli(po), sathyamangalam(Tk), Erode (District).	24.08.2022	PS	PHC, P.Puliyampatti.	PHC	-	Dr.Annam, MBBS,DGO GH,Gobichettipalayam	Empanelled
	4	Tmt.Suganya, W/o.Dhamodharan,	Female & 25	2/170, Kasilingagoundan pudhur, Kampuliyampatti(PO), Perundurai(TK), Erode (District).	30.06.2022	LSCS WITH ST	GMCH, Perundurai.	MCH	-	Dr.Renju, MS,OG, GMCH,Perundurai.	Empanelled
	5	Tmt.Pavithra, W/o.Perumal,	Female & 21	515,Kundan thottam, Mathur, Anthiyur(TK), Erode (District).	15.04.2023	LS	PHC, Guruvareddiyur.	PHC	-	Dr.Nirmal, MBBS,DGO, GH,Bhavani.	Empanelled
	6	Tmt.Ananthi, W/o.Mohanraja,	Female & 26	1/141-5, Amman Nagar, Varathanallur, Bhavani(TK), Erode (District).	16.09.2021	LSCS WITH ST	Rajshri Hospital, Bhavani. (Approved Private Nursing Home)	PVT	-	Dr.N.Gokilavani, MBBS,DGO, Rajshri Hospital, Bhavani.	Empanelled
	7	Tmt.Gayathri, W/o.Vadivelmurugan,	Female & 26	929,Nadastreet, Maravankuttai, Patilur village, Pachampalayam(PO), Anthiyur(TK), Erode	23.01.2021	LS	PHC, Guruvareddiyur.	PHC	-	Dr.Nirmal, MBBS,DGO, GH,Bhavani.	Empanelled

Deputy Director of Medical, Rural Health Services and Family Welfare, Erode

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NEFICIARY WISE CLAIM STATUS

RICT : ERODE

REPORTING QUARTER: 01.01.2024 To 31.03.2024 (4th Quarterly Report)

Type of claim (Death/ Complication/F ailure)	Date Of Claim Submission	Diagnostic Report confirming Failure of sterilization(URINE TEST REPORT/ USG/ PER ABDOMINAL EXAMINATION/ MTP/ SEMEN TEST REPORT)	Amount Claimed (in Rs)	Claim Approved / Rejected/ Pending	if approved Amount Paid	Mode of Payment (Cheque/ DBT/Cash)	Date of Payment	Outstanding Amount if any	If Rejected Reasons for Rejection	Remarks
Failure	06.11.2023	20.07.2023	Rs.60,000/-	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Failure	20.11.2023	14.10.2023 (Gestational Age b/w 8 Weeks)	Rs.60,000/-	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Failure	30.01.2024	12.10.2023 (Gestational Age b/w 8 Weeks 3 Days)	Rs.60,000/-	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Failure	29.11.2023	07.06.2023 (Gestational Age b/w 16-18 Weeks)	Rs.60,000/-	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Failure	12.12.2023	26.08.2023 (Gestational Age b/w 6 Weeks 5Days)	Rs.60,000/-	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Failure	28.12.2023	31.07.2023 (Gestational Age b/w 6 Weeks 10Days)	Rs.60,000/-	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Failure	05.02.2024	27.10.2023/ 28.10.2023 (Gestational Age b/w 6 Weeks 2Days)	Rs.60,000/-	NIL	NIL	NIL	NIL	NIL	NIL	NIL

Deputy Director of Medical,
Rural Health Services and
Family Welfare, Erode

1-11-2023 8/10/24

Name of the District : Erode

REPORTING QUARTER: 01.01.2024 To 31.03.2024 (4th Quarterly Report)

District	Claims Received in 2020-21			Claims Paid in 2020-21			Claims Received in 2021-22			Claims Paid in 2021-22			Claims Received in 2022-23			Claims Paid in 2022-23			Claims Received in 2023-24			Claims Paid in 2023-24			Outstanding Claims Till 31.03.2024					
	Complication	Death	Failure	Complication	Death	Failure	Complication	Death	Failure	Complication	Death	Failure	Complication	Death	Failure	Complication	Death	Failure	Complication	Death	Failure	Complication	Death	Failure	Directorate		District			
ERODE	0	0	18	0	0	18	0	0	21	0	0	21	0	0	15	0	0	15	0	0	20	0	0	6	0	0	14	0	0	0

Deputy Director of Medical, Rural
Health Services and Family
Welfare, Erode

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NAME OF THE DISTRICT: ERODE

FPIS District Quality Assurance Committee Members

No.	Name of Member	Designation in the Committee	Designation in the District	Member Since (Month/Year)	Address	Contact Number
1	Thiru. Raja Gopal Sunkara, IAS,	Chair Person	District Collector, Erode	05./2023	O/o. the District Collectorate, Erode	9444167000
2	Thiru.V.Sivakrishnamoorthy, IAS,	Member	Corporation Commissioner, Erode	05./2023	O/o The Erode Corporation , Erode	9443724526
3	Dr. Ambika Shanmugam, MBBS, DDVL,	Member	Joint Director of Health Services, Erode	03./2023	O/o. the Joint Director of Health Services, Erode	9444982665
4	Dr.S.Senthilkumar, MS., (GS), (I/c)	Member Secretary	Deputy Director of Medical and Rural Health Services & Family Welfare, Erode	11./2023	O/o. the District Family Welfare Bureau, Erode	9443586110
5	Dr.S.Somasundaram, MBBS, DPH.,	Convener	Deputy Director of Health Services, Erode	08./2021	O/o. the Deputy Director of Health Services, Thindal, Erode	0424-2431020
6	Dr.T.R. Ravindran, MD, DERM,	Member	Deputy Director of Medical and Rural Health Services (Leprosy), Erode	03./2022	O/o. the Deputy Director Medical And Rural Health Services, Leprosy, Erode	9487040985
7	Dr.M.Ramachandran, MBBS, DTCD.	Member	Deputy Director of Medical and Rural Health Services (Tuberculosis), Erode	07./2023	O/o. the Deputy Director Medical And Rural Health Services, Tuberculosis, Erode	9865542420
8	Dr.Venkatesan, MBBS, DCH(I/c)	Member	The Hospital Superintendent of district Hospital, erode	09./2019	District Head Quarters Hospital, Erode	9443214771
9	Dr.V.Prakash, MBBS, MPH	Member	City Health Officer Of The Corporation(Concerned), Erode	10./2021	O/o The Erode Corporation , Erode	0424-2258312
10	Dr. Abbsar, MD, (Pead)	Member	Nodal Officers Of National Programme Divisions At Districts, Erode	04./2023	District Head Quarters Hospital, Erode	9698920323

	Name of Member	Designation in the Committee	Designation in the District	Member Since (Month/Year)	Address	Contact Number
10.						
1	Dr.Premakumari,MD(OG),,	Member	Head of the Department –Obstetrics And Gynaecology, Senior Most Gynaecologist From The District Head Quarters Hospital,Erode	06./2017	District Head Quarters Hospital, Erode	9443212463
12	Dr.Ravichandran,MS	Member	Head of the Department –Surgery, Senior Most Surgons From The District Head Quarters Hospital,Erode	11./2023	District Head Quarters Hospital, Erode	6380735670
13	Dr.J.Priva,MD(Gen)	Member	Head of the Department –General Medicine, Senior Most Physician From The District Head Quarters Hospital,Erode	02./2019	District Head Quarters Hospital, Erode	9842779855
14	Dr.Aarthikeyan,MD(Ped)	Member	Head of the Department –Paediatrics, Senior Most Paediatrician From The District Head Quarters Hospital,Erode	02./2019	District Head Quarters Hospital, Erode	9952431213
15	Dr.T. Kathiravan, MD(Aneas)	Member	Head of the Department –Anesthesia, Senior Most Anesthesiologist From The District Head Quarters Hospital,Erode	02./2019	District Head Quarters Hospital, Erode	9443739631
16	Tmt.Poongothai	Member	Nursing Superintendent District Head Quarters Hospital,Erode	08./2019	District Head Quarters Hospital,Erode	9486669044
17	Thiru.Vasudevan,BA,BL	Member	One Representative From The Legal Cell(District Court,Erode)	11./2021	District Court, Erode	9842965588

Sl.No.	Name of Member	Designation in the Committee	Designation in the District	Member Since (Month/Year)	Address	Contact Number
18	Dr.Sumathi,MBBS,DGO	Member	One Member From An Accredited Private Sector Hospital,(Nishant Hospital, Erode)	02./2019	Medical Officer,	0424-2257999
19	Dr.C.N.Raja,MS(ENT),FRCS	Member	One Representative From Medical professional Bodies,(IMA,Erode)	02./2019	O/o ,The IMA Hall,Near Collector Camp Office,Erode	0424-226871
20	Dr.S.Poorna Chandran,MBBS(i/c)	Member	One Block Medical Officer From Additional Primary Health Centre,Erode	02./2019	Govt.Primary Health Centre,Sivagiri.	9443328684
21	Dr.AathiParasakthi,MBBS	Member	One Medical Officer From Additional Primary Health Centre,Erode	02./2019	Govt.Primary Health Centre,Chitode.	9942781323

Deputy Director of Medical, Rural Health Services
and Family Welfare, Erode

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8/11/24

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08/10/24

NAME OF THE DISTRICT: ERODE

FPIS District Quality Assurance Sub-Committee Members

Sl.No.	Name of Member	Designation in the Committee	Designation in the District	Member Since (Month/Year)	Address	Contact Number
1	Thiru. Raja Gopal Sunkara, IAS,	Chair Person	District Collector, Erode	05./2023	O/o. the District Collectorate, Erode	9444167000
2	Dr.Ambika Shannugam, MBBS,DDVL,	Member Secretary	Joint Director of Health Services, Erode	03./2023	O/o. the Joint Director of Health Services, Erode	9444982665
3	Dr.S.Senthilkumar,MS.,(GS),(i/c)	Convener	Deputy Director of Medical and Rural Health Services & Family Welfare, Erode	11./2023	O/o. the District Family Welfare Bureau, Erode	9443586110
4	Dr.Premakumari,MD(OG),	Member	Chief Gynaecologist, District Head Quarters Hospital,Erode	06./2017	District Head Quarters Hospital, Erode	9443212463
5	Dr.Ravichandhran,MS.,	Member	Chief Surgeon, District Head Quarters Hospital,Erode	11./2023	District Head Quarters Hospital, Erode	6380735670

Deputy Director of Medical, Rural
Health Services and Family
Welfare, Erode

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T. J. Jeyaraj
08/04/24

SQAC/DQAC FUNCTIONALITY STATUS

Dist:ERODE

Reporting Quarter:01.04.2023 TO 31.03.2024 (Annual Report)

SQAC/DQAC Functionality status, Monitoring plan and findings of client exit interview

SQAC/DDAC Functionality status, Monitoring plan and findings of current intervention													
Sl. No.	Name of the State/ District	Committees formed (Yes/No)				No of meetings held in the reporting quarter				Minutes of meetings documented	Action Taken Report Prepared	Monitoring calender for assessment visits developed? (Y/N)	
		State Quality Assurance committee	State Indemnity Sub-committee	District Quality Assurance committee	District Indemnity Sub-committee	State Quality Assurance committee	State Indemnity Sub-committee	District Quality Assurance committee	District Indemnity Sub-committee	Yes/No	Yes/No	State Level	District level
Name of State													
District Wise Information													
1	ERODE			YES	YES			5	2	YES	NO		YES

Deputy Director of Medical, Rural Health Services
and Family Welfare, Erode

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28/10/24

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28/10/24

AC/DQAC FUNCTIONALITY STATUS

Dist:ERODE

Reporting Quarter:01.04.2023 TO 31.03.2024 (Annual Report)

SQAC/DQAC Functionality status, Monitoring plan and findings of client exit interview

No. of Assessment visits planned in the district by SISC/DISC during the reporting quarter			No. of Assessment visits done in the district during the reporting quarter			Total Number of client exit interviews conducted	Number of clients who reported waiting time of more than 2 hours from time of registration to time of surgery	Number of clients who reportedly receive post operative instruction card after the surgery	Overall Grading of Sterilization services by the clients (mention No. of clients)			
Static health facilities	Camps	Accredited Private/NGO health facilities	Static health facilities	Camps	Accredited Private/NGO health facilities				Very good	Good	Average	Unsatisfactory
NIL	NIL	NIL	0	49	41	73	NIL	73	59	14	0	NIL

Deputy Director of Medical, Rural Health
Services and Family Welfare, Erode

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T. S. S. S.
28/04/24

STATION DEATH AUDIT QUATERLY REPORT

ERODE

ng Quarter: 01.04.2023 To 31.03.2024(Annual Report)

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 (Mini-lap/Abdominal Tubal ligation//Laparoscopic/Conventional Vasectomy/NSV)	In case of Post Partum Sterilization specify if the delivery was Caesarean or Normal delivery	If Post abortion specify the trimester in which the abortion was done	Whether written consent obtained or not	Atropine used in pre-anaesthetic 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)	Action Taken	
NIL																						

Deputy Director of Medical, Rural Health Services and Family Welfare, Erode

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T.V. 68104124

Name of the District : Erode

REPORTING QUARTER: 01.04.2023 To 31.03.2024 (Annual Report)

District	Claims Received in 2020-21			Claims Paid in 2020-21			Claims Received in 2021-22			Claims Paid in 2021-22			Claims Received in 2022-23			Claims Paid in 2022-23			Claims Received in 2023-24			Claims Paid in 2023-24			Outstanding Claims Till 31.03.2024					
	Complication	Death	Failure	Complication	Death	Failure	Complication	Death	Failure	Complication	Death	Failure	Complication	Death	Failure	Complication	Death	Failure	Complication	Death	Failure	Complication	Death	Failure	Directorate		District			
ERODE	0	0	18	0	0	18	0	0	21	0	0	21	0	0	15	0	0	15	0	0	20	0	0	6	0	0	14	0	0	0

Deputy Director of Medical, Rural
Health Services and Family
Welfare, Erode

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