

QUARTERLY REPORTING FORMAT FOR POST ABORTION FP

District:

Reporting Month: (mm) to (mm), (yyyy)

S.No	Name of the district	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	
					Through Minilap Method	Through Laparoscopic Method

Comprehensive Abortion Care (CAC)	Public Hospital	DH/DWH-FRU/DCH-FRU	CHC/PHC	Urban CHC/Health Post and other non specified as above	Medical College and Allied Hospital	Subcenters
CAC						
CAC FP						