# Evaluation sheet of Health workers of ULB of Murshidabad District, W.B for Strengthening of Routine immunization at A.N.M [R] Nursing Training School, Berhampore New General Hospital & P.P Unit Sadar Hospital, Murshidabad.

SI.No.	Name of the Participants	Working under the	Marks Obtained			
		Municipality	Pre-Evaluation Test on 29.03.10 (1st Day)	Post Evolution Test on 03.04.10 (5 <sup>th</sup> Day)	Post Evolution Test on 29.04.10 (25 <sup>th</sup> Day)	
15.	Tahera Khatun	Dhuriyan	16	20	20	
16.	S-elina Khatun	Dhweiyan	17	18 1/2	20	
17.	Chameli Nandi	Kandr'	18	20	20	
18.	Shyamali Das (Dutta)	Randi	18 1/2	19	20	
19.	Hina Ghatak '	Kandi	15 .	18 1/2	19 1/2	
20.	Purnima Das	Kandr'	$10\frac{1}{2}$	19 1/2	20	
21.	Papiza Paul.	Kandi	17 1/2	19	20	
22.	Rumkum Das	Kandi	16 1/2	19 1/2	20	
23.	Bhadra Mondal	Kandi	15 1/2	19	19 1/2	

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# Government of West Bengal Office of the A.N.M[R] Nursing Training School Berhampore General Hospital Murshidabad

Sub: - Time schedule for 5 days class room Training Programme of Health Workers ULB, Murshidabad for strengthening of Routine Immunization.

29.03.10, Day 1: 9 AM TO 9:30 AM

9 AM TO 9:30 AM : Registration 9:30 AM to 10 AM : Breakfast 10 AM to 12 Noon : Inauguration

12 Noon to 1 PM : Introduction to Training, Pre Evaluation Test

1 PM to 2PM : Lunc

2 PM to 3:30 PM : Chapter 1-3, Exercise of those Chapter

3:30 PM to 3:45 PM : Tea Break 3:45 PM to 4:30 PM : Interaction

30.03.10, Day 2: 9 AM to 9:30 AM

9 AM to 9:30 AM : Breakfast, Tea 9:30 AM to 10:30 : Chapter 4 & Exercise 10:30 AM to 11:30 AM : Chapter 5 & Exercise

11:30 AM to 1 PM : Group Activity, Preparation of Charts

1 PM to 2 PM : Lunch

2 PM to 3 PM : Chapter 6 & Exercise

3 PM to 3:15 PM : Tea Break 3:15 to 4:30 PM : Interaction

31.03.10, Day 3:: 9 AM to 9:30 AM

9 AM to 9:30 AM : Breakfast, Tea 9:30 AM to 10:30 : Chapter 7 & Exercise 10:30 AM to 11:30 AM : Chapter 8 & Exercise

11:30 AM to 1 PM : Group Activity, Preparation of Chart & Rote play

1 PM to 2 PM : Lunch

2 PM to 3 PM : Chapter 9, 10 & Exercise

3 PM to 3:15 PM : Tea Break

3:15 to 4:30 PM : Rote Play: Vaccination

01,04.10, Day 4: 9 AM to 9:30 AM

9:30 AM to 10:30

10:30 AM to 12 Noon 12 Noon to 1 PM

1 PM to 2 PM

2 PM to 3 PM

: Group activity, Preparation of charts, What to do, not to do

3 PM to 3:15 PM : Tea Break

3:15 to 4:30 PM : Equipments demonstration

03.04.10, Day 5: 9 AM to 9:30 AM

9:30 AM to 10:30

10:30 AM to 1 PM

1 PM to 2 PM

2 PM to 2:30 PM

2:30 PM to 3 PM

3 PM to 3:15 PM

3:15 to 4:30 PM

: Breakfast, Tea

: Breakfast, Tea

: Annexure 1 - 3

: Annexure 4 - 6

: Lunch

: Chapter 10 & Exercise

: Feed Back Session

: Calculation of Vaccine, Indent, Stock

: Lunch

: Post Test

: Comparism between Pre & Post Evaluation

: Tea Break

: Discussion about next days planning at

P.P Unit, Sadar Hospital.

Footime Pal Nodal Person Munshidabad. 27/03/10

# West Bengal state Immunization Support Cell (WBSISC) Department of Community Medicine Medical College, Kolkata

# Curriculum plan for district level Vaccinator/FTS/Cold chain handlers training

Day	Venue	Activity
1	Training centre	Inauguration, introduction to the training programme and schedule, introduction of the participants & facilitators, pre test assessment.  Introduction to the module, chapter 1-3. Exercises for those chapters.
2	Training centre	Chapter 4-6 of the nodules- interaction, exercise, role play on safe injection practices
3	Training centre	Chapter 7-9- interaction, group activity on arranging a vaccination session; required logistics, steps for carrying out it.
4	Training centre	Chapter 10, annexure 1-6, interaction, exercise, group activity- making charts 'Dos/Don'ts' in different aspects of immunization.
5	Training centre	feed back-interaction, post test, plan for the next hands-on training- a briefing on giving injection
6	PPunit	Overview of the PP unit, its functioning, staff pattern, out reach activity. Vaccination session observation, identifying vaccine vials, AD syringes, Vitamin A oil etc.
7	PPunit	Identifying cold chain equipments at the store and at the vaccination point. Onderstanding the system
8	PPunit	Keeping the vaccines in ILR, Keeping the vaccine in the vaccine carriers, continuing
9	PPunit	Maintenance of the ILRs, vaccine carriers & gold boxes with using deep freezer to prepare the ice packs. Important contact persons for emergency.
10	PPunit	Practical training on BCG vaccination starting from identification of the practical training on BCG vaccination starting from identification of the practical training on BCG vaccination starting from identification of the practical training on BCG vaccination starting from identification of the practical training on BCG vaccination starting from identification of the practical training on BCG vaccination starting from identification of the practical training of the practical training on BCG vaccination starting from identification of the practical training in the practical training of the practical training o
11	PPunit	Administering vaccines  Practical training on Data Tara vaccination starting from identification of the vaccine, injection, site selection, post vaccination advice, follow-up. Administering vaccines  site selection, post vaccination advice, follow-up identification of the vaccine, post vaccination
12	PPunit	Practical training on OPV vaccination starting from identification
13	PPunit	Practical training on measles vaccination starting to provide training on the provide training on the provide training on the provide training on the provide training to provide training t
		Administering vaccines  Practical training on Vitamin A administration starting from identification of the bottle, expiry & shelf life, dose/a nount, post administration advice, follow up. Training on using Immunization card shelf life, dose/a nount, post administration advice, follow up. Training on using Immunization card
14	PPunit	shelf life, dose/a mount, post administration actives,
15	PPunit	& tickler bags. Administering tassisters of vaccination.  Training on waste disposal at the site of vaccination.  Monitoring of the immunization session using GOI monitoring format, followed presentation of
16	PP unit	Monitoring of the immunization session using the immunization session using the immunization session using the immunization session using the immunitation of the immunitation session using the immunitation of the immunitation session using the immunitation of the immunitation session using the immunitation of the immunitation of the immunitation session using the immunitation of the immunitation session using the immunitation of the immunitation o

17	Field/ward vaccination posts	Field level activity to prepare a micro-plan- 3 groups, 3 vaccination points
18	Field/ward vaccination posts	Field level activity to prepare a micro-plan
19	Field/ward vaccination posts	Field level activity to prepare a micro-plan
20	Training centre	Presentation of the micro-plan and discussion, identifying the constraints of actual implementation- engaging different small groups to find out solution.
21	PPunit	engaging different small groups to find out solution.  Carrying out a vaccination session (group activity)-in an ULB starting from collection of vaccines to actual conduction of session to filling up forms and returning to the distribution point.
22	Training	Identifying constraints in carrying out the session, engaging groups in finding out solution to the identified problems.
23	Training centre	Discussion of the solution and documentation.  Role play on motivation for vaccination session for a working mother for 2 unvaccinated under-five restauration and documentation.
24	Training centre	children, group activity by 3 groups separately, best performing group
25	Training centre	Concluding session, post test evaluation, function, certificate distribution, plan for periodic future evaluation.

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enika Roy (Ghosh)	Monika Roy (Gihash)	Monika Roy (Tehonh)	5	Monika Roy (Golosh)	Monika Roy Cho
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b	Name of the Students	Municipality	23.3.10	24.3.10:
1.	Smt. Manika Roy (Ghosh)	Ashoknagan -	Monika Roy (Ghash)	Monika Roy (Gehoral)
2.	11 Bula Bibi (Konmakan)	Kalyangasch	Bula Bibi (Karnaka)	
3.	11 Maya Sikdere (Biswas)	11		M. Silder (Bigues
4.	" Kabila Biswas ()		K. Benken	
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6.	11 Preatima Saha (whan)	ų	P. Saha (Dhar)	
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13.	11 Suparena Poddan	"	Superna Poddan	Sapanna po Idon
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15.		*	+ Anita Banik	Anita Banik
16.	11 Kabita Biswas	N.	Nabita Biswas	Kabita Biswas.
17.	n Gaussee Biswas	Bongaon	Gauriee Biswas	Gaurice Bisway
18.		H. A.	Ratna Bala	Ratna Bala
19.	11 Kabita Mondal	11	Kabita Mondal.	Katita Mondal
20.	11 Rina Mazumdere	19	Remanazumder	Rina manundel
21.	11 Sandhya Saha	11	Sandhyer Saha	sandluga Solo
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24.	" Aloka Mallick	ħ	Aloka Mallick	Aloka Malliek
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	Name of Students	5.4.10	6.4.10	T. 4.10
1.	Manika Roy (Ghosh)	M. Roy (Gehowh)	M. Roy (Ghosh)	M. Roy (Ghish)
2.	Bula Bibi (Karemakar)	Blilei.	Bleilez.	Bhilei.
.3,	Maya Sikdere (Biswas)	M. Sikder (Biswes)	M. Sikler (Bigwe	w) M. Sikder (Birway)
4.	Kabita Biswas (1)	K. Biokas	K. Bishers	W. Binner
5.	Laxini Suha	L. Saha	L. Saha	L. Saha
6.	Pratima Saha (Char)	P. Saha (Dhar)	P. Saha (Dhors)	P. Saha (Dhar)
7.	Sandhya Dey (Sare Kan)			5. Dey (Sankar)
8.	Shukla Dutta.	S. Dutta	S. Dutta	S. Dutta
9.	Shipamale Kundu	S. Kundu.	S. Kundu	S. Kunda.
10:	Rika Sadher	R- Sadhee.	R-Sadher.	R. Sadhee.
11 =	Sharemila Paul.	S. Paul	S. Paul	S. Paul.
12:	Sareawali Das.	3. Doro	S. Dan	S. Das
	Suparena fooddare.	S. Poldan.		9. Poddan.
H,	Swapna Debnath.	2. Debrath		3. Debnath
	Anita Banik	Anita Banik	1	A. Barrik
	Kabita Biswas	K. Binon.		K. Biswas
	Gauree Bisicas.			Grownee Biswas. E

SL.		Name of Student's	5.4.10	6.4.10	7.4.10
1	19.	Kabita Hendal	Kubita Mondal.	Kabita Mondal.	Kabila Mon
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	25.	Mila Chakreaborely	Mita Chakrabost		
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}.	S. Dutt	S. Dutta.		S. Dutta.	S. Dutta
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From Bandana Das. Sr. Tutor., A.N.M. (R) Training School, Barasat, District Hospital, North 24 Parganas. Barasat. Nodal Person (North 24 Parganas)

Sub;- Training Report of Routine Immunization of First tire Supervisor of Municipality.

To Project Director CMU Ilgus Bhavan, Is, HC Block, Secter 3 Bidhan Nagar Kolkata-700106.

Respected Sir,

We are sending the report of routine immunization of ULBs of North 24 Parganas which was held on 23.03.2010. to 20.04.2010. (25 working days) in a given format. Following documents are attached here with.

Thanking You, Yours Faithfully

Bandana Das (Sistere Tutere) Nodal Person (North 24 Parganas) \$ 4 10

#### Enclosure:-

- 1. Photograph of the training Programme (hard copy or CD)
- 2. Attendance sheet of the participants (Xerox) on last day of the programme.
- 3. Feed back format of only one participant.
- 4. Pre/Post Test Questions (Xerox)

Pre/Post Evaluation of Immunization Programme for U.L.B.s

Full marks-20

Time-15min.

Name\_\_\_\_\_

# ১)সম্পূর্ন টিকাকহণ হলঃ-

- ক) বিসিজি, ডিপিটি-III, ওপিভি-III, মিজিলস্ এক বছরের মধ্যে।
- খ) বিসিজি, ডিপিটি-।।, ওপিভি-।।, মিজিলস্-। এক বছরের মধ্যে।
- গ) বিসিজি, ডিপিটি-III, ওপিভি-III, হেপাটাইটিস্-বি এক বছরের মধ্যে।

# ২)বিসিজি দেওয়া হয় -----

- क) জনোর পর থেকে দেড় মাস বয়স পর্যন্ত।
- খ) জনোর পর থেকে পাঁচ বছর বয়স পর্যন্ত।
- গ) জনোর পর থেকে এক বছর বয়স পর্যন্ত।

# ৩)হামের টিকা দেওয়া হয়-----

- ক) ৯মাস থেকে ১০মাসের মধ্যে।
- খ) ৯মাস থেকে ১২মাসের মধ্যে।
- গ) ৯মাস থেকে পাঁচ বছর বয়স পর্যন্ত।

# 8)ভিটামিন "A" অয়েল দেওয়া হয় -----

- ক) রাতকানা রোগ প্রতিরোধের জন্য।
- খ) রাতকানা ও অন্যান্য রোগ প্রতিরোধের জন্য। (যেমন পাতলা পায়খানা এবং শ্বাসকষ্ট)
- গ) যক্ষা রোগ প্রতিরোধের জন্য।

# ৫)ভিটামিন "A" অয়েল দেওয়া হয় -----

- ক) ৩বছর বয়স পর্যন্ত।
- খ) ৫বছর বয়স পর্যন্ত।
- গ) ১০বছর বয়স পর্যন্ত।

# ৬)হিমশৃষ্পল(কোন্ড চেইন) বজায় রাখা হয়---

- ক) ভ্যাকসিন এর গুনগত মান ঠিক রাখার জন্য।
- খ) ভ্যাকসিন ঠান্ডা রাখার জন্য।
- গ) উপরের কোনটাই নয়।

# ৭)হিমায়িত করা যাবে না---

- ক) ডিপিটি, টিটি, ডিটি, হেপাটাইটিস্-বি।
- খ) ডিপিটি, ওপিভি, ডিটি, টিটি।
- গ) বিসিজি, ডিপিটি, টিটি।

৮)গরমে শীঘ্রই নষ্ট হয়----

ক) বিসিজি, ওপিভি, মিজিলস্।

খ) হেপাটাইটিস্-বি, বিসিঞ্জি, ওপিভি, মিঞ্জিলস্।

গ) উপরের সবগুলোই।

৯)ডিপিটি দেওয়া হয়-----

ক)০-২বছরের মধ্য।

খ) ১-২.৫বছরের মধ্যে।

গ)০-৩বছরের মধ্যে।

১০)ভ্যাকসিন বহন করার পাত্র।

क)शासां क्राअ

খ)ভ্যাকসিন কেরিয়ার।

গ)ডি কেরিয়ার।

১১)ভিভিম কোন পর্জায় পর্যন্ত দেবো।

क) ३,७

খ) ১,২

গ) ১,২,৩,৪

১২)বিসিজি ইনজ্ঞেকশানের universal site হল।

ক)বাম বাহুর উপর দিকে।

খ) জান বাহুর উপর দিকে।

প)যে কোন বাহুর উপর দিকে।

১৩)মিজিলস্ ইনজেকশান কোন হাতে দেওয়া হয়।

ক)বাম বাহু।

খ)ডান বাহু।

গ)যে কোন বাহু।

১৪)হেপাটাইটিস্-বি ইনজ্ঞেকশান কয় মাত্রা

क) ১,२,७

খ) ১,

গ) ১,২

. ১৫)হামের টিকা দেওয়া হয়।

ক) চামড়ার নীচে।

খ)মংসপেশীর ভীতর।

ग) विश्वपात अस्ति।

১৬) ডিপিটি ডোজ/মাত্রা

ক)০.৫মিলি

খ)০.০৫মিলি

১৭)ভিটামিন "A" অয়েল শুরু করা হয়

ক)হামের টিকার সাথে।

খ)৯-১২মাসের মধ্যে।

গ)উপরের সব গুলোই ঠিক।

১৮)বিসিজি এবং হামের টিকা মিশ্রিত করার পর সাধারন তাপমাত্রায় খুববেশী হলে।

क) धचन्টा রাখা থাকে।

খ) ৬ঘন্টা রাখা থাকে।

গ) ২ঘন্টা রাখা থাকে।

১৯)নিরাপদ ইনজ্ঞেকশান বলতে বোঝায়।

ক)গ্রহীতার যাতে কোন ক্ষতি না হয়।

খ)ব্যবহাত সিরিঞ্জ এবং নিড্ল পূণরায় ব্যবহার করা যাবে না।

গ)উপরের সবগুলো ঠিক। ।

২০)অট্রোডিজেবল সিরিঞ্জ----

ক)পূনরায় ব্যবহারের জন্য প্যাকেটে সংরক্ষন করুন।

খ)সিরিঞ্জ একবার টেনে চেক্ করে নিন।

গ)উপরের কোনটাই নয়।

Feed Back Format of one Particepant Under Training of Strengthening of routine immunization of phase Organized by SUDA held at A.N.M.(R) training School, Dist. hospital ,Barasat, North 24 Parganas. From 23.03.10. to 20.04.10.

In Class room Session

Items	Excellent	Very good	Good	Suggestion if any
Theory Class		8+		
A.V.Aids	~			
Fooding	/			
Arrangement			,	
Duration of training			/	of will be now helpfull of Duration of Evaining provided .

#### In Practical Portion (P.P.Unit)

Items	Excellent	Very good	Good	Suggestion if any
Arrangement				practical training
Giving Injection		~		if possible.
Discussion	~		1,"	
Fooding			~	A A Maria was tray
Funding			~	nav funding is

# Signature of the particepant

> Somdhiger Saha. (Bongaon)

> Monika Roy (Ghosh) (Ashok nagar)

> Swagata Orhash (Baduria)

A) Sharmila Paul (Habra)

Explay Sorpor Set.

show details Apr 12 (4 da

# RI monitoring by Asansol NTS Inbox X

Saumendra Nath Bagchi to me, DE

Dear Madam, attracted documents is the copy of the letter for SUDA. We would like to strenthen the RI in AMC through monitoring by Asansol NTS. The analysis report will be shared with you

# WEST BENGAL STATE IMMUNIZATION SUPPORT CELL Department of Community Medicine Medical College, Kolkata

No./2010/45

Date: 12th April,2010

To

The Sister Tutor (incharge)

Asansol NTS

Sub: RI monitoring by the NTS faculty

Dearmadam.

WBSISC wish to thank NTS Asansol for conducting skill development training of AMC and due to this the AMC increased RI centre in different wards. The revised microplan has been prepared with technical support from WBSISC. Now RI monitoring is very much required to observe the gaps and AMC can be advised accordingly.

WBSISC requesting NTS Asansol to detail one faculty on every Wednesday starting 21st april 2010 for four Wednesday. The faculty will visit minimum 5 RI centre / week and filled up RI monitoring format. WBSISC will provide transport facilities to the faculty. The DE Burdwan will coordinate the activities and will bear transport cost for the monitor. The DE will visit to your place to brief the faculty on monitoring format.

It is expected that with support from NTS asansol, the quality immunization will improved further and the purpose of skill development will be fulfill.

Thanking You

Yours faithfully

Dr.Samir Dasgupta

Prof. & Head, Community Medicine

Medical College, Kolkata &

Project Director, WBSISC

Copy forwarded to

The CMOH- Burdwan district

2. The Dy CMOH-III / DPHNO, Burdwan district

3. The DD ( Nursing), health & FW dept, Govt of WB

4. The ACMOH / Superintendent Asansol SDH

Dr S Goswami- project officer, Health SUDA

6. Dr K mitra- health & HIV/AIDS specialist, unicef Kolkata

7. The Health officer, AMC.

Amja Cm 9433497057.

260°07 10.92 91.00 10.81 63.32 436.12 34.21 1.10 17.96 2.03 3.00, 58.30

# COMMUNITY BSED PRIMARY HEALTH CARE SERVICES

## HALDIBARI MUNICIPALITY

P.O.-Haldibari\*Dist.-Coochbehar

	Pin725-122	
Date	Can Can	Ref
To The CMOH P.O.& Dst. Coochbehar Through the BMOH Haldibar	i Rural Hospital	(H)

Sub. Permission for Immunization Programme.

Respected Sir,

I have discussed with BMOH Dr. Tapash Das, of Haldibari stural hospital that we desire to organize immunization programmed, once in a week in each Sub. Center from the month of April. 2010 and the schedule is furnished below.

Once in a week in each purr centre herce we require Inj.B.C.G, D.P.T.Oral polio,Inj.Measles Vaccine,Inj.T.Toxoid, E.T.C.
It is also for your kind information that 3Nos.of First Tear Supervisor has a sailed competence certificate from Jalpaiguri nursing Training institute (under C.M.O.H. Jalpaiguri Sadar Hospital) and the

Xerox copies of the certificate are enclosed herewith.

Hoping to be favored by your sympathetic consideration and permission, I, remain,

Thanking You.

Copy Forwarded To, 36 5 (11) 107 dt. 07.04.10

Yours faithfully

1) To The B. M.O.H Haldibari 2) To The SUDA Kolkata.

Paresh north Saha.

Dr.P.N.Salfaldibari Municipality

(H.O. Haldibari Municipality)

Phon No. 250012 / 251299

# Berhampore Municipality

# **DFID Assisted Honorary Health Worker Scheme**

Memo No. 397/H. 40/DFID

Date 26.03.10

To Dr. Shibani Goswami Priject Officer, Health Wing SUDA ILGUS Bhaban, H.C. Block Kolkata – 91



Sub:-Monthly Immunization Report for the Month of April 2009 to December 09 and January, February 2010.

Madam,

This is to inform you that as per your telephonic discussion I am sending herewith again the above noted monthly Immunization Report for your ready reference.

Thanking you.

Enclo :- Monthly Report

Berhampore Municipality

# DFID assisted Honorary Health Worker Scheme BERHAMPORE MUNICIPALITY For the Month of February 2010

(C) SHP Wise Monthly Report on Immunization Clinic

5	Cher .					No. of	Immu	 mizatio	ni Cons						VII.	NO M	Doses		A-11100
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	10 24.02.	i	j	7	1	1	3	7	1	2	10	10	5	2	8	No.	3	ñ	16.
3.	03.02	1	. 1)	5	5	1	0	5	5	8	2	2	3	8	0		5.	1	2
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3	03.02	0	4	3	2	0	4	3	2	5	2	2	6	4	3	4	2	2	2
	17.02	0	7 10	1		Ø	2	1	2	1		2	3	1		, 11	. 0	. 2	
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8.	03.02		8	15	19	0	8	15	19	5	10	*	5	5	3	1	3	0	
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A. H. O.
H. H. W. Scheme
\*\*erhampore Municipality\*\*

Chairman and Provident Berhampore Muse quality M.L.H. And J.W.C.

# DFID assisted Honorary Health Worker Scheme BERHAMPORE MUNICIPALITY

For the Month of January 2010

(C) SHP - Wise Monthly Report on Immunization Clinic

S	Clinic					.\0.0	f Immu	mizati	on Do	ne			age, or made also as also in		VIII.	A' Oil	The same of		
		THE	T DP	107	Di		OP	OP	OP	Measl	DP	OPV-	DT	1	12	13	+	5	-
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	10	1					10 .1						5	17	2	5	4	5	1
3.	06.01.	1	1	4	6	0	1	4	6	6	1	1	13	1	1 2	2		1	
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4	1 13.01.	-	2	5	6	2	2	5	6	4	2	2	3	4	2	5	1	4	
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	27.01.	2	3	2	2	0	3	2	2	. 5	1	1	4	. 3	. 1	. 3	. "		
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5.	13.01.	. 0	- 2	. 1	. 4)	. 0	- 0	. 0	. 0	. 0	. 0	0	0	6	v			1	
	10							0	1	1	2	2	0	1	0	2	0	1	
	27.01.	1	0	. 0	1	0	0	U	1	1	6.					*			
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0.	. 0o.01. - 10	. 9	, A	U	10					+				1				1	
7	06.01.	0	2	2	2	0	2	2	2	3	2	2	1	1	3	0	1	(	
8.8	10		_	1,		*								-	2	2	1	- 4	
8.		0	. 10	. 15	5	0	10	15	5	9	2	2	3	9	4	-	1	1	
	. 10		,					1	1						•				
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A. R. O.

H. H. W. Scheme Berhampore Municipality Chairmand President
Berhampore Municipality
M.L.H. And F.W.C.

# DFID assisted Honorary Health Worker Scheme BERHAMPORE MUNICIPALITY For the Month of April 2009

(C) SHP - Wise Monthly Report on Immunization Clinic

S	Clinic					No. 0	flmm	unizat	ion Do	ne					Vit.	A' OL	Dos	PS	
H P No	. Date	BC G	DP T-I	DP T-	DP T-	Dose Polio	OP V-	OP V-	OP V- III	Measl es	DP T- B	OPV- B	DT		2	3	4	5	. 0
1.	03.04.	0	2	0	0	0	0	2	Û	0	2	2	2	0	3	0	, 0	. 0	0
2.	13.04. 09	0	9	12	9	0	9	12	9	13	17	17	10	13	12	4	4	4	2
3.	03.04.	2	4	6	. 4	2	4	6	4	0	11	11	2	0	. 11	2	0	1	1
4.		1	3	1	5	1	3	1	5	1	2	2	7	1	2	3	0	I	1
5.	13.04.	0	0	5	1	0	0	5	. 1	0	0	0	1	0	0	0	0	0	0
б.	17.04. 09	0	2	1	4	0	2	1	4	2	2	2	2	2	3	0	1	1	0
7.	17.04.	0	4	5	1	0	4	5	1	4	1	1	0	4	Ð	0	2	0	0
8.	13.04. 09	0	4	1	8	0	4	1	8	2	8	8	2	2	9	1	2	4	4
	24.04, 09	2	5	15	10	2	5	15	10	12	6	6	9	12	5	2	4	2	1

HS Parkery-

A. H. O.
H. H. W Scheme
Berhampore Municipalis

Chairman and President
Berhampore Municipality
M.L.H. And F.W.C.

# DFID assisted Honorary Heath Worker Scheme BERHAMPORE MUNICIPALITY For the Month of ...May.....09.

# (C) SHP-wise monthly report on Immunisation clinic

SH P No.	Clinic Date						No.c	of Im	mur	isati	on D	one	e	Vit.	'A' Oil E	oses			
		BC G	DPT -1	DPT -II	DPT -III	O- Dose Polio	OPV -1	OPV -II	OPV -HI	Meas	DPT-B	OP V- B	DT	1	2	3	4	5	(
1.	11.5.09	0	0	2	1	0	0	2	1	0	1	1	1	0	0	1	1	1	(
2.	13.5.09	0	3	9	15	0	3	9	15	7	11	11	8	7	11	7	5	5	3
3.	11.5.09	2	5	3	10	2	5	3	10	8	4	4	3	8	3	4	3	2	0
4.	11.5.09	3	5	4	4	3	5	4	4	1	5	5	0	1	6	0	0	8	0
5.	20.5.09	0	0	1	2	0	0	1	2	0	0	0	0	0	0	0	0	0	0
6.	20.5.09	0	0	2	2	0	0	2	2	3	3	3	0	2	4	0	2	0	-
7.	20.5.09	0	1	5	2	0	1	5	2	0	1	1	3	0	1	3	0	3	0
8.	13.5.09	0	15	7	24	0	15.	7	24	8	6	6	0	9	-	3	4		
Tot	27.5.09	2	11	8	9	2	11	8	9	16	11	11	10	16	13	7	11	6	0
		7	40	41	69	7	40	41	69	43	42	42	25	43	38	2 5	26	3	7

Markon

A. M. O.

H. H. V. Scheme

Berhamp - 'mountain

Chairman and President Berhampore Municipality M.L.H. And F.W.C.

## DFID assisted Honorary Heath Worker Scheme BERHAMPORE MUNICIPALITY For the Month of ...June.....09......

## (C) SHP-wise monthly report on Immunisation clinic

SH P No.	Clinic Date						No.o	f Im	mun	isati	on D	one		Vit. 'A	' Oil Do	ses			
		BC G	DPT -I	DPT -II	DPT -III	0- Dose Polio	OPV -I	OPV -II	OPV -H1	Meas	DPT-B	OP V- B	DT	1	2	3	4	5	6
1.	10.6.09	0	1	1	2	0	1	1	2	0	0	0	2	0	0	1	1	1	(
2	10.6.09	0	4	3	11	0	4	3	11	10	7	7	8	10	6	9	12	1 0	4
3.	10.6.09	2	1	2	2	2	1	2	2	3	5	5	1	3	5	1	0	0	0
4.	106.09	1	1	3	3	1	1	3	3	4	4	4	0	4	4	2	0	0	0
5.	17.6.09	1	0	1	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0
6.	17.6.09	0	2	0	2	0	2	0	2	4	1	1	1	4	2	0	0	1	0
7.	17.6.09	0	1	3	4	0	1	3	4	4	0	0	1 -	4	1	2	2	1	0
8.	10.6.09	0	6	13	4	0	6	13	4	7	8	8	2	7	12	0	1	2	0
Tot	24.6.09	4	10	2	5	4	10	2	5	10	7	7	0	10	8	4	1	2	3
al		8	26	28	34	8	26	28	34	42	32	32	15	42	38	1 9	17	1 7	7

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名, H. W. Johnson. Serhampicke Municipasso Chairman and Press, ent
Berhampore Municipality
M.L.H. And F.W.C.

# DFID assisted Honorary Heath Worker Scheme BERHAMPORE MUNICIPALITY For the Month of ...July.....09......

#### (C) SHP-wise monthly report on Immunisation clinic

Clini c Date					Ņ	o.of l	lmmı	ınisa	tion D	one			,	/it. 'A'	Oil Đơ	ses		
100	He (,	DP1	DPT -II	DPT -111	0-Dose Polio	OPV -1	OPV-	OPV -111	Measles	B B	OPV -B	DT	1	2	3	4	5	6
8.7. 09	0	0	2	0	0	0	2	0	0	0	0	2	4	0	1	1	1	0
8.7. 09	2	8	6	3	2	8	6	. 3	10	13	13	10	10	13	15	8	5	5
8.7. 09.	0	4	2	7	0	4	2	7	5	3	3	0	5	3 .	0	2	4	1
8.7. 09	2	3	0	2	2	3	0	2	2	10	10	4	2	7	4	3	1	1
15.7	0	3	1	2	0	3	1	2	2	0	0	0	2	0	1	2	0	0
15.7	1	0	0	0	1	0	0	0	5	3	3	4	5	2	1	3	0	3
15.7	1	4	3	2	1	4	3	2	8	1	1	3	8	1	5	0	3	1
15.7	1	3	0	4	1	3	0	4	5	2	2	1	5	1	0	1	2	0
.09 29.7 .09	1	4	10	12	1	4	10	12	8	10	10	5	8	6	1	5	3	2
	8	29	24	32	8	29	24	32	45	42	42	29	4 9	33	28	25	19	13

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R. H. W. Scheme

Rechampere Municipality

L. H. and F. W. O

# DFID assisted Honorary Heath Worker Scheme BERHAMPORE MUNICIPALITY For the Month of ...Aug.....09......

# (C) SHP-wise monthly report on Immunisation clinic

lini )ate					No	o.of I	mmı	ınisa	tion D	one			Vi	t', 'A', O	il Dose	S		
	BCG	DPT -1	DPT -II	DPT -III	0-Dose Polio	OPV -1	OPV-	OPV -III	Measles	DPT-B	OPV -B	DT	1	2	3	4	5	6
12.8	0	2	2	1	0	2	2	1	3	1	1	3	3	1	3	0	4	5
12.8	0	9	8	5	0	9	8	5	12	11	11	10	12	8	3	2	1	7
12.8	1	3	3	3	1	3	3	3	6	0	0	1	6	1	0	1	0	0
12.8	0	6	5	0	0	6	5	0	6	3	3	4	6	1	2	2	1	1
19.8	0	0	3	1	0	0	3	1	2	0	0	1	2	2	1	1	1	0
19.8	0	2	2	0	0	2	2	0	7	5	0	5	4	5	0	4	1	0
19.8	0	2	5	4	0	2	5	4	6	1	1	2	6	1	2	0	1	0
12.8 .09 26.8 .09	0 3	5	3	2 4	0 3	5 5	3 0	2 4	5 7	6 3	6 3	1 3	5 7	6 3	4 5	1 4	0 2	0
	4	34	31	20	4	34	31	20	54	30	25	30	51	28	20	15	11	14

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Chairman and President
Berhampore Municipality

## DFID assisted Honorary Heath Worker Scheme BERHAMPORE MUNICIPALITY For the Month of ...Sept.....09......

#### (C) SHP-wise monthly report on Immunisation clinic

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A. H. O.
H. H. W. Scheme

Berhampore Municipality

M. L. H. and F. W. G.

# DFID assisted Honorary Heath Worker Scheme BERHAMPORE MUNICIPALITY For the Month of ...November 09.....

(C) SHP-wise monthly report on Immunisation clinic

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Marked

H. H. W. Scheme

Chairman and President Berhampore Municipality M.L.H. And F.W.C.

# DFID assisted Honorary Hearth Worker Scheme BERHAMPORE Mt NICIPALITY For the Month of December 2009

(C) SHP Wise Monthly Report on Immunication Clinic

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H. H. Scheme Serbauros, Municipality

Chairman and President
Berhampore Municipality
M.L.H. And F.W.C.



#### THE KOLKATA MUNICIPAL CORPORATION

5, S. N. Banerjee Road, Kolkata-700013

#### **Health Department**

Dear Sir/Madam,

You are cordially invited to attend inauguration of Routine Immunization Project office & Central Vaccine Store, KMC on 19th March, 2010 at 11.00 am at 36 Ballyguange Circular Road, Kolkata-700 019. Dr. Surya Kanta Misra, Hon'ble Minister of Health & F.W., Govt. of W.B. will inaugurate the programme. Sri Bikash Ranjan Bhattacharya, Hon'ble Mayor of Kolkata will be the Chief Guest. Dr. Subodh Dey, Hon'ble MMIC (Health) will preside over the programme.

Your Participation in the programme will encourage us for quality programme implementation in Kolkata.

March 01, 2010

Arnab Roy

Municipal Commissioner

Office of the Burdwan Municipality

Memo No: -

geve/o

Date: -

#### **Notice**

bo LK)

A review meeting on Routine Immunisation of the entire area of Burdwan Municipality will be held on 06/4/2010 at 4 P.M. in the meeting hall of Burdwan Municipality.

Your gracious presence in the meeting will enrich the deliberations & help us in strengthening of routine immunisation programme to its fullest extent.

Chairman Burdwan Municipality

Memo No: - 222/1 (20) H/XII - 9

Date: - 25-03 - 2010

Copy forwarded to: -

- 1. The Sabhadhipati, Burdwan Zilla Parishad.
- 2. The Vice-Chairman, Burdwan Municipality.
- 3. The District Magistrate, Burdwan
- 4. The Addl. District Magistrate, Burdwan.
- 5. The Director, SUDA.
- 6. The Project Director, CMU (Change Management Unite).
- 7. The Principal, Burdwan Medical College.
- 8. The Project Director, SUDA.
- 9. The Chief Medical Officer of Health, Burdwan.
- 10. The Medical Superintendent cum V.P., B.M.C.H.
- 11. The Deputy Chief Medical Officer of Health III, Burdwan.
- 12. The District Maternity Child Health Officer (DMCHO).
- 13. The District Public Health Nursing Officer (D.P.H.N.O.).
- 14. The District Programme Officer (ICDS) (D.P.O.)
- 15. The Secretary, Indian Red Cross Society.
- 16. The Secretary Lions Club.
- 17. The Secretary, Tejgunj Welfare Society.
- 18. Health Officer, B.M.
- 19. Dr. G. Chakraborty, H.O., B.U.
- The Project Director West Bengal State Immunisation Support Cell Kolkata Medical College.

Chairman Burdwan Municipality

# Minutes of the meeting held on 5<sup>th</sup> March 2010 at HAU-VI regarding strengthening of Routine immunization:

A coordination meeting was held at HAU-VI with presence of District Extender of WBSISC, Health Officer Maheshtala Municipality, all FTS, HHWs of HAU VI, ICDS workers from different wards to discuss the modality for strengthening RI under the HAU VI. After deliberation with all stakeholders following decision was taken -

- 1. Henceforth the RI will be on fixed site and fixed days in a week. All outreached immunization sites has been discontinue from now onwards.
- There will be one fixed RI sites in all wards under HAU 6 which will function on every Wednesday from 12 noon to 3 PM. The list of the centre are as follows

SL NO	WARD NO	NAME OF THE CENTRE	NAME OF VACCINATOR
01	07	HAU-VI	Anima Mitra (1st & 3rd Wednesday)
02	07	HAU-VI	Uma Das (2 <sup>nd</sup> & 4 <sup>th</sup> Wednesday)
03	08	Lukhi Atheletic Club	Babunnessa
04	18	Udayan Sangha	Chayya Mandal
05	19	Municipal SC	Monika Maity
06	20	Bhatri Sangha	Sunanda Bhattacharjee (1 <sup>st</sup> & 3 <sup>rd</sup> Wednesday)
07	20	Udayan Club	Manjula Ghosh (2 <sup>nd</sup> & 4 <sup>th</sup> Wednesday)
08	21	Municipal SC	Minara Khatun

- 3. The vaccines will be supplied from Cold chain point to the HAU building on every Wednesday by 11.00 AM. It will be further distributed to respective RI sites through a designated health worker. Health officer will finalize the name of the person and it will be incorporate in the micro plan.
- Similarly after the end of the sessions all unused sealed vaccines, logistic will be returned back to the HAU-VI by 4.30 PM. It will be further transported back to CC point
- 5. It was decided that to start with each RI sites will get following vaccines on every Wednesday

BCG= 1 Vial, DPT=3 vial, HepB= 1 vial, Measles= 2 vial, OPV=  $\mathbf{2}$  vial, TT= 1 vial. AD syringes and disposable syringes= as per the scale, Immunization cards, cotton and other logistics.

- 6. The final report from the Municipality will be recorded in NRHM format (for PHC) to the district on a fixed day in every month.
- 7. The latest Immunization schedule has been shared with all participants. It is expected that it will followed without any deviation.
- 8. Municipality will place a demand for all UIP vaccines (including HepB) before the District on monthly basis. The district will supply the same subjected to availability.

- 9. For mobilization, The AWW will forward the beneficiaries to a fixed centre located in the same ward. AWW will ensure that all eligible beneficiaries will get vaccination in time. AWW will prepare separate records for the referred beneficiaries.
- 10. For Better coordination among all stakeholders, there will be regular monthly coordination meeting between health & ICDS at HAU-VI.
- 11. For transportation of Vaccines & logistics from HAU to Immunization Centre & Back an amount of Rs.50/- only will be given from KUSP/IPP-VIII fund.
- 12. The overall supervision will be done by the UHIO & AHO of the Municipality.
- 13. Regarding IEC the NGOs like Right Track/ENGIO will be requested to take active part.
- 14. The Councilor of above wards are requested to inaugerate the opening session at his ward along with all the members of the ward committee & influential person of the ward.

The programme will start from 7th April 2010. All are requested to participate.

Chairman Manestala Municipality

Memo no. 464 (25)/IVB/MM/24

date:- 23/3/10

### Copy forwarded to

- 1. The CMOH, South 24 PG
- 2. The DPO, South 24 PG
- 3. The Dy CMOH-III, South 24 PG
- 4. The DMCHO- South 24 PG
- 5. The DPHNO- South 24 PG
  6. The Project officer ( Health), SUDA
  - 7. The Project Manager & DE, WBSISC
  - 8. The CDPO- Mahestala Urban ICDS
  - 9. AHO, Maheshtala Municipality
  - 10. UHIO, Maheshtala Municipality
  - 11. The Councilors (ward-7,8,18,19,20,21) Maheshtala Municipally.
  - 12. Kaushik Kr bhandari, DE-WBSISC-SPG,
- 13. H. C. Maheshtala Municipality.
- 14. ALL F.T.S HAU-VI,

Chairman

Maheshtala Municipality

### Gangarampur Municipality

Gangarampur, Dakshin Dinajpur

Ref. No.

Date: 02/03/2010

To, The CMOH, Balurghat, Dakshin Dinajpur,

Through: - ACMOH (Gangarampur Sub-Division), Dakshin Dinajpur

Subject: Annual fund requirement for AVD Money

Sir.

The undersigned would like to inform you that the Annual Budget for requirement of Fund for AVD money of this Gangarampur Municipality, Dist. Dakshin Dinajpur is noted as follows:-

- Total No of R.I Centre (SHP):-4
- AVD Money Required per Session: Rupees- 50 (Van Fare)
- Total No of Session Held per Month 4 SHP\*4 Session = 16
- Total No of Annual Session: 16 Session \*12 Months = 192
- Annual Fund required for AVD 192 Session\* Rs-50 = Rs-9600 \*\*\*

Kindly take necessary action for release of fund for AVD (Alternative Vaccine Delivery) Money as early as possible for smooth running of this Routine Immunization Programme.

Thanking you, Yours faithfully,

Chairman

Gangarampur Municipality Gangarampur, D.Dinajpur

Copy to: 1256/1 (08)/10-11 Md. 02/03/10

1. Dr. Shibani Goswami, SUDA, Kolkata,

- 2. Project Director & HOD, WBSISC, Medical College, Kolkata,
- 3. Project Manager, WBSISC, Medical College, Kolkata,
- 4. Dy. CMOH-III, Dakshin Dinajpur,
- 5. DMCHO, Dakshin Dinajpur,
- 6. DPHNO, Dakshin Dinajpur,
- 7. Supdt. of Gangarampur SDH, Dakshin Dinajpur,
- 8. District Extender, WBSISC, Dakshin Dinajpur.

Chairman

Gangarampur Municipality Gangarampur, D.Dinajpur To The CMOH Dakshin Dinajpur District

Sub: Monthly requirement of vaccines for Strengthening Routine Immunization at Gangarampurr Municipality,

Sir,

Recently Health Dept. of Gangarampur Municipality reviewed the Routine Immunization activities with all Municipal Health staff. WBSISC was present to provide technical support. Superintendent of Gangarampur SDH and other staffs of PP Unit & BPHN, PHN were also present. It was decided that from 3<sup>rd</sup> week of March 2010, we will expand the coverage area. Accordingly all Wednesday, the RI activities will be conducted at 04 RI centre in different municipal wards. The micro plan has been prepared and shared with MO PP unit also.

Municipality will collect vaccines and logistic from PP unit of the district Hospital on the day of the immunization Session. The requirement of vaccines (in vials) on monthly basis will be as under:

TT= 16 Vial, BCG= 16 Vial, DPT= 16 Vial, OPV= 16 Vial, Hep-B= 16 Vial, Measles= 16 Vial, DT= 16 Vial, 0.1ml AD syringes= 176 Pcs, 0.5ml AD Syringes= 800 Pcs, 5ml Disposable Syringes= 36 Pcs, Blank immunization cards= 240 Pcs NRHM PHC reporting format = 12.

The Municipality will send consolidated monthly report to PP unit for district compilation. It is requested that necessary approval may kindly be accorded to Municipality for the drawing above quantity of vaccines.

Thanking You,

Yours faithfully

Dr. P. C. Basak, Health Officer, Gangarampur Municipality Dakshin Dinajpur District

### Copy to

- 1. The Dy CMOH-III / DMCHO / DPHNO- Dakshin Dinajpur
- The ACMOH ( Gangarampur), Dakshin Dinajpur,
   The Project Officer ( Health ), SUDA, Kolkata,
- 4. The Project Director, WBSISC, Medical College, Kolkata,
- 5. The Project Manager, WBSISC, Medical College, Kolkata,
- 6. Supdt. Gangarampur SDH, Dakshin Dinajpur,
- 7. PHN, Gangarampur PP Unit, Dakshin Dinajpur,
- 8. District Extender, WBSISC, Dakshin Dinajpur

Dr. P. C. mary

Dr. P. C. Basak, Health Officer, Gangarampur Municipality Dakshin Dinajpur District

# Inbox Fwd: Bangla Immunization Schedule, Weekly reporting format( Bothside) for SUDA

Saumendra Nath Bagchi to me, DE

show details Feb 27 (2 days ago)

Reply

Dear madam

Forwarded message

najumder@gmail.com> From: Sasanka Majumder <sa

Date: Sat, Feb 27, 2010 at 8:30 AM

Subject: Bangla Immunization Schedule, Weekly reporting format( Bothside) for SUDA To: Saumendra Nath Bagchi <saumenbagchi@gmail.com>

Dear Sir,

I am sending you Bangla Immunization Schedule, Weekly reporting format ( Bothside) for SUDA. Please find the attached file.

alternet mail id= saumenbagchi@yahoo.co.in Cell No 91+9836030302 Saumendra N Bagchi Warm Regards

3 attachments - Download all attachments

Weekly reporting format.xls
26K View as HTML Open as

Open as a Google spreadsheet Download

Weekly Reorting Format-Backside- Bangla.doc

Download 26K View as HTML Open as a Google document

Bangla Schedule.xis 21K View as HTML

Open as a Google spreadsheet Download

### **Weekly Immunization Report**

ard No	):		Organization	Name			Zone/Pro	ject	
SI No.	Vaccii	nes	Numbers Reported	Total	SI No.	Vacc	ines	Numbers Reported	Total
1	TTI	1			40	DPT-B	Male		
2	TT2	2			18	ם-ויש	Female		
3	TT-I	В			19	OPV-B	Male		
					19	OFV-B	Female		
4	BCG	Male			20	MR	Male		
4	BCG	Female			20	PIK	Female		
-	DDT 4	Male		- N. P					
5	DPT-1	Female							
	DOT 3	Male		7 10 10 10	21	DPT	Male		Cellis .
6	DPT-2	Female			21	at 5 Yrs	Female		
		Male			22	TT-10 Yrs	Male		
7	DPT-3	Female			22	11-10 115	Female		
	OPV-0	Male			22	TT 16 Vec	Male		
8	(Birth Dose)	Female			23	TT-16 Yrs	Female		
		Male					00		
9	OPV-1	Female							
	ODV 2	Male			7.4	244.2	Male		
10	OPV-2	Female			24	VA-2	Female		
12/12/		Male			25	WA 2	Male		
11	OPV-3	Female			25	VA-3	Female		
724	Нер В	Male			26	V/A 4	Male		
12	(Birth Dose)	Female			26	VA-4	Female		
11_		Male			27	WA E	Male		
13	Hep B-1	Female			27	VA-5	Female		
		Male			20	VI 6	Male		
14	Hep B-2	Female			28	VA-6	Female		
		Male					Male		
15	Hep B -3	Female			29	VA-7	Female	25-51	
	Male				110.0	Male		N'	
16	Measles	Female		- P	30	VA-8	Female		
		Male				145.0	Male		
17	VA-1	Female			31	VA-9	Female		
						1		1	-
	FULL TN	MIIM	IZATIO	N	Male				
					Female				

Signature of Centre incharge with date

<sup>\*</sup> to be filled up by all agencies conducting Weekly RI, centre wise

টিকাকরন কর্মসূচী

জাতীয় টিকাকরন কর্মুচীর তালিকা, শিশু ও গর্ভবতী মা-এর জন্য

প্রতিক্ষেক চিকা	কোন বয়সে দিতে হবে	यादि	ভেজি / মাজা	ক্ট (কিভাবে)	الجه (حدمام)
		शल्यली	মা-এর জন্য		
~ <u>49</u>	গৰ্ভাবন্তার প্রথম দিকে	গর্ভাবছার ৩৬ সপ্তাহের আগে	०.৫ मिल	ইন্টারমাসকুলার (মাংশশেশীর ভিতর)	বাছ্র উপর
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চিটি-বুস্টার	শেষ টিটি ইন্ডেকশান নেওয়ার পর ত বছরের মধ্যে গভবতী হলে	গর্ভাবছায় ৩৬ সন্তাহের আলে	०.৫ मिल	ইন্টারমাসকুলার (মাংশশেশীর ভিতর)	বছির উপর
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6 William 0	कर्त्यात महत्व महत्व	১৫ দিন বয়স পর্যন্ত	原之《	मूल थाउग्नाना	N. N.
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ত ১২.৫	৬সন্তাহে, ১০সন্তাহে, ১৪ সন্তাহে	২৪ মাস ব্যাস পর্যন্ত	०.৫ मिन	ইন্টারমাসকুলার (যাংশসেশীর ভিতর)	উক্/কশার মাঝামাঝি বাহ্রিরর দিকে
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হেশটিইটিস-বি-১,২,৩	७मस्ताह, ३०मसाह, ३८ मसाह	১ বছর বয়স পর্যন্ত	০.৫ মিলি	ইন্টারমাসকুলার (মাংশপেশীর ভিতর)	উক্ৰ'ন্ধৰ্মার মাঝামাঝি বাহিন্তর দিকে
হুটাম	১ মাস ব্যাস	৫ বছর বয়স পর্যন্ত	०.৫ मिनि	সাবকিউটেলিয়াস (চামড়ার নিচে )	ডান বাছর উপর
ভিটামিন-এ (১ নং ভোজ)	১ মাসে হামের টিকার সাথে	৫ বছর বয়স পর্যন্ত	১ মিলি (১ লক্ষ আই .ইউ.)	মুখে খাওয়ালো	200
		শিশুর	अत्र ष्टिना		
মার্কিছ-বুন্টার	४५-५८ मदिन	২৪ মাস বয়স পর্যন্ত	०.७ मिलि	ইশ্টারমাসকুলার (মাংশগেশীর ডিডর)	উক্ন/জন্মার মাঝামাঝি বাহিরের দিকে
ধশিভি-বৃশ্টার	১৬-২৪ মাসে	ে বছর বয়স পর্বন্ত	× 1241	भूटच चाउद्रात्ना	P. Company
ভিটামিন-এ(২-৯ মাত্রা)	১৬-২৪ মাসে ডিপিটি/ওপিভি বুন্টারের সাথে, ২৪মাসে, ৩০মাসে, ৩৬মাসে, ৪২ মাসে, ৪৮ মাসে, ৫৪ মাসে, ৬০ মাসে	র ৫ বছরে বয়স শর্মন্থ	২ মিল (২ লক্ষ আই ইউ)	মুখে শাওয়ানো	r. Re
ভিটি- বৃস্টার	८ वयान	৬ বছর বয়স পর্যন্ত	०.৫ मिल	ইন্টারমাসকুলার (মাংশপেশীর ভিতর)	বাছর উপর
September 1	১০ বছর ও ১৬ বছর	১৬ বছর বয়স পর্বন্ধ	०.६ मिलि	ইশ্টারমাসকুলার (মাংশপেশীর ভিতর)	বাছ্র উপর

### GOVERNMENT OF WEST BENGAL

OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH DISTRICT FAMILY WELFARE BUREAU

<u>BURDWAN</u>

Memo No. .... 9.87. /DFWB

Dated, Burdwan, the 08/01/2010

### ORDER

Sri Mir Rafikul, D.E, Unicef, Burdwan will move with DPHNO, Burdwan on 10.01.2010 for Pulse Polio Immunization Programme.

S & /Dy. Chief Medical Officer of Health – III
Burdwan

1. Smt. Mahamaya Sanyal, DPHNO, Burdwan.

2. Sri Mir Rafikul, D.E., Unicef, Burdwan.

Dy. Chief Medical Officer of Health – III B u r d w a n

### Details of ULB Data

		1	2	3	4	5	6	7
SI. Io.	Subject	Jangipur M/ Jangipur P.P unit	Beldanga M	Berhampore M/ Berhampore P.P unit	Jiaganj-Azimganj M	Murshidabad M/ Lalbagh P.P unit	Kandi M/ Kandi P.P unit	Dhuliyan M
1	Projected Population	73357	26869	148017	45536	38181	15460	80531
2	(SUDA 2006) 0-1 yrs Child	968	355	1954	601	504	600	1063
3	P.W	1065	390	2149	661	554	660	1169
4	Total No of Ward	20	14	25	17	16	17	19
5	Total No of F.T.S	(4)	(3)	(8)	(3)	unknown	4	5
6	Total No of HHW	20	14	48	17	16	17	19
7	Total No of F.T.S Trained	4	3	8	4	0	0	0
8	Total No of R.I site (at	4	3	8	4	unknown	4	5
9	Total No of the R.I Session Conducted at each sight in	2 session in every month at Two centre(SHP) and 1 session in every month at others 2 centre + P.P unit	1 session at each centre in every week.+ Beldanga RH (only BCG)	1 session at each (8) centre in every Month.+ P.P unit	1 session in every month at 3 centre and 2 session in every month at 1 centre. + BPHC S/C	Only P.P unit	Only P.P	1 Session in every week at BPHC Centre held by Only N.G.O
	Site - 1	2 session in every month	1 session in every week		1 session in every month	Alı Day	All Day	Only Wed
	Site - 2	1 session in every month	1 session in every week	1 session in every month	1 session in every month			H S
	Site - 3	2 session in every month	session in ery week		1 session in every, month			
	Site - 4	1 session in every month		1 se sion in every month	2 session in every month			
	Site - 5			1 session in every month				
	Site - 6			1 session in every month				
	Site - 7			1 session in every month	3			
	Site - 8			1 session in every month				
1	0 Status of Cold Chain							
	ILR (Available)	1 Domestic Refrigerator	Nil.	Nil	Nil	Nil	Nil	Nil
	D.F (Available)	0	0		0	0	0	
1	1 Status of P.P unit	Jangipur P.P unit	Nil	Bernampore P.P unit	Nil	Lalbagh P.P unit	Kandi P.F unit	Nil
	12 Coverage Analysis (April 0 to Oct 09)  BCG	2693 (278.20	i1164 (327.89	7715 (394.83)	4 (only SHP), BPHC S/C Dat		(90.33)	641(60.30)
	DPT 1st	770 (79.55	81 (22.8)	2) 1540 (78.81	43 (7.15)	67 (13.29)	118 (19.67)	396 (37.25
	OPV 1st	770 (79.55	81 (22.8)	2) 1540 (78.8	41 (6.82)	67 (13.21)	118 (19.67)	
	Measles	717 (74.07	) 86 (24.2	3) 1410 (72.1)	7 (1.16)	72 (14.29)	105 (17.50)	573 (53.90
1	Vit A 1st	717 (74.07	) 86 (24.2	3) 1491 (76.3	1) 16 (2.66)	NA	NA	807 (75.92



### KOLKATA URBAN SERVICES FOR THE POOR CHANGE MANAGEMENT UNIT

Memo No. .. CMU-94/2003(Pt. VII)/ 2457

Dt. .. 31.12.2009

01-01-2010

From: Dr. Kallol Kr. Mukherjee

Project Manager, CMU

To: The Chairman

Berhampore Municipality

P.O.- Berhampore, Dist.- Murshidabad,

PIN - 742 101.

Sub.: Review of Routine Immunisation activities in Urban areas of Murshidabad District.

or Murshidadad District

Sir,

You may be aware that a meeting is scheduled at District Health & Family Welfare Samity meeting Hall (attached to CMOH Bunglow) on 5<sup>th</sup> January, 2010 at 1.00 p.m. to review Routine Immunisation activities in the Urban areas of Murshidabad District.

You are requested to instruct your office to make necessary arrangement for providing working tiffin & tea for 96 nos. of participants @ Rs. 35/- per head. Thus the total expenditure of Rs. 3,360/- (Three thousand three hundred sixty) only may be borne out of KUSP fund available with you. The Expenditure is to be booked under the A/C head "SHS – RI" and SOE be submitted through Accounting Support Agency.

Thanking you.

Yours faithfully,

Project Manager, CMU

Copy forwarded to:

1. Accounts Officer, CMU

2. Accounting Support Agency

Project Manager, CMU

### GOVERNMENT OF WEST BENGAL OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH MURSHIDABAD.

Memo no. ... 8638 (43)

Dated, the Berhampore 24.12/2009

To.

Dr. S. Goswami, Project Officer (H), SUDA, Kolkata

The Project Manager, WBSISC, Medical College, Kolkata.

The S.M.O, WHO-NPSP, Murshidabad.

The ACMOH, Jangipur/Lalbagh/Berhampore/Kandi- Subdivision.

The Chairman, Dhuliyan/Jangipur/Jiaganj-Ajimganj/Murshidabad/Berhampore/Beldanga/Kandi-

Municipality.

Health Officer/Asst. Health officer, Dhuliyan/Jangipur/Jiaganj-Ajimganj/Murshidabad/

Berhampore/Beldanga/ Kandi- Municipality.

C.D.O, Dhuliyan/Jangipur/Jiaganj-Ajimganj/Murshidabad/Berhampore/Beldanga/ Kandi- Municipality.

M.O.I.C- Beldanga RH

The BMOH- Anupnagar/Jiaganj-,

- BPHC/RH

The M.O P.P unit, Jangipur/Lalbagh/Berhampore and Kandi P.P unit.

The Principle, N.T.S- Murshidabad.

The District Extender, WBSISC, CMOH office, Murshidabad.

BPHN/PHN- Anupnagar BPHC/Jiaganj-

-RH/Jangipur/Lalbagh/Berhampore/Kandi- P.P unit.

### Sub: - Review of Routine Immunization activities in urban areas of Murshidabad district and fourth coming IPPI Round

Dear Sir/Madam

While reviewing the R.I activities in urban areas it has been found that the coverage of different antigen are very low and many of the under served and marginalised population are remain un covered. To strengthen the R.I in urban areas the concerned ULBs need to take a pro active role and they must improve the R.I coverage in there jurisdiction the P.P unit located at ULBs can not covered the whole population. Ward based R.I centre need to open to cover the vast left out population.

It has been observed that with the support of SUDA (H), WBSISC, N.T.S-Murshidabad and Dist. family welfare Dept. a good no of F.T.S were recently trained on skill development training of Immunization. These newly trained F.T.S can be effectively utilised to strengthen the R.I in ULBs.

In this connection, a review meeting of R.I in ULBs will be organised on 5<sup>th</sup> Jan-2010 at 1 pm at District health and family welfare samity meeting hall (Attached CMOH Bung low).

This meeting will also discuss the preparing of the fourth coming IPPI Round in ULBs.

You are here by request to attend the meeting and share your valuable suggestion in the subject. Thanking You

F)

Chief Medical Officer of Healt

Memo no....8638(4.3) (15)

Dated, the Berhampore 24 1.2/20

Copy forwarded for information and necessary action to:-

- 1. The Sabhadhipati, Murshidabad Zilla Parishad.
- 2. The District Magistrate, Murshidabad.
- 3. The Addl. District Magistrate (Dev./Health), Murshidabad.
- 4. SFWO and Jt. DHS FW, Govt. of W.B.
- 5. ADHS, EPI Govt. of W.B
- 6. The director SUDA, Govt. of W.B
- 7. The Project Director and Project Manager, C.M.U
- 8. Project Director WBSISC, Medical College, Kolkata.
- 9. Internal- Dy CMOH- I/II/III, DMCHO/DPHNO/DTO/ZLO- Murshidabad- You are requested to attend the meeting.

Chief Medical Officer of Health Murshidabad.

### Inbox X Fwd: ULB RI meeting- Jan 2010

Saumendra Nath Bagchi to me, samir

show details Dec 24 (5 days ago)

Reply

Dear madam,

as discussed, the invitation from CMOH is enclosed. kindly ensure that participation of Chairman and HO in the meeting to resolve invitee list to ensure future training of FTS. I will share the detail coverage data of ULB with you for your understanding the current the bottleneck. this can be an excellent platform to discuss vaccines/ cold chain/ reporting issue. The principal NTS name in the

I would like to thank you for your initiatives.

--- Forwarded message --

From: Samaun Hoque <samaun\_hoque@rediffmail.com>

Date: Thu, Dec 24, 2009 at 3:47 PM

Subject: Review of R.I in urban areas of Msd. district

To: saumenbagchi@gmail.com, saumenbagchi@yahoo.co.in Cc: pol\_das@yahoo.co.in, pradipta01\_saha@rediffmail.com, ghosh.00@gmail.com

Dear sir.

Please find the attached file for CMOH letter on urban meeting.

Thanking you

make //// trip lestive Airfare offers! Search Lowest Fares.

Bangalore - Mumbai - 3,331

alternet mail id= saumenbagchi@yahoo.co.in Cell No 91+9836030302 Saumendra N Bagchi Warm Regards

CMOH\_Letter\_on\_R.I\_Meeting.zip 1722K\_Download

12/29/2009

### Review of Routine Immunization activities in urban areas of Murshidabad District and forth coming IPPI Round.

### Agenda of the Meeting

Inaugural speech

: - CMOH, Murshidabad.

• R.I Status of ULBs

: - PPT by WBSISC

Support on SUDA on R.I

: - Dr. S. Goswami(SUDA)

• Current Status on R.I in ULBs

: - Health Officers of ULBs, BMOH/M.Os,

BPHN/PHN

• Discussion on Important of R.I

: - All Participants.

• Issue on Vaccine Supply to ULBs

: - Dy-CMOH III, DPHNO etc.

Preparation of IPPI Round

: - SMO-WHO-Murshidabad.

• Final Conclusion :-

Vote of Thanks

Phone: 255346 FAX: 255257

Office of the

### DIAMOND HARBOUR

Diamond Harbour, South 24 Parganas

DIAM

To

The Chief Medical Officer Of Health, (South 24- Parganas) Tollygaunge, Bangur. Kolkata-33

Estd-1979

Sub:- Prayer for supplying Immunization Vaccine necessary equipments.

Sir.

I have the honour to inform you that Immunizaion Tranning Programme is going on at Diamond Harbour S.D. Hospital. Four F.T.S. of our Municipality are taking the tranning and it will be completed on 24-12-2009.

I am eagerly intersted to start the Immunization in our four Sub-Centres as early as possible. I would, therefore, request you kindly to make an arrangement to supply the vaccines, refrigerator, I.L.R., Vaccine carrier & other necessary equipments.

Thanking you,

Yours faithfully,

Diamond Harbour Municipality

Diamond Harbour Municipality South 24 Parganas

Memo no Health/care A-713(3) dt...

Copy forwarded to :-

01. The Deputy C.M.O.H.- III, South 24- Pgs.

02. The Deputy C.M.O.H.- II, South 24- Pgs.

.03. The Project Director, SUDA, Illgus Bhavan, Salt Lake.

04. The A.C.M.O.H.-Diamond Harbour, South 24-Pgs.

05. The Superintendent, D.H. S.D. Hospital. South 24-Pgs.

Chairman

Diamond Harbour Municipality.

Chairman Diamond Harbour Municipality South 24 Parganas

### Discussion points and issue of necessary order from SUDA

 All ULB RI activities will be fixed day( Wednesday) and fixed sites( at least one/ ward to start with )

2. The frequency of the session may be every Wednesday ( preferably) or once in 15

day ( 1<sup>st</sup> & 3<sup>rd</sup> Wednesday)

3. All trained FTS will act as vaccinator- one/ ward

4. All other FTS/HWW who is presently giving vaccination may be utilized in other wards where trained FTS vaccinator is not available.

Vaccination done by PP unit, NGO, Urban ICDS, central agencies etc will also follow the same principle. The location of RI sites for this org will have to incorporate in

ULB microplan ( stand alone service should be discourage)

6. Vaccines supply may be from ULB ( if at least one functional ILR &DF available) to all units except PP unit or from two sources ( one is ULB and other is PP unit). A good coordination with Dy CMOH-III, MO PP unit is essential

7. For transporting vaccines to the session sites, ULB may consider following options

Option A- vaccines transport at the RI sites by ULB through vehicle

Option- B- one designated person for each RI site will collect vaccines on Wednesday

8. Fund requirement for vaccines transportation may be met from ULB concern at the beginning. Later on ULB may submit a consolidated funding requirement to the Dy CMOH III( through concerned ACMOH) mentioning Govt order under hired vaccinator ( SUDA may share the Govt order. The calculation of funding requirement will be @ Rs 50/ centre / frequency of monthly session x 12 month

9. The scale of supply of vaccines may be fixed without considering the ward wise target or only BPL target. Urban immunization needs consolidated planning as the

catchments area/ beneficiaries for each wards are always overlapping.

10. For analysis of the % of coverage, first total population of ULB (for current year) should be multiply with urban birth rate (as per SRS2009). The coverage of every organization (including PP unit) should be added to find out total coverage of the ULB. The ratio of total coverage with target will give % of coverage.

11.ULB must follow UIP schedule. Similarly all available vaccines should be given to

beneficiaries (including HepB)

12. As far as possible ULB should discourage vaccination by private doctor/ pediatrician who are receiving vaccines from Govt. If ULB organized ward based immunization sites, such requirement will become minimal.

13. ULB should involved urban ICDS to mobilize the beneficiaries to the fixed sites. To do so, a coordination meeting should be organized with ICDS workers, supervisors,

CDPO and list of all RI sites must be shared with ICDS workers.

14.ULB may consider supplying referral slip to ICDS workers who will issue to the beneficiaries to attend the RI sites. The RI sites will keep the referral slip. It will help them to evaluate the strength of referral mechanism by ICDS

15. Finally ULB must compile consolidate RI coverage report from all stake holder who are taking vaccines from ULB cold chain point to the District/ PP unit under NRHM format ( PHC reporting format) on fixed day following month. A copy of the report will be send to SUDA (H) also.

WAN

ULB should take a proactive role in strengthening urban RI. It is the responsibility for ULB to provide quality RI service to all people under the ULB. PP unit or other agencies are helping ULB to enhance coverage. But they can not function independently without the knowledge of ULB

1000

DHFLE may 18800 Streeters. Light copy

Attention Dr. Wowen

### GOVERNMENT OF WEST BENGAL OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH DISTRICT FAMILY WELFARE BUREAU BURDWAN

Memo No. - DFWB/ 723

Dated, Burdwan, the 19, 12 /2008

To

1. The Director Medical & HS, ISP, SAIL Hospital, Burnpur

2. The CMS, Saktoria Eastern Cold Field Limited Hospital, Dishergarh,

3. The CMS, KG Hospital, (CLW), Chittaranjan.

4. The Medical Superintend, DTPS Hospital, DVC, Durgapur

5. The CMS, DPL Hospital, Durgapur-2

6. The CMO, Eastern Railway Divisional Hospital, Asansol

The Director Medical & Health Services, DSP Hospital, Durgapur
 The Secretary IRCS / LIONS CLUB / ROTARY CLUB, Assassi

9. The Secretary IRCS / LIONS CLUB / ROTARY CLUB, Durgapur

### Sub: Routine Immunization Guidelines

### Dear Sir / Madam.

! would like to thank you for sending your Medical Officers and other staff for Routine immunization training of trainers at Asansol which was held on 16-12-2008 & 17-12-2008 at Asansol Municipal Corporation conference Hall. I do hope after the training Programme the RI activities will be more streamlined. However during interaction with participants, it has been found that there are some gaps in conducting RI in your organization. I would like to share the State and National guidelines, so that necessary actions can be taken at your end.

- 1, Currently, State Health & FW Dept. do not allow domestic refrigerator in keeping vaccines for the sake of vaccines potency. Kindly discontinue the use of domestic refrigerator.
- Those organizations that require bulk vaccines for coverage of huge number of infants and
  conducting RI on all working days should use ILR for keeping vaccines. The ILR will be
  supplied by the State Health & FW Dept. as per availability. Kindly discuss the issue with
  ACMOH Asansol / Durgapur and place the demand at ACMOH office.
- 3. Those organizations who will conduct RI once in a week, must conduct RI on Wednesday only to keep parity with the National immunization day. In such situation, vaccines can be taken from nearest BPHC/vaccine storage point on the day of immunization in vaccines carrier by the concerned organization. Kindly discuss the issue with the ACMOH & BMOH concerned and finalize the vaccine-lifting plan.
- 4. Immunization activities must be carried out by Auto Disposable syringes (ADS), which will be supplied from the concerned Block / ACMOH office. Similarly for reconstitution of BCG and measles vaccines, separate 5ml disposable syringes must be used which will again be supplied along with vaccines.
- Currently many organizations fixed different days for different vaccines. The guideline says all vaccines must be available on all vaccination days. Kindly reorganize the activities accordingly.

- The frequency of RI sessions should be based on a rational Microplan based on estimated number of beneficiaries at the session site. This has been discussed in detail in the TOT and National guidelines in this issue may kindly be followed.
- 7. The dose, route, site and the schedule must be maintained as per National guidelines, which were shared with all participants during the training.
- 8. All agencies must use Gol Universal immunization cards for all beneficiaries, which will be supplied by the District along with the vaccines. No other Immunization card will be allowed. However all organization may use rubber stamp of their organization on the cards.
- 9. Kindly ensure that ACMOH Asanaol & Durgapur is consulted on regular basis to get updated on technical issues and other administrative issues. It will improve the quality immunization activities throughout the District.

Thanking you,

Dy Chief Medical Offic Burdwan

Yours faithfully

Chief Medical Officer of Health Burdwan

Memo No. - DFWB/ 723/(11)

Copy forwarded for Information and take necessary action :-

- 1. The Commissioner FW & Special Secretary, Govt of West Bengal
- 2. The SFWO & Jt DHS, FW, Govt of West Bengal
- 3. The ADHS EPI, Govt of West Bengal
- 4. The CMS, ECL, Saktoria
- 5. The GM, CLW, Chittaranjan
- 6. The DHS, DVC Tower, Kolkata-700054
- 7. The DDPH, DVC, Panchet
- 8. The ACMOH, Assensol & Durgapur Sub-division. You are requested to organize meeting with concern organization to streamline the issue.
- 9. The BMOH, ---
- 10. The Project Director, WBSISC, Medical College, Kolkata
- 11. The District Extender, WBSISC, Bardwan and Asansol. They are requested to assist the ACMOH concern for resolving above issues.

Dy Chief Medical Office

Burdwan

Chief Medical Officer of Hea

Burdwan



### KOLKATA URBAN SERVICES FOR THE POOR MANAGEMENT CHANGE

Memo No. .. CMU-94/2003(Pt. VII)/ 2336

Dt. .. 18,12,2009

From: Dr. Kallol Kr. Mukherjee

Project Manager, CMU

To

: The Chairman

Berhampore Municipality

Sub.: Visit of Dr. Shibani Goswami, Health Expert, CMU on 22.12.2009.

Sir,

This is to intimate you that Dr. Shibani Goswami, Health Expert, CMU will reach to Berhampore Municipality on 22.12.2009 by Bhagiratrhi Express. She will travel to Dhulian Municipality on 23.12.2009 in early morning and will back to your Municipality in the afternoon to discuss microplanning on Routine Immunisation with your Health Cell. She will return to Kolkata By Hazarduari Express on 23.12.2009.

You are requested to make necessary arrangement for her transport on 22& 23.12.2009 and fooding and lodging. The expenditure for the purpose may be met out KUSP fund available with you and to be booked under the A/C head "SHS".

Thanking you.

Yours faithfully,

Project Manager, CMU

Memo No. .. CMU-94/2003(Pt. VII)/ 2336(2)

Dt. .. 18.12.2009

CC

1. The Project Director, CMU

2. Accounting Support Agency

Project Manager, CMU

Memo No. .. CMU-94/2003(Pt. VII)/ 2336/1(1)

Dt. .. 18.12.2009

CC

Chairman, Dhulian Municipality - the visit of Health Expert, CMU in connection with to explore action regarding strengthening of Health services particularly with regard to Biri Workers. She will meet you, Health Officer, Health Workers, CDS members, will visit Sub-Centres and will have dialogue with the Community. You are requested to arrange for the same.

Project Manager, CMU

### Report on visit to Dhuliyan Municipality

As per instruction of Secretary, Dept. of Municipal Affairs vide no. 1152/1(6)-S/09 dt. 14.11.2009, the undersigned visited Dhuliyan Municipality on 23.12.2009.

The undersigned met the Chairman, staff of M & S Cell, HHWs and discussed on Health programmes, visited all the five Sub-Centres, talked with bidi workers in five slums.

The following discussions were held and actions / decisions arrived at :

Items of discussion	Actions/ Decisions arrived at
General Treatment Clinic Though five Sub—Centres have been identified but not yet made functional. To run one General Treatment clinic per week per SC, it needs more than one doctor (other than Health Officer) in position. The ULB is entitled to get one Medical Officer as per guideline in addition to Health Officer. The ULB could not yet engage MO as it is felt that the remuneration is low to get a doctor.	However, the ULB would put all out efforts to engage MO by 1 <sup>st</sup> week of January, 2010.  Health Officer will prepare and send date-wise clinic schedule for all the five Sub-Centres to SUDA by 04.01.2010
Immunisation Clinic One BPHC of Health Department is functioning within the Municipal area where one Immunisation clinic is being held once in a week, this service could not be availed by the total population of the ULB due to distant location. Routine Immunisation Clinic from Sub-Centres could not be started by the ULB as there is need for hiring services of vaccinator, which is not available in the town.	The ULB would put all out efforts to identify and hire service of at least one vaccinator by 1 <sup>st</sup> week of January, 2010  Alternative approach would be explored to impart hands-on training of 25 days duration to the FTSs at Nursing Training School, Murshidabad to create vaccinators. This is likely to take 3-6 months more.
Supply of Logistics The ULB at present not getting logistics i.e. vaccines, IFA, Oral Pill, Condom, Vit A in Oil etc. from CMOH through the BPHC. There is a gap in between District Health Office and the ULB	Met and discussed with the CMOH and Dy. CMOH III, Murshidabad in the said issue. It is resolved that CMOH will call a meeting on 05.01.2010 with all the ULBs of the District to discuss gaps and solutions with regard to Routine Immunisation and ULB wise problems in getting supply of logistics towards implementation of Health programmes
Need for minor renovational works for existing Sub-Centres  Three Sub-Centres out of five require minor renovational works like, fittings of light, fan, toilet etc. without which rendering of clinic services would be a constraint one.  But, at present there is short of fund as released by DHFW to address this issue.	The Chairman may be asked to put a proposal with estimation. The Department may decide the source of funding.

Items of discussion	Actions/ Decisions arrived at
Need for provision of additional outreach service to the population  Health services could be provided to the population of Ward no. 1, 11, 12& 14 more effectively by establishing three more outreach service centres.	This activity could be undertaken through Innovative Challenge fund of CMU. One representative of Access accompanied the undersigned during the visit to Dhuliyan Municipality- CDS of the ULB has been asked to prepare and submit proposal in consultation with Health, SUDA.
Training Needs The existing HHWs need re-training to update the RCH, Immunisatiom, National Health Programmes etc.	Training of Health functionaries on Routine Immunisation will be conducted by District Extender of WBSISC on 19.01.2010.  Other training for HHWs, and staff of M & S Cell will be imparted by Health Wing, SUDA on convenient dates after consultation with the ULB.
On job training of HHWs selected for the post of FTSs	Training will be imparted by Health SUDA during 04 – 08 January, 2010
Visit to Slums and interaction with bidi workers Health of not only bidi workers but also other family members particularly children needs special attention including sanitation.	-This could be achieved through rendering clinic services from the five Sub-Centre with immediate effect from January, 2010.  -Moreover this would be more intensified after establishment of three more out reach service centes through ICF  -Repeated Awareness programmes are to be organised  -Linkage with District TB Control Programme would be strengthened through CMOH,  Murshidabad- this issue was discussed with him.

Phone No. 0342-2250825/942 nail: memarimunicipality@gmail.com memari.cbphcs@gmail.com

### to conduct MEMARI JNICIPALITY P.O. Memari, Dist. Burdwan

Memo No: 46/CBPHC-8

Date: 17/12/09

The Director (Health)

SUDA (HEALTH WING)
ILGUS BHAVAN, H. C. BLOCK,
SECTOR-III, BIDHANNAGHR
Sub:-Implementation of Routine Immunization Scheme.

Ref: - Memo. No. CMU-94/2003 (Pt. VII)/3973(31), Dt. 20.03.2009 and Memo. No. CMU-94/2003(Pt.VII)/4039(31), Dt. 26/30.03.2009,

Sir/Madam,

We are willing to start immunization programme in our subcenter immediately .Though it was proposed previously for a Training of Health Workers to be held vide your above mentioned Memo, no training programme has yet been arranged. We also sent a list of F.T.S. candidates for the proposed training vide letter Memo. No. 17/CBPHC-8, Dt. 06.04.2009.

Under this circumstances, for arranging the immunization programme in the sub-centers, either the FTSs are to be trained urgently or, any other trained person are to be managed from outside.

Your kind suggestion regarding the above is highly solicited to start our immunization programme immediately.

Thanking you,

Yours faithfully

hairman/Vice-Chairman Memari Municipality

12/16/2009

### X xoquI Some correspondance regrding murshidabad UIBs

Palash Das to me, soumen

show details 11:51 AM (56 minutes ago)

Reply

Respected Madam

As per direction of our Project Manager (Dr. SN. Bagchi, WBSISC) I M sending herewith some correspondence to your kind favour. PIs find the attachment.

Palash Das Computer & Office Assistant WBSISC, Medical College Phone- 9434828777

### WEST BENGAL STATE IMMUNIZATION SUPPORT CELL **Department of Community Medicine** Medical College, Kolkata

No./2009/63

Date: 12th December, 2009

### Visit note for Baharampur Municipality to review the Routine immunization programme.

The person meet- The Councilor ( Health), Baharampur Municipality, Health Officer, CDO, FTS, ANMs, Computer Assistant.

Training= 8 FTS had undergone skill development training. The ANM attached with ULB also act as vaccinator.

Current situation: total wards 25. RI centre in 8 wards. Frequency of sessions= once in a month for 7 wards, twice in a month for one ward. The ULB coverage is low, PP unit supply Vaccines on the day of immunization. ULB using vehicle for collection of vaccines.

Suggestive action for increasing RI coverage

- 1. To cover maximum geographical area, ULB should expand the RI centre to 11 and increase frequency, at least twice in a month may be 1st & 3rd Wednesday.
- 2. The wards where no SHP, ULB should identify suitable location either in dub or any Govt building to start RI activities. No centre should be planed in ward where PP unit is located( to prevent duplication).
- 3. Total 11 vaccinators (8trained FTS + 3 ANMs) can be utilized as vaccinator. Two HHW may be depute to each
- RI centre for assistance during RI 4. WBSISC will provide technical support for preparation of microplan, vaccines requirement plan, vaccines distribution plan, IEC & Social mobilization plan, finalization of reporting structure (who will report to whom) and some technical issue. To do so, ULB can organize one day orientation for all staff.
- 5. The final microplan may be submitted by the HO to Chairman for approval before initiating the programme. A copy of the MP may be shared with SUDA (H), WBSISC, CMOH, PP unit.
- 6. The monthly consolidated coverage report may be submitted to District & SUDA on NRHM format.
- 7. The PHN may be given responsibility for day to day supervision, and HO, CDO may provide necessary
- 8. ULB may engage vehicle and one or two link person to collect, distribute, return of unused vaccines on the day of immunization. For funding support on alternate vaccines delivery, The comprehensive proposal may
- submit to SUDA / CMOH for sanctioned. 9. The ULB may consider involvement of urban ICDS for effective mobilization. To do so, the ULB may coordinate
- 10. For further practice on BCG vaccination by FTS, HO may coordinate with MO PP unit for reorientation of FTS in small batches for indoor BCG vaccination. 2 FTS may be exposed to 3-4 days for practice. However, HO is advised to issue written request to MO PP unit with copy to CMOH, Dy CMOH-III, DPHNO. If the request letter shared with WBSISC, we will do the necessary advocacy.
- 11. The Programme can be reviewed after 3 months to increase/ decrease the frequency of sessions, relocation of

WBSISC will take this opportunity to thank Smt. Shukla sarkar, Councilor, Baharampur ULB for attending the meeting and showing keen interest. She can motivate other ward councilor for enhance community Mobilization.

Dr S.N. Bagchi Project Manager, WBSISC Kolkata

Copy to

- 1. The CMOH, Murshidabad
- 2. The Project Officer ( H), SUDA The DPO, Murshidabad. He is requested to initiate ICDS coordination through CDPO Sadar.
- The Dy CMOH-III / DMCHO / DPHNO / MO PP unit
   The Health Officer / CDO, Baharampur Municipality The Health Officer / CDO, Baharampur Municipality
- The DE, WBSISC, Murshidabad.

### WEST BENGAL STATE IMMUNIZATION SUPPORT CELL Department of Community Medicine Medical College, Kolkata

No./2009/65

Date: 12th December, 2009

Observation on Routine Immunization at Jangipur Municipality on 09.12.09

ssue	Observation	Suggestive Action		
Cold chain	All vaccine kept in domestic refrigerator. Vaccines are collected from P.P unit for monthly basis. Zeeper bag is not used in Vaccine carriers.	Vaccines should not be kept in domestic refrigerator, so this should be collected from Jangipur P.P unit in every R.I session in zeeper bag with Vaccine carriers and after the session un used vaccines should return to P.P unit.		
Session Plan and frequency of session (Micro plan)	2 sessions is being held in 2 Sub health post and 1 session is being held in 2 sub health post in total of 4 Sub held post in every month. This will cover smaller area in the ULBs.	According to population (73357), There should be 24 R.I sessions in a month for better coverage.		
Orientation ULB workers need one day orientation ON R.I		vaccine calculation an others respectives.		
AVD	No fund for AVD available	ULB should submit budget to CMOH for AVD		
West Management	Hub Cutter is not available.	keep Hub Cutter.		
Child Tracking.	No system is followed of child tracking as well as counter foil and tickler bag.	counter part of Immunization Card.		
Reporting.	Current reporting structure is	Health post should submit immunization report weekly to ULB after each session and ULB will compiled the report and will send monthly report to CMOH office and SUDA or N.R.H.M format.		

DR S.N. BAGCE Project Manager WBSISC

### Inbox X Fwd: Re-sending scan copy of commissioner letter.

Saumendra Nath Bagchi <saumenbagchi@gmail.com> from

Reply

hide details 8:34 PM (14 hours ago)

Shibani Goswami <dfidhhw@gmail.com>

Tue, Dec 15, 2009 at 8:34 PM date

Fwd: Re-sending scan copy of commissioner letter. subject

gmail.com mailed-by

gmail.com signed-by

Dear Madam, attached is the letter. in addition, the ppt has allotment of funds in 2009-10 on alternate vaccinator. It may be helpful for you. but pl don't quote the source

Department of West Bengal
Department of Health & Family Welfare
SWASTHYA BHAWAN
AVing - 'B', 3rd Floor
AN - 29, Sector - V, Salt Lake City
Kolkata - 700091.

DPHHO - NIONS

Memo. Not al 359/48 CTW/2008,

Date: 27.06.2008

From:

Shr. A. W. Das. IAS, Commissioner & Special Secretary, Health & Family Welfare Department.

To:

the Casel Medical Officer of Health,

So be the pregnent of Immunization Coverage in hard-to-reach areas.

Some areas which are hard to reach and remain unattended. In the committation status, some priority interventions, such as identification to the committee plan, have already been made by you. Funds for the same maye the my been released for this purpose.

In this competion, reference is invited to letter no. H/SFWB/12(18), dated 8th largest the State of the been mentioned that financial implication of each session will be as follows:

They are the alternative vaccinator

: Rs. 300/- per session.

: Rs. 50 per session.

Contd. in Page - 2.

During the recently-held Regional Review Meetings taken up by Hon'ble M.I.C., it has been pointed out by some District Authorities that such restriction of payment of Rs. 300/- only for the alternative vaccinator has created some problem in the ground situation.

In view of this and in partial modification of the above order it has since been decided that this amount of Rs. 300/- can also be utilized in full or in part as per local plan or intervention that may include alternative vaccinator, mobility support or any other area specific necessities, in order to reach out to these unserved underserved hard-to-reach areas.

Your faithfully,

(A. K. Das)
Commissioner Family Welfare &
Special Secretary.

Memo. No. H/359(18)/1(4)/CFW/2008.

Date: 27.06.2008

Copy forwarded for information and necessary action to:

1. State Family We: fare Officer, West Bengal.

2. Controller of Finance & Joint Director, West Bengal.

3. Deputy Director of Health Services(FW). West Bengal.

4. Assistant Director(EPI), West Bengal.

(A. K. Das)

Commissioner Family Welfare & Special Secretary.

# Fwd: Alipurduar Municipality visit report Indox X

from Saumendra Nath Bagchi <saumenbagchi@gmail.com>

Reply

hide details 8:22 PM (15 hours ago)

to Shibani Goswami <dfidhhw@gmail.com>

date Tue, Dec 15, 2009 at 8:22 PM

subject Fwd: Alipurduar Municipality visit report

mailed-by gmail.com

gmail.com

signed-by

Dear madam, the visit report of DE JLP enclosed. your attantion is invited on % coverage which need immediet improvement. request to direct APD municipality accordingly

Yesterday i.e. 14.12.2009 (Monday) I have visited at Alipurduar Municipality. Dr. Mohit Kr. Satra (Mobile 9434005039), Health Officer was not present due to outstation & leave. Smt. Rekha Saha, PHN (Mobile 9434609028), Alipurduar Municipality present as because I have already informed her one day before.

Anyway, after reached Municipality I have detailed discuss with PHN and one clerk (who is engage only for IPPT).

Discuss about following this matter:-

Current scenario: Total Ward 20. RI centre held at 7 wards. Frequency of sessions held once in a month for each 7 wards (SHP). PP Unit supply vaccines on the day of Immunization. Municipality using Rickshaw hiring for collection of vaccine by own cost.

1. Population of Alipurduar Municipality

- 2. Session will held per SHP twice in a month is mandatory (1st/3rd or 2nd/4th Wednesday).
- 3. Session conducted by FTS (who already get 25th days RI training).

4. HHW will help to FTS at session site for mobilization & other works.

5. WBSISC will provide micro plan, Vaccine requirement plan, Vaccines distribution plan, IEC & Social Mobilization plan, finalization of reporting structure (who will report to whom) and some technical issue. To do so, ULB can organize one day orientation for all staff.

6. No centre should be planned in ward where PP Unit is located.

- 7. The final Micro plan may be submitted by the Health Officer to Chairman of Alipurduar Municipality for approval before initiating the programme. A copy of the micro plan may be shared with SUDA, WBSISC, CMOH, PP Unit.
- 8. Session wise format (already given by district extender) fill up by FTS & report given to Municipality and District Extender, WBSISC, Jalpaiguri (dsmo.dd@gmail.com or Mr. Prabir Kr. Roy, District Extender, Office of the Dy. CMOH-III, Jalpaiguri, 735101).

9. The monthly consolidated coverage report given to PP Unit & SUDA regularly.

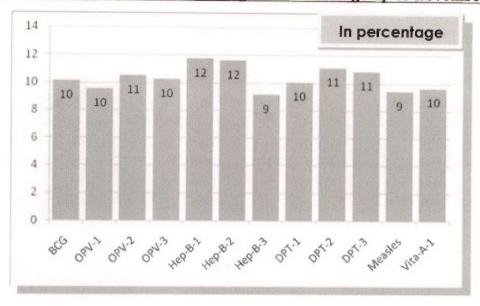
- 10. The ULB may consider involvement of Urban ICDS for effective mobilization. To do so, ULB may coordinate with DPO, ICDS.
- 11. The programme can be reviewed after 3 months to increase/decrease the frequency of sessions, relocation of session sites.

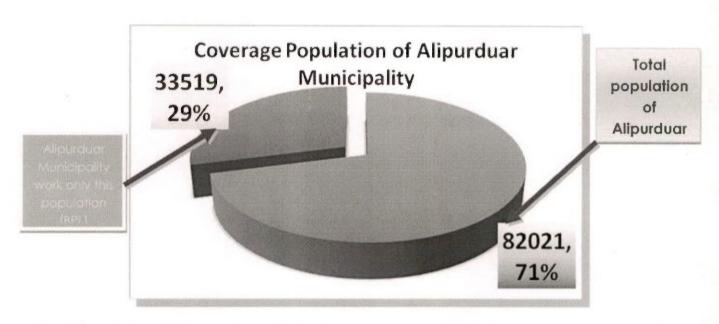
### Suggestions of SI, Alipurduar Municipality

But after the above discuss, PHN agreed & request me to meet with Arup Pramanik (Bhajan Babu), S.I of IPP-8. So, meet with him. But after brief discuss with him, he says that if SUDA will given by written for the above then it will be possible, otherwise he didn't interest to speak with anybody about the above.

Arup Babu (SI) also said that HHW & FTS work only BPL category population sector. If they will work on APL also then more HHW require. If SUDA will provide more HHW then it is possible.

### Alipurduar Municipality contribute antigen wise coverage up to November - 2009.





Alipurduar Municipality works only 33519 population and ELA = 316 (0 to 1 year child). But APD PP Unit shown 82021 Population and ELA = 1542 (0 to 1 year child).

So, it is necessary to Alipurduar Municipality will work immediately with total APL & BPL population area, unless major of the area will uncover of RI vaccination.

12/16/2009

### Minutes of meeting on 08.12.09

Palash Das to me, soumen

show details 12:01 PM (49 minutes ago)

Reply

Respected Madam

As per direction of our Project Manager (Dr. SN. Bagchi, WBSISC) I M sending herewith Minutes of the meeting held on 08.12.09 at KKS (london mission) on RI under laganj Azimganj municipalty to your kind favour. Pis find the attachment.

Palash Das Computer & Office Assistant WBSISC, Medical College Phone- 9434828777

### WEST BENGAL STATE IMMUNIZATION SUPPORT CELL Department of Community Medicine Medical College, Kolkata

No./2009/64

Date: 12th December, 2009

### Minutes of the Meeting Held on 08.12.2009 at K.S.S (London Mission) on strengthening on Routine Immunization under iaganj Azimganj municipality.

With the initiative of West Bengal State Immunization Support Cell (WBSISC) and State Urban Development Agency (SUDA), a coordination meeting was held to discussed about strengthening of R.I under municipality, expansion of R.I Centre, quality vaccination programme and best utilization of 4 F.T.S who had under gone skill development training in the month of August-08.

The meeting was attended by Project Manager and Dist. Extender of WBSISC- Murshidabad, Medical Officer, Health officer, all F.T.S, all HHW, all others staff connected with Routine Immunization of ULB. After deliberation with all, it was decided that from Jan-10 that R.I programme will be extended to the large area of ULB. Following decision was taken.

- 1. The R.I activity will be conducted on every Wednesday as fixed site concept. The timing of the programme will be from 12 noon to 4 Pm.
- 2. There will be 5 R.I Centre which are as follows :-

SI No.	Name of Health Post	Ward No	Time
1	Londan Mission Hospt.	3	12 Noon to 4 Pm
2	Kashiganj flood Centre	7	12 Noon to 4 Pm
3	Azimganj City	13	12 Noon to 4 Pm
4	Jaltaranga Club	6	12 Noon to 4 Pm
5	Ghosh Para Jagrani Sangha Club	5	12 Noon to 4 Pm

4 recently trained F.T.S and 1 ANM of the ULB will work as vaccinator for the above centres.

3. All vaccines will be given to all R.I Centre on all Wednesday (Presently Measles and BCG Vaccine are not given by the ULB).

4. All R.I centre will follow National R.I schedule. WBSISC will share one copy of the schedule in Bengali format.

- 5. The scale of vaccine for each R.I centre will be 1 vial of each antigen. The requirement of vaccines and logistic for 5 R.I centre/ week will be as follows.
- a. BCG = 5 Vials, Diluents for BCG = 5 ampoules, DPT 5 Vials, OPV 5 Vials
  HepB 5 Vials, Measles 5 Vials, Diluents for Measles 5 ampoules, D.T 5 Vials, T.T 5 Vials, 0.1 AD
  Syringes= 12\*5=60, 0.5 AD Syringes 225, 5 ml Disposable syringes = 12, Vitamin A Bottle as required.
  - b. The Health officer/ Medical officer will send consolidated weekly requirement of vaccine and logistics for all R.I centre to BMOH, Jiaganj R.H.

- c. The transportation of the vaccines from RH to R.I side will be as follows.
  - The PHN of the RH will issue vaccines in 5 vaccine carrier on every Wednesday by 10 am.
  - The designated person of the ULB will reach to RH in available vehicles/ Ambulance of ULB and
    collect the vaccines and logistics. He will deliver vaccine carrier in each R.I side much before 12
    noon. Similarly after 4 pm he will collect unused sealed vaccine and logistic from the R.I centre
    and returned back to the RH.
- The Medical officer of the ULB will review the programme every 15 days with all F.T.S and HHW and take mid course correction. BMOH and PHN of the RH will be invited in the meeting.
- 7. Reporting mechanism: WBSISC will share a format for reporting R.I coverage (Centre and week wise) which will be compiled at ULB level. The monthly consolidated report will be submitted to RH under the signature of Medical officer/ Health officer under in N.R.H.M format (N.R.H.M format is available at R.H).

8. ULB will prepared a comprehensive micro plan (format will be supplied by WBSISC). The microplan will be submitted to the Chairman of Jiaganj ULB and Project officer (Health) SUDA for approval. The copy of the micro plan will be shared with BMOH Jiaganj RH and WBSISC also.

Every body attended in the meeting express there commitment for further strengthening of R.I in Jiaganj ULB.

DR S.N. BAGCHI Project Manager WBSISC

### Copy to

- 1. The Chairman- jiyaganj- Azimganj Municipality
- 2. The CMOH- Murshidabad
- 3. The Dy CMOH III / DMCHO / DPHNO- Murshidabad
- 4. The Project Officer (Health) SUDA & Health Expert, CMU
- 5. The Medical Officer/ Health Officer- J.A. Municipality
- 6. The BMOH/ PHN- Jiaganj RH
- 7. The DE, WBSISC, Murshidabad.

12/18/2009

## update on ULB RI- Murshidabad

Saumendra Nath Bagchi to me

show details 9:20 PM (13 hours ago)

Reply

Dear Madam, feed back received from DE, WBSISC are as follows

jangipur ULB- meeting fixed on 29th Dec to finalized plan. However, they need SUDa directives. Pl speak with them
 Jiyaganj & Ajimgang ULB- Dr Biplab Pal HO is not interested unless received directive from SUDA. However FTS is very much interested. They contacted with DE to initiate the the process. i need your push to start.

3. Baharampur ULB- HO is on leave and they also need your push.

will request you to call meeting with selected ULB sometime in January to push the agenda Cell No 91+9836030302 alternet mail id= saumenbagchi@yahoo.co.in Saumendra N Bagchi Warm Regards

mul Derson

Minutes of the meeting held on 1<sup>st</sup> December 2009 at Maheshtala Municipality, HAU-1 regarding strengthening of Routine immunization.

A coordination meeting was held at HAU1 with presence of Dy CMOH-III, South 24PG, Project Manager & District Extender of WBSISC, Health Officer and Asstt health Officer Maheshtala Municipality, all FTS of HAU1, ICDS workers from different wards to discuss the modality for strengthening RI under the HAU1. After deliberation with all stakeholders following decision was taken

1. Henceforth the RI will be on fixed site and fixed days in a week. All outreached immunization sites has been discontinue from now onwards.

2. There will be one fixed RI sites in all wards under HAU1 which will function on every Wednesday from 12 noon to 3 PM. The list of the centre are as follows

SI No.	Ward No	Centre Name	
1	01	Manab Kalyan Samity (IPP-VIII SC)	
2	02	Alampur Baithakipara AWC	Maneshtale
3	03	Municipal Subcentre (IPP-VIII SC)	Routing
4	04	Mukti Sangha (Thuntorkol)	NS/11/14/14
5	05	Janata Club (Panchur Mondal para)	
6	06	Municipal Subcentre (IPP-VIII SC)	The second
7	09	HAU-I	th 24PG
8	10	Municipal Subcentre (IPP-VIII SC)	th Office

3. There will be at least one trained vaccinator for each centre. Since total Four of FTS from HAU1 recently undergone skill development training, all of them will be utilized. Health Officer of Maheshtala municipality will indicate name of the vaccinator for each RI centre. WBSISC will support the preparation of microplan

4. The vaccines will be supplied from Cold chain point to the HAU building on every Wednesday by 11.00 AM. It will be further distributed to respective RI sites through a designated health worker. Health officer will finalize the name of the person and it will be incorporate in the microplan.

Similarly after the end of the sessions all unused sealed vaccines, logistic will be returned back to the HAU1 by 4.30 PM. It will be further transported back to CC point

It was decided that to start with each RI sites will get following vaccines on every Wednesday

BCG= 1 Vial, DPT=2 vial, HepB= 1 vial, Measles= 2 vial, OPV= 1 vial, TT= 1 vial, DT (till availability)= 1 vial. AD syringes and disposable syringes= as per the scale, Immunization cards, cotton and other logistics

7. Dy CMOH-III has agreed to supply sufficient no of clinic register and it will be distributed to each RI centre for recording vaccination on every Wednesday. At the end of the session, the vaccinator will prepare summary of vaccination coverage and full immunization.

8. At the end of month, HAU will consolidate all coverage (centre wise and date wise) in a simple format and it will be handed over to the Assistance Health Officer of

rates on thaday

Maheshtala Municipality for final compilation. WBSISC will share the reporting

9. The final report from the Municipality will be recorded in NRHM format (for PHC) to the district on a fixed day in every month.

10. The latest Immunization schedule has been shared with all participants. It is expected that it will followed without any deviation.

11. Municipality will place a demand for all UIP vaccines (including HepB) before the District on monthly basis. The district will supply the same subjected to availability.

12. For mobilization, The AWW will forward the beneficiaries to a fixed centre located in the same ward. AWW will ensure that all eligible beneficiaries will get vaccination in time. AWW will prepare separate records for the referred beneficiaries.

13. For Better coordination among all stakeholders, there will be regular monthly

coordination meeting between health & ICDS at HAU1.

14. For transportation of Vaccines & logistics from HAU to Immunization Centre & Back an amount of Rs.50/- only will be given from KUSP/IPP-VIII fund.

15. The overall supervision will be done by the UHIO & AHO of the Municipality.

16. Regarding IEC the NGOs like Right Track/ENGIO will be requested to take active

17. The Councilor of above wards are requested to inaugerate the opening session at his ward along with all the members of the ward committee & influential person of

The programme will start from 16th December 2009. All are requested to participate.

> cost is availability. contre located in vaccination in Chairman

> > Great Chay.

represted a taka active

Hat Figuester to

Defore the

Mahestala Municipality an anonthly

date: - 07-12: 99

salt lake).

Memo no.6.182/29/IVB/MM/24

Copy forwarded to

1. The CMOH, South 24 PG

2. The DPO, South 24 PG

The Dy CMOH-III, South 24 PG

4. The DMCHO- South 24 PG

5. The DPHNO- South 24 PG

6. The Project officer ( Health), SUDA ( ILGUS Bhavan,

7. The Project Manager & DE, WBSISC 8. The CDPO- Mahestala Urban ICDS

9. AHO, Maheshtala Municipality

10. UHIO, Maheshtala Municipality

11. The Councilors (ward-1,2,3,4,5,6,9,10) Maheshtala Municipally.

12. Kaushik Kr bhandari, DE-WBSISC-SPG,

Maheshtala Municipality

Chairman Maheshtala Municipality Attanto A S. GOENER

### Office of the RCH (Sub) Project Asansol Municipal Corporation Asansol

953323585800

Memo No	Date
To Daniel Burdane	
1) DPHNO-Burdwan, 2) SMO-Burdwan,	
3) ACMOH-Asansol,	(1.2
4) Superintendent - S.D. Hospital, Asansol,	0/8/1
5) M.O., I.C.D.S. (Urban), Asansol.	60 (H)
6) Principal NTC, Asansol.	
7) DE- Asansol,	/ /2/
8) HO-AMBH, Asansoi.	
O) Secretary-IRCS, Asansol.	
10) CMS-Burnour Sail Hospital / Concerned M.O.	
11) CMS-Kalla ECL Hospital / Concerned M.O.	
12) CMO- Rail Hospital / Concerned M.O.	
13) BMOH-Damra PHC,	
14) MOIC-Dakshin Dhadka PHC	
15) MOIC-Bidyanandapur PHC,	
16) MOIC- Denuya PHC	
17) MOIC-Dihika PHC.	
Sub: A coordination meeting of Strengthening Rough A meeting for Strengthening Rough Corporation area will be held on 19.11.2009 at 1 Municipal Corporation.  You are requested to make it convenient	time Inamunization within Asansol Municipa om in the Executive Meeting Hall of Asanso
Memo No 38319   RC#   AMC_	Date 11 11 00
Copy forwarded with a request to attend the meeting:	on.
4) CMOH-Burdwan, 5) Dy.CMOH-III-Burdwan,	
6) DMCHO-Burdwan, 7) Project Director, WBSISC.	
7) Project Director, WBSISC.	
7) Project Director, WBSISC. 8) Project Manager, WBSISC. 9) Project OFFice (Health), SUDA.	· January 1. la

Mayor
Asansol Municipal Corporation

FAX NO. : 83412289478834122898 Nov. 11 2009 85:86PM PL

FROM : CEO FEANSOL-MUNICIPAL CORPN

SENDING PEPORT

Nov. 20 2009 04:36PM

YOUR LOGO

: ADVISER(HEALTH) SUDA KOLKATA

YOUR FAX NO. : +91 3323347805

NO. OTHER FACSIMILE

Government of West Bengal

RESULT

03462262367

Nov. 20 64:35PM South 24 Parganas

31 0

TO TURN OFF REPORT, PRESS 'MENU' #04.
THEN SPECIFICATION SNEW /+' 50679'.

Date: 23/11/09

To

- The Nursing Training Centre in Charge NTS attached to Diamond Harbour SD Hospital.
- The Nursing Training Centre in Charge NTS attached to M R Bangur Hospital

The training of FTS of Rajpur Sonarpur. Budge Budge and Diamond Harbour Municipality have been started at your centre w.e.f. 23/11/09. It may be noted that Pulse Polio Programme (SNID) for migratory population of 5 municipalities and 7 blocks of South 24 Parganas will be conducted from 06/12/09 to 09/12/09 in which the trainees from two municipalities are involved.

You are requested to stop the training from 05/12/09 to 09/12/09 to spare the

trainee for IPPI works and extend the period of training accordingly.

Chief Medical Officer of Health South 24 Parganas

Memo No. CMOH(Spg)/ 55 99/1(5)

Date: 23/11/09

Copy forwarded for information with the request to agree to the proposal stated alone to:

Y. The Director, SUDA, WB.

2. Prof. & HOD WB SISC, Medical College.

3-4. The Chairman Rajpur Sonarpur / Diamond Harbour Municipality.

5. Office File

Chief Medical Officer of Health South 24 Parganas

THEN SELECT OFF BY USING '+' OR '-'.

 
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YOUR FAX NO. : +31 3323347805

NOV. 23 2009 12:45PM

Saumendra Nath Bagchi to me, samir

show details 3:34 PM (57 minutes ago)

Reply

Dear Madam,

the basis of skill development trg already done and how they utilized the workforce (based on no of RI centre Enclosed please find the status report of ULB immunization of WBSISC project districts. The ULB selected on functioning)

The situation in following District need urgent actions. They are

- 1. Baharampur (8 FTS trained and I session/ month)
  - 2. Raiganj (14 FTS trained and one session/ month)
    - 3. Raniganj ( 7 FTS trained and no session held)
- Balurghat (12 FTS trained and one sessions/ month in 6 places)

It is requested that you may take urgent action so that all trained FTS can be optimally utilized by conducting vaccines in vaccines carrier from PP unit. Now AVD fund is also available from urban hired vaccinator fund session on every Wednesday in different Municipal wards. Cold chain will not be an issue as thy can take under immunization PIP.

Warm Regards
Saumendra N Bagchi
Cell No 91+9836030302
alternet mail id= saumenbagchi@yahoo.co.in

analysis sheet.xls 28K View as HTML

View as HTML Open as a Google spreadsheet

Download

No of RI session monitored by DE	5	3	2	3	0	13	2	13	13	2	0	7	1	1	6	1	
No of days DE visited ULBs (from april 09)	6	н	1	2	-	m	7	16	15	4	0	00		-	r,	6	
major issue for non utilizing trained FTS	Instructed not to give injection	shortage of vaccine delevary money	shortage of vaccine defevary money	No Issue	shortage of vaccine delevary money	No Issue	No Issue	No Issue	No Issue	FTS not involved directly with IMM	Shortage of manpower	MSL Vaccine not given by FTS in few Place	Yet not decentralised theire centre at SHP		Involved in RI Activity	involved in RI Activity	FTS Training
WBSISC support on MP (Y/N)	>	Z	z	>	z	*	>	>	Z	Z	z	>	z	z	z	z	
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skill dev trg)  Caning a child dev trg)	14 Y	4 S	N N	8 N		7 41	7 Z	49 Y	28 N	20	N	20 Y	12 Y	7	12 N	A N	
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Total CC point	1	0	0	0	0	1	0	00	00	-	0	m	1	0	0	0	
zbrew legizinuM lesoT	25	20	14	25	17	26	14	50	45	22	21	35	25	20	23	18	
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on is	1 Malda	2 MSD	MSD	MSD	MSD	Qn	an	ASN	ASN	ASN	ASN	BURD	Jai		DDP	DDP	



#### Arachis Oil (Nut Oil, Ground Nut Oil, Pea Nut Oil, Oleum Arachid

#### Source, Etc

The oil expressed from the seeds of Arachis hypogoea Linne (N.O. Leguminosoe) annual, attaining 1 m. in height; the lower flowers develop fruits which bury themse there ripen; a single plant may produce as many as 100 fruits. These contain usua reddish brown seeds the chief constituents of which are fixed oil (about 45 per cen proteids (about 27 per cent.). The seeds are imported chiefly from West and East. The press-cake forms a valuable cattle food.

#### Description, Etc

The fixed oil is pale yellow or greenish yellow with a nutty odour and taste. Specific 0.921; iodine value 83 to 110; consists chiefly of the glycerides of arachic, stearic, hypogaeic and linolic acids. It may be identified by saponifying 1 c.c. with 15 c.c. o solution of potash, allowing the mixture to stand for 24 hours at 15.5°, heating on a minutes and again setting aside, when crystals of (impure) potassium arachate set

2156 CAD liver de 10.000 1. U VITA
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# Answers.com<sup>®</sup>

# 8

# arachis oil

Food and Nutrition: arachis oil

Oil extracted from the groundnut or peanut, *Arachis hypogea*, 20% saturated, 50% acid), less than 1% linolenic acid.

# Answers.com / // ReferenceAnswers

1	.earn	M	Ore	'n
ъ.	Call			t

- Complan
- peanut oil (materials)
- theobromic
- What is oil? Read answer...
- Where do you get oil from? Read answer...
- Are we out of oil? Read answer...

#### Help us answer these

- What was arachie bunkers nickname for his son in law?
- What are drought tolerant gene used in arachis hypogea?
- Where do we get our oil from?

Post a question - any question - to the WikiAnswers community:





PMJCMV

Sub.: Convergence meeting on Routine Immunization at Asansol Municipal Corporation on 19.11.09.

A convergence meeting on Routine Immunization will be held at Asansol Municipal Corporation on 19.11.09 wherein all the stakeholders who are involved in providing immunization will participate including WBSISC and District Health Office.

The undersigned may be allowed to attend the said convergence meeting on behalf of CMU. If approved, office of CMU may be instructed to purchase railway ticket for both way journey on 19.11.09.

Submitted for approval and instruction may be given to office of CMU accordingly.

Appel.

1614/09-

808 tamm

tokenath.

#### Office of the RCH (Sub) Project Asansol Municipal Corporation Asansol

Memo No	Date	_
To 1) DPHNO-Burdwan,		
<ul><li>2) SMO-Burdwan,</li><li>3) ACMOH-Asansol,</li></ul>		

- Superintendent S.D.Hospital, Asansol,
   M.O., I.C.D.S. (Urban), Asansol.
- 6) Principal NTC, Asansol.
- 7) DE- Asansol,
- 8) HO-AMBH, Asansol.
- 9) Secretary-IRCS, Asansol.
- 10) CMS-Bumpur Sail Hospital / Concerned M.O.
- 11) CMS-Kalla ECL Hospital / Concerned M.O.
- 12) CMO- Rail Hospital / Concerned M.O.
- 13) BMOH-Damra PHC,
- 14) MOIC-Dakshin Dhadka PHC,
- 15) MOIC-Bidyanandapur PHC,
- 16) MOIC Denuya PHC
- 17) MOIC-Dihika PHC.

#### Sub: A coordination meeting on Routine Immunization.

Sir/Madam.

A meeting for Strengthening Routine Immunization within Asansol Municipal Corporation area will be held on 19.11.2009 at 1 pm in the Executive Meeting Hall of Asansol Municipal Corporation.

You are requested to make it convenient to attend the same.

Mayor
Asansol Municipal Corporation

Memo No 38919 | RC# | AMC

Date 11 11 01)

Copy forwarded with a request to attend the meeting:

- 1) Commissioner, Asansol Municipal Corporation.
- 2) A.D.M., Asansol.
- 3) S.D.O., Asansol.
- 4) CMOH-Burdwan,
- 5) Dy.CMOR-III-Burdwan,
- 6) DMCHO-Burdwan,
- 7) Project Director, WBSISC.
- 8) Project Manager, WBSISC.
- Project DFFICER (Health), SUDA.

flamula 14

Mayor

Asansol Municipal Corporation

Q

11/16/2009

# Inbox X Coverage analysis of JLP municipality

Saumendra Nath Bagchi to me, samir

show details 3:14 PM (20 hours ago)

Reply

Dear Dr Goswami,

having one centre each). You will appreciate the fact that total coverage in seven months has not reached even 35%. The attached documents is the coverage analysis of jalpaiguri town which contributed by PP unit and ULB (both It is alarming situation with > 70% un immunized children.

spite of 12-trained vaccinator, ULB is currently running only one centre. Unless number of centre increases, coverage have very limited coverage (around 20%). Due to this reason SUDA(H) & WBSISC took such initiatives to increase It has been normally said that PP unit takes max load of urban immunization. In jalpaigury it is not true. They also RI session sites in ULBs with the hope of enhance coverage by good no of trained vaccinators. Unfortunately, in of ULBs will become abnormally low.

You will see there is no HepB coverage shown in the sheet. HepB is not given by ULBs (reason unknown). PP unit do have coverage of HepB. For comparison, HepB has not shown.

You have data on different ULbs, which can be analyzed against target population. It can be an excellent advocacy tool to your authority on the poor situation. If you wish, we can help in calculation and analysis also.

alternet mail id= saumenbagchi@yahoo.co.in Cell No 91+9836030302 Warm Regards Saumendra N Bagchi

Jalpaiguri Municipality IMMUNIATION.xIs

Jalpaiguri Municipality Immunization coverage Status

Jalpaiguri Total Population	otal Pc	pulati	no		113095		annual target of jalpaiguri	targel	of jal	paigur	i 1696	ýs.														
Month	Session	ion	BCG	5	OPV-1	5	OFV-2	2	OPV-3	-	DPT-1	Q	DPT-2	D	DPT-3	Measles	sles	Vita-A-1	$\vdash$	Vita-A-2		Vita-A-3	_	Vita-A-4		Vita-A-5
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	Plan	Held	Male	e	Male	Female	Male	le le	e a	ale e	le	е	le	e	9	e	ale	e	le .	e le	Male	e Female		Male Fernale	le Male	e Female
4 April '09	12	10	2	4	13	11	6	12	12 (	6 13	11	6	12	12	9	10	00	10	00	17 8	2	9	1	12 13	60	
May '09	12	11	67	4	10	11	18	12	9 1	12 10	111	18	12	6	12	12	13	12	13	4 7	_	9	1	14 7	0	
60, auní	13	10	1	3	7	ED.	4	80	9	6 7	50	4	00	9	9	7	4	4	4	12 11	14	11	1	12 16	7	
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August '09	13	13	10	13	13	16	12	13	12 8	8 13	16	12	13	12	80	14	00	14	00	11 9	80	14		6 11	7	
September '09	6	6	12	20	7	7	12	91	7	8 7	7	12	16	7	00	6	13	6	13	5 6	6	6		3 4	33	
October '09	11	10	22	18	17	14	14	15	12 1	16 17	14	14	15	12	16	11	12	11	12	80	12	13	3	8 13	14	N.
November '09																					_					
December 09		1																	_	-						
January '10										-																
February 10																					1					
March 10																							Н			
Total	83	76	59	7.5	150	7.3	1	87	70 5	58 85	7.3	77	87	20	28	73	75	73	75	63 56	19 9	99		70 73	39	99
Municipal Total	83	92	13	134	158	~	164		128	+	158		164		128	148	90	148	_	1119		126	+	143		103
PP unit Total			2933	33	287	^	330		37.1		304		326	60	380	312	2	323	_	352		216	-	156		178
Jalpaiguri total			3067	29	445	16	494		499		462		490	n)	508	460	0	471		471		342		299	-	281
% of coverage by ULB( out of annual target))			7.9009		9.316		6.7		7.5	9.3	m	9.7		7.5		8.7										
% of infant left out/ unknown status			-81		74		71		77	7	73	n		70		72										

> of infant left out/	808	73.8	50%	2007	728	71.1	20.07	72.9					
total coverage	180.8	26.2	29.1	29.4	27.2	28.9	30.0	27.1					
% of contribution by	172.9	16.9	19.5	21.9	17.9	19.2	22.4	18,4					
% of contribution by	7.9	9.3	6.7	7.5	6.3	6.7	7.5	8.7					
EFV	1696	1696	1696	1696	1696	1696	1696	1696					
IstoT	3067	445	464	499	462	490	508	160	471	471	342	599	281
1inuq <sup>q</sup>	2933	287	330	371	304	326	380	312	323	352	216	156	178
qəinuM	134	158	164	128	158	164	128	148	148	119	126	143	103
	BCC	OPV-1	OPV-2	OPV-3	DPT-1	DPT-2	DPT-3	MSLS	VITA-A-1	VITA-A-2	VITA-A-3	VITA-A-4	VITA-A-5

Dear Madam,

this refers to my mail yesterday, the feed back from WBSISC District extender of MSD is below, you may take appropriate action accordingly

Forwarded message --

From: Samaun Hoque <samaun hoque@rediffmail.com>

Date: Wed, Oct 7, 2009 at 11:02 AM

Subject: Some Problems

To: saumenbagchi@gmail.com, saumenbagchi@yahoo.co.in

Cc: ghosh 00@gmail.com

Dear Sir.

On 6/10/2009, I've visited a health Post "Agragami Sangha under Jiahanj Azimganj Municipality. It has 4 health post and Vaccinated by only F.T.S each. They (FTS) are Trained by Nursing Tutor at Berhampore Nursing Training School.

After visit and discussion with FTS and M.O (Dr. Biplab Pal and Dr. Jatindranath Pal), I would like to draw your attention:-

- 1. All I.M Vaccine is given to child in 45 degree angle instead of 90 degree angle by words of M.O. Cause they shown me is, the vac needle would touch the bone, but this has no guide line.
  - 2. M.O is prohibiting to give HepB 1st dose if child not attend DPT 1st dose (under 1 years Child)
    - 3. They are unable to bear vaccine delivery cost.
      - 4. Irregular Salary Payment to staff.
- 5. Dist. Level Monthly Review meeting is not being held, which is very important.
- So, I request you to take necessary steps as soon as possible, So that work should be smoothly

Thanking you

Md. Samaun Hoque Dist. Extender

WBSISC

Murshidabad.

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Book now» Book now»

# Inbox X RI issue of Jiyaganj Municipality of Murshidabad

Saumendra Nath Bagchi to me

Dera Madam,

Of no of FTS of the above ULBs were trained for 25 days and they are currently conducting RI, a very positive sign caused some compromise on quality issue on RI. you may consider orientation at SUDA HQ by your colleague.

Reply

show details Oct 6

saumenbagchi@yahoo.co.in Cell No 91+9836030302 Saumendra N Bagchi Warm Regards

http://mail.google.com/mail/?ui=2&view=bsp&ver=1qygpcgurkovy



show detail

Dear Madam,

interesting analysis for E.B. Municipality. If you consider total population of ULBs and calculate the target (ELA), t will come out on contribution of ULBs in RI. such data can be an excellent advocacy tool to senior officials. You mouther ULBs also as you have coverage data for all ULbs on monthly basis.

----- Forwarded message -----

From: Prashanta Kumar Bhadra com>

Date: Fri, Dec 4, 2009 at 6:24 PM

Subject: Revised Coverage Report of ULB (Malda)

To: Saumendra Nath Bagchi <saumenbagchi@gmail.com>, Pramit Ghosh <ghosh.00@gmail.com>,

pradipta01 saha@rediffmail.com, Palash Das <pol das@yahoo.co.in>

Respected Sir,

Based on the ULB population from SUDA, I am furnishing below the coverage of English Bazar Municipality for the

Apr'09 to Sep'09.

Apr'09-Sep'09	Target	BCG	BCG %	OPV	OPV%	DPT	DPT%	Measles	Measles %
Apr us-sep us	4106	234	6%	322	8%	358	9%	314	8%

With regards,

PRASHANTA BHADRA DE - Malda 9434166200

Warm Regards
Saumendra N Bagchi
Cell No 91+9836030302
alternet mail id= saumenbagchi@yahoo.co.in

# Inbox X Strengthening Immunization in Durgapur Corporation area

Saumendra Nath Bagchi to ar\_oy, me, Samir, sfwo

show details 6:13 AM (22 hours ago)

Reply

Dear Mr Roy,

meet some of the stake holder including Corporation. I propose joint efforts by District FW dept, SUDA/CMU, WBSISC and DMC. for Measles outbreak and Polio cases unless strengthening of RI ensured. I had visited Durgapur along with ACMOH (DGP) and Due to huge population influx (Population > 5 Laks) in Durgapur and majority are labor from Bihar, there is strong possibility

 DMC should be declare as Nodal agency for urban DGP and whole corporation area should have one ward based microplan DMC should increase no of RI sessions in different wards so that there will be uniform coverage in the geographical area

Drop out tracking by HHW of DMC. We need to involve urban ICDS centre also

An IEC planning for the whole corporation area

Necessary funding support from SUDA/ CMU to DMC for vaccines distributions, hub cutter, insulin syringes (for BCG vaccination), mobilization and other items for immunization

Ensuring adequate vaccines supply to ACMOH from the District for increase coverage. DMC has adequate CC points.

A coordination meeting with all stakeholder will be arrange at DMC conference hall (subjected to Mayou approval for venue) on 9th April, 2009 at 11 AM. It will be a great help if Dr S Goswami can be present in the meeting.

saumenbagchi@yahoo.co.in Narm Regards

Forward Reply to all Reply Arnab Roy <ar\_oy@hotmail.com>

from

Saumendra is not available to chat

hide details 1:50 AM (2 hours ago)

Reply

https://m.il.google.com/mail/?ui=2&view=bsp&ver=1qygpcgurkovy

3/26/2009

- saumenbagem@gmail.com
- c. Shibani Goswami <dfidhhw@gmail.com>
- date Thu, Mar 26, 2009 at 1:50 AM
- subject RE: Strengthening Immunization in Durgapur Corporation area
  - mailed-by hotmail.com

Dear Dr. Bagchi,

Thanks for your mail. I am requesting Dr. Goswami to do the needful after consulting with you.

- Arnab Roy

3/26/2009



# Office of the

# Councillors Old Malda Municipality

P.O. Old Malda. Dist. Malda

STD: 03512 Chairman Off.: 260235

Resi.: 260235

Cell No. : 9434166085 Vice-Chairperson Off. : 260643

Resi. : 260207

Cell No.: 9434303460 Executive Officer: 260036

Fax: 260235 Fax: 260036

Smt. Tripti Pandey
Vice-Chairperson
OLD MALDA MUNICIPALITY

Sri.Biswanath Sukul Chairman OLD MALDA MUNICIPALITY

Memo No. 1798

To
The Director
State Urban Development agency
ILGUS BHAWAN
H.C Block, Sector-III
Kolkata-700091

GO (H)

1168



Sub:- Proposal seeking supply of Equipments in connection with the commencement of "Immunization programme" under Community Based Primary Health Care Services Old Malda Municipality, Malda-Reg.

Attention-Project Officer, SUDA (Health)

Madam,

This is being proposed to supply the following equipments required in connection with the implementation of Immunization programme.

The 04 (four) F.T.S have completed the training on "Routine Immunization" some time past at the District Nursing School, Malda successfully.

By this time, the District Extender has visited this ULB & the meeting was held in connection with the implementation of "Routine Immunization" within municipal area.

In course of meeting held on 27.01.2009 this is felt that the following equipments are essentially required for the existing 04 (four) nos sub-centre (Health) run under Community Based Primary Health Care Services towards the implementation of Routine Immunization programme. The Xerox copy of the meeting minutes is enclosed.

Vaccine Carriers
 Ice Packs
 Deep Freezer
 Ice Line Refrigerator
 Hub- Cutters
 Vaccine Carriers
 32 Nos
 01 No
 Nos
 Nos

Therefore, I would request you to kindly effect the supply of the above equipments suggested by the District Extender, Malda if deem fit besides advice this office suitable in this regard for undertaking proposed immunization programme.

Hope to hear from you soon.

Chairman 4,2,09
Old Malda Municipality
Dated / / 09

Memo No Copy to:

- The President, Health, Education & Poverty Alleviation Standing Committee, Old Malda Municipality.
- 2 The Executive Officer, Old Malda Municipality.
- 3 The Head Clerk, Old Malda Municipality.
- 4 The Accountant, Old Malda Municipality.
- 5 Dr. Md Mamun Al Rasid, Health Officer, Old Malda Municipality.
- 6 The Account Asstt. (M & S) Cell, Old Malda Municipality.

Minutes of the meeting held on 08/12/2008 at 1<sup>st</sup> floor conference hall of Swastha Bhaban regarding 2<sup>nd</sup> phase of ULB training involving Howrah,

A meeting was held on 8th December 2008 for the above subject at Swastha Bhaban, 1st floor conference hall. Dr. S.P. Banerjee, SFWO & Jt. Director FW, chaired the meeting. Nodal officer of Howrah, Hoogly, Burdwan, & North 24 Parganas Districts, Project Manager & DE, WBSISC was present in the meeting. Shibani Goswami, Project Officer, Health, SUDA was also present in the meeting.

Project Officer SUDA, thanked all Nodal officers of District NTS, in for the ULBs workers in the first phase. Now she

Following decisions was taken in the meeting.

- 1. Second phase training of selected ULBs of Howrah, Hoogly, Burdwan, Nadia & North 24 Parganas District will started from 2<sup>nd</sup> February-2009. The training will continue for 25 working days in the same manner as in the 1st phase,
- 2. Nodal Officer of the District will continue as Nodal Officer for 2<sup>nd</sup> phase of training. All other facilitator of the above district except Burdwan will continue as facilitator for the above training.
- 3. For Burdwan District PHN of Community Medicine Department will act as facilitator, The 20 days hands on training will be held at Community Medicine Department of Medical College. The SFWO will write the letter to Principal, Burdwan Medical College for the above purpose.
- 4. The contingency fund for the ULB training will remain same i.e.Rs. 5000(five Thousand) per District per training. However any additional expenditure over and above of Rs. 5000(five Thousand) may be submitted to SUDA with justification.
  - 5. The honorarium for the facilitator will be increased to Rs.175 / person / day for 25 days.
  - 6. All District Nodal Officers requested sufficient supply of 0.1ml A.D. syringe for the training purpose. The approx. requirement will be 400 A.D. syringes/ District. The SFWO will write a letter to concern CMOH for supply of additional A.D. syringes to the NTS. However if the supply was not made or there is shortage of supply, the Nodal Officer will purchase required no. of insulin syringes and charged in the contingency claim.
  - 7. It is expected that the supply of DPT & TT vaccine will be regularized shortly. However concerned CMOH is requested to ensure supply of all vaccines for smooth conduction of the training.

8. SFWO & Project Officer, Health, SUDA requested all concerned for co-operation in this regard.

Dr.S.P.Banerjee SFWO & Jt. Director (FW) West Bengal

Memo No. H/ SFAM (883 (14)

Dated the 16th December,2008

#### Copy forwarded to:

- 1. The Commissioner & Special Secretary Health & Family Welfare, Govt. of W.B.
- 2. D.H.S., Govt. of W.B.
- 3. D.M.E., Govt. of W.B.
- 4. The Principal Burdwan Medical College.
- 5. ADHS (EPI) / ADHS (Trg),
- 6. The Head of The Dept, Community Medicine dept, Burdwan Medical College.
- 7. The CMOH of Howrah, Hoogly, Burdwan, Nadia & North 24 Parganas District.
- 8. The Dy. CMOH-HI, DMCHO, DPHNO, Superintendent of District Hospital, M.O. PP Unit of Howrah, Hoogly, Burdwan, Nadia & North 24 Parganas District.
- 9. The Principal NTS/ In Charge NTS / Senior Sister Tutor (I/C) NTS of Howrah, Hooghly, Burdwan, Nadia & 24 Parganas(N).
- VO. The Project Director CMU.
- 11. The Project Officer, Health, SUDA.
- 12. The Project Director, WBSISC.
- 13. The Project Manager, WBSISC.
- 14. Nodal Officer of Howrah, Hoogly, Burdwan, Nadia & North 24 Parganas District.

Dr.S.P.Banerjee
SFWO & Jt. Director (FW)
West Bengal

Proceedings of the meeting on Immunication hed On 27.01. 2009 at the Conference Room, wer, and Marde.

Dur 27.100

( 27/0il09

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All mor

# Members Present:

Chairman. 1. B.N. Sukul. Conscilion Je Hos Education. C. Kerishna Dan. District Eptender Do Dy CMDH-119, 3. Brusanta Bhadren 4. Md. Numum Al Rossil Health Officer, O.M.M 5. Sadhan Dan les Rothin Scorkour to Congre khatun (Bili) F.T.S. 3, Anjana Robi 8-8(11) 4.4.4. 9. Lupika Mondal-(17) H. H. W 10. Rina Gupta (Gehosh) H.H.H Some Roy (Das) H.H.W CNETIFIE HIHW Kajali Banman H.H.W. (5) Balle Mondal 161 Alaka Thush (Das) Rina butta 181 Birra Pair Dey (Das) 201 Talker-Sooker (Das) 31 Shyamali Dulta (F-T.S.) Namile Hadwr (H.H.W) Chargo Das (Haldar) (H.H.W.) Promila Beishner (Bala) (14, H. W) Bubilta solo Rinku Maitra (F.T.S) Sablya Chosh (FoTOS) Prashanta Bhadra (DE-WBSISC) Saurinan Roy. E.O. Benwaget Lufta (computer Anott-)

# The Chairmen Presides our the meeting.

buth the mitiation from the Epeatine Officer requested by the Chairman about the ayenth of the muticay the toleranings are discussed in details.

The District Extenden in dutains discuse the about immunisation. The question x Answer Ression also was held. Besides to make the immunisation hogranne successful, the D. E. Places WBSISC requests to Processe the focusing equipments from the Concerns agency for injernetation of the hograpine.

1. Naccine Consier - 04 (Four) NOS.

2. Ice-Packs — 16 (Cipten) Nos.

3. Deep Freeker - Or (one) NO.

4. Ice-direct Refrigorator. Of come) NO.

5. Hub-Cutter - 09 (Four) Nos.

Apart from above, the trequirement of 01 (one) P.H.N. is felt very much for the interest of Health Rogs. The H.O. also spoke in details about the immunistroi. At the last the Chairman spotes on the issue.

The meeting is ended with the vote of thomas to of from the Chair.

> Chairman Did'. - 24.01. 08. Malla Municipality

1 Health.

forwarded to the Roject Manager, WPSISC for myormations & doing the reafer.

old Malda M

#### Vaccinator in urban areas for RI Inbox

Saumendra Nath Bagchi show details 5:13 am (18 hours ago) 👆 Reply

Dear Madam,

Today we had a meeting with Commissioner FW regarding RI vaccinator in the Municipality areas. The good no of work force ( HHW, FTS etc) needs to be trained properly on RI and some of them can be given extensive training as vaccinator during RI session. This can be a possible way to tide over the crisis of vaccinator in urban areas and more no of sessions can be planned in future.

The Commissioner requested WBSISC to submit a proposal, on the training and capacity building plan, to create more vaccinator from the urban bodies.

To do so, may I request you to send me following information (only those urban bodies where support of SUDA is present)

- No of Municipality / Municipal corporation, where SUDA supported HHW, FTS and other health staff engaged. District wise break up
- Approximate population of the each municipality / municipal corporation (census 2001)
- 3. Total no of wards in each urban bodies
- Total no of Medical Officer (Full time / part time), HHW, FTS, STS under each urban bodies.
- Ava rage qualification of each category of health staff (except Doctor).

I would be grateful that if the above information can be given in shortest possible time, as we have been requested to send the proposal as quickly as possible.

Warm Regards
Bagchi S.N.
09433069040 /
033-25292638/ 033-55352350
saumenbagchi@yahoo.co.in



## STATE URBAN DEVELOPMENT AGENCY

# HEALTH WING "ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091 West Bengal

#### Ref. No. A:Health/DFID/08/25

Date 12:05:2008 ····

From: Dr. Shibani Goswami

Project Officer Health, SUDA

To : Dr. Nila Mukherjee

Jt. DHS & SFWO

Dept. of Health & Family Welfare

Swasthya Bhawan

GN-29, Sector - V, Salt Lake City

Kolkata - 700 091.

Sub. : Requisition of Training Module on Routine Immunisation in Bengali for Health Workers

#### Madam,

You may be aware that training on Routine Immunisation for Medical Professionals has already been completed in two batches comprising of 56 nos. of Doctors covering 32 Urban Local Bodies including 2 Municipal Corporations. The said training sessions had been facilitated by WBSISC. The Medical Professionals who have been trained, will impart training to Honorary Health Workers at Municipal Level for which training manual on Routine Immunisation in Bengali will be required.

Hence, you are requested to provide us 500 copies of said training manual in Bengali at the earliest, so that we could start training of HHWs.

Thanking you.

Yours faithfully,

Project Officer



De

# STATE URBAN DEVELOPMENT AGENCY

# HEALTH WING "ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091 West Bengal

Ref No. .....SUDA-Health/63 ULBs/07/640(63)

Date ......21.01.2008

From: Director, SUDA

To : The Chairman

....Kaluan Municipality

Sub. : Strengthening routine immunization in urban areas.

Sir/Madam,

With the identification of Polio cases in a few ULBs during recent time it is observed that routine immunization in urban areas needs strengthening. Many a times it has been reported that there is dearth of vaccine inoculators in the ULBs due to which Routine Immunization is being hampered. This matter was discussed with the Department of Health and FW and it is felt that capacity of grass-root level health functionaries of the ULBs on vaccine inoculation be built-up so that the target for Routine Immunization is fulfilled. The said training programme is likely to be organized by the Dept. of Health & FW shortly.

For the purpose, you are requested to send the names of the HHWs who are preferably Madhyamik pass and having aptitude towards for administering injection so that they can be suitably deployed at the Sub-Centres for Routine Immunisation , in the format given below by 15<sup>th</sup> February , 2008:

Sl. No.	Name of the HHWS	Educational qualification

Thanking you.

Yours faithfully,

Director, SUDA



### SUDA-Health/63 ULBs/07/640 (63) / 1(2)

21.01.2008

- 3. Sri A.K.Das , Commissioner(FW) & Spl. Secretary, GOWB , DHFW
- 4. Dr. Nila Mukherjee, Jt. DHS & SFWO, DHFW
  - for kind information with reference to our discussion on the subject held on 16.01.08

Director, SUDA

SUDA-Health/63 ULBs/07/640(63)/2(1)

21.01.2008

- 3. Sri Arnab Roy, Project Director, CMU & e.o Spl. Secretary, GOWB, Dept. of MA
- 4. Dr. Shibani Goswami , P.O , Health, SUDA

Director, SUDA



# STATE URBAN DEVELOPMENT AGENCY

# HEALTH WING "ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091

West Bengal

Ref No. SUDA-Health/DFID/07/152

From: Director, SUDA

To : Shri A.K. Das, IAS

Commissioner (FW) & Spl. Secretary, West Bengal

Dept. of Health & Family Welfare

Swasthya Bhawan, 3rd Floor, Wing - "B"

GN-29, Sector - V, Salt Lake City

Kolkata - 700 091.

Sub: Routine immunisation in Urban areas.

Dr. Growing Al. Moor

Sir,

You may be aware that the State Govt. launched CUDP III assisted by the World Bank for the urban poor of selected 31 ULBs in the jurisdiction of Kolkata Metropolitan Area in the year 1985-86. The resultant effect in terms of output in the health scenario was remarkable. With this experience, the several other primary health care programmes for the urban poor have been launched in phases covering all the 126 Urban Local Bodies of the State of West Bengal.

#### Different Urban Health Programmes:

Sl. No.	Project	Project Assisted by	Duration of Project	Population covered	No. of ULBs covered
1	CUDP-III	World Bank	1985-86 to 1991-92	16.00 Lakhs in KMA	
2.	IPP-VIII	World Bank	1993-94 to June 2002	38.00 Lakhs in KMA	41
3.	CSIP	DFID	1992-93 to 1997 - 98	2.85 Lakhs in KMA	
4	IPP-VIII-(Extn.)	World Bank	2000 to June 2002	8.30 Lakhs in Non-KMA	10
5	R.C.H. Sub- Project, Asansol	World Bank	1998 to March, 2004	2.53 Lakhs in Non-KMA	1
6	HHW Scheme	DHFW	Feb., 2004 continuing	2.86 lakhs in Non-KMA ULBs	11
7	Community Based Primary Health Care (CBPHC) Services	DHFW	Feb. 2006 Continuing	11.23 lakhs in Non- KMA ULBs	63

Contd. to P-2.

Tel/Fax No.: 359-3184



After cessation of external funding support, all the programmes are continued and maintained by the State Government.

#### The Objectives are:

- To provide primary health care service delivery to the requirements of the urban population with focus to BPL population.
- To implement Public Health & National Health Programmes to the population of the Urban Local Bodies.
- To ensure maximum utilisation of Govt. Institutions for referral services with regard to Maternity, Child Health, Diagnostic and Curative services.
- To bring about an overall improvement in the urban health scenario as a whole with reference to reduction in CBR, CDR, MMR, IMR and enhancement of CPR.

In this connection, it is to mention here that the said Health Programmes mainly caters to the urban poor, not the total population of the ULB. Information on ULB-wise total population, no. of wards, HHWs, FTSs, STSs / ANMs, HO, AHO, Pt. MO under the existing Health programmes in the 125 ULBs (excepting KMC) is enclosed at Annexure – I.

This is to inform you that there is dearth of vaccine inoculators in the ULBs due to which Routine Immunization is being hampered though there are good nos. of grass root level health functionaries namely HHWs & FTSs. Many of the FTSs are conversant with vaccine inoculation but they do not have accreditation to conduct the same.

Under the circumstances stated above, it is felt that if the suitable FTSs and some of the HHWs having aptitude may be trained formally and accredited as vaccinator who would be able to cover the total population of the ULB under RI.

In the mean time, Dr. S.N. Bagchi. WB\$ISC contacted us a no. of times and discussed the issue of strengthening RI in urban areas. We feel proper training & capacity building of grass root health functionaries as mentioned above would help to tide over the crisis of vaccine inoculators in conduct of Routine Immunisation effectively to the total population of the ULBs.

You are requested kindly to look into the matter and do the needful.

Yours faithfully,

Enclo.: As stated.

Director, SUDA

SUDA-Health/DFID/07/152/1(1)

Copy forwarded for kind information to:

Dr. Nila Mukherjee, Jt. DHS & SFWO, DHFW

Director, SUDA

SUDA-Health/DFID/07/152/2(1)

Copy forwarded for kind information to:

Shri Arnab Roy, Project Director, CMU & e.o. Spl. Secretary, GOWB, Dept. of MA

Director, SUDA

C VDr. Goswami\DFID\DFID - MISC doc

SI. No.	Name of ULBs	Population (2001 Census)		No. of HHWs	No. of FTSs	No. of STSs / ANMs	Full time Health Officer	Full time Asstt. Health Officer	Part time Medical Officer	Covered under Health Programme
1	Alipurduar	73047	20	39	7	2	1		2	IIP-VIII (Ext.)
2	Arambag	56129	18	18	4				1	CBPHC ***
3	Asansol MC	486304	50	387	97	26	1	1	8	RCH SP
4	Ashokenagar Kalyangarh	111475	22	37	8				2	СВРНС
5	Baduria	47418	17	17	4					СВРНС
6	Baidyabati	108231	22	85	17	5	1		3	CUDP III & IPP-VI
7	Bally	261575	29	127	27	7		1	5	CUDP III & IPP-VI
8	Balurghat	135516	23	65	12	4			2	IPP-VIII (Extn.)
9	Bangaon	102115	21	34	7				1	СВРНС
10	Bankura	128811	23	28	6	3	1		2	HHW Scheme
11	Bansberia	104453	22	99	20	5		1	3	CUDP III & IPP-VI
12	Baranagar	250615	33	60	13	3	1		2	CUDP III & IPP-VI
13	Barasat	231515	30	197	49	15	1	1	6	CUDP III & IPP-VI
14	Вагтаскроге	144331	24	85	17	5	1		5	CUDP III & IPP-VI
15	Baruipur	44964	17	24	5	1				CUDP III
16	Basirhat	113120	22	38	8					СВРНС
17	Beldanga	25361	14	14	3					CBPHC
18	Berhampur	160168	23	40	8	3			2	HHW Scheme
19	Bhadreswar	105944	20	175	23	6	1	1	4	CUDP III & IPP-VI
20	Bhatpara	441956	35	191	38	12	-	1	6	IPP VIII
21	Bidhannagar	167848	23	35	7	2		1	2	IPP VIII
22	Bimagar	26596	14	14	3	-		1	-	
23	Bishnupur	61943	19	14	3	2			2	СВРНС
24	Bolpur	65659	18	14	3	2			2	HHW Scheme
25	Budge Budge	75465	20	84	17	5	1		1	HHW Scheme
26	Burdwan	285871	35	136	27	10	'		4	CUDP III & IPP-VI
27	Chakdah	86965	20	20	4	10			6	IPP-VIII (Extn.)
28	Champdani	103232	22	94	19	5	1		l	СВРНС
29	Chandannagar MC	162166	33	85	18	4	1	ì	3	CUDP III & IPP-VI
30	Chandrakona				3	4		1	4	CUDP III & IPP-VI
31		20400	12	12						СВРНС
32	Contai	77497 -	18	26	5 4		,			СВРНС
33	Cooch Behar	76812	20	17		2	1	1400	2	HHW Scheme
34	Coopers Camp	17755	12	12	3				1	СВРНС
35	Dainhat *	22593	14	14	3					СВРНС
36	Dalkhola	29772	14	14	3					СВРНС
37	Darjeeling	107530	32	78	16	4		1	2	IPP-VIII (Extn.)
38	Dhulian **	72906	19	19	4					СВРНС
39	Dhupguri *	38010	16	16	4			-		СВРНС
40	Diamondharbour	37238	16	16	4		- 1			CBPHC
41	Dinhata	34303	16	16	4					СВРНС
	Dubrajpur	32752	16	16	4			1.5		СВРНС
42	Dum Dum	101319	22	53	10	3	1		3	CUDP III & IPP-VII
	Durgapur MC	492996	43	229	57	16			8	IPP-VIII (Extn.)
44	Egra	25180	14	14	3				1	СВРНС
	Englishbazar	161448	25	71	14	4			2	IPP-VIII (Extn.)
46	Gangarampur	53548	18	18	4					СВРНС
47	Garulia	76300	21	95	19	4	1		3	CUDP III & IPP-VII
48	Gayeshpur	55028	18	58	13	3			3	CUDP III & IPP-VII
49	Ghatal	51586	17	17	4					СВРНС
50	Gobardanga **	41618	17	17	4					СВРНС

31.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	No. of FTSs	No. of STSs / ANMs	Full time Health Officer	Full time Asstt. Health Officer	Part time Medical Officer	Covered under Health Programme
51	Gushkara	31863	16	16	4				1	СВРНС
52	Habra	127695	22	40	8		1		2	СВРНС
53	Haldia	170695	26	45	9				1	СВРНС
54	Haldibari	13170	11	11	3					СВРНС
55	Halisahar	124479	23	99	20	5	1	1	3	CUDP III & IPP-VIII
56	Hooghly Chinsurah	170201	30	148	27	8		1	4	CUDP III & IPP-VIII
57	Howrah MC	1008704	50	423	71	24		1	6	CUDP III & IPP-VIII
58	Islampur *	52766	14	17	4					СВРНС
59	Jalpaiguri	100212	25	46	12	2	1		2	IPP-VIII (Extn.)
60	Jamuria	129456	22	29	6					СВРНС
61	Jangipur	74464	20	19	4	2			2	HHW Scheme
62	Jaynagar Mazilpur	23319	14	14	3					СВРНС
63	Jhalda	17870	12	12	3					CBPHC
64	Jhargram	53158	17	18	4				1	СВРНС
65	Jiaganj- Azimganj	47228	17	17	4				1	CBPHC
66	Kaliaganj	47639	17	17	4				1	
67	Kalimpong	42980	23	23	5					СВРНС
68	Kalna	52176	18	12	3	2			1	СВРНС
69	Kalyani	81984	19	35	13	2		1	1	HHW Scheme
70	Kamarhati	314334	35	137	28	8		1	2	IPP VIII
71	Kanchrapara	126118	_		19	5		1	6	IPP-VIII
72	Kandi		24	93	4	3	1	1	4	CUDP III & IPP-VIII
73	Katwa	50345	17	17						СВРНС
74		71573	19	24	5				1	СВРНС
75	Kharagpur	207984	30	112	30	8		1	5	IPP-VII (Extn.)
76	Kharar	11580	10	10	2					СВРНС
77	Khardah	116252	21	135	27	7	1		5	CUDP III & IPP-VIII
78	Khirpai	14545	10	10	2					СВРНС
79	Konnagar	72211	19	65	13	3	1	1	2	CUDP III & IPP-VIII
80	Krishnagar	139070	24	35	7	3	1		2	HHW Scheme
81	Kulti	290057	35	76	13					СВРНС
	Kurseong	40067	20	20	4				1	СВРНС
82	Madhyamgram	155503	23	94	19	6	1	1	4	IPP VIII
83	Maheshtala	389214	35	204	41	12	1	1	6	IPP-VIII
84	Mal	23212	16	16	4					СВРНС
85	Mathabhanga	21110	12	12	3					СВРНС
86	Medinipur	153349	24	38	8	3			2	HHW Scheme
87	Mekhliganj	10833	9	g g	2					СВРНС
88	Memari	36191	16.	16.	4					СВРНС
89	Mirik	9179	9	9	2					СВРНС
90	Murshidabad	36894	16	16	4					СВРНС
91	Nabadwip	115036	24	38	8		1			СВРНС
92	Naihati	215432	28	129	20	5	1	1	3	CUDP III & IPP-VIII
93	Nalhati	34038	16	16	4					СВРНС
94	New Barrackpore	83183	19	95	15	5	1	1	4	CUDP III & IPP-VIII
95	North Barrackpore	123523	22	169	24	6			5	CUDP III & IPP-VIII
96	North Dum Dum	220032	30	126	22	7	1	1	4	CUDP III & IPP-VIII
97	Old Malda	62944	17	20	4				1	СВРНС
98	Panihati	348379	35	198	40	10	1	1	5	CUDP III & IPP-VIII
99	Panskura	49891	17	17	4					СВРНС
100	Pujali	33863	15	35	7	2		1	2	IPP VIII

### Information on ULB-wise total population, no. of Wards & HHWs, FTSs, STSs / ANMs, HO, AHO & Pt. MO under the existing Health Programmes

L	•	Name of ULBs	Population (2001 Cens	us)	No. of Wards				- remitte	Full time Asstt.	Part tim Medical	
-	01	Purulia	113766	+	-			- Alteris	Officer	Health	Officer	Health Programme
1	02	Raghunathpur **		+	22	29	6	3		Officer		
1	03	Raiganj	21812	+	13	13	2				2	HHW Scheme
10	04	Rajarhat Gopalpur	165222	1	26	70	14	4				СВРНС
10	15	Rajpur Sonarpur	271781	1	27	186	32	12	1	-	2	IPP-VIII (Extn.)
10	6	Ramjibanpur	336390		33	158	34	9	1	1	4	IPP VIII
10		Rampurhat	17363		11	11	3		1	1	4	CUDP III & IPP-VIII
10		Ranaghat	50609		17	17	4					СВРНС
109	_	Raniganj	68754		19	19	4					СВРНС
110		Rishra	122891	T	21	36	7				1	CBPHC
111	$\overline{}$	Sainthia	113259		23	121	24	7				CBPHC
112	_		39244		16	16	4			1	4	CUDP III & IPP-VIII
113	10	antipur	138195		23	46	9					CBPHC
114	13	erampore	197955		25	156	31		1			
115	_	iliguri MC	470275		-	244		9		1	4	CHPP III
116		onamukhi	27348	-	5	15	61	16	1		10	CUDP III & IPP-VIII
117		outh Dum Dum	392150		-		3				-	IPP-VIII (Extn.)
	Sı		61818	1	-	198	41	12	1		5	CBPHC
118		herpur	20060	1	-	14	3	2	1		1	IPP VIII
119	Ta	ki	37302	_	-	13	3				1	HHW Scheme
120	-	mluk	45826	16	-	16	4				-	СВРНС
121	Ta	rakeshwar	28178	19	-	22	5			_		CBPHC
122	Tit	agarh	124198	15	-	5	3				.	CBPHC
23	Tut	anganj		23	- "	25 2	20	6	1	1	1	CBPHC
		beria	19293	12	1	2	3			-	3	IPP VIII
25	Utta	arpara Kotrung		28	13	0 2	6	7	1	-	-	CBPHC
		Total	150204	24	12	-	6	6		_		UDP III & IPP-VIII
race	n lii	fication of HHW - minimum		2673	790	5 16	27 3	191	35		3 C	UDP III & IPP-VIII

<sup>\*</sup> Training for HHWs not yet completed

<sup>\*\*</sup> HHWs selection not yet finalised

<sup>\*\*\*</sup> FTS selection under CBPHC not yet initiated

#### WEST BENGAL STATE IMMUNIZATION SUPPORT CELL Department of Community Medicine Medical College, Kolkata

No. /2007/37

Date: 26th December 2007

To

Sincetor BUDA HE Block. Sleher-111 Salt Lala.

Sub: Strengthening Routine Immunization in KMC area – Engagement Mr. Prosenjit Sinha as 'District Extender' for KMC area under WBSISC project w.e.f 1<sup>st</sup> December 2007

Ref: Commissioner, Family welfare, Govt. of West Bengal, No. H/SFWB/9P-06-2003/Pt-I/CFW-391 dated 29<sup>TH</sup> August 2007

Dear Sir

State Health Department, Medical Education Department and UNICEF have undertaken a collaborative project for strengthening routine immunization programme management in 8 districts of West Bengal. The project will be operational in the districts of Jalpaiguri, Uttar Dinajpur, Dakshin Dinajpur, Malda, Murshidabad, Bardhaman, Purulia & Kolkata.

"West Bengal State Immunization Support Cell (WBSISC)" placed at the Dept. of Community Medicine, Medical College, Kolkata will manage the project.

The project has concurrence of the Commissioner, Family welfare, Govt. of West Bengal (Vide No. H/SFWB/9P-06-2003/Pt-I/CFW-391 dated 29<sup>TH</sup> August 2007) and Director of Medical Education, Govt. of West Bengal.

We are pleased to engage Mr. Prosenjit Sinha as 'District Extender' who will support and facilitate routine immunization programme management in KMC area.

Please note the following:

- Mr. Sinha will work in close collaboration with KMC health authorities, KMUHO, SUDA, District Family Welfare Bureau and all other stake holders involved in accelerating routine immunization services in KMC area.
- He will facilitate and support ward-based microplanning with special focus on underserved population, cold chain management, vaccine-ADS-other logistics management, capacity building, monitoring & supervision, data management and VPD surveillance.
- If you have any query, please contact Dr. S. N. Bagchi, Project Manager (9433069040) or Dr. Samir Dasgupta, Project Director (9433190810).

I will request you to extend necessary support and guidance to Mr. Sinha and to utilize him appropriately for accelerating routine immunization services in Kolkata Municipal Corporation area.

With regards

Dr. Samir Dasgupta
Professor & Head
Dept. of Community Medicine
Medical College, Kolkata
& Project Director, WBSISC

#### Enclosed:

 Copy of Commissioner, Family Welfare No. H/SFWB/9P-06-2003/Pt-I/CFW-391 dated 29<sup>TH</sup> August 2007

#### Copy to:

- 1. The Commissioner, Family Welfare, Govt. of West Bengal
- 2. State Family welfare Officer, Govt. of west Bengal
- 3. Dr. Sudha Balakrishnan, APO, UNICEF, Kolkata

Planning for revisit of X - houses to be done on the last day of house to house activity. Based on the number of X-houses remaining, calculation can be done as: No. of X-houses left/80 =No of teams required.Our suggestion is to conduct Revisit for X-houses 12/11/2007 and 13/11/2007 and monitoring for the same will be strictly done from the District authority.

During revisit house marking should be done as follows:

RV -- P or X-- House no. (RV indicates Revisit) Date of Revisit

Original house marking will remain as it is; this will be an additional marking.

 Municipal/block level core group (including CDPO.Superintendent, PHN, NGO. Railway authority, KMUHO, ESI, School, and other key persons/stake holders ) meeting to be convened.

· Evening Debriefings - After completion of the days activity the supervisor have to sit with vaccinators to review and to plan and to take corrective measures for next day's work; then the supervisors must meet the unit head to give the feedback and daily reports.

Fund allotment will be intimated as early as possible.

 Kindly contact Dr. Kalyan Mukherjee DMCHO (M-9432122080) Dr. Tushar Acharya, ACMOH Barrackpore (9831386242) Dr. J.K. Mehta (9434004858) Kalpana Samanta, DPHNO(033-25842519)

Kindly ensure that no child including the new borns even remains leftout and no house remains unvisited.

> Secretary, DH & FWS & Chief Medical Officer of Health North 24 Parganas

Memo no. BSTA25- 2007 dtd 29 /10 /2007 Copy forwarded for information & necessary action to the :

1. Commisoner (F & W), Swasthya Bhawan, Salt Lake, Kolkata

2. Director, NRHM, Swasthya Bhawan, Salt Lake, Kolkata

3. SFWO cum Jt.DHS (FW), Swasthya Bhawan, Salt Lake, Kolkara

4. Savadhipati 5. DM

6. Dr.K.D.Ghosh, MLA/ Dr.Pravin Kumar, MLA

5. ADM (T), North 24 Parganas, 6. Karmadhykka, Janaswasthya, & Nodal HO-NGP-ZP

6. The regional Coordinator (East), NPSP

7.DyCMOH I-II-III/ DMCHO/ZLO/DTO/DPHNO/AO/HC/DPC/DSM: Computer, North 24 Parganas

8. S.D.O, Barrackpore, with a request to convene a Sub-divisional meeting immediately involving all related stakeholders from your sub division at your variest in consultaine with ACMOH-Bkp

9. ACMOH (All), North 24 Parganas

J.K.Mehta, SMO, NPSP Barasat, 11. CMO, Kaachrapara Rly. Hosp./DPO, ICDS/Rotary International/IMA/ZHO-I &II KMUHO/CMO-ESI to ensure all possible continuous help/support to the corresponding municipalities/blocks

> Secretary, DH & EWS & Chief Medical Officer of Health North 24 Parganas

Be Wise, Immunize; Save The Children, Save The Nation: Ensure Timely Immunization

for lafor in a stone Government of West Bengal

Office of the District Health and Family Wesfare Samity & Office of the Chief Medical Officer of Health

North 24 Parganas

Memo no. 4255/66/2007 To The

Chairman/Health Officer/CEO

Date: 26/10/2007

Municipality/BEP Caut. Board
SDH/SGH/ BPHC Block

Superintendent/BMOH\_\_\_\_ Barrackpore sub division, north 24 parganas, W.B

#### A. Introduction:

The recently convened 1711 India Expert Advisory Group (IEAG) reaffirmed confidence that wild poliovirus will be eradicated from India should every effort be made to interrupt transmission of WPV in 2007 through appropriate strategies. The polio eradication efforts are being stepped up this year with a more focused and specific approach of tracking and vaccinating the most vulnerable children who are inadequately protected, to stop policyirus transmission in India at the earliest. One such measure being initiated is mapping and vaccinating children up to five years of age of the migrant populations in Punjab, Haryana, Gujarat and West Bengal.

In India, type I polio virus caused, on an average,95 percent polio cases in the last five years. As India moves into the final phase of Polio Eradication, the battle needs to close in on the P1 type of polio virus. This will help to ensure that polio gets eliminated decisively and more quickly.

Since a majority of the migratory populations live in the urban and peri urban areas. November 2007 SNID will cover Kolkata district as a whole along with peri-Kolkata areas of districts- Howrah (Uluberia & Bally Municipality, Howrah Municipal Corporation), 24 Parganas -North (Barrackpore Sub-division) & 24 Parganas -South (Budge Budge, Baruipur, Maheshtala, Rajpur-Sonargur, Pujali - Municipality and 7 rural blocks - Budge Budge I & II. Bishnupur I & II. Bangore I, Scharpur and Thakurpukur-Maheshtala Block) of the State with an objective to immunize all under five children Resolution of District Task Force Meeting held on 26/10/07 in connection

with the forthcoming SNID 4th Nov.2007

- his SNID is for mi gratory population(mustly from Bihar, UP etc) and also for all the population of Barrackpore sub Division (16 Municipanties, 1 cant. Board, 2 Rural Blocks) who are at risk from these nligratory population
- It has been decided by The D.M and CMOH that Boom activity will be held on 04/11/07 and Transit Team activity will also be held on 04 /11/07 only and house to house activity will be from Monday 05/11/2007(for 4 to J days as per need following the GOVT. norms)

Timings - for Booth activity - 9 AM to 4 PM

• Transit team activity will be conducted in shifts (where applicable). Each member of the team must have separate set of 'ogistics & must be proactive to cover both side of

Oc/ic of the corresponding ps must be intimated so that traffic police extend there help in working for the TPT members.

This time Monovalent Vaccine type I (MOPVI) will be used for this SNID instead of Trivalent vaccine (TOPV).

SNID Ish Watered Framinisation Dar



- Care must be taken to preserve the MOPV1 Vaccine viais separately in a poly bag in the ILR and in no way it should get mixed up with the trivalent vaccine.
- All the under five children must be immunized with the MOPV1 vaccine only during this SNID round.
- After completion of the round, unused and partially used MOPV1 vaccine vials must be returned back to the ACMOH/District Office/source of Vaccine receipt.
- · IEC -
- 1. Miking to be done from 02/11/07 to 04/11/07 extensively from morning to evening to cover all the areas, especially at/around the places of people's gathering. Slow moving vehicle to be used and simple messages be given in local language inviting all children to the Pulse Polio booths. Kindly announce the booth location and also appeal the guardians to extend Cooperation to search out the left out children and to get them immunized during house to house activity even if the team has to visit the houses at odd hours of the day.
- 2. IPC Workers should start giving information about the SNID activity through whispering campaign from now on at every contact point.

  Communicate the school/Madrasa teachers to convey the message to the guardians

through there students.

3. Cable Network - to be used to spread the message regarding the round & to bring all the <5 yr children to the Polio-booth

4. PVC banner will be provided (at least one for each booth). Local measures may be taken to make hand written posters, leaflets etc.

5. Fixed Miking from Mosques, railway stations, bus terminus, Ferry ghats, jute mills, industries and Hospital PA system etc may also be utilized from now on.

House to House activity will start from Monday on weeds

- Rationalise the house load for each team day ( around 100 houses per day per team ).
- Hospital supdt.s, without hampering the hospital services, must involve & get their colleagues involved throughout the process in consultation with Muni.HO.

One supervisor will supervise 5 teams per day ( stould not be more than 6 teams).
Supervision must start always along with the day's vaccination activity.

 Microplan – to be prepared in the formats provided and submitted to the District by 31/10/07 Wednesday through the special messenger.

Trained manpower only should be utilized for the activity.

 Training of vaccinators and supervisors to be done before the activity. Prepare a training schedule and inform the District/ ACMOH office accordingly.

 Newly recruited ICDS workers may be deployed wherever necessary after proper training. They should preferably be deployed in teams along with a trained/experienced worker.

Information regarding MOPV1 vaccine must be given in the training. Also Brief the vaccinators regarding the key questions to be asked during house visits, VVM, House marking, finger marking, revisit of X houses and other operational aspects. Approach of H-t-H activity would be "search and immunize"

X - house generation has been a problem in quite a few municipalities; this indicates an
average quality of activity. Vaccinators to be briefed properly regarding X - house
markings and also revisit of X- houses needs to be stressed upon for X to P conversion.