

Training Monitoring Check List

Day :

District :

Place :

Name of Monitor :

Date &
Time :

Sl. No.	Check Points	Yes	No	N/A
General Observations :				
1. a	No. of Participants ----- No.			
b	No. of Trainers ----- No.			
c	Training Starts at ----- Time :			
d	Training Ends at ----- Time :			
e	Registration of Participants			
2	Training Materials distributed among participants			
3	Showing by Projector (which is visible to all)			
4	Sitting arrangement is good			
Theoretical Training given on (Till before reaching Training Centre) :				
5	Common Preventable Diseases			
6	National Immunization Schedule			
7	Cold Chain Management			
8	Planning and Calculation of Vaccine & Logistics			
9	Site, Dose, Technique & Route of each type of injection			
10	Safe Injection and Waste Management			
11	Adverse Events Following Immunization			
12	Record Keeping, Coverage Analysis and Tracking Systems			
13	Feedback taken by Monitor by asking questions till previous session : Whether Satisfied			
Practical Training given on (Till before reaching Training Centre) :				
14	Maintaining of Cold Chain (WIC, DF, ILR & VC)			
15	VVM Checking, Shake Testing			
16	In Practical Session they got sufficient scope to push injections			
17	Feedback taken by Monitor by asking questions till previous session : Whether Satisfied			
18	Interaction session held (for clearing any quarries)			
19	Feedback taken after each and every chapter			

(Signature of Monitor)

Minutes of the Meeting

**National Technical Advisory Group on Immunization held on
03 August 2009 in First floor conference room**

The list of participants is annexed

Opening the discussion, the Chair noted that due to recent developments in the field of vaccines this meeting of NTAGI is very significant and that the NTAGI would be expected to advise the Government on the judicious introduction of newer vaccines in the National Immunization Programme and outline the policies for vaccination against seasonal influenza virus and the novel strain of influenza A (H1N1) virus as and when such a vaccine becomes available. He also emphasized the urgency to review the implementation status of the recommendations of earlier NTAGI especially in areas which would have a significant impact on child mortality like introducing a second opportunity for measles vaccine.

Agenda Item 1:

Action taken on recommendations of the previous NTAGI (Jun'08)

A. Hib (Pentavalent) vaccine update:

Based on the availability, liquid Pentavalent vaccine is proposed to be introduced on pilot basis in 5 States (Kerala, Karnataka, Tamil Nadu, Jammu & Kashmir and Himachal Pradesh) with GoI funding. EFC approval for the introduction of pentavalent in these 5 states was received in June 2009; a note for Cabinet Committee for Economic Affairs (CCEA) is under submission. In addition, an application to GAVI to support rollout in 10 states has been submitted for their consideration.

As recommended by NTAGI, a pentavalent working group has been constituted for development of action plan and coordination of rollout of pentavalent vaccine. This group meets regularly and an implementation plan for introduction has been prepared. Procurement process for vaccines is underway.

Concerns were expressed about serious AEFI reported following introduction of the liquid pentavalent vaccine in Sri Lanka. The members were informed that formal investigations by WHO did not show any causal association and that Sri Lanka will resume its use with fresh lots from the same manufacturer, shortly.

The NTAGI Recommendations on Hib vaccine (prepared by the subgroup on Hib) has been sent to Indian Pediatrics for publication.

Recommendation:

Follow-up on the approval of CCEA for early introduction of Pentavalent vaccine be done (*Immunization Division*)

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B. Pneumococcal vaccine update:

The NTAGI had endorsed the recommendations of the sub-committee on Hib and Pneumococcal vaccines (for a demonstration project to measure mortality reduction by using both vaccines) in its last meeting. At the time of the last NTAGI the only licensed pneumococcal vaccine available was the 7-valent pneumococcal conjugate vaccine (Prevenar by Wyeth). A 10-valent vaccine (GSK) and a 13-valent vaccine (Wyeth) were in advanced stages of clinical trials.

The sub-committee recommended that, considering the evolving scenario of vaccine formulations in terms of serotype composition, the vaccine to be introduced in the national programme should cover at least 70% of the serotypes circulating in India that cause invasive pneumococcal disease. The NRA representative informed that neither the 10- or 13-valent vaccines are licensed in India but an application to the DCG(I) for licensure of the 13-valent vaccine has been received. Other issues that need to be considered include heat stability, cold chain capacity, safety, benefits of protection (not only from pneumonia but also from other pneumococcal illness like meningitis and, middle ear infections), cost and supply.

It was therefore recommended that when licensed vaccine candidates which cover at least 70% serotypes become available, an expert committee should be convened to determine the appropriate product (particularly if 70% or more serotype coverage may be achieved with the minimum number of serotypes included in the vaccine) to be piloted for introduction into UIP.

Regarding the earlier NTAGI recommendation for mortality impact assessment of introduction of pneumococcal and Hib vaccines, with enhanced surveillance, in one or two districts of one or two high mortality states with adequate cold chain, the ICMR representative stated that ICMR is developing plans to initiate the study in Orissa which has a high mortality (IMR 71/1000 live births – SRS, 2007). In view of the fact that newer vaccines are available/likely to be available approval of NTAGI was sought to conduct the study with 10 valent and 13 valent study.

Recommendation:

- a.* The NTAGI approved the use of the newer pneumococcal vaccine (either 10 or 13 valent vaccine, as noted above) to be used in the proposed mortality impact study. *(ICMR)*
- b.* The development of pneumococcal vaccine by indigenous manufacturers, covering the major serotypes prevalent in India, need to be encouraged. *(ICMR/Department of Biotechnology)*

C. Hepatitis B vaccine studies update:

The hepatitis B vaccine study for impact monitoring is being initiated by ICMR. An expert group meeting held in April 2009 recommended that the study be carried out in either in Andhra Pradesh or Himachal Pradesh which have introduced Hepatitis B vaccine earlier than the other states and had good vaccine coverage. A field study site and a co-investigator were to be identified in one of these states. As a follow up of to this recommendation it is proposed to carry out the study in Andhra Pradesh and a co-investigator has been identified from the National Institute of Nutrition, Hyderabad. The final protocol and budget is being finalised and under submission by ICMR.

NTAGI will welcome proposals from IAP for initiating similar HB vaccine impact monitoring studies in different parts of the country.

Recommendation:

Impact study on Hepatitis B vaccine by ICMR to be expedited (*ICMR*)

D. Sustaining eradication after cessation of wild polio virus circulation

The NTAGI had previously recommended that ICMR constitute a group to prepare strategies for sustaining eradication after cessation of wild polio virus circulation for protecting against risks of importation/accidental release of wild poliovirus and of cVDPV. A meeting of sub-group on post wild poliovirus eradication strategies for the UIP was held on 20th Jan 2009 to assess the need and potential of IPV in UIP following wild polio virus eradication and make recommendations. These recommendations of the sub-group as detailed below were endorsed by the NTAGI:

- There is definitely a need and potential for IPV introduction in India in future. IPV offers the only public health insurance to protect the enormous investments already made to eradicate polio.
- Using IPV in Southern states can be planned as soon as possible so as to learn lessons regarding the feasibility (of introduction, public acceptance and sustaining coverage) and safe withdrawal of OPV without risk of emergence/spread of cVDPVs.
- The Government should develop a definitive plan of action for the future use of IPV and begin exploring the possibilities of ensuring the uninterrupted future supply of suitable product(s) at the lowest possible prices.
- Vaccine schedule, use of stand alone/combination vaccine, and age group, number of doses, and the phasing of introduction spanning the period from before the final interruption of WPVs in UP and Bihar to the time when IPV will be used exclusively (nationally), should be addressed by the NTAGI.
- Since high coverage with IPV will be essential for successful transition, NTAGI should ensure that UIP is strengthened in all states so that >85% coverage is sustained at the appropriate age as determined by vaccination schedule.
- NTAGI may consider the formation of a subgroup specifically to chalk out the modus operandi of the transitioning of OPV to IPV and to make recommendations regarding the implementation of all the steps mentioned above.

Recommendations:

A working group to chalk out the modus operandi of transitioning of OPV to IPV and to make recommendations regarding the implementation of steps mentioned above may be constituted
(Immunization Division –AC(I))

E. Strengthening of Human Resources and Physical Infrastructure

The NTAGI had recommended for setting up of a high level HRD Committee to look into the manpower needs for bringing about transformational change in UIP and to provide recommendations to the Government of India. The first meeting of the HRD Committee was held on 17th July 2009. The Committee reviewed the existing manpower at the Centre, the available information on HR at state and district level, the HR opportunities for immunization under the NRHM and some examples of HR structure of neighboring countries that have a good immunization system and achievement.

The Committee agreed that there was a need for system overhauling. The Central immunization division needs to be much larger and there is a need to look into functional categories. The job responsibilities and TORs of health functionaries at all levels need to be clarified and skill sets needed for various functionaries should be reviewed. The existing institutional framework at the state and district levels needs to be reviewed and assessed in the context of service expected of them. The report of the committee is under preparation.

The meeting recommended that there is a need to conduct a formal study on HR structure for immunization keeping in mind the current status and future needs. Dr. Dileep Mavalankar from IIM-Ahmedabad was requested to inform whether his group at IIM-A would be willing and be able to undertake the study. Dr. Mavalankar has agreed to take up the study and a short note on the proposed study was presented to the NTAGI for approval. The NTAGI was also informed that the Indian Public Health Standards (IPHS) for Immunization had been drafted and submitted to NRHM.

Recommendation:

The NTAGI approved in principle the proposal of IIM-Ahmedabad to undertake the study. IIM-A should be requested to submit a detailed proposal along with the budget and submit to the Immunization division at the earliest. The fund support for the study was expected to be provided by WHO. (Immunization division)

Agenda Item 2: Measles mortality reduction

NTAGI was updated on the following actions taken for Measles mortality reduction

1. Providing a second opportunity for measles containing vaccine:

- Procurement process has been initiated for the MR vaccine introduction in States and Union Territories with $\geq 80\%$ MCV1 coverage (18 states/UTs).
- Measles SIAs: A decision on which states/ areas to be included and when to initiate the measles SIAs is yet to be taken. There were apprehensions that measles SIAs may adversely affect Universal Immunization Program (UIP) performance due to potential Adverse Events Following Immunization (AEFI) in an SIA campaign setting.

2. Measles Surveillance and CFR:

- Measles surveillance system, enabled by NPSP, is generating data from 6 states even since before the last NTAGI – these states are Tamil Nadu, Kerala, Karnataka, Andhra Pradesh, Gujarat and West Bengal.
- A consultative meeting was held early this year, by MoHFW, with representatives from Bihar, Madhya Pradesh (MP), Rajasthan and UP to discuss initiating outbreak based measles surveillance. It was proposed that measles surveillance should become part of Integrated Disease Surveillance Project (IDSP) utilizing technical support from WHO.
- Measles surveillance has been launched in Rajasthan since then and is likely to be launched in MP shortly.
- CFR studies will be taken up in the high burden states after measles surveillance has been launched.
- The choice between MR and MMR for the second opportunity vaccine was revisited. The cost differential was said to be quite low. Mumps causes some morbidity (although details are not available) and is easily prevented by using MMR instead of MR.

Recommendation:

1. **Surveillance:** NTAGI endorsed the integrated surveillance strategy and the plans for expansion of measles outbreak surveillance, as outlined below, to the high burden states in a phased manner preceding the phased measles SIA campaigns.

2009-2010: Rajasthan, Madhya Pradesh and Orissa

2010-2011: Bihar, Chhattisgarh, Jharkhand, Uttar Pradesh (UP) and Assam

Surveillance expansion will be done in consultation with the states. In Bihar and UP surveillance may have to be expanded in phases in groups of districts within the states. State authorities and IDSP, with appropriate technical support from NPSP and other partners, will play a central role in establishing measles outbreak surveillance to serve the data needs of the state immunization programs and the UIP Division at MoHFW.

2. **Estimates of Case Fatality Ratio:** Reliable estimates of case fatality ratio of measles cases (CFR) should be obtained through the outbreak surveillance system in at least one high burden state. A design will have to be evolved which will identify and investigate a statistically valid sample of measles cases in selected districts to obtain reliable estimates of CFR with acceptable limits of precision. Technical support from partners will be sought for working out the details.

3. **MCV2 delivery strategies for states with low MCV1 coverage (<80%):** SIA rounds should be conducted in step with surveillance expansion plans. A plan for state-wise phasing of the SIAs is below. Within larger states (e.g. Bihar and UP) this could be further phased in groups of districts.
 - a. This NTAGI re-endorsed the recommendation of the June 2008 NTAGI to target the 9 month to 10 year old population for the measles SIA campaigns. Available surveillance data will be used to decide on inclusion of higher age-groups in the measles SIAs.
 - b. The broad timeline is indicated below
 - i. 2009/2010: Rajasthan and Madhya Pradesh
 - ii. 2010/2011: Bihar, Chhattisgarh, Jharkhand, and Uttar Pradesh (UP) and Assam
 - c. UIP Division will draw up strategic plans and detailed guidelines for Supplementary Immunization Activities (SIA) for these states. The plans will address the training issues for health functionaries to mitigate the risks of AEFI and ensure that an adequate AEFI monitoring system is in place.
 - d. Since a preparatory time of several months is usually required to implement good quality measles SIA, a preliminary consultative planning meeting with all the major states should be called up immediately to sensitize them. This should be followed up with more intensive discussions with respective states per the phased plan for the SIAs.
 - e. Professional, civil society organizations and the media must be engaged in a proactive manner right from the planning stage for the SIAs.

Agenda Item 4: Update on Rota virus vaccine:

A sub-committee on rotavirus was constituted as recommended by the NTAGI. It met on 8 - 9 August 2008. The recommendations of the committee as detailed below were shared with and endorsed by the NTAGI.

Recommendations:

1. Rotavirus vaccine that will be considered for introduction should have the following characteristics:
 - Demonstration of efficacy in a developing country (in Africa or South Asia) in a population with a broad representation of serotypes. If the efficacy trial was done in a developing country other than India, those vaccines should have bridging trials done in India.
 - Vaccines being developed by Indian manufacturers that have not yet undergone Phase III clinical trials anywhere should have a Phase III trial done in India. These trials should be done in populations with diverse serotype representation.
 - Since there are no reliable and accepted immune correlates of protection, each new vaccine candidate should undergo a Phase III trial.
 - Demonstration of immunogenicity and safety of co-administration of rotavirus vaccine with other UIP vaccines should be done.
 - The issue of liquid vs. lyophilized formulations was discussed. There was a clear preference for liquid formulations for logistical reasons. However, there may be compelling reasons to use lyophilized vaccines if there is considerable cost savings. This issue should be revisited when Indian manufactured products become available.
2. Vaccine schedule:
 - The committee expressed that for programmatic reasons, it would be preferable to have a vaccine that is compatible with the EPI schedule.
 - Assuming several vaccines will be licensed and recommended for use in India, the committee felt it would be preferable for each child to complete all doses using the same vaccine formulation.
 - This could be facilitated by choosing a specific vaccine for national use or by ensuring that each region or state is supplied with only one specific rotavirus vaccine.
3. Pre and Post Introduction Surveillance

For the introduction of any new vaccine, an effective surveillance system (both for target disease and for potential adverse events) is a requirement. For rotavirus vaccine in particular, the committee recommended that efficient surveillance sites should be established in a certain number of districts in

4. **MCV2 delivery strategies for states with sustained high MCV1 coverage ($\geq 80\%$):**
Quotations for both measles-rubella (MR) and mumps-measles-rubella (MMR) vaccines should be obtained for the estimated 1-2 year old population for the 18 identified states and union territories. .Based on cost considerations, the Ministry will take a final decision on the vaccine (MR or MMR) that will be introduced through UIP in these states. *However rates for both the vaccines from various sources were obtained and it was found that the cost of MMR vaccine is considerably higher i.e. almost double the cost of MR vaccine. (sheet attached). Therefore the earlier decision of NTAGI to use MR in the program should be followed.*
5. Simultaneously UIP Division will draw up the operational guidelines for the new vaccine introduction in consultation with the concerned states and UTs. Both divisions are to work expeditiously so that the second opportunity for measles is offered to the children of these states/UTs before the end of 2009. (*Immunization Division*)

Rubella : Recommendations regarding Rubella control and surveillance for Congenital Rubella Syndrome (CRS)

1. This NTAGI re-endorses the recommendation of the last NTAGI (June 2008) regarding immunization of adolescent girls with rubella vaccine in those states and Union Territories which will introduce MR vaccine in their UIP programme (states and UTs with $\geq 80\%$ MCV1 coverage).
2. Plans for rubella immunization of adolescent girls are to be drawn up by the UIP Division with support from partners. The various options for targeting different age groups and strategies (school based weekly programme vs. campaigns) and the periodicity of the activity (if undertaken in campaign mode) should be presented before the rubella sub-group. (*Immunization Division*)

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- Measles SIAs: A decision on which states/ areas to be included and when to initiate the measles SIAs is yet to be taken. There were apprehensions that measles SIAs may adversely affect Universal Immunization Program (UIP) performance due to potential Adverse Events Following Immunization (AEFI) in an SIA campaign setting.

2. Measles Surveillance and CFR:

- Measles surveillance system, enabled by NPSP, is generating data from 6 states even since before the last NTAGI – these states are Tamil Nadu, Kerala, Karnataka, Andhra Pradesh, Gujarat and West Bengal.
- A consultative meeting was held early this year, by MoHFW, with representatives from Bihar, Madhya Pradesh (MP), Rajasthan and UP to discuss initiating outbreak based measles surveillance. It was proposed that measles surveillance should become part of Integrated Disease Surveillance Project (IDSP) utilizing technical support from WHO.
- Measles surveillance has been launched in Rajasthan since then and is likely to be launched in MP shortly.
- CFR studies will be taken up in the high burden states after measles surveillance has been launched.
- The choice between MR and MMR for the second opportunity vaccine was revisited. The cost differential was said to be quite low. Mumps causes some morbidity (although details are not available) and is easily prevented by using MMR instead of MR.

Recommendation:

1. **Surveillance:** NTAGI endorsed the integrated surveillance strategy and the plans for expansion of measles outbreak surveillance, as outlined below, to the high burden states in a phased manner preceding the phased measles SIA campaigns.

2009-2010: Rajasthan, Madhya Pradesh and Orissa

2010-2011: Bihar, Chhattisgarh, Jharkhand, Uttar Pradesh (UP) and Assam

Agenda Item 3: Update on JE studies

The NTAGI was updated on the current status of JE vaccine studies in India recommended by the last NTAGI:

- Adult Viremia study - follow up has been completed, and data entry and analyses are underway
- Post-Marketing Surveillance study: ICMR scientists from NIV are scheduled to work in WHO accredited lab in Thailand from 16th - 30th Aug 2009 for finalization of results.
- Case control study - funding has been received for the case control study and the study has been initiated
- The JE diagnostic kit has been validated by CDC Atlanta

The NTAGI was also informed that a coverage evaluation survey of JE vaccination has been completed and report released.

Recommendations:

NTAGI observed that the sensitivity and specificity of NIV kits for serum was low and requested that a brief write-up of the CDC validation and the predictive values of tests (especially for serum) be prepared and submitted to Dr V.M. Katoch, Dr. M. K. Bhan and Dr T. Jacob John for review. (*ICMR*)

B. Note on Human Papillomavirus vaccine (HPV)

Cancer of the cervix, a preventable disease, is one of the commonest cancers in women world-wide and is a leading cause of cancer death. India represents one fourth of the world's burden of cancer of the cervix; it is estimated that nearly 1, 32,000 women are newly diagnosed and around 75,000 Indian mothers and grandmothers die from the disease each year. Cervical cancer is reported to be the most common cancer in women by many of the population based registries in India. Although cancer of the cervix has been diagnosed in women as young as 20-24, it is found commonly in women aged between 40 and 54 years (the peak being 45-49). Data from hospital based cancer registries in India shows that about one third of the women who register for cancer diagnosis each year in India suffer from cancer of the cervix and 90% of them are diagnosed at a late stage by which time the cancer has spread that it needs radiotherapy for treatment.

Cervical cancer is caused by infection with certain high risk types of human papillomavirus (HPV). At least 15 HPV types can cause cancer and two of them, HPV-16 and HPV-18, are associated with 70% of cancer cases globally and in India. Persistent infection with these oncogenic HPV types can lead to development of precancerous cervical lesions which, if not detected and treated, can progress to advanced cervical cancer over the next 15 to 30 years.

Cancer of the cervix can be prevented in two ways: (1) preventing initial HPV infection through vaccination (2) screening for precancerous lesions and providing early treatment to prevent progression to cancer.

Two HPV vaccines—Gardasil® and Cervarix™ — are licensed in India and are available in the private sector. The vaccines need to be given to girls before they are sexually active and exposed to the virus. The challenge now is to make these products available through the public sector so that a greater number of girls can have access at an affordable cost.

The NTAGI was up dated on the status of various studies being undertaken or planned on HPV:

- Immuno bridging studies – Completed
- ICMR-PATH Demo project on the programmatic aspects (2009-2011): being undertaken in collaboration with state governments of Andhra Pradesh and Gujarat to compare the operational feasibility of introduction of HPV vaccine using a campaign approach and a fixed site routine immunization approach (school / anganwadi setting) with the two licensed vaccines Cervarix and Gardasil. Status: ongoing
- Soon to start:
 - IARC: Randomized trial of two dose vs. 3 doses, 2009-2014

Agenda Item 4: Update on Rota virus vaccine:

A sub-committee on rotavirus was constituted as recommended by the NTAGI. It met on 8 - 9 August 2008. The recommendations of the committee as detailed below were shared with and endorsed by the NTAGI.

Recommendations:

1. Rotavirus vaccine that will be considered for introduction should have the following characteristics:
 - Demonstration of efficacy in a developing country (in Africa or South Asia) in a population with a broad representation of serotypes. If the efficacy trial was done in a developing country other than India, those vaccines should have bridging trials done in India.
 - Vaccines being developed by Indian manufacturers that have not yet undergone Phase III clinical trials anywhere should have a Phase III trial done in India. These trials should be done in populations with diverse serotype representation.
 - Since there are no reliable and accepted immune correlates of protection, each new vaccine candidate should undergo a Phase III trial.
 - Demonstration of immunogenicity and safety of co-administration of rotavirus vaccine with other UIP vaccines should be done.
 - The issue of liquid vs. lyophilized formulations was discussed. There was a clear preference for liquid formulations for logistical reasons. However, there may be compelling reasons to use lyophilized vaccines if there is considerable cost savings. This issue should be revisited when Indian manufactured products become available.
2. Vaccine schedule:
 - The committee expressed that for programmatic reasons, it would be preferable to have a vaccine that is compatible with the EPI schedule.
 - Assuming several vaccines will be licensed and recommended for use in India, the committee felt it would be preferable for each child to complete all doses using the same vaccine formulation.
 - This could be facilitated by choosing a specific vaccine for national use or by ensuring that each region or state is supplied with only one specific rotavirus vaccine.
3. Pre and Post Introduction Surveillance

For the introduction of any new vaccine, an effective surveillance system (both for target disease and for potential adverse events) is a requirement. For rotavirus vaccine in particular, the committee recommended that efficient surveillance sites should be established in a certain number of districts in

conjugate vaccine against serogroup A. The vaccine is currently not available in the country but is likely to be available by the end of 2009.

Vaccination guidelines in Indian setting

Two meetings of a technical committee constituted by DGHS, Govt of India, under the chairmanship of Spl. DGHS and Director, NICD were held in March 2008 to examine the feasibility of using meningococcal vaccine in view of the repeated outbreaks of the disease in Delhi since 2005. The experts deliberated on various issues and came out with the following recommendations:

1. As most of the outbreaks and sporadic cases in our country are due to serogroup A, the use of bivalent (A+C) vaccine is recommended until monovalent A serogroup vaccine becomes available. The vaccine may be considered for use for vaccinating personnel considered at risk e.g.:
 - a. During the inter-epidemic period:
 - i. Children living in orphanages
 - ii. personnel living in dormitories
 - iii. jail inmates and
 - iv. subjects living in other over crowded conditions
 - b. During outbreak of meningococcal disease:
 - i. Health care personnel involved in management of cases of meningococcal disease
 - ii. Laboratory workers handling clinical samples of meningococcal disease

Recommendations:

Following discussions on the above, the NTAGI recommended the following:

- For effective control of Meningococcal outbreaks, control measures as well as vaccination when recommended should be instituted as early as possible. (DGHS)

order to evaluate background rates and age-distribution, rotavirus serotype distribution and incidence of disease. Further to monitor and evaluate rates of intussusceptions, surveillance sites also need to be established. These sites should be initiated at least 1 year prior to vaccine introduction, and be maintained long term. Vaccine should be administered in those areas under careful post-introduction surveillance.

A subcommittee should be established to monitor and oversee adverse event tracking such as for intussusceptions. Ongoing surveillance could be continued by ICMR in a **project mode** in geographically representative sites across India. In order to facilitate intense surveillance, sufficient funds should be allocated through ICMR. The committee recommended that a separate group be created to establish and oversee surveillance sites and system.

4. Feasibility and Programmatic Concerns

The committee was very concerned that the current gaps in the human resources and immunization system structure would be a major impediment to the introduction of another new vaccine into the routine UIP. The Government of India has recently decided to introduce a pentavalent vaccine containing DTP, Hepatitis B, and Hib across India, which in itself will be a major challenge. The committee strongly recommends establishing a subcommittee to evaluate the human resource and infrastructure needs (including cold chain capacity) prior to rotavirus vaccine introduction in the future. This committee agrees with the recent NTAGI recommendations for a transformational change in the UIP system to accommodate new vaccine introduction as well as to improve routine vaccine coverage.

It was observed operationally, administration of Rotavirus vaccine would be difficult as the last dose has to be completed by 24 weeks (Rotarix, 2-dose schedule) and 32 weeks (Rotateq, 3 dose schedule). The co-chair informed the group that the Global Advisory Committee on Vaccine Safety (GACVS) has recently reviewed the safety data of rotavirus vaccines and observed that there is no increase in the rates of intussusceptions with either of these vaccines (in other words the vaccines per se do not cause intussusceptions, unlike an earlier vaccine) and that the cut-off age for administration of the current vaccines are not based on actual risk, but in view of epidemiology (age of risk) of intussusceptions. However the formal recommendations of GACVS/SAGE regarding the age restriction is awaited and will be needed before the vaccine is recommended

The NTAGI also took note of the lower efficacy of oral vaccines (Polio, Rota etc) in certain geographic regions and recommended that studies be undertaken to understand the reasons of lower efficacy of oral vaccines in India. (*Subcommittee on Rotavirus*)

Agenda Item 5: Polio Immunization in HIV positive children

The National AIDS Control Programme had requested guidelines for polio vaccination of infants and children who are HIV infected. The question arose in the context of formal recommendations not to give OPV to children with certain known immunodeficiency states. For such children IPV is recommended.

The increased risk of VAPP and chronic infection (and prolonged vaccine virus excretion) occur only in children with B cell deficiencies and not any other forms of immune deficiency. Therefore, there is no recommendation to avoid OPV on the basis of HIV infection.

The co-chair informed the members that the GACVS has been addressing the risks of live vaccines in children with HIV infection and had recently changed the old recommendation regarding BCG vaccine. Currently BCG is not recommended in infants with HIV infection. The WHO recommendation of measles vaccination in HIV infected children (first dose at 6 months followed by a second dose at 9 months) was endorsed by GACVS as extensive literature search had not shown any increased risk of adverse events with measles vaccine. GACVS has also reviewed data on OPV and has found no data to suggest increased serious AEFI – including VAPP – and chronic vaccine virus shedding. (These data will be shortly published in a forthcoming Weekly Epidemiological Reviews of WHO)

Recommendations

The NTAGI observed that there is no increased risk of serious AEFI due to OPV in HIV-infected children and therefore there is no recommendation to avoid OPV on the basis of HIV Infection.

(Immunization Division)

Agenda Item 6: Discussion on introduction of newer vaccines:

A. Note on Seasonal Influenza (Flu) vaccine:

Data on epidemiology of influenza and circulating strains in India was presented to the members. Yearly influenza epidemics can affect all age groups but highest risk of complications or consequences occur among children younger than 2 years, adults age 65 or older and people of any age with certain medical conditions. Influenza is also capable to erupt as pandemic when humans are exposed to a highly transmissible virus that is significantly different from flu viruses they have previously encountered, as is currently happening with the new H1N1 strain. Safe and effective flu vaccines are available and had been used for more than 60 years. The influenza viruses are constantly changing (antigenically) and the WHO monitors the influenza viruses circulating in humans and it

annually recommends a vaccine composition that targets the 3 most representative strains in circulation (in north and south hemispheres). To be effective the vaccine viruses must match with the circulating viruses. Because seasonal influenza viruses may mutate slightly from year to year, vaccine may need to be reformulated for each flu season. Each year's vaccine protects people from viruses that are slightly different from those of the previous year, and adds protection to the existing immunity, accumulated from previous exposures and immunizations.

Currently two types of vaccines are available, killed and live attenuated. None are produced in India, but inactivated vaccines manufactured outside the country (by Sanofi Pasteur and GSK) are licensed, imported and sold in India. There is limited use of seasonal flu vaccine in India and if there were an influenza epidemic, or a pandemic, there would be serious deficiencies in vaccine availability.

One way to bridge this gap is to encourage setting up in- country production facilities for seasonal flu vaccines. Then, if needed, these manufacturing facilities could readily switch over to produce a pandemic vaccine. This would serve to reduce morbidity and possibly mortality in select group of vaccinees, create a demand for seasonal flu vaccine and encourage larger investments in creating manufacturing facilities. The same facilities could be used to produce current and future (if need) pandemic vaccines without losing precious time and pave the way for use of pandemic flu vaccine in the country.

At this time there is no adequate data on the burden or epidemiology of seasonal/endemic flu in India. Therefore much of the views will be based on experience of other countries. There is a need to develop data base for the country.

Recommendation

1. The NTAGI deliberated upon the use of seasonal flu vaccine and recommended use of the vaccine in principle on payment basis. The target groups and the timing of vaccination should be decided by a Sub-committee constituted by ICMR. *(ICMR)*
2. Institutions/agencies such as CGHS, could provide these vaccines for their staff/clients for epidemiologically valid reasons. *(DGHS)*
3. This is the first time NTAGI is deliberating on nationally licensed vaccine not in the UIP. There are several other vaccines in the country, as licensed products, but not in UIP. A sub-committee may be established with representation of IMA and IAP to provide a policy framework as well as public health advisory, on use of "non-UIP vaccines" in healthcare (public sector and private sector). *(Immunization division)*

B. Note on Human Papillomavirus vaccine (HPV)

Cancer of the cervix, a preventable disease, is one of the commonest cancers in women world-wide and is a leading cause of cancer death. India represents one fourth of the world's burden of cancer of the cervix; it is estimated that nearly 1, 32,000 women are newly diagnosed and around 75,000 Indian mothers and grandmothers die from the disease each year. Cervical cancer is reported to be the most common cancer in women by many of the population based registries in India. Although cancer of the cervix has been diagnosed in women as young as 20-24, it is found commonly in women aged between 40 and 54 years (the peak being 45-49). Data from hospital based cancer registries in India shows that about one third of the women who register for cancer diagnosis each year in India suffer from cancer of the cervix and 90% of them are diagnosed at a late stage by which time the cancer has spread that it needs radiotherapy for treatment.

Cervical cancer is caused by infection with certain high risk types of human papillomavirus (HPV). At least 15 HPV types can cause cancer and two of them, HPV-16 and HPV-18, are associated with 70% of cancer cases globally and in India. Persistent infection with these oncogenic HPV types can lead to development of precancerous cervical lesions which, if not detected and treated, can progress to advanced cervical cancer over the next 15 to 30 years.

Cancer of the cervix can be prevented in two ways: (1) preventing initial HPV infection through vaccination (2) screening for precancerous lesions and providing early treatment to prevent progression to cancer.

Two HPV vaccines—Gardasil® and Cervarix™ — are licensed in India and are available in the private sector. The vaccines need to be given to girls before they are sexually active and exposed to the virus. The challenge now is to make these products available through the public sector so that a greater number of girls can have access at an affordable cost.

The NTAGI was up dated on the status of various studies being undertaken or planned on HPV:

- Immuno bridging studies – Completed
- ICMR-PATH Demo project on the programmatic aspects (2009-2011): being undertaken in collaboration with state governments of Andhra Pradesh and Gujarat to compare the operational feasibility of introduction of HPV vaccine using a campaign approach and a fixed site routine immunization approach (school / anganwadi setting) with the two licensed vaccines Cervarix and Gardasil. Status: ongoing
- Soon to start:
 - IARC: Randomized trial of two dose vs. 3 doses, 2009-2014

- ICMR: Vaginal colonization study

A combination of improved screening and treatment for older women with effective HPV vaccination for adolescent girls—has the best potential to significantly reduce the burden of cancer of the cervix relatively soon.

Recommendations:

Following deliberations the NTAGI endorsed the combined approach and in addition recommended that a sub-committee be constituted to consider the whole issue in depth and to provide recommendations for framing a policy for HPV. (*Immunization Division*)

C. Note on Meningococcal vaccine

Meningococcal disease occurs worldwide as endemic infections. Strains of serogroup B and C cause majority of infections in developed countries, whereas strains of serogroup A and to a lesser extent C dominate in the developing world. Serogroup A has been associated with all the outbreaks as well as sporadic cases of disease in the country.

Meningococcal disease is potentially preventable through vaccination and/or chemoprophylaxis in special circumstances. Currently, mainly two types of meningococcal vaccines are in use - polysaccharide and conjugate vaccines

- Polysaccharide vaccines against four sero groups of meningococcus i.e. A, C, Y & W135 are available either as a bivalent vaccine (A+C) or quadrivalent vaccine (A+C+Y+W135). These vaccines are less effective in children less than 18 months of age and not effective at all in those younger than 3 months. These vaccines do not confer long lasting immunity nor cause a sustainable reduction in nasopharyngeal carriage of organism and consequently do not interrupt transmission or elicit herd immunity. The vaccine is given as a single dose of 0.5 ml s/c protective antibodies are seen 10 - 14 days later in 70-95% of vaccinees and immunity lasts for 3-5 years.. It is advisable to give two doses of vaccine at an interval of 3 months to children between the ages of 3 and 18 months to get a better response. After 3-5 years a booster dose may be given to maintain antibody levels. This vaccine is licensed and available as well as manufactured in the country both in bivalent (A, C) and quadrivalent (A, C, Y, W135) formulations.
- Conjugate vaccines - these vaccines are based on covalent linkage of the polysaccharide to a carrier protein (usually diphtheria and tetanus toxoid). These vaccines provide relatively longer immunity even when given in infancy and also induce herd immunity through protection from nasopharyngeal carriage. Serum Institute of India Ltd is in the process of developing a

conjugate vaccine against serogroup A. The vaccine is currently not available in the country but is likely to be available by the end of 2009.

Vaccination guidelines in Indian setting

Two meetings of a technical committee constituted by DGHS, Govt of India, under the chairmanship of Spl. DGHS and Director, NICD were held in March 2008 to examine the feasibility of using meningococcal vaccine in view of the repeated outbreaks of the disease in Delhi since 2005. The experts deliberated on various issues and came out with the following recommendations:

1. As most of the outbreaks and sporadic cases in our country are due to serogroup A, the use of bivalent (A+C) vaccine is recommended until monovalent A serogroup vaccine becomes available. The vaccine may be considered for use for vaccinating personnel considered at risk e.g.:
 - a. During the inter-epidemic period:
 - i. Children living in orphanages
 - ii. personnel living in dormitories
 - iii. jail inmates and
 - iv. subjects living in other over crowded conditions
 - b. During outbreak of meningococcal disease:
 - i. Health care personnel involved in management of cases of meningococcal disease
 - ii. Laboratory workers handling clinical samples of meningococcal disease

Recommendations:

Following discussions on the above, the NTAGI recommended the following:

- For effective control of Meningococcal outbreaks, control measures as well as vaccination when recommended should be instituted as early as possible. (DGHS)

Agenda Item 7: Other recommendations:

1. Typhoid Vaccine: It was suggested by members, that in view of the availability of data on efficacy of Vi Polysaccharide vaccine in India, the NTAGI should review the epidemiology of typhoid in India especially the data of incidence of typhoid fever in rural areas and come up with recommendations on typhoid vaccine in a future meeting. *(ICMR)*
2. The NTAGI expressed concern over the indiscriminate advertisements of vaccines by the manufacturers and suggested that a national advisory be prepared in consultation with all stakeholders and professional bodies on UIP and non-UIP vaccines and widely disseminate for public education. *(Immunization Division)*
3. Sri Lanka has requested whether it was possible for SAARC countries to join together for bulk procurement of vaccine. This would be deliberated in the next meeting of the NTAGI. *(Procurement Division)*
4. The co-chair of the NTAGI suggested that public-private partnership should be actively encouraged to strengthen service delivery and improve coverage in routine immunization. *(Immunization Division)*
5. The feasibility of strengthening of VPD surveillance for providing adequate information for programme implementation within the IDSP framework need be looked into. *(Immunization division /IDSP)*
6. The NTAGI needs to meet at least once every quarter for effective co-ordination. *(Immunization Division)*

The meeting concluded with a vote of thanks to the Chair and Co-chair of the NTAGI.

Day-2

Sl No	issues	observation	Suggestive action
1	RI Micro plan of BMC area	Nil only place and date for immunization has been prepared by BMC authority	MP needs updated
2	Cold chain	Have ILR but non functional	It needs to be functional
3	Procurement of vaccines and logistics	Community Medicine dept of BMCH supplied vaccines	BMC should procure vaccines and logistic directly from District store
4	Alternet vaccine delivery	Through BMC staff but no funds placed for AVD to BMC authority	District should placed funds for AVD
5	Use of AD syringe and Disposable syringe	ADS are being used, but disposable syringes are not available. Glass syringe are being used for mixing, BCG and measles vaccines	CMO should issue circular for use of only disposable syringe. District should ensure use adequate supply.
6	Child tracking	Not satisfactory. Counterfoil is not use.	Tracking bag or tickler box should be use
7	Adequate vaccinator	Very poor. At two places(Pir Baharam and Dighirpul vaccination has not being start at 11 AM as no vaccinator has arrived	BMC has only 5 vaccinator which is inadequate for covering 35 wards. BMC should trained HW as vaccinator for better coverage
8	Supervision and Monitoring	Very poor, no structure monitoring activities develop	BMC should develop monitoring mechanism and provide vehicular support. District should release funds under RCH head of M&E
9	Training and capacity building	HW, AWW and FTS do not have ideas on recent UIP schedule	Orientation / training on Immunization should be started immediately
10	Coverage data	2006-07, only 17%-19% of target beneficiary had been covered	BMC should prepare ward wise MP to increase coverage > 80% of target.

Weekly Immunization Report

Borough: I to V

Date: February 2010

Name & Address of R.I. Centre: Asansol Municipal Corporation

Ward No 1 to 50

Organization Name: A.M.C.

Zone/Project : RCH Project

SI No.	Vaccines	Numbers Reported	Total
1	TTI	131	131
2	TT2	116	116
3	TT-B	6	6

SI No.	Vaccines	Numbers Reported	Total	
18	DPT-B	Male	133	258
		Female	125	
19	OPV-B	Male	133	258
		Female	125	
20	MR	Male	0	0
		Female	0	

4	BCG	Male	123	226
		Female	103	
5	DPT-1	Male	196	398
		Female	202	
6	DPT-2	Male	191	367
		Female	176	
7	DPT-3	Male	173	365
		Female	192	
8	OPV-0 (Birth Dose)	Male	50	88
		Female	38	
9	OPV-1	Male	196	398
		Female	202	
10	OPV-2	Male	191	367
		Female	176	
11	OPV-3	Male	173	365
		Female	192	
12	Hep B (Birth Dose)	Male	0	0
		Female	0	
13	Hep B-1	Male	215	455
		Female	240	
14	Hep B-2	Male	237	477
		Female	240	
15	Hep B -3	Male	211	406
		Female	195	
16	Measles	Male	197	382
		Female	185	
17	VA-1	Male	197	382
		Female	185	

21	DT/DPT at 5 Yrs	Male	110	204
		Female	94	
22	TT-10 Yrs	Male	56	104
		Female	48	
23	TT-16 Yrs	Male	24	44
		Female	20	

24	VA-2	Male	110	204
		Female	94	
25	VA-3	Male	65	112
		Female	47	
26	VA-4	Male	52	91
		Female	39	
27	VA-5	Male	39	67
		Female	28	
28	VA-6	Male	14	25
		Female	11	
29	VA-7	Male	2	6
		Female	4	
30	VA-8	Male	3	3
		Female	0	
31	VA-9	Male	9	20
		Female	11	

FULL IMMUNIZATION	Male	79	155
	Female	76	

Handwritten Signature
16/3/10
Health Officer

Government of West Bengal
Office of the District Magistrate, Murshidabad
Department of Municipal Affairs

Memo No. 757 / MADated : 19 / 09 / 2010From : The Addl. District Magistrate (Dev.),
Murshidabad.To : The Chairman / Chairperson,
Berhampore / Kandi / Murshidabad / Jhaganj-Azimganj /
Beldanga / Jangipur / Dhuliyani Municipality.

Sub : Health Programme.

Ref : Discussion in the meeting held on 13.09.2010 at the Circuit House
Conference Hall.

With reference to the above, he / she is requested to activate the Health official in the Municipality to gear up the progress of routine immunization programme including IPP programme of health service to be provided to ULB.

As desired by the District Magistrate, Murshidabad the active coordination and cooperation should be extended by the Municipal Authority with the CMOH office and involvement of SUDA is also expected.

[Signature] 17.9.10
 Addl. District Magistrate (Dev.),
 Murshidabad.

Copy made over to the District Magistrate, Murshidabad.

[Signature] 17.9.10
 Addl. District Magistrate (Dev.),
 Murshidabad.

Memo No. 757/1(2) / MADated : 17 / 9 / 2010

Copy forwarded for information and taking necessary action to :-

1. The Director, State Urban Development Agency, Ilgus Bhawan, H.C Block, Sector-III, Bidhanagar, Kolkata-700 106.
2. The Chief Medical Officer of Health, Murshidabad.

[Signature] 17.9.10
 Addl. District Magistrate (Dev.),
 Murshidabad.

Government of West Bengal
Office of the Chief Medical Officer of Health
South 24 Parganas

Memo No. CMOH(Spg)/ 4127

Date : 30-8-2010

To,
The Chairman
Diamondharbour Municipality

Sub:- Supply of ILR ,Vaccine, Vaccine carrier & other logistics.

In response to your request dated on 22/12/2009 the following items are supplied to you for Routine Immunization activities in your Municipalities.

1. 1 ILR, 140 Lt. Make Haier with Stabilizer.
2. Four Vaccine carriers with ice pack.
3. 16 Pcs. additional ice packs.
4. 750 Pcs Immunization card
5. 10 Pcs Clinic Register.
6. 25 Pcs. Reporting format(SC data set)

You are request to send one person with authorized by you to collect the items from District FW Store attached to CMOH office at MR Bangur Hospital(1st floor). You are also requested to place monthly indent of vaccines, Syringes & other logistics to the ACMOH Diamondharbour. You are requested to start the RI activities at your SC as early as possible. The performance Reports should be submitted to the district with a copy to the ACMOH Diamondharbour.

Smob
22/8/10

Subait 30/8/2010
Chief medical officer of Health
South 24 Parganas

Memo No. CMOH(Spg)/ 4127/117

Date : 30-8-2010

Copy forwarded for information and necessary action to :-

1. SFWO, West Bengal, Swastha Bhaban, Saltlake.
2. DMCHO, South 24 Parganas, This has reference to discussion with him last week.
3. ACMOH, Diamondharbour sub division with the request to supply monthly requirement of vaccines, Syringes & other logistics once in a month as per requisition by the Municipality authority.
4. Project Director SUDA, West Bengal.
5. Dr. Samir Dasgupta, Proff & Head of the Dept. Community Medicine, Project director, WBSISC, Medical College, Kolkata.
6. SMO, NPSP, South 24 Parganas
7. Store Keeper, FW Store attached to CMOH, South 24 Parganas, MR Bangur Hospital.

Smob
22/8/10

Subait 30/8/2010
Chief medical officer of Health
South 24 Parganas

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

No./2010/92(iii)

Date: 6th August 2010

To
Dr.S.Goswami
The Project Officer (Health) & Health Expert CMU
State Urban Development Agency (SUDA)
HEALTH WING
"ILGUS BHAVAN"
H.C Block, Sector- III,
Bidhan Nagar, Kolkata – 700091
West Bengal



Sub: Invitation to the monthly meeting, WBSISC.

Dear Madam,

Thank you for your continuous cooperation in Routine Immunization implementation in ULBs of West Bengal.

On 20 -21 August, 2010 we are having our monthly review meeting on district level activities in the project districts.

Your presence in the meeting on 20th August, 2010 is solicited. The meeting is to commence from 11:00hrs onwards and will be held at Medical College Kolkata, Department of Community Medicine, MCH Building, 4th Floor, Kolkata-73.

Thanking you

Yours sincerely

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

Ph No. :- (03473 - 260227)
Email : birnagarmunicipalitysmailbox@rediffmail.com

Office of the Councillors of Birnagar Municipality

P.O :- Birnagar , Dist :- Nadia , West Bengal

From:

Sri Partha Kumar Chatterjee
(Chairman)

Sri Swapan Kumar Das
(Vice - Chairman)

Memo No. :- 863

Dated : 10 / 08 / 2010

To
The Director ,
SUDA , Health Wing ,
ILGUS BHAVAN ,
HC - Block , Sector - III ,
Bidhannagar , Kolkata - 700106 .

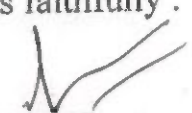


Madam ,

Enclosed please find monthly Immunization report of the month July - 2010 on community Based Primary Health Care Services for your kind perusal and further necessary action .

Thanking You ,

Yours faithfully .


Health Officer
Birnagar Municipality

MONTHLY IMMUNIZATION REPORT

Name of ULB : Birnagar

Month : JULY - 2010

Name & Address of R.I Centre - 3 Sub Centre Under Birnagar Municipality

Ward No. - 1 to 14 ward

Report No. - 5

Sl.No.	Vaccine	Numbers Reported	Total
1	TT 1	-	-
2	TT 2	-	-
3	TT -B	-	-


4	BCG	Male	3	6
		Female	3	
5	DPT - 1	Male	8	14
		Female	6	
6	DPT - 2	Male	3	8
		Female	5	
7	DPT - 3	Male	5	14
		Female	9	
8	OPV - 0 (Birth Dose)	Male	-	-
		Female	-	
9	OPV - 1	Male	7	14
		Female	7	
10	OPV - 2	Male	4	10
		Female	6	
11	OPV - 3	Male	5	15
		Female	10	
12	Hep B (Birth Dose)	Male	-	-
		Female	-	
13	Hep B - 1	Male	7	18
		Female	11	
14	Hep B - 2	Male	14	28
		Female	14	
15	Hep B - 3	Male	5	13
		Female	8	
16	Measles	Male	5	14
		Female	9	
17	VA - 1	Male	5	15
		Female	10	

Sl.No.	Vaccine	Numbers Reported	Total	
18	DPT - B	Male	7	16
		Female	9	
19	OPV - B	Male	7	16
		Female	9	
20	MR	Male	-	-
		Female	-	

21	DPT at 5 yrs	Male	9	11
		Female	2	
22	TT - 10 yrs	Male	5	13
		Female	8	
23	TT - 16 yrs	Male	2	3
		Female	1	

24	VA - 2	Male	4	13
		Female	9	
25	VA - 3	Male	6	11
		Female	5	
26	VA - 4	Male	6	9
		Female	3	
27	VA - 5	Male	2	3
		Female	1	
28	VA - 6	Male	4	7
		Female	3	
29	VA - 7	Male	4	7
		Female	3	
30	VA - 8	Male	1	2
		Female	1	
31	VA - 9	Male	-	-
		Female	-	

FULL IMMUNIZATION	Male	5	14
	Female	9	


 Signature of Centre incharge with Date

I am

Phone: 255580, 258707
Fax - 03564 - 256134
Email - chairmanapdm@gmail.com

OFFICE OF THE MUNICIPAL COUNCILLORS, ALIPURDUAR

Memo No.

From : *Dipta Chatterjee.*
Chairman.

P.O. ALIPURDUAR COURT
Dist. Jalpaiguri, Pin : 736122

Date: 08.07.10

To
The CMOH, Jalpaiguri.



Sub:- Strengthening of Routine Immunization in Alipurduar Municipality.

Dear Sir,

As you are aware that recently skill development training was organized at NTS Jalpaiguri where 7 FTS had undergone 25 days training on vaccination skill. These training programme was initiated by the State FW dept, Govt. of West Bengal, DD (Nursing) branch, Health dept SUDA, District Health & FW samity, WBSISC and respective ULBs.

For effective utilization of trained manpower and to strengthen RI in the Municipality areas, recently we reviewed RI micro plan and new micro plan has been developed. WBSISC provided technical support in preparation of micro plan. The micro plan developed to cover 14 Municipality wards and now RI session will be conducted in all Wednesday in different wards. However we need following support from the district.

1. Cold Chain equipments - One ILR & 1 DF (we have trained cold chain handlers)
2. Monthly vaccines from PP unit of APD SD Hospital.
3. Funds for AVD (@ Rs - 50/- centre x 7 centre/week), Rs. 1400/- month.

You are requested to consider our requirements and support the RI strengthening initiatives of APD Municipality.

Thanking you,

Yours, **Sincerely**

Chairman
Alipurduar Municipality

Memo No. 20(5)/1PP-VII(6th)
Dated: 08.07.10
Copy forwarded to:-

1. The ACMOH, Alipurduar.
2. The Superintendent, Alipurduar S.D. Hospital.
3. The M.O. PP Unit/PHN PP Unit, Alipurduar S.D. Hospital.
4. The Project Officer, Health SUDA. She is requested to apprise the State FW dept. about the requirements of funds, cold chain equipments and vaccines.
5. The Project Manager & DE-WBSISC.

Chairman
Alipurduar Municipality.

**Salient feature of the RI Microplan
Alipurduar Municipality**

Demographic Profile

Total population (2009-10) = 72999 Male= Female=
Total no of BPL population = 33519 Male=17031 Female=16546
Total no of Municipal wards= 20 Total no of Urban Health Sub centre=14
Urban birth rate (SRS 2008)= 13.2 (upper limit)
Expected 0-1 yrs population (2010-11) = Population x urban birth rate/ 1000= 96 4/year
Total no of wards where RI centre will be opened = 13
(Ward no 1,3,5,7,8,9,11,13,16,17,18,19,20)
Total no of wards having RI session on 1st & 3rd Wednesday =7 (5, 8, 13,14,16,18,19)
Total no of wards having RI centre on 2nd & 4th Wednesday = 7 (1,3, 7, 9,11, 17,20,)
The Cold Chain points = Marti sadan, APD
The vaccines distribution plan- On every Wednesday, 7 vaccines carrier will be send to RI centre through link person. Funds requirement @ Rs 50/ person. Total Rs 350/ week
The requirements of Vaccines & logistic (monthly)
All vaccines (TT, DPT,OPV, Hep B, Measles) = 35 vials each, ADS(0.1) = 385, ADS(0.5)= 1365, 5ml Disp = 105.
RI reporting structure- Each RI centre will generate report on weekly basis. The monthly compilation will be done at ULB level. It will be submitted to PP unit on monthly basis on NRHM format.

ULB Microplan for Routine In

Alipurduar Municipa

Total No of Municipals wards= 20

Total Population = 72999

Urban Birth Rate =

SI No.	Ward No	Location of the Centre	Days of Activity	Time	Name of Vaccinators (F.T.S)	Addl VAC
1	5	Anando Nagar Sabhasachi Club	1,3	1-4 PM	Suchana Roy	Chenu Sarkar, Shymoly Debnath
2	8	Surjo Nagar Club	Do	Do	Ajanta Sen	Rama Das, Mukti Siungha
3	13	PP Unit SD Hospital	0	0	0	0
4	13	APD Etkhola Durgabari Club	Do	Do	Aroti Deypaul	Taposi Bhattavharya, Alo Ghosh
5	14	Santi Nagar Pry Sch	Do	Do	Pronoty Sarkar	Anjoli Saha Roy, Sukla Dutta
6	16	New town Library	Do	Do	Aruna Sarkar	Sibani Ghosh, Modhumita Chokrobarty
7	18	Sukanto Mancho	Do	Do	Sukla Dutta	Sagorika Sarkar, Promita Sarkar
8	19	Red Cross Bhavan APD Coart	Do	Do	Kastori Sen Gupta	Baby Choudhury, Chanda Roy,

9	1	Arobindonagar-I	2,4	1-4 PM	Kastori Sen Gupta	Baby Choudhury, Chanda Roy,
10	3	Chittoranjan Pally	2,4	Do	Aruna Sarkar	Sibani Ghosh, Modhumita Chokrobarty
11	7	Ramrup Singh Road	2,4	Do	Aroti Deypaul	Taposi Bhattavharya, Alo Ghosh
12	9	Bidhan Pally	2,4	Do	Anjanta Sen	Rama Das, Mukti Siungha
13	11	Asutosh Char	2,4	Do	Sukla Dutta	Sagorika Sarkar, Promita Sarkar
14	17	Sovaganj	2,4	Do	Suchana Roy	Chenu Sarkar, Shymoly Debnath

PHN	1	1	1	1	1	1	11	39	3
	14	14	14	14	14	14	154	546	42
	28	28	28	28	28	28	308	1092	84
	7	7	7	7	7	7	77	273	21
	35	35	35	35	35	35	385	1365	105

Signature of Medical officer/Health officer

M. Arcutu
 Health Officer
 Allpurduar Municipality



KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. .. CMU-94/2003(Pt. VIII)/ 581

Dt. .. 21.07.2010
22

From : Dr. Kallol Kr. Mukherjee
Project Manager, CMU

To : The Chairman
Kandi Municipality
P.O.- Kandi,
Dist.- Murshidabad,
PIN - 742 137.

Sub. : AA&FS for additional fund in connection with training of Health workers of Urban Local Bodies (6th batch) for strengthening of Routine Immunization for 25 days.

Ref. : Your communication bearing no. 1032/I.K.M/10 dt. 19.02.10 received by this office on 21.07.2010.

Sir,

Administrative Approval and Financial Sanction is hereby accorded for an amount of Rs.14,770/- (Fourteen thousand seven hundred seventy) only in connection with training of Health workers of Urban Local Bodies (6th batch) for strengthening of Routine Immunization for 25 days towards payment of Dormitory and additional accommodation & food charges.

The expenditure is to be incurred out of the KUSP fund available with you and is to be booked under the A/C head "SHS - RI". The Statement of Expenditure is to be submitted through Accounting Support Agency in due course.

Yours faithfully,

Project Manager, CMU

Copy forwarded to :

1. Accounts Officer, CMU
2. AFC, Kandi Municipality
3. Accounting Support Agency

Project Manager, CMU

Office of the Board of Councillors of
Kandi Municipality
 Kandi, Murshidabad.
 West Bengal.

Memo no. 1032/1-K.M/10

Date: 19/2/10

From
 The Chairman,
 Kandi Municipality,
 Kandi, Murshidabad.



Health Expenditure

To
 The Project Manager,
 CMU, KUSP,
 Ilgus Bhavan, H.C. Block, Sector-III
 Salt lake City, Kol-91

Sub: Prayer for allotment of additional fund in connection with the Training of Health Workers of Urban Local Bodies (6th batch) in West Bengal for strengthening of Routine Immunization for 25 days.

Ref :- His office Memo No. CMU-94/2003(PT.VII)/3244(3) DT. 23.-03.10

Sir,

I like to draw your kind attention that 07 nos of HHWs of this establishment has participated for getting training on routine immunization at Nursing Training School, Berhampore but due to far distance they have to stayed at Berhampore for such purpose. In this respect separate lodge and food arrangement was made and some additional expenditure has been incurred in this regard. The details are given below.

Nos of Participant	Particulars of additional expenditure	Amount (Rs.)
07 Nos	a)Dormitory booking charges for 24 days	6720=00
	b)Additional 2 days accommodation and food charge	1750=00
07 nos.	Additional food cost.	6300=00
	Total Cost	Rs.14770=00

Considering the circumstances you are requested to kindly approve additional fund of Rs. 14770=00 (Rupess Fourteen thousand seven hundred seventy only) in favour of this ULB and oblige. Xerox copy of the Bill voucher is also enclose herewith for your kind perusal and necessary action.

Thanking you,



Yours faithfully,

[Signature]
 Chairman
 Kandi Municipality,
 Kandi Municipality,

MISCELLANEOUS RECEIPT**BERHAMPORE MUNICIPALITY**

No. 100459



Date 30/03/2010

Received from Chairman Kandi Municipality
Kandi, Murshidabad.

on account of Dormitory Booking Charges
 $40 \times 7 \times 24 \text{ day} = 6,720/-$

Rupees (in word) Six thousand seven
hundred twenty Only.

Full paid

(Figures)

Rs.

6,720/-

By
Cashier 30/03/10

Chairman

Secretary / Vice - Chairman

Bhagirathi Lodge

Berhampore Murshidabad.

Name..... *Hira Chakrabarti / others 6 no*

Address..... *Ch. Chairman Kandi Municipality*

Sl. No.	Particulars	Rate	Rs.	P.
	<i>lodging 7 Meas (HHW) Stabs Kandi Municipality 25.4.10 to 26.4.10</i>	<i>125.00</i>	<i>1750</i>	<i>00</i>
<i>One thousand Seven Hundred fifty Rupees</i> Total			<i>1750</i>	<i>00</i>

Date

25.4.10

Signature



Hotel Bhagirathi


Berhampore Murshidabad.

Name... *Hire Ghatok / others - 6 No*

Address... *Sp - Chairman Kendri Municipality*

Sl. No.	Particulars	Rate	Rs.	P.
	<i>Meal 20 days x 7 Heads</i>	<i>45.00</i>	<i>6300</i>	<i>00</i>
<i>Six thousand three hundred Rupees only.</i>			<i>6300</i>	<i>00</i>
Total				

Date *25.4.10*


Signature

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

No./2010/81

Date: 17th July, 2010

To
Dr.S.Goswami
The Project Officer (Health) & Health Expert CMU
Kolkata

Sub: Invitation to the monthly meeting, WBSISC.

Dear Madam,

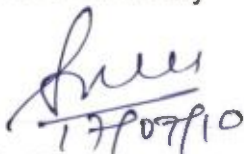
Thank you for your continuous cooperation in Routine Immunization implementation in ULBs of West Bengal.

Next week, on 23-24 July, 2010 we are having our monthly review meeting on district level activities in the project districts.

Your presence in the meeting on 23rd July, 2010 is solicited. The meeting is to commence from 11:00hrs onwards and will be held at Department of Community Medicine, MCH Building, 4th Floor, Kolkata-73.

Thanking you

Yours sincerely



Dr.Samir Dasgupta
Prof. & Head
Dept.of Community Medicine
MCH, Kol-73
& Project Director, WBSISC

feedback on RI at ULBs

Inbox X

Saumendra Nath Bagchi to me, samir

show details 11:34 AM (4 minutes ago) Reply

Dear Madam,
yesterday one faculty attended the inaugural programme at Nadia. It was passed off successfully. However, following issue came in the inaugural programme. They are as follows.

1. after such exhaustive training for 25 days, if ULBs dose not initiate the vaccination through trained vaccinator and insist that PHN of PP unit of district hospital Krishnanagar be present in out reached camp to as a measure of confidence building, is it necessary to continue such training ? It is a fact that repeated request came to PHN to be present during OR sessions. the role of health officer Krishnanagar Municipality is not very proactive to utilize the workforce.
2. Similar situation exist in other ULBs also as we are receiving feed back from different districts which is not at all encouraging. in this situation. I have following suggestions
3. SUDA (health) may make objective asseemant on all ULBs where training was conducted in the past and analysed the bottolneck. if vaccines/ logistic become a major issue, SUDA (H) may write to SFWO for support. WBSISC will provide assistance in this regards.
4. If willingness of vaccinator become a major issue, then SUDA may take appropriate action/ advocacy with all such ULBs.

WBSISC wish that ULBs should initiate independent RI activities to fulfill the efforts of SUDA(H), StateFW dept, NTS & WBSISC. At least we have common vision

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

Handwritten notes:
 7 SCs.
 1. *Chronic patient*
 Trer
 OR

y#batch

Trg. of Health Workers of ULB in WB [Inbox](#)

- **Shibani Goswami** Please see the attached file. Dr. Go Jul 25 (3 days ago) [e](#)
- Saumendra Nath Bagchi** [show details](#) 8:46 am (13 hours ago) [to Reply](#)

Dear Madam,

Thx. We will followup with Commissioner FW kindly share the list of your district nodal person with District Nodal person (health). Why not they can meet one to one to finalize the preparation. It is very important for smooth organizing training.

Moreover what will be your plan for monitoring. I propose the following.

1. Total monitoring visit / district will be 4 times
2. On the inaugural day, on the completion of theoretical Trg/ on the first day of the practical training, one during practical training period, preferably after completion of at least 10 days of practical training, one on the final day of conclusion.
3. Propose State level monitors are as follows

- Madhabi Das- DDHS (N) for North 24 PG ,
- Bandana Das- Principal Nursing College, Medical College Kolkata - Howrah,
- Dr Samir Dasgupta (or any faculty member of CM dept medical College)- Hooghly,
- Dr S. N. Bagchi(or any faculty member of CM dept, Medical College)- Nadia,
- Rafiquil Hauque- DE, WBSISC - Burdwan,
- SUDA / CMU- Birbhum
- Samaun Haque- DE WBSISC- Murshidabad

4. I propose to pay Rs 500/ monitor / day. Total Rs 2000/ Monitor as Honararium

5. Vehicle support for all except Burdwan & Murshidabad. SUDA may arrange vehicle / reimbursed actual expenditure.

6. WBSISC has already devalop monitoring proforma, it will be share shortly. However it is requested that a review meeting of all monitors may be arrange at SUDA just before distribution of certificate

7 SUDA Should invite all monitors for monitoring the programme

- Show quoted text -

Warm Regards

Bagchi S.N

09433069040 /

033-25292638/ 033-55352350

saumenbagchi@yahoo.co.in

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

No./2009/276

Date: 13th April, 2009

To
Dr. Shibani Goswami
Project Officer (Health)
SUDA/CMU
Illgus Bhavan
Salt Lake City, Kolkata

Sub: Invitation for validictory session of ToT on RI dated 21st April, 2009

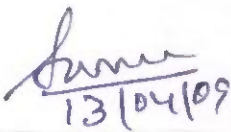
Madam,

I am happy to inform you that we are going to organize Training of Trainers workshop for Sister Tutors & PHNs from Kolkata, North 24 Pgs & South 24 Pgs in Medical College Hospital on 20-21 April, 2009. This is to be followed by 25-day hands on training of vaccinators in their respective ULBs.

A session has been planned to discuss the curriculum for the follow-up training of the vaccinators along with related administrative & financial issues. We would solicit your presence in this regard on 21st April, 2009 (Tuesday) at 13:00hrs in this discussion to be followed by validictory session.

Thanking you

Yours sincerely



13/04/09

Dr. Samir Dsagupta
Prof. & Head, Community Medicine
Medical College, Kolkata
&
Project Manager, WBSISC

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

No./2009/ 249

Date: 23rd February, 2009

To

- Smt.Gita Maity-Nodal Officer, Howrah. (ph.-9433258086)
- Smt.Sipra Banerjee-Nodal Officer, North 24 Pgs. (ph.-9432263959)
- Smt.Gauri Dutta-Nodal Officer, Hooghly. (ph.-9433471062)
- Smt.Rita Sarkar-Nodal Officer, Nadia. (ph.-9434110916)

Sub: District level RI-training of ULBs.

Dear Madam,

Thank you for your support to the monitors from our department in their last visit on 9th February, 2009 to your training institute.

Following faculty members from dept. of Community Medicine and Nursing College, Medical College & Hospital, Kolkata-73, will be visiting your institution for monitoring the training programme on the following days.

District	2 nd Visit-25.02.09	3 rd Visit-03.03.09	4 th Visit-09.03.09
Howrah	Dr.Indrani Das	Faculty members, Nursing College, Medical College, Kolkata-73	Dr.Manideepa Roy
North 24 Pgs	Dr.D.Chakraborty		Dr.Chitra Chatterjee
Hooghly	Dr.M.Sau		Dr.Pretibikash Halder
Nadia	Dr.Nirmalya Manna		Dr. Jadab Ch. Sardar

Contact no. of the monitors:

- Dr.Indrani Das, Demonstrator, Community, Medicine, MCH, Kolkata: 9433520208
- Dr. D.Chakraborty, Demonstrator, Community, Medicine, MCH, Kolkata:9830428062
- Dr.M.Sau, Demonstrator, Community, Medicine, MCH, Kolkata:9433369650
- Dr. Dr.Nirmalya Manna, Demonstrator, Community, Medicine, MCH, Kolkata:9433143168
- Dr.Manideepa Roy, Associate Professor, Community, Medicine, MCH, Kolkata: 9433024050
- Dr.Chitra Chatterjee, Asst. Professor, Community, Medicine, MCH, Kolkata: 9433972754
- Dr.Preetibikash Halder, Asst. Professor, Community, Medicine, MCH, Kolkata: 987404113
- Dr.Jadab Ch.Sardar, Asst. Professor, Community, Medicine, MCH, Kolkata: 9433601056
- Sm. Bandana Das, Principal, Nursing College, MCH, Kolkata: 9433403247

It is requested that the programme schedule may kindly be shared with the respective faculty members as mentioned above.

Thanking you

Yours sincerely

Dr.Samir Dasgupta

Prof.& Head

Community Medicine, Medical College, Kolkata
 & Project Director, WBSISC.

Copy forwarded to:

- Commissioner- FW, Govt.of West Bengal.
- SFWO & Jt.DHS, Govt. of West Bengal.
- The Principal, Medical College, Kolkata.
- DDHS (Nursing)-Govt. of west Bengal.
- Project Officer (Health)-SUDA/Health Expert CMU.
- Sm.Bandana Das, Principal. Nursing College, MCH, Kolkata-73
- Dr. _____, Community Medicine, Medical College, Kolkata.

Phone 033-22572765
Phone/Fax 033-22572681

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

No./2009/ 255

Date: 3rd March 2009

To
Dr Shibani Goswami
Project Officer (Health) SUDA
Iqus Bhavan
Salt Lake
Kolkata 71

Sub: Tentative budget for monitoring of District ULEs on Routine Immunization

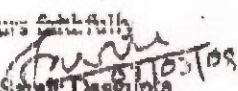
Dear Madam,
As discussed with Dr S.N. Dasgupta regarding budget for monitoring of district ULEs training, the details are as below

District	Honarium (4 visits)	Transport cost (4 times)	Total	remarks
Noth 24 PG	500x4=2000	1000x4= 4000	6000	Transport cost on actuals
Howrah	500x4=2000	1000x4= 4000	6000	
Hooghly	500x4=2000	1000x4= 4000	6000	
Nadia	500x4=2000	1500x4= 6000	8000	
Burdhaman	500x4=2000	Nil	2000	
Total	10000	18000	28000	

You are requested to take necessary action in this regard

Thanking You,

Yours faithfully


Dr Sanjit Dasgupta
Professor & Head
Community Medicine Dept
Medical College, Kolkata &
Project Director WBSISC

Sub. : Training of Health Workers of Urban Local Bodies (3rd batch) in West Bengal for strengthening of Routine Immunization - Monitoring by Technical Personnel.

The training programme for First Tier Supervisor (FTS)/STSS of existing health programmes of ULBs are conducted at Nursing School of respective District Health Office for 25 days.

The ULBs and no. of trainees included in the 3rd batch of training are as under:

District	Tentative Date	ULBs	No. of Trainees
Burdwan	09.02.09	Burdwan	10
		Durgapur	10
		Total	20
Asansol	19.01.09	Asansol	20
		Total	20
Howrah	09.02.09	Uluberia	10
		Bally	10
		Total	20
Hooghly	09.02.09	Hooghly-Chinsurah	10
		Bhadreswar	10
		Total	20
North 24 Pgs	09.02.09	Rajarhat-Gopalpur	10
		South Dum Dum	10
		Total	20
Nadia	09.02.09	Krishnagar	4
		Kalyani	7
		Gayeshpur	8
		Total	19

Monitoring and supervision by the technical persons is most important component for maintaining quality of training. In this regard communication of Dr. Samir Dasgupta, Prof. & Head, Dept. of Community Medicine & Project Director, WBSISC is enclosed wherein DHFW and WBSISC officials be involved for specific district.

B) The tentative budget for such monitoring is as under:

Sl. No.	Budget Head	Unit Rate	Total Cost
1	Honorarium to monitoring officer	500/- per head per visit	(500/- x 4 visits x 6 districts) = 12,000/-
2	Mobility support		18,000/-
	Total		30,000/-

Thus, the total tentative cost of such monitoring is Rs.30,000/-

Submitted for approval.

Handwritten signature and date: 09.03.09

Handwritten signature and date: 09.03.09

12.2.09.

400

Sensitization meeting at Gangarampur

Inbox X

Saumendra Nath Bagchi to me, prabirroy39

[show details](#) Feb 12 (4 days ago)

[Reply](#)

Dear Madam,
enclosed is the invitation letter from ULB for their meeting on 2nd. It is a very good initiatives. We are planning to join.
Prabir Roy is the District Extender for D Dinalpur. He is trying to improve the RI in Balurghat & other ULBs in the district.

Dainur 150
99 34719759.

20051
02x
2x

Gangarampur Municipality
Gangarampur, D.Dinajpur

could not attend
&

Ref.No 1185/CHS/09-10

Date 08/02/2010

To,
The Chief Medical Officer of Health,
Balurghat, Dakshin Dinajpur

**Sub: Meeting cum Workshop for Strengthening of Routine Immunization
at Gangarampur Municipal area.**

A Meeting cum Workshop will be held on 2nd March-2010 at 11:30 am at the Gangarampur Municipal meeting hall in connection with the Strengthening of Routine Immunization of this Gangarampur Municipal area.

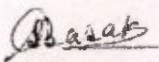
So, you are requested to make it convenient for attending of the aforesaid meeting to present your valuable suggestions in this regard.

— Sd —
(Sri Subal Ch. Basak)
Chairman,
Gangarampur Municipality

Memo No. 1185/1(9)/CHS/09-10 dt. 08/02/10

Copy forwarded with a request him for attending at the aforesaid, to:-

1. The Project Director, SUDA (Health wing), ILGUS Bhawan, Saltlake, Kol-91
2. The Project Director, WBSISC, Medical College, Kolkata,
3. The Project Manager, WBSISC, Medical College, Kolkata,
4. The Dy. CMOH-III, Balurghat, Dakshin Dinajpur,
5. The DMCHO, Balurghat, Dakshin Dinajpur,
6. The DPHNO, Balurghat, Dakshin Dinajpur,
7. The Superintendent, Gangarampur SD Hospital, Dakshin Dinajpur,
8. The District Extender, WBSISC, Balurghat, Dakshin Dinajpur,
9. The Medical Officer, Gangarampur Municipality he is requested for attending along with all FTS & HHWs, at the aforesaid programme as schedule above.


(Sri Subal Ch. Basak)
Chairman,
Gangarampur Municipality
Chairman
Gangarampur Municipality
Gangarampur Municipality

2nd batch

Phone 033-22572765
Phone/Fax 033-22572681

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

No./2008/ 200

Date: 4th September 2008

To
Mr. Arnab Roy,
Project Director CMU
KUSP, Salt Lake
Kolkata



Sub: Monitoring plan for district level ULBs Training,

Dear Sir,

Kindly refer your letter no CMU-94/2003 (pt. VI)/ 1988 dated 30-09-2008 regarding tentative date for District level training of 9 districts on Routine Immunization. The WBSISC, Community Medicine Dept, Medical College, Kolkata will monitor the programme in different districts. Accordingly monitoring plan and tentative budget has been prepared.

You are requested to convey your approval, so that further action can be taken from our end,

Thanking you,

Yours faithfully

Samir Dasgupta
04/10/08

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

Dr. Goswami
Amf
22/10

Enclosed one

Copy to

1. The Project Manager- CMU for favor of information
2. The Health Expert- CMU. This refers to your discussion with Project manager, WBSISC on the above issue.

Propose budget for monitoring District level ULB Training on RI

District to be monitored:

South 24PG, Bankura, Paschim Midnapur, Malda , U Dinajpur , D Dinajpur , Jalpaiguri , Siliguri (North Bengal Medical College) , Darjilling. Total 9 District / Site.

Name of the monitor

Sl No	District	Monitors
1	Malda,	Milan Sen- District Extender, WBSISC
2	U Dinajpur	Mosaraf Hoosen- District Extender- WBSISC
3	D. Dinajpur	Chitta Ranjan Saha- District Extender, WBSISC
4	jalpaiguri	Prabir Roy - District Extender, WBSISC
5	Bankura	WBSISC, Faculty Member Community Medicine Dept, College of Nursing- Medical College
6	Paschim Medinipur	WBSISC, Faculty Member Community Medicine Dept, College of Nursing- Medical College
7	North Bengal medical College	WBSISC, Faculty Member Community Medicine Dept, College of Nursing- Medical College
8	Darjilling	WBSISC, Faculty Member Community Medicine Dept, College of Nursing- Medical College
9	S 24PG	WBSISC, Faculty Member Community Medicine Dept, College of Nursing- Medical College

Frequency of Visit

For Darjilling & NBMC – one visit will involve night halt at the location. So, total three visits to each place is proposed.

For all other districts – Four visits / districts.

Propose budget
Enclosed

Documentation : each monitor will fill up prescribe monitoring format. WBSISC will submit comprehensive report to SUDA / CMU.



District	Transport / each visit	Honorarium	Hotel / accommodation	Total cost	total unit	Grand total	Remarks
Bankura	1500	500	nil	2000	4	8000	Transport on actual (Taxi, Bus / Train fare)
S 24PG	500	500	nil	1000	4	4000	
P Madinipur	1500	500	nil	2000	4	8000	
Malda	nil	500	nil	500	4	2000	
UDP	nil	500	nil	500	4	2000	
DDP	nil	500	nil	500	4	2000	
JLP	nil	500	nil	500	4	2000	
Darjilling	4000	2000 (500 x 4 days)	2000 (1000 x 2 days)	8000	3	24000	
NBMC	3000	1500 (500 x 3 days)	2000 (1000 x 2 days)	6500	3	19500	
Total	10500	7000	4000	21500		71500	

1. For Darjilling : Train fair (Sealdaha – NJP) in AC II – depending upon availability. Taxi fair from NJP to Darjilling & back. Honorarium for day 1 (Train), Day 2 (one day before to Darjilling), Day-3 (at Darjilling), Day 4- train. Hotel accommodation (day 2 & 3)
2. For NBMC- Train fair (Sealdaha – NJP) in AC II – depending upon availability. Taxi fair from NJP to NBMC & back. Honorarium for day 1 (Train), Day 2 (at NBMC , Day 3- train. Hotel accommodation (day 2 & 3)

Sub. : Training of Health Workers of Urban Local Bodies in West Bengal for strengthening of Routine Immunization - Monitoring by Technical Personnel.

The training programme for First Tier Supervisor (FTS)/STSS of existing health programmes of ULBs will be held at Nursing School of respective District Health Office for 25 days.

The ULBs and no. of trainees included in the 2nd batch of training are as under:

District	Tentative Date	ULBs	No. of Trainees
Bankura	06.11.08	Bankura	6
		Bishnupur	3
		Sonamukhi	3
		Total	12
Uttardinajpur	11.11.08	Raiganj	14
		Kaliaganj	4
		Total	18
Jalpaiguri	14.11.08	Jalpaiguri	12
		Alipurduar	7
		Total	19
Malda	12.11.08	Englishbazar	14
		Old Malda	4
		Total	18
Dakshindinajpur	12.11.08	Balurghat	12
		Gangarampur	4
		Total	16
South 24 Pgs	06.11.08	Maheshtala	20
		Total	20
Medinipur West	24.11.08	Medinipur	8
		Kharagpur	12
		Total	20
Darjeeling	14.11.08	Darjeeling	16
		Total	16
North Bengal	10.11.08	Siliguri	20
		Total	20
		Grand Total	159

Monitoring and supervision by the technical persons is most important component for maintaining quality of training. In this regard communication of Dr. Samir Dasgupta, Prof. & Head, Dept. of Community Medicine & Project Director, WBSISC is enclosed wherein DHFW and WBSISC officials be involved for specific district.



B) The tentative budget for such monitoring is as under:

Sl. No.	Budget Head	Unit Rate	Total Cost
1	Honorarium to monitoring officer	500/- per head per visit	(500/- x 4 visits x 7 districts) + (500/- x 4days x 3 times x 1 District) + (500/- x 3days x 3 times x 1 District) = 24,500/-
2	Mobility support for 34 total visits in 9 districts		35,000/-
3	Hotel Accommodation for Darjeeling and Siliguri	@1,000/- x 2 days x 3 times x 2 Districts	12,000/-
	Total		71,500/-

Thus, the total tentative cost of such monitoring is Rs.71,500/-

Submitted for approval.

PD, cmv

[Signature]
27.10.08

[Signature]
27/10

[Signature]
AIO, cmv

immunization register Inbox X

Saumendra Nath Bagchi to me, drkallol2000

[show details](#) Sep 14 ('

Dear Madam,

Attached file is the pro forma for immunization register. It is prepared by matching with RCH reporting format for in case of ULBs) and PHC (it will be ULBs), which is mandatory requirement for reporting .

In Marjoram, the register was made with hard rexin cover with lot of space in between lines and it was made attr quality paper for each sub center. may be 200 - 300 entries.

We recommend this prototype can be used for each immunization post in ULBs.

I hope with CMU support, it can be introduced in the ULBs very soon. In State FW dept no such initiative has be

Warm Regards

Bagchi S.N.

09433069040 /

033-25292638/ 033-55352350

saumenbagchi@yahoo.co.in**Immunization register.xls**17K [View as HTML](#) [Open as a Google spreadsheet](#) [Download](#)



KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. .. CMU-94/2003(Pt. VIII)/450

Dt. .. 28.06.2010
29

From : Dr. Kallol Kr. Mukherjee
Project Manager, CMU

To : The Chairman
Jangipur Municipality
Pukurtala Road,
P.O.- Raghunathganj,
Dist.- Murshidabad,
PIN - 742 225.

Sub. : Administrative Approval & Financial Sanction for transportation of vaccines and logistics.

Ref. : Your communication bearing no. JM/DFID/783/10 dt. 09.06.10.

Sir,

With reference to your communication mentioned above AA&FS is hereby accorded for Rs.4,800/- (Four thousand eight hundred) only for transportation of vaccines and logistics for RI programme for 1st six months.

This is one time grant and shall not create any precedence. The expenditure is to be met out of KUSP fund available with you and to be booked under the A/c head – “SHS – RI”.

Thanking you.

Yours faithfully,

K. 29/6.
Project Manager, CMU

Copy for kind information to :

1. AFC, Jangipur Municipality
2. Accounts Officer, CMU
3. Accounting Support Agency

K. 29/6.
Project Manager, CMU



Sub. : Training of Health Workers of Urban Local Bodies in West Bengal for strengthening of Routine Immunization.

Placed herewith communication of the Chairman, Jangipur Municipality bearing no. JM/DFID/783/10 dt. 09.06.10 which speaks for itself.

In this regard this is to mention here that Health Component of KUSP supports existing health service delivery by the ULBs wherein one of the service components is strengthening Routine Immunization. FTSs of the Jangipur Municipality had been trained for 25 days at NTS, Berhampore on Routine Immunization and at present they are acting as vaccinator.

As per National Immunization guideline provided by DHFW now all the Sub Centres run Routine Immunization programme on Wednesday. For transportation of vaccines and logistics in the sub-centres (20 times in a month) ^{for 5 SCs} Rs.800/- is required @Rs.200/- per week.

The Chairman requested for utilization of fund for Rs.4,800/- during first 6 months out of KUSP which may be agreed upon. The expenditure may be met out of fund provision kept under RI of Health Component.

Submitted for kind approval. Draft letter is enclosed for signature, if approved.

~~PM, CMV~~

Health Exnt.

[Signature]
28.06.10
29/6/10

DFID ASSISTED HHW SCHEME

Jangipur Municipality

P.O.: Raghunathganj ★ Dist.: Murshidabad ★ PIN : 742 225

Memo No.: JM/DFID/783/10.

Dated: 09.06.10.

To
The Project Director
CMU
KUSP
HC- Block, Sector – III
Bidhannagar, Kolkata - 106



Health Exmt
k

**Sub : Requisition of fund for transportation of vaccines and logistics
in Routine Immunization Programme**

Ref : SUDA- Health / 530Pt./09/556(126) dated – 08.01.2010

Sir,
This is to inform you that Routine Immunization Clinics have been rescheduled in the month of February, 2010 under Universal Immunization Programme. In Jangipur Municipality, weekly five (5) clinics and monthly twenty (20) clinics (Routine Immunization) are going on smoothly. From the beginning, one nodal person has been contracted for transportation and details of monthly transportation cost are stated below –

No. of Routine Immunization Clinic		Transport Cost (Rickshaw) for up and down	
In a Week	In a Month	In a Week	In a Month
5	20	Rs. 200.00	Rs. 800.00

You are kindly requested to grant Rs. 4800.00 (Four thousand eight hundred only) for first six months as early as possible.

One copy of Micro Plan (Routine Immunization) is enclosed herewith.

This is for your kind information and taking necessary action.

Thanking you.

Yours faithfully

Sdt
Chairman
Jangipur Municipality

No.: JM/DFID/.....

Dated:

Copy forwarded to –

1. The Project Officer, SUDA, Health Wing, ILGUS BHAVAN”, H-C Block, Sector – III,

Chairman
Jangipur Municipality

DFID ASSISTED HHW SCHEME

Jangipur Municipality

P.O.: Raghunathganj ★ Dist.: Murshidabad ★ PIN : 742 225

Memo No.: JM/DFID/.....

Dated:

To
The Project Director
CMU
KUSP
HC- Block, Sector – III
Bidhannagar, Kolkata - 106

**Sub : Requisition of fund for transportation of vaccines and logistics
in Routine Immunization Programme**

Ref : SUDA- Health / 530Pt./09/556(126) dated – 08.01.2010



Sir,
This is to inform you that Routine Immunization Clinics have been rescheduled in the month of February, 2010 under Universal Immunization Programme. In Jangipur Municipality, weekly five (5) clinics and monthly twenty (20) clinics (Routine Immunization) are going on smoothly. From the beginning, one nodal person has been contracted for transportation and details of monthly transportation cost are stated below –

No. of Routine Immunization Clinic		Transport Cost (Rickshaw) for up and down	
In a Week	In a Month	In a Week	In a Month
5	20	Rs. 200.00	Rs. 800.00

You are kindly requested to grant Rs. 4800.00 (Four thousand eight hundred only) for first six months as early as possible.

One copy of Micro Plan (Routine Immunization) is enclosed herewith.

This is for your kind information and taking necessary action.

Thanking you.

Yours faithfully

Sd/
Chairman
Jangipur Municipality

No.: JM/DFID/..7.8.3.(1)/10.

Dated: 09.06.10.

Copy forwarded to –

✓ The Project Officer, SUDA, Health Wing, ILGUS BHAVAN", H-C Block, Sector – III,

ch
Chairman
Jangipur Municipality

ULB Microplan for Routine Immunization

Name of Municipality - Jangipur

Total No of Wards =		Total Population =		Urban Birth Rate = 13.2		Annual Target:-		Monthly Target:-								
		SUDA-2006)		(S.R.S 2008)		PW= , Infant=		PW= , Infant=								
Sl No.	Ward No	Location of the Centre	Days of Activity	Time	Name of Vaccinators (F.T.S)	Name of Supervisors	Weekly Requirement of Vaccines (In Vials-logistics)									
							T.T	BCG	DPT	OPV	HepB	Measles	DT	.01 ADS	.05 ADS	5ml Disposable Syringe
1	1	Joyrampur SHP - 1	All Wednesday	11-00 AM to 2-00 PM	Nasima Begam 9933717076	Mineralini Roy Chowdhury 9733527297	1	1	1	1	1	1	1	11	50	2
2	6	Boroj SHP - 2	All Wednesday	11-00 AM to 2-00 PM	Rabina Khatun 9635015966	Mineralini Roy Chowdhury 9733527297	1	1	1	1	1	1	1	11	50	2
3	12	Satebazar SHP -3	All Wednesday	11-00 AM to 2-00 PM	Tahura Begam 97329954112	Mineralini Roy Chowdhury 9733527297	1	1	1	1	1	1	1	11	50	2
4	13	Balighata SHP - 4	All Wednesday	11-00 AM to 2-00 PM	Shibani Halder 9732690656	Mineralini Roy Chowdhury 9733527297	1	1	1	1	1	1	1	11	50	2
5	8	Enayethagar Primary School -II	1st & 3rd Wednesday	11-00 AM to 2-00 PM	Swamamayee Rahaman 9732645876	Mineralini Roy Chowdhury 9733527297	1	1	1	1	1	1	1	11	50	2
6	20	Ailerupor Primary Shool	.2nd & 4th Wednesday	11-00 AM to 2-00 PM	Paromita Das 9832191172	Mineralini Roy Chowdhury 9733527297	1	1	1	1	1	1	1	11	50	2

Signature of Chairman

Signature of Supervisors

Signature of Medical officer/Health officer

HHW Scheme, DFID
Jangipur Municipality



OFFICE OF THE COUNCILLORS

DHULIYAN MUNICIPALITY
P.O. DHULIYAN, DIST. MURSHIDABAD

S.T.D.: ☎/Fax: 265233
e-mail: dhuliyan_munici@sify.com

Chairperson's Chamber ☎ : 03485-266133
Health Wings ☎ : 03485-266586

Memo No. 300/En/DM

Dated 11/6/..... 2010.

From

Health Officer, C.B.P.H.C.S
Dhuliyan Municipality,
Dhuliyan, Murshidabad

To

The CMOH
Murshidabad District



PO (H)
15/6

Sub: **Monthly Requirement of Vaccines for Strengthening Routine Immunization at Dhuliyan Municipality.**

Dear Sir,

Recently Health Dept. of Dhuliyan Municipality Reviewed the Routine Immunization activities with all Municipal Health staff with executive officer and Health officer. WBSISC was present to provide technical support. It was decided that from 1st week of July 2010, we will expand the coverage area. Accordingly all Wednesday, the RI activities will be conducted at 05 RI centre in different municipal wards. The micro plan has been prepared and shared with BMOH Anupnagar BPHC also.

Municipality will collect vaccines and logistic from Anupnagar BPHC on the day of the immunization Session. **The requirement of vaccines (in vials) on monthly basis** will be as under:

TT= 20 Vial, BCG= 20 Vial, DPT= 20 Vial, OPV= 20 Vial, Hep-B= 20 Vial, Measles= 20 Vial, DT= 20 Vial, 0.1ml AD syringes= 220 Pcs, 0.5ml AD Syringes= 1000 Pcs, 5ml Disposable Syringes= 45 Pcs, Blank immunization cards= 250 Pcs NRHM PHC reporting format = 12.

The Municipality will send consolidated monthly report to Anupnagar BPHC 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

sd/-

(Dr. Sufiul Islam)

Health Officer, Dhuliyan Municipality

Memo No. 300/En/1(8)/DM Dated: 11/6/2010
Copy forwarded for information & necessary action to:-

1. The Chairperson, Dhuliyan Municipality
2. The Director, SUDA, Salt Lake
3. The Dy CMOH-III / DMCHO / DPHNO- Murshidabad.
4. The ACMOH (Jangipur) - Murshidabad.
5. The Project Officer (Health), SUDA- Kolkata.
6. The Project Director and Project Manager- WBSISC, Medical College, Kolkata.
7. The District Extender- WBSISC, CMOH office, Murshidabad
8. The BMOH, PHN- Anupnagar BPHC

sd/-

(Dr. Sufiul Islam)

Health Officer, Dhuliyan Municipality

Health Officer

CBPHCS

Dhuliyan Municipality

En. As above

ULB Microplan for Routine Immunization

Name of Municipality - Dhuliyan

Total No of Wards =		Total Population =		(SUDA		Urban Birth Rate = 13.2		Annual Target:-		Monthly Target:-						
		2006)		(S.R.S 2008)		PW=		, Infant=		PW=		, Infant=				
SI No.	Ward No	Location of the Centre	Days of Activity	Time	Name of Vaccinators (F.T.S)	Name of Supervisors	Weekly Requirement of Vaccines (In Vials-logistics)									
							T.T	BCG	DPT	OPV	HepB	Measles	DT	.01 ADS	.05 ADS	5ml Disposable Syringe
1	9	Gazinagar H/O Mainul Hoq	All Wed	9.30 am to 12.30 pm	1. Aktara Khatun 2. Tuhina Khatun	Md. Mohsin	1 Vial	1 Vial	1 Vial	1 Vial	1 Vial	1 Vial	1 Vial	11	50	2
2	4	Hatichitra Bara Masjid Building	All Wed	9.30 am to 12.30 pm	1. Selina Khatun 2. Nashima Khatun	Md. Mohsin	1 Vial	1 Vial	1 Vial	1 Vial	1 Vial	1 Vial	1 Vial	11	50	2
3	16	Pahar Ghati H/O Bikash Ghosh	All Wed	9.30 am to 12.30 pm	1. Tahera Khatun 2. Shibani Singha	Md. Mohsin	1 Vial	1 Vial	1 Vial	1 Vial	1 Vial	1 Vial	1 Vial	11	50	2
4	18	Lalpur H/O Azad Ali	All Wed	9.30 am to 12.30 pm	1. Nafisha Khatun 2. Chandana sarkar	Md. Mohsin	1 Vial	1 Vial	1 Vial	1 Vial	1 Vial	1 Vial	1 Vial	11	50	2
5	19	Dhuliyan Municipality Office	All Wed	9.30 am to 12.30 pm	1. Bela Mandal 2. Sabina Yasmin	Md. Mohsin	1 Vial	1 Vial	1 Vial	1 Vial	1 Vial	1 Vial	11	50	2	
Total							5	5	5	5	5	5	5	55	250	10+1= 11

Signature of Chairman/ Executive officer

[Signature]
11/6/10

Executive Officer
Dhuliyan Municipality

Signature of Supervisors

[Signature]
11/6/10

Signature of Medical officer/Health officer

[Signature]
11/6/10

Health Officer
CBPHCS
Dhuliyan Municipality

Govt. of West Bengal
Office of the Principal
A.N.M [R] Nursing Training School
Berhampore New General Hospital
Murshidabad

Memo No:- A.N.M [R]/ 71

Dated, Berhampore the 10/05/ 2010

To,
Dr. S. Goswami
Project Officer-Health-SUDA
Kolkata.



Subject:- Training Report

Dear Madam,

The routine Immunization Training for Health Workers of ULBs of Murshidabad District has been started on 29.03.10 and completed on 29.04.10 successfully.

Now I am submitting the Training report in prescribed format with documents as mentioned.

Kindly accept this report and oblige thereby.

Thanking You.

Yours Sincerely

Pratima Pal, 10/05/10

(Pratima Pal (D.N.S Cum Sr. Sister Tutor)
Nodal Person of A.N.M [R] Nursing Training School
New General Hospital, Berhampore, Murshidabad

Enclosure:-

- 1) Training format
- 2) Photographs of the Training programme (12)
- 3) Attendance sheet of the participants
- 4) Attendance sheet of the Facilitators
- 5) Feet back format of HHW of ULB, of Murshidabad District (Xerox copy)
- 6) Pre and post evaluation question papers (Xerox copy) & Results.
- 7) Curriculum Plan

Training Report
RI training of ULBs

1. District: Murshidabad

2. Training Period

Theoretical from 29.03.10 To 03.04.10
Practical from 05.04.10 To 29.04.10

3. Total No of Participants = 23 (Twenty Three)

4. Municipality involved

1. Berhampore Municipality
2. Kandi Municipality
3. Dhulian Municipality

5. Name & designation of the facilitator

1. (Nodal Person) Smt. Pratima Pal, DNS cum Sr. Sister Tutor

2. Total No. of Facilitators: 13

3. List of the Facilitators are attached here with.

6. Pre / Post Test Done : Yes / No

If yes, then mention marks obtained

Marks	No of participants <u>23</u>			
	Pre test	F.M.- 20	After Theory Part	F.M.- 20 Post test After completion of training
0-5	-		-	-
6-10	-		-	-
11-15	<u>09</u>		-	-
16-20	<u>14</u>		<u>23</u>	<u>23</u>
more than 20	-		-	-

7. Practical training

A) average no of each vaccines given by each trainee independently

BCG = 25 Measles = 01 DPT = 18 HepB = 27 TT = 10 DT = 10

B) Your opinion on enhance practical skill for giving injection by all participants after the training (put tick marks)

Excellent Very Good Good Average

8. Analysis of feedback from participants (give % on salient observation)

9. Support received from

Authority	excellent	good	satisfactory	Unsatisfactory
District Health	<u>✓</u>	-	-	-

District Nursing	✓	—	—	—
Participatory ULBs	✓	—	—	—
SUDA, Nodal officer	✓	—	—	—
WBSISC / Monitors	✓	—	—	—

10. Certificate

Distributed to all = Yes / No

Please explain the reason, if it is no **Not Applicable**

11. Are you and your team willing to conduct further training? Yes / No
If yes, when it will be possible?

- Mid October, 2010 to Mid November, 2010
- November, 2010 to December, 2010
- December, 2010 to January, 2010
- Any other period

12. Your Suggestions to improve the quality of the training in future (administrative / logistic / funding / support / training curriculum etc.)

- Duration of Practical Experience to be increased
- Contingency Fund to be increased.

Signature of the Nodal Person

(Name of the Nodal person)

Attachment

- Photograph of the training programme (hard copy or CD)
- Attendance Sheet of the participants (Xerox) on last day of the programme
- Feed back format of only one participants (Xerox)
- Pre / Post test questions (Xerox)

To whom the document should be send

Dr S. N. Bagchi- Project Manager, WBSISC
Flat no E/3, 4th Floor
54 A.M. Bose Road. Kolkata- 700074

Alternatively, you may send through email at : bagchi@wbsisc.org

Please send the report within one week of completion of the training.

Pratima Pal
Nodal Person.
Munshidebad.
10/05/10

Attendance Sheet for the trainee, Participating the training of Health workers of U.I.B of Murshidabad District, W.B, for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital, Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on 29.02.10	Signature on 30.03.10	Signature on 31.03.10
1.	Mirak Pamanik	H.H.W	M.P Passed	Berhampore	M. Pamanik	M. Pamanik	M. Pamanik
2.	Rina Mondal	H.H.W	M.P Passed	Berhampore	R. Mondal	R. Mondal	R. Mondal
3.	Malika Bhattacharjee	H.H.W	M.P Passed	Berhampur	M. Bhattacharjee	M. Bhattacharjee	M. Bhattacharjee
4.	Sachana Biswas	H.H.W	M.P Passed	Berhampore	Biswas	Biswas	Biswas
5.	Boby Mukherjee	H.H.W	B.A Passed	Berhampore	B. Mukherjee	B. Mukherjee	B. Mukherjee
6.	Purnima Kundu	F.TS H.H.W	M.P Passed	Berhampore	Absent	P. Kundu	P. Kundu
7.	Bela Mondal	F.TS	H.S Passed	Dudhigram	B. Mondal	Bela Mondal	Bela Mondal
8.	Najisa Khater	H.H.W. F.TS	H.S Passed	"	N. Khater	Najisa Khater	Najisa Khater
9.	Chandana Sarkar	H.H.W	M.D Passed	"	C. Sarkar	C. Sarkar	Chandana Sarkar
10.	Zehna Khater	H.H.W	B.A Passed	"	Z. Khater	Z. Khater	Z. Khater
11.	Shikha Singla	F.TS H.H.W	H.S Passed	"	S. Singla	S. Singla	S. Singla
12.	Mst. Akalata Khater	H.H.W	M.P Passed	"	Mst. A. Khater	Mst. A. Khater	Mst. A. Khater
13.	Sabina Yeasmin	H.H.W	H.S Passed	"	S. Yeasmin	S. Yeasmin	S. Yeasmin
14.	Nasima Khater (B.K)	H.H.W	M.P Passed	"	N. K. B	N. K. B	N. K. B
15.	Zehna Khater	F.TS	M.P Passed	"	Z. Khater	Z. Khater	Z. Khater

Attendance Sheet for the trainee, Participating the training of Health workers of U.B of Murshidabad District, W.B, for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital, Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on	Signature on	Signature on
1.	Minali Pramanik.	H.H.W.	M.P. Passed.	Berhampore	M. Pramanik.	M. Pramanik.	
2.	Rina Mondal.	H.H.W.	M.P. Passed.	Berhampore	R. Mondal.	R. Mondal.	
3.	Melika Bhattacharjee	H.H.W.	M.P. Passed	Berhampore	M. Bhattacharjee	M. Bhattacharjee	
4.	Radhika Biswas.	H.H.W.	M.P. Passed	Berhampore	Biswas.	Biswas.	
5.	Baby Mukherjee	H.H.W.	B.A. Passed	Berhampore	B. Mukherjee	B. Mukherjee	
6.	Prasanna Kundu	H.H.W.	M.P. Passed	Berhampore	P. Kundu	P. Kundu	
7.	Bela Mondal	F.T.S	H.S. Passed	Dhuliganj	B. Mondal	Bela Mondal	
8.	Najisa Khatun	F.T.S	H.S. Passed	Dhuliganj	Najisa Khatun	Najisa Khatun	
9.	Chandana Sarker	H.H.W.	M.P. Passed	Dhuliganj	Chandana Sarker	Chandana Sarker	
10.	Tehina Khatun	H.H.W.	B.A. Passed	Dhuliganj	T. Khatun	T. Khatun	
11.	Shibani Sengupta	H.H.W.	H.S. Passed	Dhuliganj	S. Sengupta	S. Sengupta	
12.	MST. Akhase Khatun	F.T.S.	M.P. Passed	Dhuliganj	MST. A. Khatun	MST. A. Khatun	
13.	Sabina Yeasmin.	H.H.W.	H.S. Passed	Dhuliganj	S. Yeasmin.	S. Yeasmin	
14.	Nayima Khatun	H.H.W.	M.P. Passed	"	N.K.B	N.K.B	
15.	Shobna Khatun	F.T.S.	M.P. Passed	Dhuliganj	S. Khatun	S. Khatun	

Attendance Sheet for the trainee, Participating the training of Health workers of ULB of Murshidabad District, W.B, for Strengthening of R.I at A.N.M IRI Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital, Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on _____	Signature on _____	Signature on _____
16.	Selina Khatoon	F.T.S.	H.S Passed	Dhuliyam.	S. Khatoon.	S. Khatoon.	
17.	Chameli Nandi	A.H.W.	H.S Passed	Kandi	C. Nandi	C. Nandi	
18.	Syamali Das (Dutta)	F.T.S.	M.P. Passed	Kandi	S. Das.	S. Das.	
19.	Hira Ghatak	F.T.S.	M.P. Passed	Kandi	H. Ghatak	H. Ghatak	
20.	Porrima Das	F.T.S.	B.A. Passed	Kandi	P. Das	P. Das.	
21.	Papaya Paul	H.H.W	H.S Passed	Kandi	P. Paul	P. Paul	
22.	Kum Kum Das	H.H.W	M.P. Passed	Kandi	K. Das,	K. Das,	
23.	Bhadra Mondal	F.T.S	H.S. Passed	Kandi	B. Mondal	B. Mondal	
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Attendance Sheet for the trainee, Participating the training of Health workers of ULB of Murshidabad District, W.B, for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital, Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on 05/04/10	Signature on 06/04/10	Signature on 07/04/10
1.	Minati Paramaik	H-H-TD	M.P. passed	Berhampur	M. Paramaik	M. Paramaik	M. Paramaik
2.	Rina Mondal	H-H-TD	M.P. passed	Do	R. Mondal	R. Mondal	R. Mondal
3.	Mallika Bhattacharya	H-H-TD	M.P. passed	Do	M. Bhattacharya	M. Bhattacharya	M. Bhattacharya
4.	Sadhana Biswas	H-H-TD	M.P. passed	Do	Biswas	Biswas	Biswas
5.	Baby Mukherjee	H-H-TD	B.H. passed	Do	B. Mukherjee	B. Mukherjee	B. Mukherjee
6.	Parvina Kunder	H-H-TD	M.P. passed	Do	P. Kunder	P. Kunder	P. Kunder
7.	Bela Mondal	F-T-S	H.S. passed	Dhuligan	Bela Mondal	Bela Mondal	Bela Mondal
8.	Nafisa Khatun	F-T-S	H.S. passed	Do	Nafisa Khatun	Nafisa Khatun	Nafisa Khatun
9.	Shibani Chandra Sankar	H-H-TD	M.P. passed	Do	Chandana Sarkar	Chandana Sarkar	Chandana Sarkar
10.	Juhina Khatun	H-H-TD	B.N. passed	Do	J. Khatun	J. Khatun	J. Khatun
11.	Shibani Singha	H-H-TD	H.S. passed	Do	S. Singha	S. Singha	S. Singha
12.	Mst. Akhtara Khatun	F-T-S	M.P. passed	Do	Mst. A. Khatun	Mst. A. Khatun	Mst. A. Khatun
13.	Sabina Yeasmin	H-H-TD	H.S. passed	Do	S. yeasmin	S. yeasmin	S. yeasmin
14.	Nasima Khatun (13/5/5)	H-H-TD	M.P. passed	Do	N.K.B	N.K.B	N.K.B
15.	Gahera Khatun	F-T-S	M.P. passed	Do	G. Khatun	G. Khatun	G. Khatun

Attendance Sheet for the trainee, Participating the training of Health workers of ULB of Murshidabad District, W.B, for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital, Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on _____	Signature on _____	Signature on _____
16	Selima Khatun	F.T.S	H.S. Passed	Dhulistan	S. Khatun.	S. Khatun.	S. Khatun.
17	Clameli Nandi.	H.H.T.U	H.S. Passed	Kandi	C. Nandi	C. Nandi	C. Nandi
18	Shyamali Das (Dutta)	F.T.S	M.P. Passed	Do	S. Das.	S. Das.	S. Das.
19	Hina Ghatak	F.T.S	M.P. Passed	Do	H. Ghatak	H. Ghatak	H. Ghatak
20	Purnima Das	F.T.S	B.N. Passed	Do	P. Das	P. Das.	P. Das
21	Pabiya Paul	H.H.T.U	H.S. Passed	Do	P. Paul	P. Paul	P. Paul
22	Kumkum Das	H.H.T.U	M.P. Passed	Do	K. Das	K. Das.	K. Das.
23	Shabza Mondal.	F.T.S	H.S. Passed	Do	B. Mondal	B. Mondal	B. Mondal
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Attendance Sheet for the trainee, Participating the training of Health workers of ULB of Murshidabad District, W.B, for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital, Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on Staff	Signature on [Signature]	Signature on [Signature]
1.	Minali Paramanik	H.H.W	M.P. passed	Berhampore	M. Paramanik	M. Paramanik	M. Paramanik
2.	Rina Mondal	H.H.W	M.P. passed	Do	R. Mondal	R. Mondal	R. Mondal
3.	Mallika Bhattacharya	H.H.W	M.P. passed	Do	M. Bhattacharya	M. Bhattacharya	M. Bhattacharya
4.	Sadhana Dasgupta	H.H.W	M.P. passed	Do	S. Dasgupta	S. Dasgupta	S. Dasgupta
5.	Baby Mukherjee	H.H.W	B.A. passed	Do	B. Mukherjee	B. Mukherjee	B. Mukherjee
6.	Purnima Kundu	H.H.W	M.P. passed	Do	P. Kundu	P. Kundu	P. Kundu
7.	Bela Mondal	F.T.S	H.S. passed	Studying	Bela Mondal	Bela Mondal	Bela Mondal
8.	Nafisa Khatun	F.T.S	H.S. passed	Do	Nafisa Khatun	Nafisa Khatun	Nafisa Khatun
9.	Chandana Sarkar	H.H.W	M.P. passed	Do	Chandana Sarkar	Chandana Sarkar	Chandana Sarkar
10.	Juhina Khatun	H.H.W	B.A. passed	Do	J. Khatun	J. Khatun	J. Khatun
11.	Shibani Singha	H.H.W	H.S. passed	Do	S. Singha	S. Singha	S. Singha
12.	Mst. Akhtara Khatun	F.T.S	M.P. passed	Do	Mst. A. Khatun	Mst. A. Khatun	Mst. A. Khatun
13.	Sabrina Yasmin	H.H.W	H.S. passed	Do	S. yasmin	S. yasmin	S. yasmin
14.	Nasima Khatun	H.H.W	M.P. passed	Do	N. K. B	N. K. B	N. K. B
15.	Tohena Khatun	F.T.S	M.P. passed		T. Khatun	T. Khatun	T. Khatun

Attendance Sheet for the trainee, Participating the training of Health workers of ULB of Murshidabad District, W.B, for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital, Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on 8.4.2010	Signature on 9.4.10	Signature on 10/09/10
1.	Selima Khatun	F-T-S	M.B. Passed	Dhuligon	S. Khatun	S. Khatun.	S. Khatun.
2.	Chameli Nandi	H.H.W	H.S. Passed	Kandi	C. Nandi	C. Nandi	C. Nandi
3.	Shyamali Das (Dutta)	F.T-S	M.P. Passed	Do	S. Das.	S. Das	S. Das.
4.	Hina Chatak	F-T-S	M.P. Passed	Do	H. Chatak	H. Chatak	H. Chatak
5.	Purnima Das	F.T-S	M.P. Passed	Do	P. Das.	P. Das	P. Das
6.	Papiga Paul	H.H.W	H.S. Passed	Do	P. Paul	P. Paul	P. Paul
7.	Kumkum Das	H.H.W	M.P. Passed	Do	K. Das.	K. Das.	K. Das.
8.	Bhadra Mondal	F.T-S	H.S. Passed	Do	B. Mondal	B. Mondal	B. Mondal
9.							
10.							
11.							
12.							
13.							
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Attendance Sheet for the trainee, Participating the training of Health workers of ULB of Murshidabad District, W.B, for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital, Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on _____ 12.4.16	Signature on _____ 13.4.16	Signature on _____ 15.4.16
1.	Minali Pramanik	H.H.W	M.P. passed	Berhampore	M. Pramanik	M. Pramanik	M. Pramanik
2.	Prina Mondal	H.H.W	M.P. passed	Do	R. Mondal	R. Mondal	R. Mondal
3.	Malika Bhattacharjee	H.H.W	M.P. passed	Do	M. Bhattacharjee	M. Bhattacharjee	M. Bhattacharjee
4.	Sadhona Biswas	H.H.W	M.P. passed	Do	Biswas	Biswas	Biswas
5.	Baby Mukherjee	H.H.W	D.P. passed	Do	B. Mukherjee	B. Mukherjee	B. Mukherjee
6.	Purnima Kundu	H.H.W	M.P. passed	Do	P. Kundu	P. Kundu	P. Kundu
7.	Bela Mondal	F.T.S	H.S. passed	Dhuliganj	Bela Mondal	Bela Mondal	Bela Mondal
8.	Najisa Khatun	F.T.S	H.S. passed	Do	Najisa Khatun	Najisa Khatun	Najisa Khatun
9.	Chandana Sarkar	H.H.W	M.P. passed	Do	Chandana Sarkar	Chandana Sarkar	Chandana Sarkar
10.	Tahina Khatun	H.H.W	D.P. passed	Do	Tahina Khatun	T. Khatun	T. Khatun
11.	Shibani Singha	H.H.W	H.S. passed	Do	S. Singha	S. Singha	S. Singha
12.	Mst. Akhtera Khatun	F.T.S	M.P. passed	Do	Mst. A. Khatun	Mst. A. Khatun	Mst. A. Khatun
13.	Sobina Yasmin	H.H.W	H.S. passed	Do	S. yasmin	S. yasmin	S. yasmin
14.	Najima Khatun	H.H.W	M.P. passed	Do	N.K.B	N.K.B	N.K.B
15.	Tahera Khatun	F.T.S	M.P. passed	Do	T. Khatun	T. Khatun	T. Khatun

Attendance Sheet for the trainee, Participating the training of Health workers of ULB of Murshidabad District, W.B, for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital, Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on 19.11.19	Signature on 23.11.19	Signature on 16.11.19
1.	Selima Khatun	F.T.S	M.P. passed	Dhuligan	S. Khatun	S. Khatun	S. Khatun
2.	Chameli Handi	H.H.W	H.S. passed	Khandi	C. Nandi	C. Nandi	C. Nandi
3.	Shyamali Das (Dutta)	F.T.S	M.P. passed	Do	S. Das.	S. Das.	S. Das.
4.	Hina Chatakar	F.T.S	M.P. passed	Do	H. Chatakar	H. Chatakar	H. Chatakar
5.	Purnima Das	F.T.S	M.P. passed	Do	P. Das,	P. Das.	P. Das.
6.	Papita Paul	H.H.W	H.S. passed	Do	P. Paul	P. Paul	P. Paul
7.	Kumksum Das	H.H.W	M.P. passed	Do	K. Das,	K. Das	K. Das.
8.	Bhadra Mondal	F.T.S	H.S. passed	Do	B. Mondal	B. Mondal	B. Mondal
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Attendance Sheet for the trainee, Participating the training of Health workers of ULB of Murshidabad District, W.B, for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital, Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on 14.11.18	Signature on 19.11.18	Signature on 26.11.18
1.	Minali Paramanik	H.H.-W	M.P. passed	Berhampore	M. Paramanik	M. Paramanik	M. Paramanik
2.	Rina Mondal	H.H.-W	M.P. passed	Do	R. Mondal	R. Mondal	R. Mondal
3.	Mallika Bhattacharjee	H.H.-W	M.P. passed	Do	M. Bhattacharjee	M. Bhattacharjee	M. Bhattacharjee
4.	Sadhana Biswas	H.H.-W	M.P. passed	Do	Sadhana Biswas	Sadhana Biswas	Sadhana Biswas
5.	Baby Mukherjee	H.H.-W	B.A. passed	Do	B. Mukherjee	B. Mukherjee	B. Mukherjee
6.	Purnima Kundu	H.H.-W	M.P. passed	Do	P. Kundu	P. Kundu	P. Kundu
7.	Bela Mondal	F.T.S.	H.S. passed	Dhulligan	Bela Mondal	Bela Mondal	Bela Mondal
8.	Najisa Khatoon	F.T.S	H.S. passed	Do	Najisa Khatoon	Najisa Khatoon	Najisa Khatoon
9.	Chandana Sarkar	H.H.-W	M.P. passed	Do	Chandana Sarkar	Chandana Sarkar	Chandana Sarkar
10.	Tuhina Khatoon	H.H.-W	B.A. passed	Do	T. Khatoon	T. Khatoon	T. Khatoon
11.	Shibani Singha	H.H.-W	H.S. passed	Do	S. Singha	S. Singha	S. Singha
12.	Mst. Akhtara Khatoon	F.T.S	M.P. passed	Do	Mst. A. Khatoon	Mst. A. Khatoon	Mst. A. Khatoon
13.	Sobina yeasmin	H.H.-W	H.S. passed	Do	S. yeasmin	S. yeasmin	S. yeasmin
14.	Nasima Khatoon (wid)	H.H.-W	M.P. passed	Do	N.K.B	N.K.B	N.K.B
15.	Tahera Khatoon	F.T.S	M.P. passed	Do	T. Khatoon	T. Khatoon	T. Khatoon

Attendance Sheet for the trainee, Participating the training of Health workers of ULB of Murshidabad District, W.B. for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital, Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on 12/4/10	Signature on 19/4/10	Signature on 20/4/10
1.	Selima Khatun	F.T.S	H.S. Passed	Dhubbigan	S. Khatun	S. Khatun	S. Khatun
2.	Chomeli Nandi	H.H.W	H.S. Passed	Komdi	C. Nandi	C. Nandi	C. Nandi
3.	Shyamali Das (Dutta)	F.T.S	M.P. Passed	Do	S. Das.	S. Das.	Absent
4.	Hira Ghatok	F.T.S	M.P. Passed	Do	H. Ghatok	H. Ghatok	H. Ghatok
5.	Sumina Das	F.T.S	M.P. Passed	Do	P. Das	P. Das.	P. Das.
6.	Papya Paul	H.H.W	H.S. Passed	Do	Papya Paul	P. Paul	P. Paul
7.	Kumkum Das	H.H.W	M.P. Passed	Do	K. Das.	K. Das.	K. Das.
8.	Bhadra Mondal	F.T.S	H.S. Passed	Do	B. Mondal	B. Mondal	B. Mondal
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Attendance Sheet for the trainee, Participating the training of Health workers of ULB of Murshidabad District, W.B, for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital,

Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on 24-4-18	Signature on 28-4-18	Signature on 2-5-18
1.	Minali Paramarik	H.H.W	M.P. passed	Berhampore	M. Paramarik	M. Paramarik	M. Paramarik
2.	Rina Mondal	H.H.W	M.P. passed	Do	R. Mondal	R. Mondal	R. Mondal
3.	Mallika Bhattacharyya	H.H.W	M.P. passed	Do	M. Bhattacharyya	M. Bhattacharyya	M. Bhattacharyya
4.	Sadhana Biswas	H.H.W	M.P. passed	Do	Sadhana Biswas	Sadhana Biswas	Sadhana Biswas
5.	Baby Mukherjee	H.H.W	B.A. passed	Do	B. Mukherjee	B. Mukherjee	B. Mukherjee
6.	Purnima Kundu	H.H.W	M.P. passed	Do	P. Kundu	P. Kundu	P. Kundu
7.	Bela Mondal	F.T.S	H.S. passed	Dhuligan	Bela Mondal	Bela Mondal	Bela Mondal
8.	Najisa Khatun	F.T.S	H.S. passed	Do	Najisa Khatun	Najisa Khatun	Najisa Khatun
9.	Chandana Sarkar	H.H.W	M.P. passed	Do	Chandana Sarkar	Chandana Sarkar	Chandana Sarkar
10.	Tuhina Khatun	H.H.W	B.A. passed	Do	T. Khatun	T. Khatun	T. Khatun
11.	Shibani Singha	H.H.W	H.S. passed	Do	S. Singha	S. Singha	S. Singha
12.	Mst. Akhtara Khatun	F.T.S	M.P. passed	Do	Mst. A. Khatun	Mst. A. Khatun	Mst. A. Khatun
13.	Sabina Yeasmin	H.H.W	H.S. passed	Do	S. yeasmin	S. yeasmin	S. yeasmin
14.	Nasima Khatun (Bibi)	H.H.W	M.P. passed	Do	N.K.B	N.K.B	N.K.B
15.	Tahera Khatun	F.T.S	M.P. passed	Do	T. Khatun	T. Khatun	T. Khatun

Attendance Sheet for the trainee, Participating the training of Health workers of ULB of Murshidabad District, W.B, for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital, Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on <u>21/4/10</u>	Signature on <u>22/4/10</u>	Signature on <u>23/4/10</u>
1.	Selima Khatun	F.T.S	H.S Passed	Dhuligan	S. Khatun.	S. Khatun.	S. Khatun.
2.	Chameli Nandi	H.H.W	H.S Passed	Kandi	C. Nandi	C. Nandi	C. Nandi
3.	Shyamoli Das (Dutta)	F.T.S	M.P. Passed	Do	Absent	S. Das	S. Das
4.	Hina Ghatak	F.T.S	M.P. Passed	Do	H. Ghatak	H. Ghatak	H. Ghatak
5.	Purnima Das	F.T.S	M.P. Passed	Do	P. Das	P. Das.	P. Das.
6.	Papiya Paul	H.H.W	H.S. Passed	Do	P. Paul	P. Paul	P. Paul.
7.	Kumkum Das	H.H.W	M.P. Passed	Do	K. Das.	K. Das,	K. Das,
8.	Bhadra Mondal	F.T.S	H.S Passed	Do	B. Mondal	B. Mondal	B. Mondal
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Attendance Sheet for the trainee, Participating the training of Health workers of ULB of Murshidabad District, W.B, for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital, Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on 24-4-10	Signature on 26/4/10	Signature on 27-4-10
1.	Minali Pramanik	H.H.-20	M.P. passed	Berhampore	M. Pramanik	M. Pramanik	M. Pramanik
2.	Prina Mondal	H.H.-20	M.P. passed	Do	R. Mondal	R. Mondal	R. Mondal
3.	Mallika Bhattacharya	H.H.-20	M.P. passed	Do	M. Bhattacharya	M. Bhattacharya	M. Bhattacharya
4.	Sadhana Biswas	H.H.-20	M.P. passed	Do	Sadhana Biswas	Sadhana Biswas	Sadhana Biswas
5.	Baby Mukherjee	H.H.-20	B.H. passed	Do	B. Mukherjee	B. Mukherjee	B. Mukherjee
6.	Purnama Kundu	H.H.-20	M.P. passed	Do	P. Kundu	P. Kundu	P. Kundu
7.	Bela Mondal	F.T.S	H.S. passed	Dhulian	Bela Mondal	Bela Mondal	Bela Mondal
8.	Najisa Khatun	F.T.S	H.S. passed	Do	Najisa Khatun	Najisa Khatun	Najisa Khatun
9.	Chandana Sarkar	H.H.-20	M.P. passed	Do	Chandana Sarkar	Chandana Sarkar	Chandana Sarkar
10.	Tuhina Khatun	H.H.-20	M.P. passed	Do	T. Khatun	T. Khatun	T. Khatun
11.	Sibani Singha	H.H.-20	H.S. passed	Do	S. Singha	S. Singha	S. Singha
12.	Ms. Akintara Khatun	F.T.S	M.P. passed	Do	Ms. A. Khatun	Ms. A. Khatun	Ms. A. Khatun
13.	Sobina Yeasmin	H.H.-20	H.S. passed	Do	S. yeasmin	S. yeasmin	S. yeasmin
14.	Nasima Khatun (Bibi)	H.H.-20	M.P. passed	Do	N.K.B	N.K.B	N.K.B
15.	Tahera Khatun	F.T.S	M.P. passed	Do	T. Khatun	T. Khatun	T. Khatun

Attendance Sheet for the trainee, Participating the training of Health workers of ULB of Murshidabad District, W.B, for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital, Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on 24/4/10	Signature on 26/4/10	Signature on 27/4/10
1.	Selima Chakrabarti	F.T.S	H.S-passed	Dhuljigan	S. Chakrabarti	S. Chakrabarti	S. Chakrabarti
2.	Chameli Nandi	H.H.W	H.S-passed	Konari	C. Nandi	C. Nandi	C. Nandi
3.	Shyamali Das (Dutta)	F.T.S	M.P. passed	Do	S. Das.	S. Das.	S. Das.
4.	Hina Chakrabarti	F.T.S	M.P. passed	Do	H. Chakrabarti	H. Chakrabarti	H. Chakrabarti
5.	Purnima Das	F.T.S	M.P. passed	Do	P. Das.	P. Das.	P. Das.
6.	Papaya Paul	H.H.W	H.S-passed	Do	P. Paul	P. Paul	P. Paul
7.	Kumkum Das	H.H.W	M.P. passed	Do	K. Das	K. Das,	K. Das,
8.	Bhadra Mondal	F.T.S	H.S-passed	Do	B. Mondal	B. Mondal	B. Mondal
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Attendance Sheet for the trainee, Participating the training of Health workers of ULB of Murshidabad District, W.B, for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital,

Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on	Signature on	Signature on
1.	Minali Paramanik	A-H-W	M.P. Passed	Berhampore	28/4/10	29/4/10	
2.	Rina Mondal	A-H-W	M.P. Passed	Do	R. Mondal	R. Mondal	
3.	Malleka Bhattacharya	H-H-W	M.P. Passed	Do	M. Bhattacharya	M. Bhattacharya	
4.	Sadhona Biswas	A-H-W	M.P. Passed	Do	Sadhona Biswas	Sadhona Biswas	
5.	Boby Mukherjee	A-H-W	B.N. Passed	Do	B. Mukherjee	B. Mukherjee	
6.	Purnima Kundu	H.H-W	M.P. Passed	Do	P. Kundu	P. Kundu	
7.	Bela Mondal	F-T-S	H.S. Passed	Dhulian	Bela Mondal	Bela Mondal	
8.	Najisa Khatun	F-T-S	H.S. Passed	Do	Najisa Khatun	Najisa Khatun	
9.	Chandana Sarkar	A-H-W	M.P. Passed	Do	Chandana Sarkar	Chandana Sarkar	
10.	Juthina Khatun	A-H-W	B.A. Passed	Do	J. Khatun	J. Khatun	
11.	Shibani Singha	A-H-W	H.S. Passed	Do	S. Singha	S. Singha	
12.	Mst. Akhtara Khatun	F-T-S	M.P. Passed	Do	Mst. A. Khatun	Mst. A. Khatun	
13.	Sabina Yeasmin	A-H-W	H.S. Passed	Do	S. Yeasmin	S. Yeasmin	
14.	Nasima Khatun (Bill)	A-H-W	M.P. Passed	Do	N.K.B	N.K.B	
15.	Jethena Khatun	F-T-S	M.P. Passed	Do	J. Khatun	J. Khatun	

Attendance Sheet for the trainee, Participating the training of Health workers of ULB of Murshidabad District, W.B, for Strengthening of R.I at A.N.M [RI] Nursing Training School, Berhampore New General Hospital & P.P Unit, Sadar Hospital, Murshidabad

Sl. No.	Name of the Trainee	Designation	Education Qualification	Municipality	Signature on _____	Signature on _____	Signature on _____
1.	Selima Khatun	F.T.S	H.S. Passed	Dhuliganj	S. Phalgun.	S. Phalgun.	
2.	Ommeeli Nandei	H.H.W	H.S. Passed	Kandi	C.Nandi	C.Nandi	
3.	Shyamoli Das	F.T.S	M.P. Passed	Do	S. Das.	S. Das,	
4.	Hira Chatak	F.T.S	M.P. Passed	Do	Hira Chatak	H. Chatak	
5.	Purnima Das	F.T.S	M.P. Passed	Do	P. Das.	P. Das	
6.	Papya Paul	H.H.W	H.S. Passed	Do	P. Paul.	P. Paul	
7.	Kumkum Das	H.H.W	M.P. Passed	Do	K. Das	K. Das.	
8.	Bhadra Mondal	F.T.S	H.S. Passed	Do	B. Mondal	B. Mondal	
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Attendance sheet for Facilitators for the training 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.

Date	Name of the Facilitators	Designation with place of posting	Signature
05.04.10	Smt. Pratima Pal	DNS cum Sr. Sister Tutor ANM(R) Nsg Training School, Berhampore N.G. Hospital	Pratima Pal 05/04/10
05.04.10	Smt. Lipika Roy	Sister Tutor, N.T.S., Berhampore District Hospital	Lipika Roy 05/04/10
05.04.10	Smt. Soma Mandal	Sister Tutor, ANM(R) Nsg Training School, Berhampore N.G. Hospital	Soma Mandal 05/04/10
06.04.10	Smt Jayasri Patra	Sr. Sister Tutor, Sadar Hospital, Murshidabad	Jayasri Patra 05/04/10
06.04.10	Smt. Rubita Mukherjee	Sister Tutor, Sadar Hospital, Murshidabad	Rubita Mukherjee 06.04.10
06.04.10	Smt. Sanmeta Chaudhury	Sister Tutor, Sadar Hospital, Murshidabad.	Sanmeta Chaudhury 06.04.10
7.4.10	Sakuntala Malakar	DNS N.G. Hosp.	Smt. 7.4.10
7.4.10	Lipika Roy	Sister Tutor, N.T.S., District Hosp.	Roy. 07.04.10.
7.4.10	Mamata Ghosh	Sister Tutor, N.T.S. Dist Hospital	Mamata Ghosh. 7.4.10
8.4.10	Sakuntala Malakar	DNS N.G. Hosp	Smt 8/4/10
8.4.10	Sanmeta Chaudhury	Sister Tutor N.T.S., Sadar Hospital, MSB	Chaudhury 8/4/10
8.4.10	Jayasri Patra	Sr. Sister Tutor, N.T.S. Sadar Hospital, MSB	J. Patra 8/4/10.
✓ 09.04.10	Keya Biswas	D. P. H. N. O Murshidabad.	Keya Biswas 9/4/10.
09.04.10	Balaka Bhattacharjee	Sister Tutor N.T.S., Sadar Hosp, MSB	B. Bhattacharjee. 09/04/10
09.04.10	Ashima Choudhury	P. H. N. Sadar Hosp, MSB	Ashima choudhury 9/4/10
10.04.10	Dipa Mondal	Sister Tutor Nursing Tr. Sch. N.G. Hospital	Dipa Mondal. 10.4.10
10.04.10	Rubita Mukherjee	Sister Tutor, N.T.S. Berhampore Sadar Hosp.	Rubita Mukherjee 10.4.10
10.04.10	Jayasri Patra	Sr. Sister Tutor, N.T.S. Berhampore Sadar Hosp.	Jayasri Patra 10/4/10
12.04.10	Lipika Roy	Sister Tutor, N.T.S., District Hospital	Roy. 12/04/10
12.04.10	Balaka Bhattacharjee	Sister Tutor, N.T.S., Sadar Hosp, MSB	B. Bhattacharjee, 12/04/10
12.04.10	Ashima Choudhury	P.H.N., Sadar Hosp MSB	Ashima Choudhury.

Attendance sheet for Facilitators for the training 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.

Date	Name of the Facilitators	Designation with place of posting	Signature
13.4.10	Mamata Ghosh	Sister Tutor N.T.S. Sadar Hospital Berhampore, Murshidabad	Mamata Ghosh 13/4/10
13.4.10	Dipa Mondal	Sister Tutor N.G. Hospital, A.N.M(R) Trn. School, Berhampore, Murshidabad	Dipa Mondal 13/4/10.
13.4.10	Ashima Chaudhury	P.H.N., Sadar Hospital Berhampore, Murshidabad	Ashima Choudhury 13/4
16.4.10	Rubika Mukherjee	Sister Tutor NTS, Berhampore, Murshidabad	Rubika Mukherjee 16.4.10
16.4.10	Balaka Bhattacharjee	Sister Tutor, NTS Berhampore, Murshidabad.	Balaka Bhattacharjee 16/04/10
16.4.10	Ashima Chaudhury	P.H.N., Sadar Hospital Berhampore, Murshidabad	Ashima Choudhury 16/04/10
17.4.10	Asima Choudhury	P.H.N. Sadar Hospital Berhampore, Murshidabad	Ashima Choudhury,
17.4.10	Soma Mondal	Sister Tutor Nursing Training School, N.G. Hospital, NSD	Soma Mondal 17/04/10.
17.4.10	Dipa Mondal	Sister Tutor, Nursing Training School, N.G. Hospital Berhampore, Murshidabad	Dipa Mondal 17/4/10.
18.04.10	Jayashri Patra	Sister Tutor, N.T.S., NSD	Jayashri Patra 19/4/10.
19.04.10	Rubika Mukherjee	Sister Tutor N.T.S., NSD	Rubika Mukherjee 19.4.10
19.04.10	Balaka Bhattacharjee	Sister Tutor, N.T.S., NSD	Ba. Bhattacharjee 19/04/10
20.04.10	Sanneta Choudhury	Sister Tutor NTS, Sadar.	Choudhury 20/4/10.
20.04.10	Bani Chakraborty	Sister Tutor NTS, Sadar	Chakraborty 20/04/10
20.04.10	Jayashri Patra	Sr. Sister Tutor, N.T.S., Sadar.	J. Patra. 20/04/10
21.04.10	Sanneta Choudhury	Sister Tutor NTS, Sadar.	Choudhury 21/4/10.
21.4.10	Mamata Ghosh	Sister Tutor NTS, Sadar	Mamata Ghosh 21.4.10
21.4.10	Posatima Pal	A.N.S cum Sr. Sister Tutor, A.N.M. (A) NTS, Berhampore	Posatima Pal 21/4/10
22.4.10	Mamata Ghosh	Sister Tutor NTS, Sadar	Mamata Ghosh 22/4/10
22.4.10	Sakuntala Malakar	D.N.S N.G. Hosp.	Malakar 22.4.10.
22.04.10	Bani Chakraborty	Sister Tutor N.T.S., Sadar	Chakraborty 22.04.10

Attendance sheet for Facilitators for the training 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.

Date	Name of the Facilitators	Designation with place of posting	Signature
✓ 23.04.10	Keya Biswas.	D.P.H.N.O, MSJ	Keya Biswas. 23/4/10.
23.04.10	Bani Chakraborty.	Sister-tutor N.T.S. ; Sadar.	Bhakti
23.04.10	Ashima Choudhury	P.H.C. P.P. Unit	Ashoudhury. 23/4/10
24.4.10	Mamata Ghosh	Sister Tutor N.T.S. & Sadar	Mamata Ghosh. 24/4/10
24.04.10	Soma Mandal	Sister Tutor, ANM(R) Nsg Train School, N.G. Hosp	Soma Mandal. 24/04/10
24.4.10	Dipa Mondal	Sister Tutor, ANM(R) Nsg Training school, N.G. Hosp	Dipa Mondal 24/4/10
26.04.10	Dipika Ray.	Sister Tutor, N.T.S. District Hospital	for. 26/4/10
26.04.10	Pratima Pal.	DNS cum Sr. Sister N.T.S. Sadar (ANM) MSJ	Pratima Pal 26/4/10.
26.04.10	Soma Mandal	Sister Tutor ANM(R) Nsg Train. School, Berhampore N.G. Hospital	Soma Mandal 26/04/10
27.04.10	Balana Bhattacharjee	Sister Tutor, N.T.S. Sadar Hosp. MSJ	B. Bhattacharjee 27/04/10
27.04.10	Bani Chakraborty.	Sister-tutor N.T.S. ; Sadar Hospital.	Bhakti : 27/04/10
27.04.10	Sanneta Choudhury.	Sister Tutor N.T.S. Sadar Hospital	Choudhury 27/04/10.
✓ 28/04/10	Keya Biswas.	D.P.H.N.O Murshidabad.	Keya Biswas.
28/04/10	Pratima Pal.	DNS cum Sr. Sister Tutor. A.N.M (R)	Pratima Pal 28/04/10
28/04/10	Bani Chakraborty.	Sister Tutor N.T.S. ; Sadar Hosp	Bhakti - 28/04/10
29.04.10	Pratima Pal	DNS cum Sr. Sister Tutor ANM(R) Nsg Train School	Pratima Pal. 29/04/10
29.04.10	Soma Mandal	Sister Tutor, ANM(R) Nsg Train School	Soma Mandal 29/04/10
29.04.10.	Dipa Mondal	Sister Tutor, ANM(R) Nsg Train School	Dipa Mondal 29/4/10

TRAINING OF HEALTH WORKERS OF URBAN LOCAL BODIES IN WEST BENGAL FOR STRENGTHENING OF ROUTING IMMUNISATION

বহুব্রহ্মপুর, কান্দী ও বুলিমান পৌরসভার
তত্ত্বাবধানে স্বাস্থ্য বিষয়ক কর্মসূচীতে আমবা
আই নিম্নোক্ত করি। মানবসেবায় বিশেষ করে
শিশু ও গর্ভবতী মায়েদের স্বাস্থ্য বিষয়ক কর্মে
শ্রেণীভেদে বিশেষ পারিশ্রমিকের মাধ্যমে
মহিলার দ্বারিত্ব আনয়ন করে বসবাস করা
জনগণের বিশেষ মাধ্যমে চিকিৎসা ও স্বাস্থ্যকর্ম
কর্মী ও পুষ্টিমূলক পুষ্টির ব্যবস্থা দানের
মাধ্যমে এই কর্মসূচী আনয়ন লাভ করে।

বহুব্রহ্মপুর, কান্দী ও বুলিমান পৌরসভার
নিজ নিজ পৌরসভালাকার শ্রেণীভেদে
স্বাস্থ্য কর্মীরা পরীক্ষার মাধ্যমে অমলতম
কর্মী বিশেষ নিম্নোক্ত হয়। আমাদের কর্মসূচী
FTS মধ্যে নিযুক্ত করা হয়, তারপর
বিভিন্ন স্থানীয়দের মাধ্যমে আমবা
কাঙ্ক্ষা উন্নতি লাভ করে।

গত ২৩/৩/১০ তারিখে জেলায়
- স্বাস্থ্য স্বাস্থ্য আর্থিক-মন্ত্রালয়ের ১৩০
অধিকারী স্বাস্থ্য স্বাস্থ্য আর্থিক DMO ন
সুপার ইন্টেনডেন্ট জালালা ও বহুব্রহ্মপুর
পৌরসভার পৌরসভা মহালায় বিশেষ
বিশেষ - সিউএর অন্যান্য বিশেষ - সিউএর ও
অন্য উন্নতিমূলক পুষ্টি মাধ্যমে উন্নতি

গোম্বা এই শিক্ষাক্রম পরিচালনা নিয়ে বিশেষ
 ভাবে উদ্বুদ্ধ হয়েছি।

গোম্বা হের পক্ষ থেকে সকলকে বিনয়িত
 ও অকৃতজ্ঞ জানাচ্ছি।

- বহুব্রাহ্মণী
 ১) বিনয়িত (H.H.W)
 ২) Purnima Kundu (H.H.W)
 ৩) Mallika Bhattacharjee (H.H.W)
 ৪) Minati Prasad (H.H.W)
 ৫) Sadhana Biswas (H.H.W)
 ৬) Rabby Mukherjee (H.H.W)

- ফকী লোডা
 ১) বিনয়িত (F.T.S)
 ২) সাধিনা আল H.H.W
 ৩) সুবিনয়িত (F.T.S)
 ৪) চামেলী বন্দী (H.H.W)
 ৫) প্রমীলা (F.T.S)
 ৬) কুমারিকা (H.H.W)
 ৭) সায়মা দাস (F.T.S)

- সুবিনয়িত লোডা
 ১) বিনয়িত (H.H.W)
 Nafisa Khatun
 Sabina yeusmin
 Shibani Singha
 Bela Mondal
 Selima Khatun
 Tuhina Khatun
 Nasima Khatun (Bibi)
 Mst: Akhtara Khatun
 Tahera Khatun

আমরা 3/4/10 তারিখে স্থিরোত্তী প্রতিস্থান কোম ২৩৪৩
আমরা Post-valuation প্রতিস্থান বডি, ১৭০ এই
প্রতিস্থান ২০০০০০০ আমাডের FTS ১৭০ HNW ১৩
আমরা নতুন ২২। এই তারে আমাডের খস অমরের
আমিডে ৫ দিনের স্থিরোত্তী-টিকাল প্রতিস্থান অমাপ্ত
২২।

5/4/10 তারিখে আমাডের প্রাকটিকাল
কর্মকারী তারে ২২। প্রাকটিকাল দিন ২২
কডি দিনের জন্য। এই প্রতিস্থানের আমাডের
ই-দিন অমাপ্ত তারে কোন অমাপ্তকরণ-কর্ম
প্রতিস্থানে, কোন স্থানে ৩০ দিন কোনে-কিভাবে
সিদ্ধি হইবে ১৭০ প্রতিস্থী হাউস কোনে-কিভাবে
হেওমা হইবে তা মেথালো ২২। প্রাকটিকাল প্রথম
দিনে আমাড ৫ করতে জ্ঞানতম না-এখনকি
আইনুপেরে করার পদ্ধতি ও জ্ঞানতম না।

সিদ্ধিকাগর আমাডের পামে থেকে
হাউস ইবে অমাপ্ত করা করার পদ্ধতি মেথালো
এই তারে আমাড TT টিকা হেওমা প্রথম
আমিডে করি। তারপর D.T টিকা ১৭০ DPT
৫৫ ১৭০ অমাপ্তে Measles vaccine টিকা দিই।
এখন আমাড এই অমাপ্ত টিকা হেওমা পদ্ধতি
জ্ঞান অর্জন করছি। তারে আমাডের ইবনর এই
পদ্ধতি সুলিকে আমাডে-বেশী তারে প্রাকটিকাল
করবার সুযোগ পোলে আমাডে বেশী আমাড
অর্জন করতে পারতাম।

এই প্রোগ্রামে মি: আমাডের এক অমাপ্ত
(প্রোগ্রামে অমাপ্ত-চেনডা) এডেজেন ১৭০ নানা
সিদ্ধি আমাডের অমাপ্ত-করণে,
প্রতিস্থানে বডি-এখনকার এডেজেন অমাপ্ত
আমনিমা-সিদ্ধি তারে প্রতিস্থান ১৭০ প্রতিস্থান
আমাডের-সিদ্ধিকরণ-সিদ্ধি অমাপ্ত
সিদ্ধি অমাপ্ত তারে প্রতিস্থিত করে
কোলেজ

Govt. of West Bengal
Office of the A.N.M.(R) Nursing Training School
Benhampore General Hospital
Murshidabad.

Pre-Evaluation Sheet

নাম:

তারিখ: ২৯/০৬/২০, সময়: ২০ মিনিট

- ২/ যক্ষ্মা রোগ প্রতিরোধের জন্য কোন চিকিৎসা দেওয়া হয়?
- ২/ পোলিও চিকিৎসা কত বয়সের বয়স পর্যন্ত শিশুকে প্রাপ্তমান উচিত?
- ৩/ ডিটোসিন 'এ' তেল কত মাস অন্তর অন্তর শিশুকে প্রাপ্তমান উচিত?
- ৪/ একই শিশুর জীবনে সম্পূর্ণ চিকিৎসকরণ কত বছর বয়সের মধ্যে হবে?
- ৫/ জন্মের কত দিনের মধ্যে ওপিডি '০' ডোজ দেওয়া যাবে?
- ৬/ বি.সি.জি. চিকিৎসা কোন বাথতে দেওয়া হয় এবং কিভাবে দেওয়া হয়?
- ৭/ বি.সি.জি. চিকিৎসা কত বছর বয়সের মধ্যে দেওয়া যাবে?
- ৮/ ডিটোসিন 'এ'-এর অভাবে কোন রোগ হয় এবং কোন কোন রোগ প্রতিরোধে সাহায্য করে?
- ৯/ স্থপ্তি.কালি রোগ প্রতিরোধের জন্য কোন কোন চিকিৎসা দেওয়া হয় এক বছর বয়স পর্যন্ত দেওয়া যাবে?
- ১০/ বি.সি.জি. ডাকসিন কোন সিরিঙ্গে দেওয়া হয়?
- ১১/ যে কোন দুটি চিকিৎসা মর্কবর্তী সময় কত?
- ১২/ ডি.ডি.এম. এর কোন কোন ক্ষেত্রে পোলিও ব্যবহার করা যাবে না?

২৩/ দশ দিনের শিশুকে কতটা পকিমান বি.সি.জি. দেওয়া হয় ?

২৪/ শিশুটনী হলে কোন ঠিকনা দেওয়া যাবে না ?

২৫/ কত মাস বয়স থেকে শিশুকে ছায়ের বুকোর দুধের মাদে অথবা মাদে খাকর দিত হবে ?

২৬/ শিশুজ্জোর বোজা থেকে মুক্তি পাওয়ার জন্য কোন ঠিকনা দেব ?

২৭/ ডি.পি.টি. ঠিকনা অস্তুর্জুত বোজন অ্যাকাটি শিশু, বাকশি প্রতিবোধি কৰে ?

২৮/ হামের ঠিকনা কত বছর বয়স পর্যন্ত দেওয়া যায় ?

২৯/ ড্রপ আর্ডেট শিশু বলতে কি বোঝ ?

২০/ স্নানত ঠিকনা কত '°C' তাপমাত্ৰায় স্যুরক্ষণ কৰতে হবে ?

Govt. of West Bengal
Office of the A.N.M.(R) Nursing Training School
Berhampore General Hospital
Murshidabad.

Post-Evaluation Sheet (After Completion of Class Room
Teaching, On 5th Day)

নাম:

তারিখ: ২৯/০৬/২০, সময়: ২০ মিনিট

- ১/ যক্ষ্মা রোগ প্রতিরোধের জন্য কোন টিকস দেওয়া হয় ?
- ২/ পোলিও টিকস কত বয়সের বয়স পর্যন্ত শিশুকে প্রাপ্যমান উচিত ?
- ৩/ ডিটোমিন 'এ' তেল কত মাস অন্তর অন্তর শিশুকে প্রাপ্যমান উচিত ?
- ৪/ প্রথমটি শিশুর জীবনে সম্পূর্ণ টিকাকরণ কত বছর বয়সের মধ্যে হবে ?
- ৫/ জন্মের কত দিনের মধ্যে ওপিডি '০' ডোজ দেওয়া যাবে ?
- ৬/ বি.সি.জি. টিকস কোন বাহ্যে দেওয়া হয় এবং কিভাবে দেওয়া হয় ?
- ৭/ বি.সি.জি. টিকস কত বছর বয়সের মধ্যে দেওয়া যাবে ?
- ৮/ ডিটোমিন 'এ'-এর অভাবে কোন রোগ হয় এবং কোন কোন রোগ প্রতিরোধে সাহায্য করে ?
- ৯/ হুপিং কক্সি রোগ প্রতিরোধের জন্য কোন টিকস দেওয়া হয় এবং কত বছর বয়স পর্যন্ত দেওয়া যাবে ?
- ১০/ বি.সি.জি. জ্যাকসিন কোন সিরিঞ্জে দেওয়া হয় ?
- ১১/ যে কোন দুটি টিকার মর্কবর্তী সময় কত ?
- ১২/ ডি.ডি.এম. এর কোন কোন ক্ষেত্রে পোলিও ব্যবহার করা যাবে না ?

২৬/ দশ দিনের শিশুকে কতটা পরিমাণ বি.সি.জি. দেওয়া হয় ?

২৪/ শিশুটনী হলে কোন টিকা দেওয়া যাবে না ?

২৫/ কত মাস বয়স থেকে শিশুকে মায়ের বুকের দুধের সঙ্গ অর্থাৎ মাস্ত খাবার দিতে হবে ?

২৬/ যক্ষ্মার রোগ থেকে মুক্তি পাওয়ার জন্য কোন টিকা দেব ?

২৭/ ডি.পি.টি. টিকার অন্তর্ভুক্ত কোন অ্যান্টি পি.বিসি গুণিতকি বছর ?

২৮/ শাল্মের টিকা কত বছর বয়স পর্যন্ত দেওয়া যায় ?

২৯/ ড্রপ আর্ডেট শিশু বলতে কি বোঝ ?

২০/ স্নায়ু টিকা কত °C তাপমাত্রায় সুরক্ষণ করতে হবে ?

Govt. of West Bengal
AN.M.(R) Nursing Training School
Benhampton New General Hospital
Murshidabad

Time: 20 Mins

Post-Evaluation Test [25th Day]
(After completion of the training)

Full Marks: 20

- ১/ কত বয়স অবধি শিশুকে ঔষিতি দেওয়া যাবে ?
- ২/ জন্মের সময় বি.সি.জি. না দেওয়া হলে কখন দেওয়া হবে ?
- ৩/ সোলিড রোগ কিভাবে ছড়ায় ?
- ৪/ কোন বি.সি.জি. টীকা স্কিমাত্রে রান্না বাথের উপর অ্যাপ্লে দেওয়া হয় ?
- ৫/ শিশুর টীকা তরলীকরণের জন্য কি ব্যবহার করা হয় ?
- ৬/ ডি.টি. বুস্টার ডোজ কত বছর বয়সে দেওয়া হয় ?
- ৭/ দুটি মাত্রা ডিটামিন - এ কোন আণ্ডিয়ানোর মধ্যে কত ব্যবহার থাকা উচিত ?
- ৮/ যদি কোন শিশুকে ৯ মাস বয়সে আনা হয় যে কখনও কোন টীকা নেয়নি তবে কি কি টীকা একইদিনে দেওয়া যাবে ?
- ৯/ কোন কোন টীকা গরমে বেশী অপ্রসারণের ?
- ১০/ আই.এন.আর.-এ কত ০৫ তাপমাত্রায় টীকা সুরক্ষণ করা হয় ?

১১/ যদি কোন শিশু ৫ বৎসর বয়সের পরে প্রথম টীকা দিতে আসে তাহলে তার কোন টীকা দেওয়া হবে ?

১২/ অটোডিজেবন সিরিজ কি কি মাপের পার্জিয়া যায় ?

১৩/ ডি.পি.এম. এর কোন কোন পর্যায় এ পোলিও টীকা ব্যাবহার করব না ?

১৪/ হানের ইনজেকশান কিভাবে দেবে ?

১৫/ টীকা পুনর্মিস্তানের পর কতক্ষণ পর্যন্ত ব্যাবহার করা যায় ?

১৬/ ডেপ আউট শিশু কাকে বলে ?

১৭/ প্রত্যেক শিশুকে পোলিও খাওয়ানোর আগে পোলিও ভায়াল-এ কি কি লক্ষ্য করতে হবে ?

১৮/ একটি ড্রাকসিন ব্যাবহারে কতখুলি আইসপ্যাক থাকে ?

১৯/ পাঁচ দিনের শিশুকে কতটা পরিমাণ বি.পি.জি. ইনজেকশান দেওয়া হয় ?

২০/ ডি.পি.ভি. এর '০' ডোজ কতদিনের মধ্যে দেওয়া যাবে ?

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

Sl.No.	Name of the Participants	Working under the Municipality	Marks Obtained		
			Pre-Evaluation Test on 29.03.10 (1 st Day)	Post Evolution Test on 03.04.10 (5 th Day)	Post Evolution Test on 29.04.10 (25 th Day)
1.	Minoti Pramanik	Berhampore	15 $\frac{1}{2}$	18	19
2.	Rina Mondal	Berhampore	16	18 $\frac{1}{2}$	19
3.	Mallika Bhattacharjee	Berhampore	16 $\frac{1}{2}$	19 $\frac{1}{2}$	19 $\frac{1}{2}$
4.	Sadhana Biswas	Berhampore	13 $\frac{1}{2}$	20	20
5.	Baby Mukherjee	Berhampore	18	18 $\frac{1}{2}$	19 $\frac{1}{2}$
6.	Furnima Kundu	Berhampore	15 $\frac{1}{2}$	19 $\frac{1}{2}$	19 $\frac{1}{2}$
7.	Bela Mondal	Dhuliyan	16 $\frac{1}{2}$	18 $\frac{1}{2}$	19 $\frac{1}{2}$
8.	Nofisa Khatun	Dhuliyan	16 $\frac{1}{2}$	19	20
9.	Chandana Sarkar	Dhuliyan	14	18	19
10.	Tahira Khatun	Dhuliyan	12	18	20
11.	Shivani Singha	Dhuliyan	13	19	20
12.	Mst. Akhtara Khatun	Dhuliyan	14	18 $\frac{1}{2}$	19 $\frac{1}{2}$
13.	Sabina Yeasmin	Dhuliyan	14 $\frac{1}{2}$	19	20
14.	Nasima Khatun (Bibi)	Dhuliyan	15	18	19

P. Pal.
M.D. 2010/11/16