

Report on Visit to Barasat Municipality on 22.12.2010 for RI Monitoring

After visit to nine out of total eighteen Sub-centres scheduled for Routine Immunisation on the day, the following observations were made:

SN	Observations	Suggested Actions
1	No Display Board in any of the Sub-centres except those situated in the HAU buildings.	May be repaired and put up as soon as possible.
2	Immunisation Register well maintained in most of the centres	Registers may be updated properly in rest of the centres.
3	No supply of Hub cutters, Puncture Proof Containers & Disposal bags in the centres for disposal of immunization waste.	May be procured & supplied
4	Improper Disposal of Immunisation Waste. As observed, the immunization waste materials were kept dumped in large boxes without segregation & labelling of sharp objects.	ULB may kindly look into the matter to ensure regular & proper disposal of the immunization waste.
5	General Treatment Clinics are merged with the Immunisation Clinic (once/twice a month)	A weekly General Treatment Clinic may be held at the sub-centres.

Gangji De
23.12.10

TOUR REPORT OF BALLY MPL.

DATE OF VISIT : 6.7.2011

PURPOSE OF VISIT : Monitoring and supervision of the different activities of the subcentres ,analysis of HMIS reports and interaction with the health workers and their reorientation as regards to different health activities.

OBSERVATIONS:

*Bally mpl has a number of health facilities under projects like CUDP&IPP and also the mpl runned ones but the decentralized health facilities like the subcentres do not serve the purpose of health care to the population adequately.

*Out of the six total sanctioned scs under CUDP project only two scs have all the clinics like general treatment, immunization, growth monitoring, IEC,ANC/PNC etc ,jn the remaining four only general treatment is conducted. Under the IPP project out of 21 sanctioned subcentres 6 scs are having all clinics as per schedule in the remaining scs only general treatment clinics are conducted.

*The FTSES who are RI trained both under CUDP&IPP donot give vaccines as per order by the zonal office according to them ,so the immunization in the scs are being carried out by the zonal office vaccinators.For the same reason outreach vaccination sessions are also irregular.

*Medicine stock is sufficient according to them.The stock registers are maintained .

*The number of B.P instrument and stethoscope are not sufficient.ILR &DF supplied to them by the district.

SUGGESTIONS GIVEN:

*Had discussion with the authorities to renovate the subcentres and improve the infrastructure so that these centres can function properly and the aim of providing health care services in the outreach areas is fulfilled.

*The RI trained FTSES should be involved in immunization esp in the decentralized centres thus increasing the immunization coverage in these areas

*Required number of BP instrument,stethos,weighing machines should be procured.

*FTSES &HHWS in some of the scs need reorientation relating to use of medicines for treatment of minor ailments ,use of OCP etc. The HO was suggested to arrange for certain reorientation classes regularly which would be followed up by the APO.

Dr.S.Basu

A.P.O

SUDA (H)

DF - 8/7/2011

Report on visit to Panskura Mpl. on 28.06.11

Panskura Mpl has a popl popln of about- 22000 with 8 subcentres running in the area.

Out of which only 4 are sanctioned by SUDA.

Visit was initiated with a training session with their HO (Dr T.B. Marly), HNs, FTS and other staff of the UCB, followed by visit to 7 out of 8 existing subcentres.

Observations & Suggestions:-

- ① Both approved and non approved subcentres did not have proper display boards.
[HO & AA have been asked to look into the matter]
- ② Approved subcentres have the equipments, furnitures and drugs as sanctioned by SUDA.
- ③ Non approved subcentres have drugs and few equipments but no furnitures like patient examination table & screen.
- ④ The registers were well maintained at all the SC but with some falacies in immunisation & Growth monitoring register.
[Proper method has been explained to them]
- ⑤ Patient turnover on immunisation clinic day is good in all the centres (with an average of 50)
- ⑥ General treatment and ANC clinic are also running successfully but there is some problem with Growth Monitoring Clinic
[HO has been asked to take a training on GM]
- ⑦ Immunisation clinics are being held once a week on Thursdays at all the subcentres.
Trained FTS are assisting the ANM nurses from BPHC who are the ones to give the vaccination on the immunisation clinic days

Contd.

at all the subcentres. The day has been fixed on a Thursdays according to their convenience. [HO has been suggested to ask the FTS (trained) to take over the vaccination sessions so that they are self sufficient.]

- 8) Liaison with BPWC of the area is excellent. ANM sisters ~~not~~ help our workers with vaccination and ANC checkups.
- 9) Out of the 8 subcentres running in the area only 4 of them are sanctioned. Thus there is a shortfall of manpower & drugs. FTSs and HHWs have to manage all the subcentres in rotation. Thus the approved subcentres remain closed on other days (other than the clinic days) as FTS is busy elsewhere. Drugs that have been allotted for 4 SCs are being distributed among 8 subcentres.
- 10) Two out of the 4 non-approved subcentres are not patient friendly. The road leading to one of the SC is very risky for pregnant women & small children as it is in the form of a steep slope without side support. The other centre was water logged due to rains and thus ~~a~~ unapproachable for all. [Thus these 2 SCs need to be relocated].

Ganesh De
29.06.11

TOUR REPORT ON RAMPURHAT MPL

DATE OF VISIT : 13.6.2011

PURPOSE OF VISIT: Monitoring and supervision of the different activities of the subcentres ,analysis of HMIS reports and interaction with the health workers and their reorientation as regards to different health activities.

OBSERVATIONS	SUGGESTIONS GIVEN	RESPONSIBILITY
1.Both ILR and DF supplied by the district CMOH office but are yet to be installed by the Mpl.	It was suggested to the authorities to make an electric connection so that the costly items donot lie in a packed condition inside the mpl.	Mpl.
2.The buildings where the scs are accommodated need some renovation and better toilet facilities.	Stressed on the requirement of a basic toilet facility during the conduct of ANC/PNC ,IMMUNIZATION CLINIC,ETC.	Mpl
3.Growth monitoring clinic not conducted in all 4 scs due to non availability of weighing machine in any of the scs.	Necessity of growth monitoring in under 5 children was discussed and the mpl was asked to procure the weighing machines.	
4.IEC not done in the wards and in the scs.	Asked the HHWs and FTSEs to do IEC in the wards during their field visit.	FTS &HHW.
5.Scarcity of medicines,ocp,condoms &ORS packets ,the HHWs cannot take these things with them during their field visits.	Medicines couldnot be procured by the ULB due to shortage of fund.	To make provison for adequate fund to the ULB by SUDA.
6.Stethoscope and B.P.instrument in only one sc.	For General treatment ,ANC/PNC, stethoscope and B.P instrument is a must and should be procured immediately.	Mpl.
7.Display board with name and address but service schedule is not made available outside the subcentre.	Service schedule outside the scs be made available for the beneficiaries and the people passing by to have a clear knowledge about the services provided by the subcentre.Every sc should have one.	Mpl

Dr. S.Basu

A.P.O - SUDA .

Date- 8/7/2011

**TOUR REPORT OF 28TH & 29TH JANUARY, 2010 AT
JAMURIA MUNICIPALITY**

Name- Dr. Sumit Talukdar Date of visit- 28th & 29th Jan,2010
& Mr. Acintya Saha
Designation- APO, SUDA Name of the Municipality- Jamuria
& MIES Officer, SUDA

Purpose of visit-

- (1) Supervision and monitoring of the activities at SC
- (2) discussion with HHW, FTS and the members of M & S Cell regarding family schedule and monthly report and
- (3) Meeting with BMOH of the nearest BPHC- Akhalpur

At first a brief meeting was held with Vice Chairman, TPO, EO and other members of M & S Cell, CBPHC at Municipality Office. Discussion held regarding objective of the project, current situation and non submission of HMIS report , no recording of family schedule.

On first day Mr. Achintya Saha and myself trained to all members of M & S Cell, CBPHC, all HHW and FTS regarding

- (i) SC activities
- (ii) How to fill up family schedule in details
- (iii) Exercise on filling up family schedule

On second day we trained to all members of M & S Cell, CBPHC, all HHW and FTS regarding

- (i) HMIS report in details
- (ii) Exercise on filling up HMIS report
- (iii) Initiation of immunization at municipality at SC

We went to BPHC Akhalpur to meet BMOH and BPHN to convince them for cooperation in immunization.

Salient Observations

- (1) There are two Medical officers. Out of total six SCs five are functioning by means of only general treatment once in week but no ANC/PNC , immunization , growth monitoring.
- (2) No BP apparatus, weighing machine, almirah at SC because from this allotted fund the municipality spent for honorarium. So there are no drugs stored at SC. On the clinic day FTS is carrying drugs from municipality to SC and after end of the session she returned unused drug to municipality.
- (3) There are five rural SC under BPHC where regularly immunization is going on which are at municipality area.
- (4) All FTS are trained in immunization.

- (5) BMOH and BPHN both are agreed to cooperate municipality to support in immunization by giving AD syringes , vials, vaccine carriers and other things like Folifer tablets, condom, OCP , ORS etc.
- (6) It is very dishearten to see that HHWs still did not get any family schedule. After several quarries it is found that the person who was in the charge of family schedule suspended and after suspension still he did not pass the keys of some almirahs to anybody.

Action Taken :

1. Training provided how to fill up family schedule and HMIS report. From next month two selected FTS will be responsible for monthly report
2. Vice Chairman assured us for providing new BPL list to all HHWs and to collect all family schedules and to distribute these to all HHWs within seven days.
3. There are six HHW who are more easy in Hindi so they will make indent form for requisition of Hindi HMIS A forms and family schedules.

4. Discussed immunization in details. Discussed with Vice chairman and all other staff of Mpl. regarding initiation of immunization. Discussed with BMOH and BPHN , immediately After completion of Pulse polio in second week of February HA of Mpl. will fix a date with BPHN to learn the action plan of immunization. Then from mid of the March Mpl. will start immunization. After discussion immediately BPHN gave us 10 packets of Folifer tabs, 100 packets of ORS. Thereafter Mpl. will put an indent and will take the material from BPHC.

Target activities Vs. Time Frame

	Within 7 days	Within 20 days	Within 1 month	Within 2 months
Activities	Distribution of family schedule, new BPL list.	Start HMIS report preparation	(1) submission of monthly report (2) prepare an action plan for immunization	Initiation of immunization minimum at 2 SCs

5. For equipments they will discuss with FO, SUDA to make an way.

6. We have to monitor regularly for every activity.

Sumit Talukdar.

4.2.2010

ADVANCE TOUR PROGRAMME

Name- Dr. Sumit Talukdar.

Designation- APO, SUDA

Month- December-2009

DATE	PLACE	PURPOSE
4/12/09	MEMARY	Sub-centre visit and report analysis in presence of all HHW and FTS.
9/12/09	DAINHAT	Sub-centre visit and report analysis in presence of all HHW and FTS.
11/12/09	PANSKURA	Selection of FTS
17/12/09	TAMLUK	Sub-centre visit and report analysis in presence of all HHW and FTS.
18/12/09	CONTAI	Sub-centre visit and report analysis in presence of all HHW and FTS.

Sumit Talukdar.
26/11/2009

Sub:- Visit to Halibaker Mpl. by Dr S. Basu A.P.O

Date:- 13.7.09

Select Observations for taking necessary action:-

SUBCENTRES (SC):-

- 1) Display board along with clinic schedule is absent in most of the SCs.
- 2) ANC clinic and General Treatment Clinic held weekly. ANC very few pts. and AT. clinic 5-7 patients / clinic in the Subcentres. Beneficiaries prefer
- 3) Growth monitoring ~~clinic~~ not done regularly due to scarcity of weighing machines (and also Baby weighing machine).
- 4) IEC not done in the wards and also in the SC due to funding problem. They have some problem with the accounts dept and so cannot arrange funds for IEC sessions.
- 5) Registers maintained -
 - Birth & death (Child register)
 - Immunization
 - General treatment patients
 - ANC/PNC
 - Stock registers
 - <1 year

Eligible couple register not maintained by the ATSCs.

- 6) Immunization done in all SCs by the ATSCs under supervision of the M.Os. Vaccines are procured from the AEMOH's office.
- 7) H.O expressed inconvenience as in many Subcentres weighing machine, ~~condoms~~ is not functioning. Also there is insufficient supply of condoms & OC pills from the AEMOH's office.
- 8) Some of the HTHs seemed too aged to carry out their job responsibility.

- 9) Difficulties in filling up the Family Schedule were noted.
- 10) Many of the SCs do not have electric supply and are in an unhygienic surroundings.

FIELD VISIT:-

- 1) Drains and sanitary latrines are present in the wards. But some wards have insanitary conditions. Open air defecation is practiced in some wards.
- 2) The HHWs pay house visits but visits are not regular as known. from interaction with beneficiaries found from the family schedule.
- 3) The ATSEs pay some visits but not regularly.
- 4) IEC not done in the wards by the ATSEs and STSEs.

THEIR MANPOWER:-

	CUDP	IPP VIII
HHW	27	60
PTS	6	14
STS	0	2
Subcenters	6	14
		Subcenters:- <u>In clubs</u> <u>In Mpt. buildings</u>
PTMO - 1		4 16
AHO - 1		
H.O - 1		

Electricity not available in → 10 Scs.
SUGGESTIONS GIVEN :- Water supply

- 1) The family schedule and HHWS were explained in the meeting to the HHWs, ATSEs and STSEs.
- 2) The HHWs and ATSEs were asked to do IEC ~~side~~ during house visits and also during immunization clinic.
- 3) The ATSEs were asked to maintain Eligible couple register.
- 4) H.O was asked to procure condoms & O.C pills from the ACHON's office through proper procedure.

Abala Seendani Matricular

• Run by Habshahar Mpl. It is a 10 bedded hospital.

• Depts:-

Δ Maternity - • Only Normal delivery. No Caesarean section and L.O operations done.

• Normal delivery - 30/year.

• O.T - not functioning.

• Wards - Well maintained & hygienic

• Run by Habshahar Mpl.

Δ General OPD - • Everyday $\frac{15}{20}$ pts/day.

Δ No. E.S.O.P.D.

Δ Display board & doctors list present.

Dr. Ananda Bose.

A.P.O.

Backward Region Grad Fund

- 1) Banker
- 2) Bichhu
- 3) D. Dimas
- 4) Jalpaiguri
- 5) Melde
- 6) Admiter
- 7) Musaidel (East)
- 8) (West)
- 9) S. & S. P. P.
- 10) U. Dimas

2008-09

Annex: relevant page of ADP

Project Proposal ID 111

Project Title: IEC (on Preventive and Basic health issues), publication of booklets		Project Location- All Wards	
Narrative Description of Projects: Lack of awareness on prevention & control of diseases, trust on quacks leads to a complication in disease management. Concerted IEC programme is proposed to deal with such issues and spread the information on basic services available at the municipality level, symptomatic diagnosis of diseases for improved disease management system. Targetted programmes: 5 baby show, Weekly Adolescence clinic, Diabetic clinic, Purchase of WHO journals etc.			
Public Health Infrastructure: Publication of Booklets, Posters, use of folk media etc.		Type of Work: Creation of IEC material, tested by local community and publication of the same	
Project Beneficiaries: Residents of HooghlyChinsurah Municipality		Implementation Monitoring Indicators (Qualitative): Improved service delivery and minimal disease outbreak.	
Current situation/ or current operational /management/ utilization problem requiring improvement /standards of service: Adequate Information is not available, Optimum utilisation is not possible due to inadequate equipments, lack of knowledge of stakeholders to deal with the situation etc.		Implementation Monitoring Indicators (Quantitative) Ensure coverage of all population within year 2012.	
One time investment and likely sources of Financial Capital 36,00,000 (RUPEES THIRTY SIX LAKH SONLY) Likely Sources 3600000 IPP-VIII/ KUSP This year budget : 7.20 Lakhs Rev expenditure 6.20 Lakhs	Time required for Project Completion/Monitoring 12 MONTHS	O&M requirement: (Operational & Recurring Cost, including measures for sustaining operational management/ Utilization charges):	
	Expected Life of the Project: 20 years	Staff & Skill requirement for O&M: Not Applicable,	
Human Resources: Existing Health functionaries, SJSRY network, NGOs and other local level associations	Plan for collection of User charges/ fees from Beneficiaries of the Project: Not Applicable		
Opportunity for PPP/ CDS/Citizen's Association to manage the Project: Involvement of PPP envisaged	Opinion on contribution to capital cost by beneficiaries/ Private Party: PPP envisaged		
Linkages with other Institutions: PPP initiatives, NGOs's involvement is envisaged	Requirement of support from External Agency: Design of IEC Modules , Development ,Pilot testing and implementation		
Project Coordinator (Name & Position)	Sanitary Inspector, Hooghly Chinsurah Municipality		

NOTE: PAGE 221 OF ADP_HCM_2008-09

TOUR REPORT OF 3rd & 4th July , 2009 AT
DHUPGURI MUNICIPALITY

Name- Dr. Sumit Talukdar.

Date of visit- 3/07/2009

Designation- APO, SUDA

Name of the Municipality- Dhupguri

Purpose of visit-- Selection of FTS (No – 4) for CBPHC Project.

Other members who were present are-

1. Chairman, Dhupguri Municipality
2. ACMOH, Jalpaiguri Division
3. BMOH, Dhupguri
4. Member, CDS
5. Councilor, In charge of Health

After discussion and common agreement we have taken written test of willing 5 candidates. Then we took interview on following topics-

1. Leadership Quality
 2. reading skill (English)
 3. Technical Knowledge
 4. situation tackling capacity
 5. family schedule fill up and reporting
- & simple calculation.

At last we have decided to ^{select}~~absorb~~ the following candidates as FTS-

1. Shima Ghosh
2. Shefali Basak
3. Biva Biswa Sarma
- & 4. Jayanti Roy

Sumit Talukdar.
9/7/2009

TOUR REPORT OF 8th July , 2009 AT BAIDYABATI MUNICIPALITY

Name- Dr. Sumit Talukdar.

Date of visit- 8/07/2009

Designation- APO, SUDA

Name of the Municipality- Baidyabati

Purpose of visit- To attend meeting cum training session (combined CUDP & IPP VIII) organized by HO , Baidyabati regarding monthly HMIS report.

HMIS report discussed in details, Some role plays were acted by HHW/FTS on different topics (IEC Procedure). Mistakes done by them are pointed out.

Problem regarding reports

- (1) In the report of CUDP , March-2009, No. of total couple protection is very less according to the no. of actual eligible couple (in both CUDP & IPP VIII only about 10 %). The eligible couples who accepted the method only in 2008 and 2009, number calculated (before 2008 March not calculated) .
- (2) In the report of both CUDP & IPP VIII , March-2009 the no. of BCG is more than the live birth, DPT % and Measles % are also very high (more than 90 %). Some HHWs are taking reports directly from SC.

- (3) In the report of CUDP , March-2009 , 3 ANC is only 25 % of the total registration. The person who are doing check up outside are not coming in the reports. The pregnant mother who are coming little late (after 12 weeks first visit) are not taken as eligible for 3 ANC check up.
- (4) They are not maintaining registers uniformly. Some FTS are maintaining eligible couple register, somebody is maintaining immunization register (but not all FTS).
- (5) Confusion regarding DT1/DT2 and TT1/TT2. Some HHW booster dose are reporting at DT1 cell and somebody is filling at DT2 cell.

Suggestion

- (1) In both CUDP & IPP VIII they have to maintain the registers uniformly like immunization register , eligible couple register and ANC / PNC register for only beneficiaries(block wise). So advised to up date the register regularly from family schedule and to make the reports from family schedule.
- (2) For CPR , 3 ANC , TT for pregnant woman how to calculate % discussed with them . They assured that they will fill the register properly through HHW block wise.
- (3) They have to take the immunization data from family schedule not from SC.
- (4) No. of Couple protection always should be forwarded, only when withdrawn or age will be more than stipulated then the no. will be deducted.

PROJECT	SC	General Treatment	ANC	Growth monitoring	Immunization
CUDP	6 functioning	One day monthly/weekly	ANC/PNC only being held at Hospital.	No schedule date (when children will come at SC)	One/two monthly with general treatment
IPP VIII	7+6 functioning (two units)	One day monthly/weekly.	ANC/PNC only being held at Hospital.	No schedule date (when children will come at SC)	One/two monthly with general treatment

Sumit Talukdar.
9/7/2009

TOUR REPORT OF 25th June , 2009 AT RISHRA MUNICIPALITY

Name- Dr. Sumit Talukdar.

Date of visit- 25/06/2009

Designation- APO, SUDA

Name of the Municipality- Rishra

Purpose of visit- Supervision and monitoring of the HMIS report (discussion with HHW and FTS and to observe how they are reporting)

HMIS report discussed in details, Some role plays were acted by HHW/FTS on different topics (IEC Procedure). Mistakes done by them are pointed out.

Problem regarding reports

- (1) In the report of CUDP , March-2009, No. of total couple protection is more than the no. of actual eligible couple. The eligible couples who are accepting the method newly the number is being added but when they are withdrawing the number is not being subtracting.
- (2) In the report of both CUDP & IPP VIII , March-2009 the no. of BCG is more than the live birth, DPT % and Measles % are also very high (more than 90 %). Some HHWs are taking reports directly from SC.
- (3) In the report of CUDP , March-2009 , 3 ANC is only 25 % of the total registration. The person who are doing check up outside are not coming in the reports.

Suggestion

- (1) In both CUDP & IPP VIII they are maintaining immunization register for only beneficiaries (Block wise) . So advised to up date the register regularly from family schedule and to make the reports from family schedule.
- (2) For CPR , 3 ANC , TT for pregnant woman % one format was discussed with them . They assured that they will fill it properly through HHW block wise.

PROJECT	SC	General Treatment	ANC	Growth monitoring	Immunization
CUDP	6 functioning	One day weekly	XXXXX ANC/PNC only being held at ESOPD.	On the day of General Treatment / Immunization	Twice / thrice weekly.
IPP VIII	18 functioning (three units)	One day weekly	XXXXX ANC/PNC only being held at ESOPD.	On the day of General Treatment / Immunization	Twice / thrice weekly.

Sumit Talukdar.
26/6/2009

**TOUR REPORT OF 22nd June , 2009 AT
BHADRESHWAR MUNICIPALITY**

Name- Dr. Sumit Talukdar.

Date of visit- 22/06/2009

Designation- APO, SUDA

Name of the Municipality- Bhadreswar

Purpose of visit- Supervision and monitoring of the HMIS report (discussion with HHW and FTS and to observe how they are reporting)

HMIS report discussed in details, Some role plays were acted by HHW/FTS on different topics (IEC Procedure). Mistakes done by them are pointed out.

Problem regarding reports

- (1) In the report of CUDP , March-2009, home delivery is 32%. FTS of CUDP answered that most of the area is of minority group . Still they are trying to raise % of institutional delivery.
- (2) In the report of IPP VIII , March-2009 the no. of BCG is very less than the live birth, DPT % and Measles % are also very low (less than 40 %). By query it was found that during report of January -2009 most of the cases of December -2008 was not forwarded.
- (3) In the report of both IPP VIII & CUDP , March-2009 , couple protection rate is seemed to high (near 90%).

Suggestion

(1) In both CUDP & IPP VIII they are maintaining immunization register for only beneficiaries (Block wise) . So advised to up date the register regularly from family schedule and to make the reports from family schedule.

(2) They are maintaining ANC/ PNC register and eligible couple register nicely . Only they have to assure that all of them to practice this uniformly.

PROJECT	SC	General Treatment	ANC	Growth monitoring	Immunization
CUDP	12 Functioning (two units)	One day weekly	ANC/PNC once weekly.	On the day of General Treatment / Immunization	Once weekly.
IPP VIII	11 functioning (two units)	One day weekly (sometimes in problem due to scarcity of doctor)	ANC/PNC once weekly	On the day of General Treatment / Immunization	Once weekly.

IPP-VIII

CUDP

Category of workers	Unit I	Unit-II	Unit I	Unit-II
FTS	6	5	6	6
HHW	31	24	30	30

Sunit Talukdar.
26/6/2009

Sub:- Visit to North Barrackpore Municipality by Dr S. Banerjee

A.P.O.

Date:- 29.6.09

Salient observations for taking necessary action:-

Sub-centres (SCs):

- 1) Display board along with clinic schedule is present in each of the SCs.
- 2) ANC clinic and General Treatment clinic held weekly have minimum patient turnover. (ANC - 1 to 2 patients, General Treatment - 7 to 8 patients on average per clinic). Beneficiaries prefer J.B. Maternity Home & Hospital.
- 3) Growth monitoring not done due to lack of weighing machines and growth charts.
- 4) IEC programme not yet started in any SC except for a monthly mother's meeting. However IEC done in the wards by STSes (IPPV III) monthly.
- 5) Registers maintained but not in a proper format.
- 6) Immunization clinic conducted in all SCs by the FTSes under supervision of M.O. Some beneficiaries avail immunization from J.B. M. Hospital (also preg. mothers). Vaccines are procured from the CMOH's office.
- 7) AHO expressed inconvenience to carry out health activities properly in CUDP project as STSes not yet recruited inspite of training of the STSes.
- 8) Some of the HHWs seemed too aged to carry out their job responsibility.
- 9) In the HHIS report, some discrepancies were noted, which were rectified in the weekly meeting with the FTSes, STSes, HHWs and AHO.

Field Visit :-

- Except for a few wards, there is proper drainage and sanitation facilities in the wards.
- The HHWs pay house visits twice monthly and carry with them, medicines, ORS, condoms, pills etc.
- The ATIs pay home visits monthly.
- IEC done in the wards by the STIs.

J.B. Maternity Home & Hospital :-

- Run by North Barrackpore Mpl. It is a 40-bedded hospital.
- Depths :-
 - Δ Maternity (IPPVIII) -
 - Normal delivery, Caesarian section & 20 operations done.
 - Normal delivery - 1 approx. } daily.
 - CS - 3-4
 - O.T - well equipped.
 - wards - well maintained & hygienic
 - Run by North Barrackpore Mpl.
 - Δ ESOPD - (CUDP) -
 - Clinics.
 - Oth & gynae - 6 days a week
 - ~~Eye~~ Eye - Everyday
 - Dental - Twice weekly
 - General - Everyday
 - Ortho - Twice weekly
 - Surgery - 5 days a week
 - Breast Care Unit - To be started
 - Psychologist - Friday
- Δ Display board containing doctors list and treatment days present. (OPD schedule).

Their manpower :-

	<u>CUDP</u>	<u>IPP VIII</u>
HHW -	56	54
FTS -	12	12
STS -	0	3
Subcentres -	12	12

Dr. Sunanda Basu
ASH. Project Officer
Health, SUDA.

Suggestions Given :-

- 1) Growth Monitoring clinic was asked to start in the Subcentres after providing weighing machines, and growth chart.
- 2) Suggested to start proper IEC in the Subcentres regularly.
- 3) The registers were asked to maintain as per format.
- 4) Fallacies in the ^(DTP2, DTP2, Immunisation) HMIS report detected and rectified.
_{Eligibility of 1 year old}
- 5) The HHWs were asked to carry them the family schedule instead of maintaining their personal diary.

Advance Tour Programme for June-2009

Name- Dr. Sumit Talukdar, APO, SUDA

DATE	MUNICIPALITY	ACTIVITIES	REMARKS
11 th & 12 th	Dhupguri	FIS Selection	
16 th	Jamuria	Discussion & HHW,	
17 th	Jamuria	Report preparation, Field visit	
23 rd	Purulia	Discussion & Field	
24 th	Purulia	Staff, Field visit.	
29 th	Contai	Field visit.	

Sumit Talukdar.
01/06/2009

TOUR REPORT OF 6th June , 2009 AT KONNAGAR MUNICIPALITY

Name- Dr. Sumit Talukdar.

Date of visit- 6/06/2009

Designation- APO, SUDA

Name of the Municipality- Konnagar

Purpose of visit- Supervision and monitoring of the HMIS report (discussion with HHW and FTS and to observe how they are reporting)

At first a brief meeting was held with Chairman, Dr. D. K. Ghosh (HO) and myself at Municipality Office. Discussion held regarding objective of the project, current situation and some discrepancies of HMIS report.

HMIS report discussed in details, Some role plays were acted by HHW/FTS on different topics (IEC Procedure). Mistakes done by them are pointed out. A new format for monitoring eligible couple and children under 5 years are discussed and made them understood.

Problem regarding reports

From August'08 Municipality has taken 4 SCs from rural area. From then HHW are reporting for both APL & BPL . So in the report (CUDP) at contraceptive column they are showing total protection but in case of population they are showing only old BPL.

In report they are showing 30-50 % BCG but near about 100 % measles. They are saying that as same report is to be submitted district CMOH so they are submitting SC report (reporting for both APL & BPL both)

	CUDP	IPP VIII
HHW	36	30
FTS	6	7
Functioning SC	6	7

SC	General Treatment	ANC	Growth monitoring	Immunization
13 functioning	Once in a month but overlapped with ANC	Once in a month	In all CUDP SC and 3 IPP VIII SC weighing machines are out of order and 3 IPP VIII SC	Once in a month

1. They are sending HMIS report correctly but ULB is not analysing the report (whether their programme is running toward right direction or not)
2. A new format for monitoring eligible couple and children under 5 years are discussed and made them understood.
3. They are not following family schedule. Only maintaining a register comprise every details. A page (Xerox) is attached herewith.

Action Taken :

1. Training provided how to analyze HMIS report.
2. A separate report will be prepared to submit CMOH. For immunization.
3. Report should be made according to BPL population.

Sumit Talukdar
9/6/2009

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ସୁମିତ୍ରା ଚୋରାମଣି - ୩୨

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ସୋର " - ୨ ୧/୨

**TOUR REPORT OF 8th June , 2009 AT HOOGHLY-
CHINSURAH MUNICIPALITY**

Name- Dr. Sumit Talukdar.

Date of visit- 8/06/2009

Designation- APO, SUDA
Konnagar

Name of the Municipality-

Purpose of visit- Supervision and monitoring of the HMIS report (discussion with HHW and FTS and to observe how they are reporting)

HMIS report discussed in details, Some role plays were acted by HHW/FTS on different topics (IEC Procedure). Mistakes done by them are pointed out.

Problem regarding reports

From March-2009 19000 population are included in IPP VIII . SCs are established but still no HHW is working there. In report there was 259 % protection rate. Actually in case of eligible couple it was wrongly written 1719 in stead of 7719. In case of DT/TT booster some FTS are filling data at DT/TT 1 and somebody are filling at DT/TT 2 . Procedure discussed. BCG was 110 %. FTS are stating that some back log cases are there that is some children have not taken vaccine in last year. They are immunized in this year.

	CUDP	IPP VIII
HHW	56	76
FTS	12	21
STS	1	4
Functioning SC	12	21

PROJECT	SC	General Treatment	ANC	Growth monitoring	Immunization
CUDP	12 functioning	Once in a month but overlapped with Immunization	XXXXX (as club area so not possible)	In all CUDP SC weighing machines are out of order	Once in a month
IPP VIII	21 functioning (14 new out of those 21)	XXXXXX Due to scarcity of doctors.	XXXXX (as club area so not possible)	At 3 IPP VIII SC weighing machines are out of order	Once in a month

Sumit Talukder
9/6/2009

Report on ~~the~~ Visit to

Bhatpara Mpl on 4.6.09

Bhatpara Mpl

IPP VIII - 6 (HAU)

No. of Subcentres = 38.

Health Officer: - Dr S. Dey
~~9830922602~~
9830035372

No. of FTS = 37 / 38

No. of STS = $\frac{1+2}{12}$ working
not working.

No. of HHW = 185

① Visit started with SC-6 of HAU-II.
Visited total 14 subcentres. List of
SC along c name of FTS is enclosed.

② Observations: -

a) Immunisation - Once a month (fixed).

HAU I = SC - 4, 6, 7.

HAU II = SC - 3, 2

HAU III = SC - 3, 7, 5

HAU IV = SC - 1, 2, 3, 4, 5, 6

HAU V = SC - 1, 2, 5

HAU VI = SC - 1, 2, 5.

Vaccinator ^{from} Municipality -
Sunite Rai
Mayuri Prase.

b) Gen Outdoor Clinic - Once a week.

c) Growth Monitoring :- Once a month.

d) ANC / PNC Clinic

- clubbed \approx Gen Outdoor clinic

e) Registers :-

Up to date at most of the centres.

f) Stock Register :-

Maintained centrally at the HAU level. Medicines are distributed to the HHWs and FTS (for SC use)

g) Meeting Date - Once a month (fixed day)

h) Family Schedule - Mostly complete.

i) Contraceptive supply - inadequate.

③ Field visit to Block 6 (IT Bhatti).

Weight of children been taken at field level by the HHWs.

Children are immunised

Family Planning Services not being accepted by all.

④ Visit to Npt Municipalities' Janani Suraksha Office.

Checked the Master roll of Beneficiaries. Nodal Officer is strictly maintaining our norms in determining the eligibility of beneficiaries

Gargi De

From: The Officer on Special Duty,
Health, UHIP Unit, KMDA

Sub:- No. of HAU Building with the location / address of Sub-centre
under IPP/VIII, Project.

Sl. no.	Address of HAU	No of Sub-centre	Location/address of Sub-centre	Status of the building (Own/Rented/Others)	Remarks
1.	Rabindra park Bhatpara more. unit NO-I W-8	4 5 2. 2. 1 3 4 5 6 7	Saratpally Sarat Smriti Sangha. Sukanta pally. W-18 Dist-24 Pgs. (N) Balaka Sangha Rabindra pally Madral. W-6 Satadal Sangha. Bhatpara. W-7 Kheyali Sangha Mokamtala Bhatpara. W-3 Satadal Sangha. Kantadanga. Rathala. W-7 Rabindra park Bhatpara more (H.A.U) W-8 Nirama Rabindra park. Bhatpara more. (H.A.U) W-8	Own. Rented. Rented. Rented. Rented. Municipal building Municipal building.	Mukti Dutta Sapna Banerjee Ranjita Dutta Parbati Banerjee Bela Dutta. Ranjita Dutta Malahi Das Neera Bisim

23.10.06

From: The Officer on Special Duty,
Health, UHIP Unit, KMDA

Sub:- No. of HAU Building with the location / address of Sub-centre
under IPP/VIII, Project.

Sl. no.	Address of HAU	No of Sub-centre	Location/address of Sub-centre	Status of the building (Own/Rented/ Others)	Remarks
	Shyamnagar Branch office.	1.	Auckland Jute mill Jagatdal. W/NO - 18	Rented	Toipti Biswas
	unit NO - II Shyamnagar. W-22	2.	Authpur children park. Authpur W/NO - 21	municipal Building.	Sandhya Das
		3.	Balutala Raj-pukur path. W/NO - 19	Rented	Sheela Das
		4.	Authpur Seengha Shree club. W/NO - 20	Rented	Rama Chakraborty
		5.	Chattra Sanghatan club. W/NO - 24	Rented	Tr Das
		6.	Shyamnagar Branch office. W/NO - 25	municipal Building	Debi Dey
		7.	Shyamnagar Branch office. Shyamnagar. W/NO - 25	municipal Building.	Debjani Bhattacharya

Dr. Raba Kumar Das

Opp. Kide Bazar

Ganesh Mandi

FJS



No: 559(41)/A-3/KMDA/Health UHIP/03

Dt: 31 August 2006

From: The Officer on Special Duty,
Health, UHIP Unit, KMDA

Sub:- No. of HAU Building with the location / address of Sub-centre
under IPP/VIII, Project.

Sl. no.	Address of HAU	No of Sub-centre	Location/address of Sub-centre	Status of the building (Own/Rented/Others)	Remarks	
1.	Golghar HAU unit NO-3 W-15	1.	Ramnagar Yuba Santha. Sundia para. W/NO-10.	Rented.	Chandan Chakrabarti Alpama Chakrabarti	
		2.	Bagha Jatin club panchamantala W/NO-12	Rented	↓	
		3.	Student Health organisation. Golghar, W/NO-15	Rented	Maya Saha (Absent)	
		4.	Brajen Sarkar's dispensary. moti bhawan. W/NO-17	Rented	Bhupathi Jethi	
		5.	Auckland Jute mill Madrasa High School. Jagatdal. W/NO-18	Rented	Sikha Debnath	
		6.	Golghar H.A.U W/NO-15	3	Municipal Building.	Ratna Dey
		7.	Golghar H.A.U W/NO-15	2	Municipal Building.	Kamala Das

From: The Officer on Special Duty,
Health, UHIP Unit, KMDA

Sub:- No. of HAU Building with the location / address of Sub-centre
under IPP/VIII, Project.

Sl. no.	Address of HAU	No of Sub-centre	Location/address of Sub-centre	Status of the building (Own/Rented/Others)	Remarks
	B. R. S Colony. Shyam nagar. W/NO - 28	1 1	Jhaw tala (panchayat office) W/NO - 26	Municipal building	Sheela Sengupta
		2	provati Sangha club. W/NO - 29	Municipal building	Purnalaxhi Sinha
		3 5	Nattjashree club. W/NO - 35	Rented	Rama Das
		4	Natun gram panchayat office. W/NO - 30	Municipal building	Saraswati Basak
		5 6	Narayan pur panchayat office. W/NO - 31	Municipal building	Gauri Das
		6 5	Madral Tricon park. W/NO - 33	Rented	No FIS
		7 2	Madral Tricon park. B. R. S Colony. W/NO - 28	Municipal building	Ratna Chowdhury

No: 559(41)/A-3/KMDA/Health UHIP/03

Dt: 31 August 2006

From: The Officer on Special Duty,
Health, UHIP Unit, KMDA

Sub:- No. of HAU Building with the location / address of Sub-centre
under IPP/VIII, Project.

Sl. no.	Address of HAU	No of Sub-centre	Location/address of Sub-centre	Status of the building (Own/Rented/Others)	Remarks	
	Kantapurkur HAU - 5 W/NO - 9	1.	Sukanta Smriti Sangha. W/NO - 10	Rented	Purnima.	
		2.	House of Rama Sankar Bhakat W/NO - 12	Rented	Bharati Nah.	
		3				
		2.	Shramik Kalyan Kendra. W/NO - 15	Rented	Uma Saha	
		4.	Gopi Malakar House. W/NO - 33	Rented.	Jyotsnalyal Patn	
		5. 2	1.	Kantapurkur HAU. W/NO - 9	municipal building.	Rita Kumh (Absent)

No: 559(41)/A-3/KMDA/Health UHIP/03

Dt: 31 August 2006

From: The Officer on Special Duty,
Health, UHIP Unit, KMDA

Sub:- No. of HAU Building with the location / address of Sub-centre
under IPP/VIII, Project.

Sl. no.	Address of HAU	No of Sub-centre	Location/address of Sub-centre	Status of the building (Own/Rented/Others)	Remarks
	Mondal para H.A.U unit no-6 W/NO-35	1.	Birganga Sangha W/NO-18	Rented	Sanali Dutt
		1 2.	wood combers. union office. W/NO-16	Rented	Shobha Pal
		2.	Jagruti Sangha W/NO-21	Rented	Sikha Dutt
		4.	Hari Singh House. W/NO-18	Rented	Sunita Dutt
		5.	Mondal para W/NO-35	Municipal building.	Mala Rai

18
28.10.06
[Signature]

TOUR REPORT OF 11th May , 2009 AT KALYANI MUNICIPALITY

Name- Dr. Sumit Talukdar.

Date of visit- 11/05/2009

Designation- APO, SUDA

Name of the Municipality- Kalyani

Purpose of visit- To monitor the concept of eligible couple and type of family planning what the eligible couple are using among the HHW and FTS and discussion with HO, FTS regarding analysis of HMIS report.

At first a brief meeting was held with HO (Dr. Kasturi Bakshi). Discussion held regarding objective of the project, current situation and objective of my visit.

Then visited some BPL families with concerning HHW and FTS and enquired the type of family planning the eligible couple are using and on job training provided regarding family planning.

Then a meeting held with all the HHW and FTS in presence of HO. HMIS report discussed in details, Some role plays were acted by HHW/FTS on different topics (IEC Procedure).

Major Issues Observed :

1. They are sending HMIS report but ULB is weak in analyzing the report . The programmed is running for almost twelve years. The person who was preparing the report died recently, the person who has taken the charge needs a little time to set.

2. Among the families we have visited regarding two HHW were reporting that though they have permanently sterilized still they are using temporary methods , after enquiry it was revealed that soon after operation the doctors cautioned them that the operations were not successful so they would need extra precaution. But these things were hidden among HHW.

3. In one family it was found that after ligation the lady was experiencing pregnancy. According to some HHW due to this type of case some family are regularly using temporary methods though they are already permanently sterilized.

4. In two family we have found that the women are using both condom and OCP and both are haphazardly. We counseled the family and discussed the drawbacks of this type of mistakes with HHW and FTS.

5. FTS are not checking family schedule randomly.

6. More than 80% antenatal cases are registered after 12 weeks. Among the pregnant mothers only 65% mothers are doing 3 ANC and only 20% are doing 3 PNC . Still 15 % home deliveries are being held.

7. In case of vaccination no. of measles are more than DPT or Polio. After enquiry it was revealed that they are reporting the measles who are taking the vaccine even after 1 year and up to 5 years.

8. In report no. of eligible couple is less than the total no. of family planning procedures the adopted. It is impossible. After field visit it is understood that in some cases they are reporting two family planning procedures in one eligible couple.

9. Total 7 SC are functioning. Among these 3 are running at one place as two premises are still not available. At all SC all the activities i.e general treatment, immunization, growth monitoring and ANC are being done.

Action Taken :

1. Training provided how to analyze HMIS report.

2. Time/day of clinic should be written properly at outside of SC.

3. Training provided to FTS and HHW regarding family planning methods in details

4. Training provided to FTS and HHW regarding the maintenance ANC , Immunization and Growth monitoring registers.

5. Suggested to submit requisition/SOE regularly.

6. Suggested to submit HMIS report from 10th to 12th in each month to SUDA.

TOUR REPORT OF 6th May , 2009 AT SONAMUKHI MUNICIPALITY

Name- Dr. Sumit Talukdar.

Date of visit- 6/05/2009

Designation- APO, SUDA

Name of the Municipality- Sonamukhi

Purpose of visit- Supervision and monitoring of the activities going at different SC of Sonamukhi Municipality.

At first a brief meeting was held with MO (Dr. Kanchan Kr. Mondal) , Sonamukhi , other members of M & S Cell and myself at Sonamukhi Municipality Office. Discussion held regarding objective of the project, current situation and objective of my visit.

Then a meeting held with all the HHW and FTS with all the members of M & S Cell including MO. HMIS report discussed in details, Some role plays were acted by HHW/FTS on different topics (IEC Procedure). Then visited two SC out of total 3 SC in second half. At last met with Chairman again and gave him feedback i.e SWOT (strength, weakness, threatening & opportunity) analysis and suggestion given to overcome the negative side.

General Information –

Regarding Procurement :-

1. Procurement of furniture and equipments for M & S cell is completed.
2. Procurement for Furniture and equipments for SC completed.
3. Drug Procurement for SC completed

Regarding manpower:

Category of Staff	No. sanctioned	No. in position
HHW	15	15
FTS	3	3
M & S Cell		
HO	1	nil
MO	1	1
SI	1	1
Accounts Asst.	1	1
Computer Asst.	1	1
Clerk cum Storekeeper	1	1

- a) Procedure of selection of HO will be completed just after Election.
- b) One FTS , Mrs. Sushma Nandy (Mal) is working as FTS but her promotion from HHW to FTS is not sanctioned as she has not training at SUDA (for FTS) (at stipulated training time she has some personal problem).

Major Issues Observed :

1. They are sending HMIS report correctly but ULB is not analysing the report (whether their programme is running toward right direction or not)
2. Members of M & S Cell could not analyse the report as they have not taken training . There were some confusion regarding report.
3. HHWs are doing IEC but they are not sending reports.
4. Out of 3 SC one is established at Municipality premises and oter two are rented.

5. At all the three SC general treatment clinic is running. Other components like ANC Clinic, Immunization clinic are running at two SC, Growth monitoring is not functioning at any SC.
6. They have been provided stipulated format of ANC and Immunization for SUDA. But still they are maintaining registers provided from BPHC instead of registers from SUDA.
7. FTS are still unknown to Growth monitoring chart.
8. A board is displayed at the outside of SC. Name of the project and name of the SG, MO is written there, but time schedule and day of clinic time are not written.
9. A short test was taken of 20 marks. Mean marks achieved is 12. (questions like- how do you calculate EDD, what is high risk mother, high risk baby, what are the major food elements, what are the sources of vit. C etc.)

<u>Activities</u>	<u>SC No-1</u>	<u>SC No-2</u>	<u>SC No-3</u>
General Treatment	4 hours x 2 days weekly	4 hours x 1 day weekly	4 hours x 1 day weekly
Immunization	weekly	xxx	xxx
ANC	weekly	weekly	weekly
Growth monitoring	xxx	xxx	xxx

Action Taken :

1. Training provided how to analyse HMIS report. The members of M & S Cell and FTS will analyse the report from next month.
2. Requested Chaiman to absorb HO as quick as possible after election .
3. Time/day of clinic should be written porperly at outside of SC.
4. Traing provided to FTS regarding Growth monitring chart.
5. Traing provided to FTS and other members of M & S Cell regarding the maintenance ANC , Immunization and Growth monitring registers.
6. Suggested to submit requisition/SOE regularly.
7. Suggested to submit HMIS report from 10th to 12th in each month to SUDA.

TOUR REPORT OF 22nd April, 2009 AT JAMURIA MUNICIPALITY

Name- Dr. Sumit Talukdar.

Date of visit- 22/04/2009

Designation- APO, SUDA

Name of the Municipality- Jamuria

Purpose of visit-

1. To attend a meeting with all HHW , FTS , councilor responsible to monitor the health system of the Municipality, Vice-chairman and Chairperson of the Municipality.
2. Supervision and monitoring of the activities going at different SC of Jamuria Municipality.
3. To collect the baseline data.

Major Issues Observed:

1. Though the municipality started the project from August 2007 but they are running very slow. Lot of works are pending.
2. Interview just held for HO and other members of M & S Cell. They will be appointed after MP election i.e from June, '09.
3. Till date the municipality didn't submit baseline data, HMIS report (monthly report). Even the HHW are still not accustomed with family schedule .
4. HHWs are taking data from house to house irrespective of APL/BPL. They are filling form D for together APL/BPL. But FTS are not compiling the data. Here FTS has no extra job in comparison to HHW.
5. Out of sanctioned 6 SC , 5 are functioning by 2 MO.(3 are at municipality premises 2 are rented).

6. Equipments for SC i.e weighing machine, BP apparatus are procured for 3 SC (1year back, at that time only 3 SC were functioning). So it is lacking at 2 SC.
7. Visited one SC at Ward No-3. Schedule is not displayed outside. This SC is opening 3 days in a week (for immunization, ANC and mothers meeting – one day in each week). Actually ANM sister is coming from BPHC on those days. General treatment is one day in a week.
8. The municipality has absorbed one lady attendant for OPD treatment .
9. The municipality drug stock is basically nil because all the drugs are expired at this moment. (previously procured drug but all the SC were not functioning)
10. Immunization, ANC clinic are basically run by ANM of BPHC. Registers are also maintained by her. So regarding that function no record is available with our FTS.

Action Taken :

1. Training provided to all HHW, FTS and other staff of Municipality that how to prepare Family Schedule and HMIS report. They will prepare the report from next month. Discussion held regarding how to make a rapport with family.
2. Suggested to write the day /time of clinic properly in display board at the outside of SC.
3. Suggested to submit HMIS report from 10th to 12th in each month to SUDA.

4. Suggested to record ANC/immunization properly and separately. It will be supervised two months later by myself.
5. Advised to HHW/FTS to do IEC activities regularly. The MO himself will select the topics in each month.
6. Drugs should be procured after consultation with MO.
7. As 5 HHW and 2 FTS are Hindi speaking so they should procure Hindi family schedule/ reports (as they can not read Bengali).
8. Discussed the whole health system with Chairperson/Vice chairman. The system should be supervised by them and myself regularly.

Advance Tour Programme

Name - Dr. Sumit Talukdar.

Month - May

Designation - APO, SUDA

Year - 2009

Date	Place	Activities	Remarks
01/05/09			
2/05/09	HOLIDAY		
3/05/09			
4/05/09		SUDA	Compilation & Analysis of HMIS Report
5/05/09	SUDA	Do	
6/05/09	KHARAR ULB	Monitoring the activities of SC.	
7/05/09	SUDA	Preparation of Tour Report	
8/05/09	SUDA	Preparation of Training Module HMIS	
9/05/09	HOLIDAY		
10/05/09			
11/05/09	SUDA	Preparation of Annual Report - CUDP/IPPVIII	
12/05/09	SUDA	Do	
13/05/09	ELECTION HOLIDAY		
14/05/09	SUDA	Compare HMIS Vs Baseline Survey	
15/05/09	SUDA	Do	
16/05/09	HOLIDAY		
17/05/09			
18/05/09	SUDA	comparison HMIS Vs. Baseline	
19/05/09	SUDA	Do	
20/05/09	EGRA ULB	Monitoring the activities of SC	
21/05/09	SUDA	Preparation of Tour Report	
22/05/09	CHANDRAKONA ULB	Monitoring the activities of SC.	
23/05/09	HOLIDAY		
24/05/09			
25/05/09	SUDA	Preparation of Tour Report	
26/05/09	SUDA	Preparation of Training Module RCH	
27/05/09	SUDA	Do.	
28/05/09	SUDA	Preparation of ATP	
29/05/09	SONAMUKHI ULB	Monitoring the activities of SC.	
30/05/09	HOLIDAY		
31/05/09			

Sumit Talukdar
30/4/2009

TOUR REPORT OF 3rd & 4th April, 2009 AT KALNA MUNICIPALITY

Name- Dr. Sumit Talukdar.

Date of visit- 2/04/2009 & 3/04/2009

Designation- APO, SUDA

Name of the Municipality- Kalna (HHW Project)

Purpose of visit-To attend Training of newly appointed HHW , Orientation of existing HHW and FTS and Supervision and monitoring of the activities going at different SC of Kalna Municipality.

At first a brief meeting was held with Chairman (Dr. Gouranga Goswami) and myself at Municipality Office. Discussion held regarding objective of the project, current situation and objective of my visit. Then took permission to attend training of HHW, orientation of existing old HHW and to visit the SC.

At first a brief discussion held with new HHW regarding previous lessons what they have already learnt. Then Family Schedule was discussed in details up to 4 p.m. As they are new so how to build rapport with family that is also discussed with new HHW. Then visited one SC. General treatment register, Immunization register, ANC register supervised by me. Then visited some BPL families under SC. Next day all the existing HHW & FTS were called along with new HHW. HMIS report discussed in details, Some role plays were acted by HHW/FTS on different topics (IEC Procedure). Then visited some BPL families under another SC. Registers and other activities supervised by me. At last met with Chairman and gave them feedback. As chairman himself is a doctor so he regularly monitor the activities , sometimes he can provide training also.

Major Issues Observed :

1. As per I have seen all the HHW and FTS are doing good job. New HHW are also taking keen interest in training. They raised some intelligent questions during training of HMIS reports.
2. AHO is very experienced and regularly discussed with HHW/ FTS. He requested me for some extra drugs like anti- hypertensives, antibiotics. But denied by me as they are not in approval list. .

3. At SC there are 3 columns for 3 ANC . If mother is paying 3 visit very rapidly they are listing those also and sending that reports .
4. General treatment schedule and other components like Immunization , ANC are not written properly in display board.

Action Taken :

1. Training provided to all HHW, FTS and other staff of Municipality that how to prepare/ analyse Family Schedule, HMIS report. All of them will analyse the report from next month. The CDO of the Municipality assured me that from next month they will analyze reports properly.
2. Suggested to write the day /time of clinic properly in display board at the outside of SC.
3. Suggested to submit HMIS report from 10th to 12th in each month to SUDA.
4. Suggested to fill ANC register properly.
5. Advised to HHW/FTS to do IEC activities regularly. The Chairman himself will select the topics in each month.

Sumit Talukdar.
13/4/2009

Name of ULS → BONGAON

Date of Visit: - 9.4.09.

Name & Designation of Doctors Posted.

MO: - Dr Sukumar Saha (ULS)

Dr Anshanta Bala (CBPHE)

Procurement Status: -

Procurement of Furniture & Equipments

→ Completed and Supplied to all the Sls.

Manpower Status: -

Health Officer post is vacant.

Sub centre Status: -

All 7 Sls are functioning.

Name of S.C.	Name of FIS	Display Behind	Stock ^{Med} _{Contr}	Registers:
①	Gouri Biswas	✓	Med - ✓ Contraceptive = X	Outdoor / Imm → M ANC / GM → NM.
②	Ratna Bala	✓	"	"
③	Miltra Pat	✓	"	"
④	Karita Mondal	✓	"	"
⑤	Reena Mazumdar	✓	"	"
⑥	Sandhya Saha.	✓	"	"
⑦	Manchuri Pat.	✓	"	"

Imm → Immunisation

M → Maintained

GM → Growth Monitoring

NM → Not Maintained

Med → Medicine

Clinics: -

Gen. Treatment: - Once a week/sc on fixed days.

Immunisation: - Once a month /sc on fixed days.

ANC / PNC → Not started at the subcentre.
Running every week at the ULB.

Growth Monitoring: - Clubbed with Immunisation Clinic.

Detailed Report: -

- ① Visit started with a Training and Discussion session at subcentre & along with the HHWs / FHS and other staff of the ULB. Session was inaugurated by MO - Dr San.
- ② Visited all the subcentres. All are running successfully.
- ③ Their system of computerised record keeping is appreciable.

Problems Identified.

- ① No electricity supply at 3 SCs → 1 being absolutely dark even in the mornings due to fixed windows.
- ② No Contraceptive supply for last few months.
- ③ ANC clinic is not going on at the subcentre level, but being carried out regularly at the Municipality.

Advice given

- Temporary Connection can be obtained.
- AEMOH to be contacted and requested through proper channel.
- To be started at the sub-centre level.

Ganji DC
13.4.09

Advance Tour Programme

Name- Dr. Sumit Talukdar.
Designation- APO, SUDA

Month- April
Year- 2009

Date	Place	Activities	Remarks
1/04/09	SUDA office	Preparation of Training Module for CBPHC	
2/04/09	SUDA office	Writing & analysis of tour report	
3/04/09	SUDA office	Preparation of Training Module for CBPHC	
4/04/09	Holiday		
5/04/09	Holiday		
6/04/09	SUDA	Training of CBPHC	
7/04/09	SUDA office	Analysis of ULB problem	
8/04/09	SUDA office	MH service analysis	
9/04/09	Katwa Munpl	Writing & analysis of tour report	
10/04/09	Holiday		
11/04/09	Holiday		
12/04/09	Holiday		
13/04/09	SUDA office	Training of CBPHC	
14/04/09	SUDA office	Analysis of ULB problem	
15/04/09	Holiday		
16/04/09	Sainthia Munpl.	Supervision & monitoring of SC	
17/04/09	Rampurhat Munpl.	Supervision & monitoring of SC ,discussion with MO	Try MGS cell
18/04/09	Holiday	Analysis of some HMIES reports and compilation	
19/04/09	Holiday	Analysis on base line data	
20/04/09	SUDA office	Training of CBPHC	
21/04/09	SUDA office	Analysis of ULB problem	
22/04/09	SUDA office	Writing & analysis of tour report	
23/04/09	Chandrakona Munpl	Supervision & monitoring of SC ,discussion with MO	
24/04/09	Kharar Munpl	Supervision & monitoring of SC ,discussion with MO	
25/04/09	Holiday		
26/04/09	Holiday		
27/04/09	SUDA	Analysis of some HMIES reports and compilation	
28/04/09	SUDA	Writing & analysis of tour report	
29/04/09	Arambag Munpl	Supervision & monitoring of SC ,discussion with HO	
30/04/09	SUDA office	Writing & analysis of tour report	

Sumit Talukdar.
Signature 25/3/2009