

**CHANDERNAGORE MUNICIPAL CORPORATION, WEST BENGAL (INDIA) PIN - 712 136**

No. VII/IPP-VIII/12-13/03

Date- 10.07.2012

From : Mayor
Chandernagore Municipal Corporation

To : The Director, SUDA
"Health Wing"
Ilgus Bhaban, Salt-lake,
Sector-III, Kol-106

Sub.: Strengthening of Maternity Home (MH) under R.C.H
during FY 2012 - 2013.

Ref.: SUDA-Health/527(pt.-I)/11/69(23) dated-02.07.2012

Sir,

With reference to the above, I am submitting the list of Instruments and general items for Maternity Home (MH) in your given Proforma which is shown below :

SL No.	ITEMS	QUANTITY	Estimated Rate Per Pc.(app.)in Rs.	AMOUNT(approx) Rs.
1.	O2 Cylinder (B type)	9 Pc.	Rs.7500/-	Rs.67,500/-
2.	Delivery Table + Stand	1 Pc.	Rs.5400/-	Rs. 5,400/-
3.	O.T O2 Mox with pipe	3 Pc.	Rs.1700/-	Rs. 5,100/-
4.	O.T O2 Mox without pipe	4 Pc.	Rs.1600/-	Rs. 6,400/-
5.	Window A.C	3 Pc.	Rs.27000/-	Rs.81,000/-
6.	Stand Fan	6 Pc.	Rs.3000/-	Rs.18,000/-
7.	Wall Fan	7 Pc.	Rs.1800/-	Rs.12,600/-
8.	Almirah(Normal)	6 Pc.	Rs.7000/-	Rs.42,000/-
9.	Sofa	1 Pc.	Rs.8400/-	Rs. 8,400/-
10.	Rack	3 Pc.	Rs.1200/-	Rs. 3,600/-
	Total =			Rs.2,50,000/-

This is for your kind consideration & necessary approval please.

Thanking you,



Yours faithfully,

R. Chakrabarty
Mayor
Chandernagore Municipal

3.8.12

1. Ashoknagar.
2. Badli.
3. Basirhat
4. Bongaon.
- ✓ 5. Gobindnagar. } Dr. Gan
- ✓ 6. Isli.
- ✓ 7. Talei
8. Diamond Harbor.
9. Joybagh.
10. Shalder.
11. Rajmahalpur.

Points of discussion		Hanskhal	Chapra	Kalgani	Santipur (M)	Taherpur (M)
Priority block/ULB		3911	5180	6356	1800	261
ELA 12-13 Under 1 year		59643	80592	96580	27462	3983
Annual Inj. Load		29	33	38	9	3
No. of Immunization unit / SC		2	4	11	1	10
Hard to reach SC / slums		9	15	11	1	1
SC where coverage < 80%		8 out of 13	8 out of 13	9 out of 15		3 out of 3
No. of HS		Monosree Bagchi, PHN	Krishna Basu Roy, PHN	Debash Nath, BMOH	Debala Das, PHN	Ayan Roy, SI
Nodal person		PRI, CDPO, BDO, MNGO	PRI, CDPO, BDO, MNGO	PRI, CDPO, BDO, MNGO	Councilor in charge health, CDPO, SUDA	Councilor in charge health, CDPO, SUDA
Inter-sectoral coordinating committee						
AEFI committee-Dist						
Complete MO/CCH/HW training (Training Load)		7 MO & 24 ANM on RI, 48 ANM on Cold-chain	7 ANM on RI	56 ANM on Cold-chain	All trained	1 MO on RI
Special plan: Tracking/IEC/Supv/ EVM /Vacancy/Coordination/data mgmt etc		Supervision by MO (4 HR SC per month per MO x 3 MO = 12)	IEC & Social mobilization	Vacancy plan (unserved area plan)	HR crisis (HHW, DEO, Supervisor)	Est. of CCP at Municipality, OR session 1/month, HR - crisis
Missed out pocket identification & included in MP, MP update		Nil	Nil	Ballypara (Basalpur)	Nil	Nil
IRI implementation plan		Regular session plan	Regular session plan	Weekly OR session on Sunday in missed area (48) + 2 OR session in other HR SC (11x2x12=264)	Regular session plan	Regular session plan
Social mobilization plan		1 mothers meeting per HR area per quarter (11x4 = 44)	40 Mothers meeting at HR SC (mostly at ICDS centers)	1 mothers meeting per HR area per quarter (13x4 = 52)	34 mothers meeting	1 Mothers meeting per quarter x 5 high risk ward = 20
IRI monitoring plan		11 High risk SC to be visited in every fortnight	19 High risk SC to be visited in every fortnight	22 High risk SC to be visited in every fortnight	Weekly visit	Weekly visit
Sickness reporting		Nodal person	Nodal person	Nodal person	Nodal person	Nodal person
EVM/ distribution, inventory mgmt)		5 CCP to be manned in holidays	1 CCP to be manned in holidays	6 CCP to be manned in holidays	1 CCP at Santipur SGH	Taherpur Pharmacist-CC training
Report pending FIR, PIR & DIR		nil	nil	nil	nil	nil
How to converge data from various sources		Coverage from private source (Dr. Asamanja Hazra)	Missed coverage report (Mer-emaculate hospital - Pri)	No private source	Coverage from Pri. Source (Dr. Sisir Das)	Coverage from Private source (Dr. Jyotsima Gupta)
SRI Fund available		15,320.00	Not received from block	Not received from block	SUDA (Operating cost)- fixed clinic, Outreach - RCH fund	SUDA (Operating cost)- fixed clinic At present fund status - Nil

Common Points to improve coverage :

1. Sustained supply of vaccines
2. Convergence between DEO and HS/PHN

Community Based Primary Health Care Services
Taherpur Notified Area Authority
Taherpur, Nadia

Tele Fax No. 03473 260004
 Emailed: chair@antnaa1993@gmail.com

Sl. No.	Name of the Sub-Centre	Distance from SC (KM)	Distance from Cold Chain Point (KM)	FTS & HHW	Immunization Day each month	Population	PW / year
							Based on actual headcount
1	Taherpur SC-1	0	3 KM	Smt. Swapna Ganguly - FTS Smt. Tapasi Brantha - HHW Smt. Anita Sarder - HHW Smt. Sikha Dhar - HHW Smt. Simra Mandal - HHW	1st Wedness Day	7185	90
2	Taherpur SC-2	0	2 KM	Smt. Runa Das - FTS Smt. Gour Sarkar - HHW Smt. Aparna Dutta - HHW Smt. Aparna Chakraborty - HHW Smt. Swapna Chakraborty - HHW	2nd Wedness Day	6858	61
3	Taherpur SC-3	0	2 KM	Smt. Chandana Saha - FTS Smt. Dely Debnath - HHW Smt. Chandrabali Biswas - HHW Smt. Anima Sen - HHW Smt. Krishna Dey - HHW Smt. Minati Ray - HHW	3rd Wedness Day	7227	72

Signed:
29/05/16

SECRETARY
 TAHERPUR NOTIFIED AREA AUTHORITY
 TAHERPUR, NADIA

Community Based Primary Health Care Services
Taherpur Notified Area Authority
Taherpur, Nadia

Site	Population	Yearly target		Monthly target		Estimate Beneficiaries per month										Estimate vaccines required per month (Vial)										Injection per session			Name of the Alternative Vaccine Delivery Person
		a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	AD Syringe per Session	0.1ml	0.5ml	5ml						
SC I	7185	90	86	8	7	16	7	35	35	21	7	63	2	1	5	2	3	2	70		8	87	3	Indrajit Saha					
SC II	6858	61	58	5	5	10	5	25	25	15	5	45	1	1	3	2	2	1	40		6	61	2						
SC III	7227	72	68	6	6	12	6	30	30	18	6	54	1	1	4	2	2	2	60		7	73	3						
Total	21270	223	212	19	18	38	18	90	90	54	18	162	4	3	12	6	7	5	170	0	21	220	8						

S. Saha
 29/05/12
 Chairman
 Taherpur Notified Area Authority
 Taherpur, Nadia

Office of the Councillors of
Taherpur Notified Area Authority
Taherpur, Nadia

Memo No: 446 /2012-13/TNAA

Dated: 30/07/2012

To
The DMCHO, Nadia
Krishnanagar, Nadia

Sub: Inter-sectoral coordinating committee.

Sir,

This is to inform you that Inter-sectoral coordinating committee is as follows as per your guideline of Routine Immunization under Taherpur Notified Area Authority.

- | | |
|----------------------------|---|
| 1. Sri Subrata kumar Seal | Chairman, TNAA |
| 2. Sri Manik Kundu | Vice-Chairman & Councillor in-charge Health. |
| 3. Dr. Sunanda Basu | Assistant Project Officer, Health Wings, SUDA |
| 4. Representative | CDPO, Ranaghat-1 |
| 5. Dr. Dipak Kumar Mallick | Health Officer, CBPHCS, TNAA |
| 6. Sri Ayan Roy | Sanitary Inspector, CBPHCS, TNAA
(RI nodal person) |

Thanking You,

Yours faithfully

S Seal
30/07/12

✓ Cholesterol -
Mammals: mainly from diet

Government of West Bengal
Directorate of Health Services (F W Br)
3rd Floor, "A" Wing, Swasthya Bhavan,
GN-29, Sector-V, Salt Lake, Kol-91.

Memo No. H/SFWB/ 484 (19)

dated, 11th July, 2011.

To

- 1.-18. The Chief Medical Officers of Health,
All distyRICTS.
19. The D.F.W.O., Kolkata.

*Sub: MCV2 (Measles Containing Vaccine-2) In Routine
Immunization.*

Sir / Madam,

As recommended by the Government of India, a second dose of measles vaccine is to be given to all 16-24 months old children under Universal Immunization Programme in 17 states including West Bengal. This 2nd dose will be given to all 16-24 months old children irrespective of his or her measles vaccination status. A two-paged document named, "Measles Second Dose in Routine Immunization" is enclosed herewith for your kind perusal and sharing it with all concerned. The district officials (Dy CMOH-III, DMCHO, DPHNO) have already been sensitized on the subject in Feb'11 & May'11 State Quarterly Review Meetings as well as in the recent state workshop on Routine Immunization held on 17-18 June, 2011. Similarly, functionaries of the district (other than Dy CMOH-III, DMCHO & DPHNO) / subdivision / block / municipality / subcentre / urban immunization units should be sensitized accordingly. Sectors like General Administration, PRI, ICDS, Education may also be sensitized. Representatives from support partners like NPSP-WHO, UNICEF, IMA, IAP should be included. For sensitization of the community, conventional communication channels including IPC may be undertaken.

You are requested to start the preparatory activities at the earliest so that the administration of 2nd dose of measles vaccine to the recommended beneficiaries can be started as soon as the vaccines & other logistics are available.

Encl: as stated above.

Yours faithfully,

[Signature]
Jt DHS (FW) & SFWO,
West Bengal.

dated, 11th July, 2011.

Memo No. H/SFWB/ 484 (19)/1(11)

Copy forwarded for kind information to:-

1. The Principal Secretary, Dept of H & FW, West Bengal.
2. The Director of Health Services, West Bengal.
3. The Director of Medical Education, West Bengal.
4. The Mission Director (NRHM), Commissioner (FW) & Secretary (Health), West Bengal.
5. The Director, Women & Child Development Dept, West Bengal.
6. The State Cold Chain Officer, West Bengal
7. The Chief Municipal Health Officer, Kolkata Municipal Corporation, Kolkata.
8. The Director, State Urban Development Agency, Salt Lake.
9. The Regional Director, NPSP-WHO, India (East), Salt Lake, Kol-64.
10. The Project Director, WBSISC, dept of Community Medicine, Medical College, Kolkata.
11. Dr K. Mitra, Health & HIV Specialist, UNICEF, Kolkata.

[Signature]
Assistant Director of Health Services (EPI),
West Bengal.

Government of West Bengal
Directorate of Health Services (F W Br)
3rd Floor, "A" Wing, Swasthya Bhavan, GN-29, Sector-V, Salt Lake, Kolkata-91.

Memo No. H/SFWB/ 544 (19)

dated 26th July, 2011.

To

- 1.-18. The Chief Medical Officers of Health,
All districts.
19. The D.F.W.O., Kolkata.

*Sub: Measles second opportunity (MCV2) in Routine
Immunization (U.I.P.).*

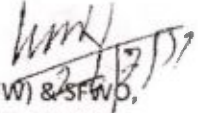
Sir / Madam,

Please refer to my earlier letter bearing no. H/SFWB/484 (19) dated 11th July, 2011 in regard to the subject above. Now, you are requested to start administration of Measles (second dose) in Routine immunization to all children aged 16-24 months w.e.f. first week of August, 2011 irrespective of their measles vaccination status. Measles vaccines are available at CFW Store, Bagbazar.

A two-paged document on "Measles second dose in Routine Immunization" is enclosed with this letter again for your kind perusal and sharing the same with all concerned.

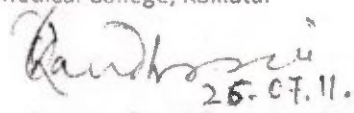
Yours faithfully,

Encl: as stated above.


Jt. DHS (FW) & SFWO,
West Bengal.
dated 26th July, 2011.

Memo No. H/SFWB/ 544 (19)/ 1 (12)
Copy forwarded for kind information to:-

1. The Principal Secretary, Dept of H & FW, West Bengal.
2. The Director of Health Services, West Bengal.
3. The Director of Medical Education, West Bengal.
4. The Mission Director (NRHM), Commissioner (FW) & Secretary (Health), West Bengal.
5. The Director, Women & Child Development Dept, West Bengal.
6. The State Cold Chain Officer, West Bengal.
7. The Chief Municipal Health Officer, Kolkata Municipal Corporation, Kolkata.
8. The Director, State Urban Development Agency, Salt Lake.
9. The Regional Coordinator, NPSP-WHO, India (East). Salt Lake, Kol-64.
10. The Project Director, WBSISC, Dept of Community Medicine, Medical College, Kolkata.
11. Dr K. Mitra, Health & HIV Specialist, UNICEF, Kolkata.
12. The Project Manager, WBSISC, Dept of Community Medicine, Medical College, Kolkata.


26.07.11.
Assistant Director of Health Services (EPI),
West Bengal.

A. S. N. H. C. , Salt Lake City
HPC
A. H. N. = Badminton Club

Government of West Bengal
Directorate of Health Services
State Family Welfare Bureau
Swasthya Bhawan, A-wing, 3rd floor
GN- 29, Sector - V, Salt Lake City
Kolkata- 700091

Memo No. H/SFWB/ 713 (18)

date: 29/06/2012

To

1-18. The Chief Medical Officer of Health (All districts)

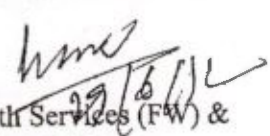
Sub: Reporting of performance under RCH by ULBs & JSY

This is for your information that about 30%-35% population of an ULB is covered by ULB under HHW scheme thus it is not expected that Health Officer of ULB will be able to report for the total population of that ULB. Besides there is a problem faced by Health Officer of ULB as to in which format the performance report will be submitted by them to the respective district health authority.

Now as resolved in a meeting with SUDA on 28/06/2012, it has been decided that

- (1) The sub centre run by ULB will report its performance (only the performance of the clinic which has actually done at the clinic throughout the month and not the performance of their field work) in the sub centre reporting format as existing for State run sub centre. The compiled report of the entire sub centre along with the performance report of the Maternity Home if available will be submitted by the Health Officer to the respective district health authority monthly within first week of the next month in PHC reporting format.
- (2) The JSY card that has to use by ULB was designed by Department of Health & Family Welfare and shared with SUDA. It has brought to the notice of the undersigned that payment after institutional delivery is not been done by some of the health institutions as the card is to some extent different from the card used by the sub centre. This is highly irregular. All the public health institutions may kindly be informed that the card used by ULB is valid and payment can be made based on the card.
- (3) In some of the districts, by violating government order, district health authority tried to provide fund for payment to JSY beneficiaries to ULBs from the available fund lying with them. The policy of the government is-- "State will provide fund to SUDA who in turn will distribute the same to ULBs. ULB will submit the performance report and utilization of fund to SUDA who after compilation will submit to State."

As the health wing of ULB is a supporting partner of the department of Health and Family Welfare in respect of providing services to the community it is expected that district health authority will provide necessary logistic support like Vaccine, Syringes, FP materials etc. Please share the Memo with all concerned.


Additional Director of Health Services (FW) &
State Family Welfare Officer

Contd: Overleaf

Immunization Weeks Operational guidelines

13	Whether ANM is touching any part of the needle while giving injection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOB
14	Whether ANM is recapping the needle after giving injection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOB
15	Whether each used syringe being cut with hub cutter just after use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> if No, Why ⁵ : <input type="checkbox"/> A5 <input type="checkbox"/> B5 <input type="checkbox"/> C5 <input type="checkbox"/> D5 <input type="checkbox"/> E5*
16	How the session waste is segregated	<input type="checkbox"/> Red & Black bag <input type="checkbox"/> other <input type="checkbox"/> Not done
17	Whether record is maintained for each child vaccinated	<input type="checkbox"/> No <input type="checkbox"/> Tally sheet <input type="checkbox"/> Other _____
18	Whether 4 Key Messages are explained to the care-givers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOB
19	If 4 Messages are <i>not</i> delivered, the <i>most commonly missed message</i> *	<input type="checkbox"/> Msg 1 <input type="checkbox"/> Msg 2 <input type="checkbox"/> Msg 3 <input type="checkbox"/> Msg 4
20	Whether the care-giver is advised to wait for 30 mins after vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOB
21	is AEFI management kit available at the session site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Incomplete kit
22	Whether the ANM has noted the following*	<input type="checkbox"/> Vac Batch <input type="checkbox"/> Vac Exp dt <input type="checkbox"/> Diluent batch <input type="checkbox"/> Diluent Exp date
Q23 to Q 29 By Interviewing the ANM/ Vaccinator and Checking the records, if needed		
23	How many AEFIs have been reported by her in last 3 months (number)	<input type="checkbox"/> NIL Rep done, Nonserious....., Serious....
24	Ask if a child comes with mild fever(1) or loose motions(2), will she vaccinate?	(1) <input type="checkbox"/> Yes <input type="checkbox"/> No (2) <input type="checkbox"/> Yes <input type="checkbox"/> No
25	How the session-waste is disposed of ⁶	<input type="checkbox"/> A6 <input type="checkbox"/> B6 <input type="checkbox"/> C6 <input type="checkbox"/> D6
26	Whether this service-provider has been visited by any supervisor in last 2 mths	<input type="checkbox"/> None <input type="checkbox"/> HS <input type="checkbox"/> MO <input type="checkbox"/> Other.....
27	How many newborns have been enrolled for vaccination by her in last one mth(number)
28	How many sessions have been planned and conducted by ANM in last 3 mths	Planned....., Conducted.....
29	If ANM has experienced any stock-out of vaccine/ logistic in last 3 months	<input type="checkbox"/> No <input type="checkbox"/> DPT <input type="checkbox"/> Measles <input type="checkbox"/> Others

30. If, any Vaccine or logistic is not available or ANM is absent, please visit the PHC and ascertain the reason of non-availability:

* Multiple responses applicable \$NOB=Not Observed #AVD=Alternate Vaccine Delivery @MCP=Mother and Child Protection Card (Signature)

1 H1= Hard to reach, MG= Migrant, L1= Large catchment, S1= Slum, R1= Refusing community, VS= Vacant SC, M1= MOB in last 1 year,

N1= Newly inducted in RI microplan, U1= untrained/ new vaccinator, V1= VDPV area, W1= WPV in last 3 yrs, O1=Other
2 SC= Sub Centre, NS= Non-SC Fixed site, AW= Outreach at AWC, NW= Non-AWC outreach, Pv= Private site/ private clinic, NGO etc)

3 (Q. 1a): A3= Not part of RI microplan, B3= Neither ANM/ Vaccinator nor vaccines/logistics is available, C3 = ANM/vaccinator present but vaccine/logistics not available, D3= Vaccine / logistics available but ANM / vaccinator absent, E3=Others (specify);

4 Use codes: 1= ASHA, 2= ICDS worker, 3= Relative/ neighbour, 4= SHG, 5= PRI personnel, 6= NGO, 7= others, 8= None

5 A5= Hubcutter not available, B5= Hubcutter not functioning, C5=Untrained ANM, D5= Other, E5= Not Observed

6 A6= At onsite pit, B6= Carried to PHC, C6= Open onsite burning, D6= Others

Annex-7: Session Monitoring Format for Routine Immunization

Name of Monitor:		Organization: <input type="checkbox"/> Govt. <input type="checkbox"/> NPSP <input type="checkbox"/> UNICEF <input type="checkbox"/> Others		Designation:	
Date: dd / mm / yy		Time		Day: <input type="checkbox"/> Wed <input type="checkbox"/> Other	
				Last polio SIA..... Next polio SIA.....	
State					
District					
Block/ Urban Local body				Planning Unit:	
Sub Center / Urban Post					
Address of the Area		Live Births in last yr:		Population:	
Reason for selection ¹ : <input type="checkbox"/> H1 <input type="checkbox"/> MG <input type="checkbox"/> L1 <input type="checkbox"/> S1 <input type="checkbox"/> R1		Session Site ² : <input type="checkbox"/> SC <input type="checkbox"/> NS <input type="checkbox"/> AW		Polio HRA: <input type="checkbox"/> Yes	
<input type="checkbox"/> VS <input type="checkbox"/> M1 <input type="checkbox"/> N1 <input type="checkbox"/> U1 <input type="checkbox"/> V1 <input type="checkbox"/> W1 <input type="checkbox"/> O1		<input type="checkbox"/> NW <input type="checkbox"/> PV		<input type="checkbox"/> No	
How many times this site has been monitored in last 3 months:				<input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> More.....	
Tick, whichever is applicable: Q1 to Q21 to be noted by observation					
1. a) Whether Session held : <input type="checkbox"/> Y <input type="checkbox"/> N		b) If a=Y, is session as per plan: <input type="checkbox"/> Y <input type="checkbox"/> N		c) If b=N, change in*: <input type="checkbox"/> ANM <input type="checkbox"/> Site <input type="checkbox"/> Time	
d) If a= 'N', Reason for session not held ³ : <input type="checkbox"/> A3 <input type="checkbox"/> B3 <input type="checkbox"/> C3 <input type="checkbox"/> D3 <input type="checkbox"/> E3.....		e) If ANM is absent, why? <input type="checkbox"/> Vacant <input type="checkbox"/> Leave <input type="checkbox"/> Other.....			
		f) Status of Plan ⁴ : <input type="checkbox"/> NA <input type="checkbox"/> No map <input type="checkbox"/> Incomplete <input type="checkbox"/> Complete			
2. Is the session synchronized with Village Health & Nutrition Day (VHND)?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Beneficiaries are being mobilized to session site by ⁴ (By interviewing three caregivers)*		Caregiver 1	Caregiver 2	Caregiver 3	
4. How Vaccines & logistics were brought to session site <input type="checkbox"/> AVD ⁵ <input type="checkbox"/> ANM <input type="checkbox"/> Supervisor <input type="checkbox"/> Other ...					
5. a) Vaccine & diluent kept in VC: <input type="checkbox"/> Yes <input type="checkbox"/> No		b) How many icepacks are in the VC: <input type="checkbox"/> 4 <input type="checkbox"/> Less than 4			
c) Vac & diluent in zipper bag: <input type="checkbox"/> Y <input type="checkbox"/> N		d) Vac & Diluent bundled: <input type="checkbox"/> Y <input type="checkbox"/> N		e) Ice-packs conditioned: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NOB ⁵	
6. Which of the vaccines/diluents are available at session site*		<input type="checkbox"/> BCG	<input type="checkbox"/> BCG Diluent	<input type="checkbox"/> DPT	<input type="checkbox"/> JE
		<input type="checkbox"/> Measles	<input type="checkbox"/> Measles Diluent	<input type="checkbox"/> DT	<input type="checkbox"/> JE Diluent
		<input type="checkbox"/> tOPV	<input type="checkbox"/> Pentavalent	<input type="checkbox"/> TT	<input type="checkbox"/> HepB
7. Whether any vaccine vial is found "in use" or "discarded" (ENCIRCLE) in the mentioned condition, if 'Yes', Tick <input checked="" type="checkbox"/> and record the vaccine*		<input type="checkbox"/> Without label..... / <input type="checkbox"/> Unreadable label(in use/ discarded)			
		<input type="checkbox"/> VVM Unusable Stage (III or IV)(in use/ discarded)			
		<input type="checkbox"/> Expired Vaccine Vial(in use/ discarded)			
		<input type="checkbox"/> Frozen Vaccine (DPT, TT, Hepatitis -B)(in use/ discarded)			
		<input type="checkbox"/> Any vaccine reconstituted <u>more</u> than 4 hours back...in use/ discarded)			
8. Which of the mentioned Logistics are <u>adequately</u> available *		<input type="checkbox"/> AD (0.1ml) Syringes	<input type="checkbox"/> Vitamin-A Solution	<input type="checkbox"/> ORS Packet	
		<input type="checkbox"/> AD (0.5 ml) Syringes	<input type="checkbox"/> Plastic Spoon/cap for Vit-A	<input type="checkbox"/> IFA Tablet	
		<input type="checkbox"/> 5ml Syringes (Recons.)	<input type="checkbox"/> Nutritional Supplements	<input type="checkbox"/> Paracetamol	
		<input type="checkbox"/> Functional Hub Cutter	<input type="checkbox"/> Zinc Tablet	<input type="checkbox"/> Weighing machine	
		<input type="checkbox"/> Blank RI/MCP ⁶ Card	<input type="checkbox"/> Counterfoils	<input type="checkbox"/> B P Apparatus	
		<input type="checkbox"/> Tracking Bag			
9. Whether Time of reconstitution written on reconstituted vial/s		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOB			If no, why.....
10. Whether AD syringe is used for injectable vaccines*		<input type="checkbox"/> Yes <input type="checkbox"/> Glass syringe <input type="checkbox"/> Disposable Syr <input type="checkbox"/> NOB			
11. Whether DPT vaccine given on outer (anterolateral) aspect of mid thigh		<input type="checkbox"/> Yes <input type="checkbox"/> Other site..... <input type="checkbox"/> NOB			
12. Whether Measles vaccine given by sub-cutaneous route on Rt arm		<input type="checkbox"/> SC <input type="checkbox"/> IM <input type="checkbox"/> ID		<input type="checkbox"/> Rt arm <input type="checkbox"/> Other	<input type="checkbox"/> NOB

	DF)		
7.2	Twice daily monitoring of temperature recorded in respective log books	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.3	Record of power failures/cuts recorded in log books	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.4	Record of Defrosting ILRs' and DFs' mentioned in log books	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.5	Log books periodically checked by Facility in-charge (see evidence of signatures)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments if any :

Ice Lined Refrigerators (ILR) :

8.1	Functional thermometer placed inside every functional ILR	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.2	Cabinet Temperature of all working ILRs' between +2 to +8°C	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.3	No frost OR frost less than 6mm on inside walls of every working ILR	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.4	Vaccine baskets available inside all functional ILRs in which vaccines are stored	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.5	All vaccine vials correctly arranged inside labeled cartons (with expiry date, batch no.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.6	No T-series or Hepatitis B vaccine vials placed in the bottom of any ILR/basket	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.7	No items other than vaccines placed inside any ILR	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.8	All stored vaccines in ILR within expiry dates (check a few vials)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.9	All vaccine vials in ILR within usable stage of VVM (check a few vials)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.10	All stored vaccine vials in ILR with appropriate readable labels (check a few vials)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.11	No reconstituted BCG & Measles vials stored inside any ILR	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.12	Diluents placed in ILR, at least 24 hours before distribution (observe and/or consult)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Deep Freezers (DF) :

9.1	Functional thermometer placed inside every working DF	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.2	Cabinet Temperature of all working DFs' between -15 to -18°C	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.3	No frost OR frost less than 5mm on inside walls of every working DF	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.4	Correct placement of ice packs placed for freezing inside DF (in crisscross manner)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.5	No RI vaccines stored inside DFs' (including reconstituted vaccines) at PHC level	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.6	Only OPV vials stored inside DF at District level cold chain and above	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ANNEXURE-1

CHECK LIST FOR SUPPORTIVE SUPERVISION OF COLD CHAIN POINTS

State : _____ District : _____ Date : ___ / ___ / _____

Cold Chain Facility : _____ Level : State / Regional / Divisional / District / PHC

Name of Supervisor : _____ Department : _____

Designation : _____

Available structure and equipment :

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 1. | Separate designated room for placing cold chain equipment available at facility, as per guidelines. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.1 | If yes - All available electrical equipment are placed in that room | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.2 | - Room space is adequate enough for placing available equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.3 | - Room is cool and adequately ventilated | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.4 | - Physical condition of floor, roof and walls is appropriate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.5 | - There are no empty boxes, garbage or other un-required items in the room | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.1 | Proper covered electricity fitting in the room for cold chain equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.2 | All functional electrical equipment properly connected with ISI mark plug sockets | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.3 | Proper 'Earthing' done for equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.1 | Dedicated generator set available for cold chain room | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.2 | Adequate fuel available for running of generator set (at the time of visit) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.3 | Generator log book available and adequately maintained | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Separate designated person available for maintenance of cold chain equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Mention numbers of available cold chain equipment at the facility | | |

	WIC	WIF	ILR		DF		Cold box		Vaccine Carrier
			CFC	CFC Free	CFC	CFC Free	5 L	20 L	
Functional									
Non functional									
Total									

Placement of equipment :

All **Available and Functional** electrical cold chain equipment (ILRs' and DFs') are -

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 6.1 | - Correctly placed on wooden or plastic blocks | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.2 | - Placed at least 20 cm away from walls and surrounding equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.3 | - Placed away from direct exposure to sunlight, moisture and rain | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.4 | - Connected through functional Voltage Stabilizers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Temperature Log Books :

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 7.1 | Temperature Log Books available for every functional electrical equipment (ILR and | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|-----|--|------------------------------|-----------------------------|

Vaccine stock and records :

10. Vaccine Stock Register (with mention of indents and distribution) maintained Yes No
11. Session wise Vaccine Distribution Register maintained and updated (at PHC level) Yes No
12. All sessions conducted in last one calendar month issued at least one vial of each antigen Yes No
13. Count and mention available stock of all vaccines and diluents (in vials) in following table

		Actual count	Stock Record			Actual count	Stock record
a.	BCG vials			g.	DT vials		
b.	DPT vials			h.	JE vials		
c.	tOPV vials			i.	BCG diluent		
d.	Measles vials			j.	Measles diluent		
e.	Hepatitis B vials			k.	JE diluent		
f.	TT vials						

14. Actual physical count of vaccine stock matches with stock register Yes No
14. Records for ADS and Reconstitution syringes available and updated Yes No
15. Contingency plan for vaccine storage in emergency conditions available at facility Yes No

Comments if any :

Signature of Supervisor

Government of West Bengal
Directorate of Health Services (FW Br)
3rd Floor, "A" Wing, Swasthya Bhawan,
GN-29, Sector V, Salt Lake, Kolkata-700091.

Memo No. H/SFWB/HS (19)

Dated 3rd Feb 2012

To

1.-18. The Chief Medical Officer of Health,
All Districts.

19. The D.F.W.O. Kolkata

Sub: Guidelines for effective Cold Chain, Vaccines and Logistics management

Sir/Madam,

Enclosed please find herewith the guidelines agreed upon during the EVM debriefing meeting on 9th November 2011 subsequent to the Effective Vaccine Management Assessment undertaken in the State in September 2011. You are requested to share the guidelines with all concerned and ensure implementation of the guidelines at the earliest to ensure the highest standards of Cold Chain and Vaccine-Logistics management.

Encl: As stated above.

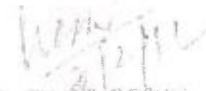

Addl. DHS (FW) & SFWO
West Bengal.

Memo No. H/SFWB/HS (19)/1(8)

Dated 3rd Feb 2012

Copy forwarded for kind information to:-

1. The Principal Secretary, Dept. of H & FW, Govt. of West Bengal
2. The Director of Health Services, Govt. of West Bengal
3. The Director, Medical Education, Govt. of West Bengal
4. The Mission Director (NCTM), Secretary (I) & Commissioners (FW), Govt. of West Bengal
5. The Chief Municipal Health Officer, Kolkata Municipal Corporation
6. The Regional Team Leader, NPSP-India (East), BF-124, Salt Lake, Kolkata-61
7. The Health & HIV Specialist, UNICEF, Kolkata.
8. The Senior Technical Adviser, WBSISC and Head, Department of Community Medicine, Medical College, Kolkata.


Addl. DHS (FW) & SFWO
West Bengal.

Guidelines for implementation of Recommendations of Effective Vaccine Management

1. Temperature monitoring

- Temperature records of all electrical Cold Chain Equipment at District Vaccine Store are to be reviewed at least once weekly by district officials. Graphic temperature recorders of Walk-in-Cooler (WIC) are to be changed once a week in the presence of DMCHO / Dy. CMOH III.
- Temperature records are to be maintained twice daily for 7 days a week including weekends and holidays at all levels. District may take appropriate action to ensure that this is followed at all levels.
- All Cold Chain Equipment (CCE) should have separate temperature records. Temperature records must be verified by Officials at least once a week.
- BPHN/PHN shall be accountable for temperature monitoring, stock registers and routine maintenance of Cold Chain Equipment at Block and sub-Block level.
- Quality Assurance of freeze sensitive vaccines should be supported by documented shake test for every instance of suspected freeze damage at all Cold Chain points.

2. Storage of Vaccines should be strictly as per GoI guidelines at all Cold Chain (CC) points. Wherever baskets are not available, two rows of empty ice packs are to be kept at the bottom of ILR. All UIP Vaccines and diluents are to be kept in ILR vide this office Memo No. H/SFWB/21-03-2009/322(19) dated 10th May 2011.

3. The storage of NON-UIP supplies that needs storage in Cold Chain should be stored separately from UIP vaccines. At Jalpaiguri and Bardhaman, the storage of UIP/Non UIP supplies temporarily at common Walk-in-Coolers should be in orderly manner by earmarking and labeling the dedicated racks.

4. DMCHO should review the Cold Chain performance of the district and furnish the causes of sickness rate of Cold Chain Equipments to State on a monthly basis. Buffer stock of ILR/OF and non-electrical equipment should be kept at all CC points. All the Cold Chain vans and 4-wheelers of North 24 Parganas and Paschim Medinipur District Vaccine Stores should be relocated preferably near DFWB office.

5. Supply of vaccines at health facilities should be planned and optimised to ensure coverage of birth doses at various levels, reduce vaccine wastage & prevent incidence of AEFI.

- Facilities conducting 10 or more deliveries/day should administer 0-dose OPV, BCG and Hep-B birth dose vaccines daily at PP units/in-door while those with less than this should administer it on 2-3 days/week. Lower burden units should be linked to local Health Sub-centres.
- Partially used vaccines are to be discarded as per GoI norm at all RI sessions. However for birth doses of Hep B and OPV in institutional deliveries, open vial policy is to be followed in accordance with the guidelines mentioned vide this office Memo No. H/SFWB/21-03-2009/866(19) dated 27th October 2011.
- Unopened vials with unusable VVM or expired vials should be discarded with proper documentation and information to higher authorities.
- Service delivery units should receive vaccines on indent basis as & when needed.
- AVB should be provided with a copy of microplan on the basis of which vaccines have been indented.
- AVD should return unused vials, logistics and immunisation waste to concerned Cold Chain point where staff must be present to receive and preserve Vaccines & Diluents in proper cold chain. Immunisation waste brought to CC points should be disinfected and disposed as per guidelines.

Guidelines for implementation of Recommendations of Effective Vaccine Management

1. Temperature monitoring
 - Temperature records of all electrical Cold Chain Equipment at District Vaccine Store are to be reviewed at least once weekly by district officials. Graphic temperature recorders of Walk-in-Cooler (WIC) are to be changed once a week in the presence of DMCHO / Dy. CMOH III.
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4. DMCHO should review the Cold Chain performance of the district and furnish the causes of sickness rate of Cold Chain Equipments to State on a monthly basis. Buffer stock of ILR/DF and non-electrical equipment should be kept at District Store. All the cold chain equipments of North 24 Parganas and Paschim Medinipur District Vaccine Stores should be relocated preferably near DFWB office.
5. Supply of vaccines at health facilities should be planned and optimised to ensure coverage of birth doses at various levels, reduce vaccine wastage & prevent incidence of AEFI.
 - Facilities conducting 10 or more deliveries/day should administer 0-dose OPV, BCG and Hep-B birth dose vaccines daily at PP units/in-door while those with less than this should administer it on 2-3 days/week. Lower burden units should be linked to local Health Sub-centres.
 - Partially used vaccines are to be discarded as per GoI norm at all RI sessions. However for birth doses of Hep B and OPV in institutional deliveries, open vial policy is to be followed in accordance with the guidelines mentioned vide this office Memo No. H/SFWB/21-03-2009/866(19) dated 27th October 2011.
 - Unopened vials with unusable VVM or expired vials should be discarded with proper documentation and information to higher authorities.
 - Service delivery units should receive vaccines on indent basis as & when needed.
 - AVD should be provided with a copy of microplan on the basis of which vaccines have been indented.
 - AVD should return unused vials, logistics and immunisation waste to concerned Cold Chain point where staff must be present to receive and preserve Vaccines & Diluents in proper cold chain. Immunisation waste brought to CC points should be disinfected and disposed as per guidelines.

- Surplus stock of unopened vials of m-OPV for IPPI/SIA should be kept at district level not later than expiry date or usable VVM in standard Cold Chain.
6. Printing and dissemination of Standard Stock Registers, Distribution/Issue registers, Indent and supply forms, Temperature log books shall be done by SFWB. Orientation training on these standard recording formats should be organised for all Cold Chain Handlers and store keepers at District /Sub-District/Block/ULB/sub-block Vaccine Stores and all other cold chain points.
 7. The stock control system should be computerised and maintained at all Vaccine Stores.
 - Stock levels should be maintained and distribution of supplies should be optimized.
 - The standardised manual stock ledgers should be maintained at District /Sub-District/Block/sub-block and all other cold chain points and updated within 24 hrs of every receipt and issue of vaccine & diluents, syringes, droppers, hub cutters and other immunization related supplies. These ledgers should be preserved for at least 3 years.
 - At all levels, every record of receipt & issue of UIP supplies should include information on manufacturer details, vial presentation, quantity in doses (including loss/damage), batch no, expiry date and VVM/FREEZE indicator status.
 - All Vaccine Stores must have & consult the micro-plan/requirement of lower level stores/service points prior to distribution of Vaccines and logistics as per standard procedures.
 - Block and Urban micro-plans must be updated and consolidated at the distribution points.
 - Documented physical stock reconciliation is to be carried out once a month at block and sub-block Cold Chain points and once every quarter at District Vaccine Stores.
 - Dy. CMOH- III should ensure digitization of vaccine logistic data by RCH Computer Assistant.
 8. The standard conditioned ice-packs (0.4 L) should be used for transportation of vaccines using Cold Boxes at District and Block levels and using vaccine carriers for session sites.
 - All non standard ice packs including gel based and other sizes should be returned to State Vaccine Store.
 - Dedicated space like tables/folding tables/benches/plastic sheets etc. should be available for conditioning of ice packs at all vaccine issuing stores.
 - At all levels, staff should be motivated to use only conditioned ice packs before supplying or receiving vaccines.
 9. Records of supportive supervision:
 - Supervisory plan should be prepared at District and Block levels and the attached check list should be used.
 - Knowledge and practice of Shake test should be ensured during supervisory visits.
 - Inspection book should be available at all CC points.
 - Monitoring & supervisory findings & feedback should be documented in the inspection book.
 - Program officers should share feedback of their supportive supervisory visits with Block officials.
 - Reports of monthly supportive supervisions (identified problems & outcomes) should be reviewed at District level and included in the presentation for State Review meetings.
 10. Posting and induction training of staff for UIP Stores should be timely. Informal or retirement transfer/change of storekeeper at District Vaccine Stores must be communicated to State immediately. Induction at State Vaccine Stores or otherwise should be an integral part of newly recruited/positioned staff of district vaccine stores. Otherwise it may lead to increased "avoidable" vaccine wastage & increased incidence of AEFI.

Government of West Bengal
Directorate of Health Services (F W Br)
3rd Floor, "A" Wing, Swasthya Bhavan,
GN-29, Sector-V, Salt Lake, Kol-91.

Memo No. H/SFWB/ 484 (19)

dated, 11th July, 2011.

To

- 1.-18. The Chief Medical Officers of Health,
All distyRICTS.
19. The D.F.W.O., Kolkata.

*Sub: MCV2 (Measles Containing Vaccine-2) in Routine
Immunization.*

Sir / Madam,

As recommended by the Government of India, a second dose of measles vaccine is to be given to all 16-24 months old children under Universal Immunization Programme in 17 states including West Bengal. This 2nd dose will be given to all 16-24 months old children irrespective of his or her measles vaccination status. A two-paged document named, "Measles Second Dose in Routine Immunization" is enclosed herewith for your kind perusal and sharing it with all concerned. The district officials (Dy CMOH-III, DMCHO, DPHNO) have already been sensitized on the subject in Feb'11 & May'11 State Quarterly Review Meetings as well as in the recent state workshop on Routine Immunization held on 17-18 June, 2011. Similarly, functionaries of the district (other than Dy CMOH-III, DMCHO & DPHNO) / subdivision / block / municipality / subcentre / urban immunization units should be sensitized accordingly. Sectors like General Administration, PRI, ICDS, Education may also be sensitized. Representatives from support partners like NPSP-WHO, UNICEF, IMA, IAP should be included. For sensitization of the community, conventional communication channels including IPC may be undertaken.

You are requested to start the preparatory activities at the earliest so that the administration of 2nd dose of measles vaccine to the recommended beneficiaries can be started as soon as the vaccines & other logistics are available.

Encl: as stated above.

Yours faithfully,

[Signature]
Jt DHS (FW) & SFWO,
West Bengal.

dated, 11th July, 2011.

Memo No. H/SFWB/ 484 (19)/1(11)

Copy forwarded for kind information to:-

1. The Principal Secretary, Dept of H & FW, West Bengal.
2. The Director of Health Services, West Bengal.
3. The Director of Medical Education, West Bengal.
4. The Mission Director (NRHM), Commissioner (FW) & Secretary (Health), West Bengal.
5. The Director, Women & Child Development Dept, West Bengal.
6. The State Cold Chain Officer, West Bengal.
7. The Chief Municipal Health Officer, Kolkata Municipal Corporation, Kolkata.
8. The Director, State Urban Development Agency, Salt Lake.
9. The Regional Director, NPSP-WHO, India (East), Salt Lake, Kol-64.
10. The Project Director, WBSISC, dept of Community Medicine, Medical College, Kolkata.
11. Dr K. Mitra, Health & HIV Specialist, UNICEF, Kolkata.

[Signature]
Assistant Director of Health Services (EPI),
West Bengal.

Government of West Bengal
Directorate of Health Services (F W Br)
3rd Floor, "A" Wing, Swasthya Bhavan, GN-29, Sector-V, Salt Lake, Kolkata-91.

Memo No. H/SFWB/ 544 (19)

dated 26th July, 2011.

To

- 1.-18. The Chief Medical Officers of Health,
All districts.
19. The D.F.W.O., Kolkata.

*Sub: Measles second opportunity (MCV2) in Routine
Immunization (U.I.P.).*

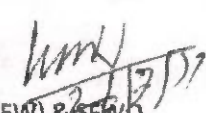
Sir / Madam,

Please refer to my earlier letter bearing no. H/SFWB/484 (19) dated 11th July, 2011 in regard to the subject above. Now, you are requested to start administration of Measles (second dose) in Routine immunization to all children aged 16-24 months w.e.f. first week of August, 2011 irrespective of their measles vaccination status. Measles vaccines are available at CFW Store, Bagbazar.

A two-paged document on "Measles second dose in Routine Immunization" is enclosed with this letter again for your kind perusal and sharing the same with all concerned.

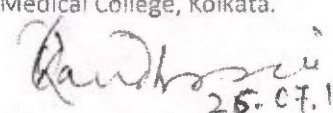
Yours faithfully,

Encl: as stated above.


Jt. DHS (FW) & SFWB,
West Bengal.
dated 26th July, 2011.

Memo No. H/SFWB/ 544 (19)/ 1 (12)
Copy forwarded for kind information to:-

1. The Principal Secretary, Dept of H & FW, West Bengal.
2. The Director of Health Services, West Bengal.
3. The Director of Medical Education, West Bengal.
4. The Mission Director (NRHM), Commissioner (FW) & Secretary (Health), West Bengal.
5. The Director, Women & Child Development Dept, West Bengal.
6. The State Cold Chain Officer, West Bengal.
7. The Chief Municipal Health Officer, Kolkata Municipal Corporation, Kolkata.
8. The Director, State Urban Development Agency, Salt Lake.
9. The Regional Coordinator, NPSP-WHO, India (East), Salt Lake, Kol-64.
10. The Project Director, WBSISC, Dept of Community Medicine, Medical College, Kolkata.
11. Dr. K. Mitra, Health & HIV Specialist, UNICEF, Kolkata.
12. The Project Manager, WBSISC, Dept of Community Medicine, Medical College, Kolkata.


25.07.11.
Assistant Director of Health Services (EPI),
West Bengal.

REV: HC, ...
HPC
Atn: B Admin NP ST

Government of West Bengal
Directorate of Health Services
State Family Welfare Bureau
Swasthya Bhawan, A-wing, 3rd floor
GN- 29, Sector - V, Salt Lake City
Kolkata- 700091

Memo No. H/SFWB/ 713 (18)

date: 29/06/2012

To

1-18. The Chief Medical Officer of Health (All districts)

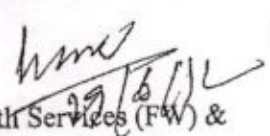
Sub: Reporting of performance under RCH by ULBs & JSY

This is for your information that about 30%-35% population of an ULB is covered by ULB under HHW scheme thus it is not expected that Health Officer of ULB will be able to report for the total population of that ULB. Besides there is a problem faced by Health Officer of ULB as to in which format the performance report will be submitted by them to the respective district health authority.

Now as resolved in a meeting with SUDA on 28/06/2012, it has been decided that

- (1) The sub centre run by ULB will report its performance (only the performance of the clinic which has actually done at the clinic throughout the month and not the performance of their field work) in the sub centre reporting format as existing for State run sub centre. The compiled report of the entire sub centre along with the performance report of the Maternity Home if available will be submitted by the Health Officer to the respective district health authority monthly within first week of the next month in PHC reporting format.
- (2) The JSY card that has to use by ULB was designed by Department of Health & Family Welfare and shared with SUDA. It has brought to the notice of the undersigned that payment after institutional delivery is not been done by some of the health institutions as the card is to some extent different from the card used by the sub centre. This is highly irregular. All the public health institutions may kindly be informed that the card used by ULB is valid and payment can be made based on the card.
- (3) In some of the districts, by violating government order, district health authority tried to provide fund for payment to JSY beneficiaries to ULBs from the available fund lying with them. The policy of the government is-- "State will provide fund to SUDA who in turn will distribute the same to ULBs. ULB will submit the performance report and utilization of fund to SUDA who after compilation will submit to State."

As the health wing of ULB is a supporting partner of the department of Health and Family Welfare in respect of providing services to the community it is expected that district health authority will provide necessary logistic support like Vaccine, Syringes, FP materials etc. Please share the Memo with all concerned.


Additional Director of Health Services (FW) &
State Family Welfare Officer

Contd: Overleaf

Immunization Weeks Operational guidelines

13	Whether ANM is touching any part of the needle while giving injection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOB
14	Whether ANM is recapping the needle after giving injection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOB
15	Whether each used syringe being cut with hub cutter just after use	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why ⁵ : <input type="checkbox"/> A5 <input type="checkbox"/> B5 <input type="checkbox"/> C5 <input type="checkbox"/> D5 <input type="checkbox"/> E5*
16	How the session waste is segregated	<input type="checkbox"/> Red & Black bag <input type="checkbox"/> other <input type="checkbox"/> Not done
17	Whether record is maintained for each child vaccinated	<input type="checkbox"/> No <input type="checkbox"/> Tally sheet <input type="checkbox"/> Other _____
18	Whether 4 Key Messages are explained to the care-givers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOB
19	If 4 Messages are <i>not</i> delivered, the <i>most commonly missed message</i> *	<input type="checkbox"/> Msg 1 <input type="checkbox"/> Msg 2 <input type="checkbox"/> Msg 3 <input type="checkbox"/> Msg 4
20	Whether the care-giver is advised to wait for 30 mins after vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOB
21	is AEFI management kit available at the session site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Incomplete kit
22	Whether the ANM has noted the following*	<input type="checkbox"/> Vac Batch <input type="checkbox"/> Vac Exp dt <input type="checkbox"/> Diluent batch <input type="checkbox"/> Diluent Exp date
Q23 to Q 29 By Interviewing the ANM/ Vaccinator and Checking the records, if needed		
23	How many AEFIs have been reported by her in last 3 months (number)	<input type="checkbox"/> NIL Rep done, Nonserious...., Serious....
24	Ask if a child comes with mild fever(1) or loose motions(2), will she vaccinate?	(1) <input type="checkbox"/> Yes <input type="checkbox"/> No (2) <input type="checkbox"/> Yes <input type="checkbox"/> No
25	How the session-waste is disposed of ⁶	<input type="checkbox"/> A6 <input type="checkbox"/> B6 <input type="checkbox"/> C6 <input type="checkbox"/> D6
26	Whether this service-provider has been visited by any supervisor in last 2 mths	<input type="checkbox"/> None <input type="checkbox"/> HS <input type="checkbox"/> MO <input type="checkbox"/> Other.....
27	How many newborns have been enrolled for vaccination by her in last one mth(number)
28	How many sessions have been planned and conducted by ANM in last 3 mths	Planned....., Conducted.....
29	If ANM has experienced any stock-out of vaccine/ logistic in last 3 months	<input type="checkbox"/> No <input type="checkbox"/> DPT <input type="checkbox"/> Measles <input type="checkbox"/> Others

30. If, any Vaccine or logistic is not available or ANM is absent, please visit the PHC and ascertain the reason of non-availability:

* Multiple responses applicable \$NOB=Not Observed #AVD=Alternate Vaccine Delivery @MCP=Mother and Child Protection Card (Signature)

1 H1= Hard to reach, MG= Migrant, L1= Large catchment, S1= Slum, R1= Refusing community, VS= Vacant SC, M1= MOB in last 1 year,

N1= Newly inducted in RI microplan, U1= untrained/ new vaccinator, V1= VDPV area, W1= WPV in last 3 yrs, O1=Other

2 SC= Sub Centre, NS= Non-SC Fixed site, AW= Outreach at AWC, NW= Non-AWC outreach, PV= Private site (w/ male child, NGO etc)

3 (Q. 1a): A3= Not part of RI microplan, B3= Neither ANM/ Vaccinator nor vaccines/logistics is available, C3 = ANM/vaccinator present but vaccine/logistics not available, D3= Vaccine / logistics available but ANM / vaccinator absent, E3=Others (specify);

4 Use codes: 1= ASHA, 2= ICDS worker, 3= Relative/ neighbour, 4= SHG, 5= PRI personnel, 6= NGO, 7= others, 8= None

5 A5= Hubcutter not available, B5= Hubcutter not functioning, C5=Untrained ANM, D5= Other, E5= Not Observed

6 A6= At onsite pit, B6= Carried to PHC, C6= Open onsite burning, D6= Others

Annex-7: Session Monitoring Format for Routine Immunization

Name of Monitor:		Organization: <input type="checkbox"/> Govt. <input type="checkbox"/> NPSP <input type="checkbox"/> UNICEF <input type="checkbox"/> Others			Designation:	
Date: dd / mm / yy		Time	Day: <input type="checkbox"/> Wed <input type="checkbox"/> Other		Last polio SIA..... Next polio SIA.....	
State						
District						
Block/ Urban Local body				Planning Unit:		
Sub Center / Urban Post						
Address of the Area			Live Births in last yr:		Population:	
Reason for selection ¹ : <input type="checkbox"/> H1 <input type="checkbox"/> MG <input type="checkbox"/> L1 <input type="checkbox"/> S1 <input type="checkbox"/> R1			Session Site ² : <input type="checkbox"/> SC <input type="checkbox"/> NS <input type="checkbox"/> AW		Polio HRA: <input type="checkbox"/> Yes	
<input type="checkbox"/> VS <input type="checkbox"/> M1 <input type="checkbox"/> N1 <input type="checkbox"/> U1 <input type="checkbox"/> V1 <input type="checkbox"/> W1 <input type="checkbox"/> O1			<input type="checkbox"/> NW <input type="checkbox"/> PV		<input type="checkbox"/> No	
How many times this site has been monitored in last 3 months:						<input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> More.....
<input checked="" type="checkbox"/> Tick, whichever is applicable: Q1 to Q21 to be noted by observation						
1.	a) Whether Session held : <input type="checkbox"/> Y <input type="checkbox"/> N	b) If a=Y, is session as per plan: <input type="checkbox"/> Y <input type="checkbox"/> N		c) if b=N, change in*: <input type="checkbox"/> ANM <input type="checkbox"/> Site <input type="checkbox"/> Time		
	d) If a= 'N', Reason for session not held ³ : <input type="checkbox"/> A3 <input type="checkbox"/> B3 <input type="checkbox"/> C3 <input type="checkbox"/> D3 <input type="checkbox"/> E3.....					
	e) If ANM is absent, why? <input type="checkbox"/> Vacant <input type="checkbox"/> Leave <input type="checkbox"/> Other.....		f) Status of Plan ⁴ : <input type="checkbox"/> NA <input type="checkbox"/> No map <input type="checkbox"/> Incomplete <input type="checkbox"/> Complete			
2.	Is the session synchronized with Village Health & Nutrition Day (VHND)?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	Beneficiaries are being mobilized to session site by ⁴ (By interviewing three caregivers)*			Caregiver1	Caregiver 2	Caregiver 3
4.	How Vaccines & logistics were brought to session site <input type="checkbox"/> AVD ⁵ <input type="checkbox"/> ANM <input type="checkbox"/> Supervisor <input type="checkbox"/> Other ...					
5.	a) Vaccine & diluent kept in VC: <input type="checkbox"/> Yes <input type="checkbox"/> No		b) How many icepacks are in the VC: <input type="checkbox"/> 4 <input type="checkbox"/> Less than 4			
	c) Vac & diluent in zipper bag: <input type="checkbox"/> Y <input type="checkbox"/> N		d) Vac & Diluent bundled: <input type="checkbox"/> Y <input type="checkbox"/> N		e) Ice-packs conditioned: <input type="checkbox"/> Y <input type="checkbox"/> N	
6.	Which of the vaccines/diluents are available at session site*		<input type="checkbox"/> BCG	<input type="checkbox"/> BCG Diluent	<input type="checkbox"/> DPT	<input type="checkbox"/> JE
			<input type="checkbox"/> Measles	<input type="checkbox"/> Measles Diluent	<input type="checkbox"/> DT	<input type="checkbox"/> JE Diluent
			<input type="checkbox"/> tOPV	<input type="checkbox"/> Pentavalent	<input type="checkbox"/> TT	<input type="checkbox"/> HepB
7.	Whether any vaccine vial is found "in use" or "discarded" (ENCIRCLE) in the mentioned condition, if 'Yes', Tick <input checked="" type="checkbox"/> and record the vaccine*		<input type="checkbox"/> Without label..... / <input type="checkbox"/> Unreadable label.....(in use/ discarded)			
			<input type="checkbox"/> VVM Unusable Stage (III or IV).....(in use/ discarded)			
			<input type="checkbox"/> Expired Vaccine Vial.....(in use/ discarded)			
			<input type="checkbox"/> Frozen Vaccine (DPT, TT, Hepatitis -B).....(in use/ discarded)			
			<input type="checkbox"/> Any vaccine reconstituted <u>more</u> than 4 hours back...in use/ discarded)			
8.	Which of the mentioned Logistics are <u>adequately</u> available *		<input type="checkbox"/> AD (0.1ml) Syringes	<input type="checkbox"/> Vitamin-A Solution	<input type="checkbox"/> ORS Packet	
	<input type="checkbox"/> Due list found with ANM		<input type="checkbox"/> AD (0.5 ml) Syringes	<input type="checkbox"/> Plastic Spoon/cap for Vit-A	<input type="checkbox"/> IFA Tablet	
	<input type="checkbox"/> Due list found with mobilizers		<input type="checkbox"/> 5ml Syringes (Recons.)	<input type="checkbox"/> Nutritional Supplements	<input type="checkbox"/> Paracetamol	
			<input type="checkbox"/> Functional Hub Cutter	<input type="checkbox"/> Zinc Tablet	<input type="checkbox"/> Weighing machine	
			<input type="checkbox"/> Blank RI/MCP ⁶ Card	<input type="checkbox"/> Counterfoils	<input type="checkbox"/> B P Apparatus	
				<input type="checkbox"/> Tracking Bag		
9.	Whether Time of reconstitution written on reconstituted vial/s			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOB		If no, why.....
10.	Whether AD syringe is used for injectable vaccines*			<input type="checkbox"/> Yes <input type="checkbox"/> Glass syringe <input type="checkbox"/> Disposable Syr <input type="checkbox"/> NOB		
11.	Whether DPT vaccine given on outer (anterolateral) aspect of mid thigh			<input type="checkbox"/> Yes <input type="checkbox"/> Other site..... <input type="checkbox"/> NOB		
12.	Whether Measles vaccine given by sub-cutaneous route on Rt arm			<input type="checkbox"/> SC <input type="checkbox"/> IM <input type="checkbox"/> ID	<input type="checkbox"/> Rt arm <input type="checkbox"/> Other	<input type="checkbox"/> NOB

DF)		
7.2	Twice daily monitoring of temperature recorded in respective log books	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.3	Record of power failures/cuts recorded in log books	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.4	Record of Defrosting ILRs' and DFs' mentioned in log books	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.5	Log books periodically checked by Facility in-charge (see evidence of signatures)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments if any :

Ice Lined Refrigerators (ILR) :

8.1	Functional thermometer placed inside every functional ILR	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.2	Cabinet Temperature of all working ILRs' between +2 to +8°C	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.3	No frost OR frost less than 6mm on inside walls of every working ILR	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.4	Vaccine baskets available inside all functional ILRs in which vaccines are stored	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.5	All vaccine vials correctly arranged inside labeled cartons (with expiry date, batch no.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.6	No T-series or Hepatitis B vaccine vials placed in the bottom of any ILR/basket	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.7	No items other than vaccines placed inside any ILR	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.8	All stored vaccines in ILR within expiry dates (check a few vials)	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.9	All vaccine vials in ILR within usable stage of VVM (check a few vials)	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.10	All stored vaccine vials in ILR with appropriate readable labels (check a few vials)	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.11	No reconstituted BCG & Measles vials stored inside any ILR	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.12	Diluents placed in ILR, at least 24 hours before distribution (observe and/or consult)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Deep Freezers (DF) :

9.1	Functional thermometer placed inside every working DF	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.2	Cabinet Temperature of all working DFs' between -15 to -18°C	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.3	No frost OR frost less than 5mm on inside walls of every working DF	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.4	Correct placement of ice packs placed for freezing inside DF (in crisscross manner)	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.5	No RI vaccines stored inside DFs' (including reconstituted vaccines) at PHC level	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.6	Only OPV vials stored inside DF at District level cold chain and above	Yes <input type="checkbox"/> No <input type="checkbox"/>

ANNEXURE-1

CHECK LIST FOR SUPPORTIVE SUPERVISION OF COLD CHAIN POINTS

State : _____ District : _____ Date : ___/___/_____

Cold Chain Facility : _____ Level : State / Regional / Divisional / District / PHC

Name of Supervisor : _____ Department : _____

Designation : _____

Available structure and equipment :

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 1. | Separate designated room for placing cold chain equipment available at facility, as per guidelines. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.1 | If yes - All available electrical equipment are placed in that room | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.2 | - Room space is adequate enough for placing available equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.3 | - Room is cool and adequately ventilated | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.4 | - Physical condition of floor, roof and walls is appropriate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.5 | - There are no empty boxes, garbage or other un-required items in the room | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.1 | Proper covered electricity fitting in the room for cold chain equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.2 | All functional electrical equipment properly connected with ISI mark plug sockets | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.3 | Proper 'Earthing' done for equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.1 | Dedicated generator set available for cold chain room | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.2 | Adequate fuel available for running of generator set (at the time of visit) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.3 | Generator log book available and adequately maintained | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Separate designated person available for maintenance of cold chain equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Mention numbers of available cold chain equipment at the facility | | |

	WIC	WIF	ILR		DF		Cold box		Vaccine Carrier
			CFC	CFC Free	CFC	CFC Free	5 L	20 L	
Functional									
Non functional									
Total									

Placement of equipment :

All **Available and Functional** electrical cold chain equipment (ILRs' and DFs') are -

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 6.1 | - Correctly placed on wooden or plastic blocks | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.2 | - Placed at least 20 cm away from walls and surrounding equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.3 | - Placed away from direct exposure to sunlight, moisture and rain | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.4 | - Connected through functional Voltage Stabilizers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Temperature Log Books :

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 7.1 | Temperature Log Books available for every functional electrical equipment (ILR and | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|-----|--|------------------------------|-----------------------------|

Vaccine stock and records :

10. Vaccine Stock Register (with mention of indents and distribution) maintained Yes No
11. Session wise Vaccine Distribution Register maintained and updated (at PHC level) Yes No
12. All sessions conducted in last one calendar month issued at least one vial of each antigen Yes No

13. Count and mention available stock of all vaccines and diluents (in vials) in following table

		Actual count	Stock Record			Actual count	Stock record
a.	BCG vials			g.	DT vials		
b.	DPT vials			h.	JE vials		
c.	tOPV vials			i.	BCG diluent		
d.	Measles vials			j.	Measles diluent		
e.	Hepatitis B vials			k.	JE diluent		
f.	TT vials						

14. Actual physical count of vaccine stock matches with stock register Yes No
14. Records for ADS and Reconstitution syringes available and updated Yes No
15. Contingency plan for vaccine storage in emergency conditions available at facility Yes No

Comments if any :

Signature of Supervisor

Government of West Bengal
Directorate of Health Services (FW Br)
3rd Floor, "A" Wing, Swasthya Bhawan,
GN-29, Sector V, Salt Lake, Kolkata-700091

Memo No. H/SPWB/ 115 (19)

Dated 3rd Feb 2012

To

1.-18. The Chief Medical Officer of Health,
All Districts.


19. The D.F.W.O. Kolkata

Sub: Guidelines for effective Cold Chain, Vaccines and Logistics management

Sir/Madam,

Enclosed please find herewith the guidelines agreed upon during the EVM debriefing meeting on 9th November 2011 subsequent to the Effective Vaccine Management Assessment undertaken in the State in September 2011. You are requested to share the guidelines with all concerned and ensure implementation of the guidelines at the earliest to ensure the highest standards of Cold Chain and Vaccine-Logistics management.

Enclor: As stated above

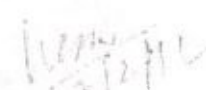

3/2/12
Addl. DHS (FW) & SFWO
West Bengal.

Memo No. H/SPWB/ 115 (19)/1(8)

Dated 3rd Feb 2012

Copy forwarded for kind information to:-

1. The Principal Secretary, Dept. of H & FW, GoWB
2. The Director of Health Services, GoWB
3. The Director, Medical Education, GoWB
4. The Mission Director (NRTM), Secretary (H) & Commissioner (FW), GoWB
5. The Chief Municipal Health Officer, Kolkata Municipal Corporation.
6. The Regional Team Leader, NPSP-India (East), BF-124, Salt Lake, Kolkata-64
7. The Health & HIV Specialist, UNICEF, Kolkata.
8. The Senior Technical Adviser, WBSISC and Head, Department of Community Medicine, Medical College, Kolkata.


3/2/12
Addl. DHS (FW) & SFWO
West Bengal.

- Surplus stock of unopened vials of m-OPV for IPPV/SIA should be kept at district level not later than expiry date or usable VVM in standard Cold Chain.
6. Printing and dissemination of Standard Stock Registers. Distribution/Issue registers, Indent and supply forms, Temperature log books shall be done by SFWB. Orientation training on these standard recording formats should be organised for all Cold Chain Handlers and store keepers at District /Sub-District/Block/ULB/sub-block Vaccine Stores and all other cold chain points.
 7. The stock control system should be computerised and maintained at all Vaccine Stores.
 - Stock levels should be maintained and distribution of supplies should be optimized.
 - The standardised manual stock ledgers should be maintained at District /Sub-District/Block/sub-block and all other cold chain points and updated within 24 hrs of every receipt and issue of vaccine & diluents, syringes, droppers, hub cutters and other immunization related supplies. These ledgers should be preserved for at least 3 years.
 - At all levels, every record of receipt & issue of UIP supplies should include information on manufacturer details, vial presentation, quantity in doses (including loss/damage), batch no, expiry date and VVM/FREEZE indicator status.
 - All Vaccine Stores must have & consult the micro-plan/requirement of lower level stores/service points prior to distribution of Vaccines and logistics as per standard procedures.
 - Block and Urban micro-plans must be updated and consolidated at the distribution points.
 - Documented physical stock reconciliation is to be carried out once a month at block and sub-block Cold Chain points and once every quarter at District Vaccine Stores.
 - Dy. CMOH- III should ensure digitization of vaccine logistic data by RCH Computer Assistant.
 8. The standard conditioned ice-packs (0.4 L) should be used for transportation of vaccines using Cold Boxes at District and Block levels and using vaccine carriers for session sites.
 - All non standard ice packs including gel based and other sizes should be returned to State Vaccine Store.
 - Dedicated space like tables/folding tables/benches/plastic sheets etc. should be available for conditioning of ice packs at all vaccine issuing stores.
 - At all levels, staff should be motivated to use only conditioned ice packs before supplying or receiving vaccines.
 9. Records of supportive supervision.
 - Supervisory plan should be prepared at District and Block levels and the attached check list should be used.
 - Knowledge and practice of Shake test should be ensured during supervisory visits.
 - Inspection book should be available at all CC points.
 - Monitoring & supervisory findings & feedback should be documented in the inspection book.
 - Program officers should share feedback of their supportive supervisory visits with Block officials.
 - Reports of monthly supportive supervisions (identified problems & outcomes) should be reviewed at District level and included in the presentation for State Review meetings.
 10. Posting and induction training of staff for UIP Stores should be timely. Information of retirement/transfer/change of storekeeper at District Vaccine Stores must be communicated to State immediately. Induction at State Vaccine Stores or otherwise should be an integral part of newly recruited/positioned staff of district vaccine stores. Otherwise it may lead to increased "avoidable" vaccine wastage & increased incidence of AEFI.

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No. **SUDA-Health/553/12/102(11)**

Date **30.07.2012**

From : Director, SUDA

To : The Chairman / Chairperson
Ashokenagar Kalyangarh / Baduria / Basirhat / Bongaon /
Gobardanga / Habra / Taki / Diamond Harbour /
Jaynagar Mazilpur / Jhalda / Raghunathpur Municipality

Sub. : Review meeting at SUDA Conference Hall on 03.08.2012 at 12.00 Noon.

Sir/ Madam,

A Review meeting is scheduled at SUDA Conference Hall on 03.08.2012 at 12.00 Noon to discuss progress relating to implementation of Urban Health Programmes as well as HMIS.

You are requested to instruct Health Officer / Medical Officer and the person concerned who is dealing with compilation of HMIS (total participants not exceeding three nos.) to attend the said meeting.

Thanking you.

Yours faithfully,


Director, SUDA

Dt. .. **30.07.2012**

SUDA-Health/553/12/102(11)/1(2)

HO / MO Municipality

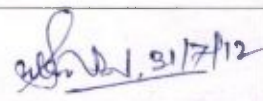
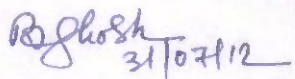
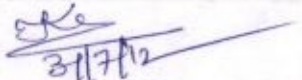
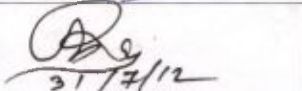
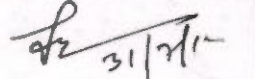
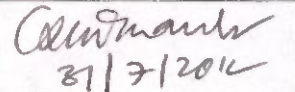


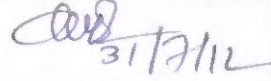
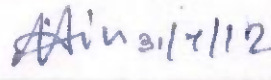
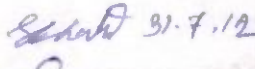
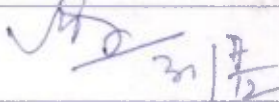
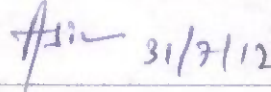

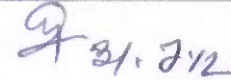
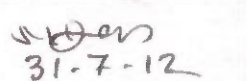
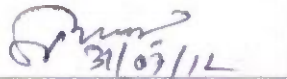
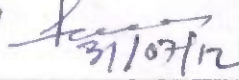

Director, SUDA

Review Meeting
implementation of Urban Health Programmes as well as HMIS
at SUDA Conference Hall on 03.08.2012 at 12.00 Noon

Sl. No.	Name	Designation / ULB	Mobile / Ph. No.	Signature
1.	Dr. Manas Das	H.O. Halda M.	9434401039	Manas
2.	Dr. Abir Datta	H.O. Tati M.	9434223840	Abir
3.	MD. ASIF	S.I. Raghunathpur M.	9641372175	ASIF
4.	Abhay Chatterjee	Computer Asst. Raghunathpur M.	8926297291	Abhay Chatterjee
5.	Partha Datta	Accounts Asst.	9932415637	Partha
6.	Binay Kr. Rungta	Comp. Asst.	9332277829	Binay
7.	Shamajoy Das	Health Asst (M) Thaldi Municipality	9153763605	Shamajoy
8.	Snabani Banerjee	Health Asst. Ashoknagar M.	9333829187	Snabani
9.	Dr. Sujin Sen	H.O. Ashoknagar Kalyanagar M.	9333711028	Sujin
10.	Mashud Ahmed	Multi purpose helper cum-storekeeper cum-clerk	9231645342	Ahmed
11.	Ram Das	Computer Assistant Barishat Mum. Barishat	9497101060	Ram
12.	Showick Karmakar	S-I Sanitary Super Barishat	9434916216	Showick
13.	Purnima Sana	F.T.S. Barishat	9474987816	P. Sana
14.	Palash Kanti Mandal	S.I.	9609138698	Palash Kanti Mandal
15.	Jyotsna Bhattacharyya	Health Assistant	9002502346	Bhattacharyya
16.	Krishnendu Toipathi	Computer Assistant	9434056216	Krishnendu
17.	Sumit Kr. Pramanik	Health Officer DH Municipality	9735244248	Sumit
18.	Dr. Sursumer Shaw	Model Officer & In-charge med. Dept. Barishat Municipality	9832205411	Sursumer

Sl. No.	Name	Designation / ULB	Mobile / Ph. No.	Signature
19.	Soni Himadri Mondal	C.I.C. Health Bansgan Municipality	9333868380	Himadri Mondal
20.	Pooja Barin Choudhury	Computer Asst. Bansgan Municipality	858836556	
21.	Dr. Anil Chandra Das.	Health Officer Baduria Municipality	9143147260	Dr. Anil 3/8/12
22.	Apurba Kumar Roy	Baduria Municipality (Compt. Asst)	9836468195	2/8/12
23.	Ruhul Amin	Baduria Municipality	9733588202	2/8/12
24.	Krishna Kumar Basu.	Taki Municipality	9474751661	2/8/12
25.	Pintu Biswas	Taki Municipality	8116410608	02/08/12
26.	Rabin Chatterjee	Thalga Municipality	9509170202	03/08/12
27.	Rishiraj Sarkar.	S I Habra M.	9474857524	
28.	Uttaran Mallick Choudhury	Computer Asst. Habra M	9804563197	
29.	Dr. Narayan C. Kav.	Gobardga H.O	9733639888	
30.	Tammy Choudhury	Sp. Coordinator S.I	9932930805	
31.	Santa Choudhury	Coordinator Compt. Asst	9153424135	
32.				
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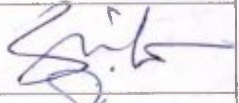
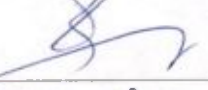
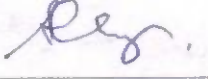
Review Meeting
implementation of Urban Health Programmes as well as HMIS
at SUDA Conference Hall on 31.07.2012 at 12.00 Noon

Sl. No.	Name	Designation / ULB	Mobile / Ph. No.	Signature
1.	Dr. Subratu Pal	Health Officer Bodulpur	9433344837	 31/7/12
2.	Barun Kumar Ghosh	Computer Assistant Nabadwip	9474486881	 31/07/12
3.	Tapas Khan	D.A. Nabadwip Municipality	9679948416	 31/7/12
4.	Aloke Ray	S.I. Santipur Municipality	9153481379	 31/7/12
5.	Dr. Tapas K. Jena	H.O. SANTIPUR (M)	9475225023	 31/7/12
6.	Dr. Asim Kumar Ray	MD/HO KATIA Municipality	9002517430 9434311751	 31/7/2012
7.	Swapna Mitra	F.T.S Chakdaha Municipality	8653315403	 31/7/12
8.	Supraxash Biswal	S.I. Chakdaha Municipality	9748024121	 31/7/12
9.	Dr. Chanchal Kumar Majumdar	H.O.	9434218927	 31/7/12
10.	Ajit Ain	Acct. Assistant Maini Mn.	9614480151	 31/7/12
11.	Salcha Khaitun	Maini Mn. Health Assistant	9641275099	 31.7.12
12.	Sanjiban Dnbung	E.O. Maini Mn.	9434110975	 31/7/12
13.	Abir Mukherjee	H.A./ Ramp urnat Maini	9434584094	 31/7/12
14.	Ayan Roy.	S.I. Tahergur	9378203153	 31/7/12
15.	Dr. Dipak Kumar Halder	H.O. Jaharpur N.A.B.	9046629054	 31.7.12
16.	Nilima Das	Ranachak S.I.	9332151186	 31-7-12
17.	Durga Prasad Das	Health app Ranager.	9434955450	 31/07/12
18.	Dr. Parast ch Das	H.O. Ranachak	9378068089	 31/07/12

Sr. No.	Name	Designation / ULB	Mobile / Ph. No.	Signature
19.	Kinjam Chandha Das	SI Subrajpur Municipality	9733047868	Dora 31/7/12
20.	Kalyan Banerjee	S.I. Sainthia Municipality	9153422250	K. M. 31/07/12
21.	Paper Prasad Roy	Sainthia Municipality	9232079863	31/7/12
22.	Arunangshu Ray	C.A Birnagar	9046527566	31-07-12
23.	Dr. Dibakaranda Nayak	H.O Birnagar	9734074633	31/7/12
24.	Sonal Banik	F.T.S Birnagar	8927330983	31.7.12
25.	Sajal Biswas	S.I	9851486370	31/7/12
26.	Dr. Alekhya K. Kar	H.O.	8013203772	31/7/12
27.	Gourananda Panja	Health Assistant	9434670249	31/7/12
28.	Aditi Choudhury	F.T.S	9332840961	A. Choudhury
29.	Debarshi Choudhury	C.M.A Kotwal Municipality	9332873925	D. Choudhury
30.	Jaya Shanker Chatterjee	S.I (Kotwal) Kotwal Municipality	9332308977	Chatterjee
31.	Sukhoranjan Biswas	Dainhat Municipality	9832296289	S. Biswas 31/7/12
32.	Babita Saha	Dainhat Municipality	9333502911	B. Saha 31/7/12
33.	Subir K. Saha	Dainhat Municipality	9474602708	Saha 31/7/12
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Review Meeting
implementation of Urban Health Programmes as well as HMIS
at SUDA Conference Hall on 27.07.2012 at 12.00 Noon

Sl. No.	Name	Designation / ULB	Mobile / Ph. No.	Signature
1.	Dr. Abir Banerjee	Health officer Bankura Municipality	9434183422	Abir Banerjee
2.	Mrinalini Roychowdhury	P. H. N. Jangipurem.	9733527297	Mrinalini Roychowdhury
3.	Bhabani Basu Mallick	C.D.O Kalna Municipality	9547794486	B Mallick
4.	Jharna Majumder	P.H.N. Kalna Municipality	"	Jharna Majumder
5.	Nimal Mr. Chakraborty	C.D.O. Cooch Behar.	94342-55976	N Chakraborty
6.	Narish Ch. Mandal	EDD Jangipurem	9434534688	N Mandal
7.	Akshay Ram Saha	Burhanpur P.H.N	9732619485	A Saha
8.	Nivedita Pal.	D.E.O Burdwan Municipality	"	N Pal
9.	Dr. Shyamant Kumar Ghosh	H.O Krishnagar Municipality	9932754430	S Ghosh
10.	Aradhana Basu Biswa	F.T.S Krishnagar (M)	9046296314	A Biswa
11.	Jharna Saha	(ANM) Krishnagar M.	9002860494	J Saha
12.	Asati Chakraborty	Midnapur		A Chakraborty
13.	DR. SUJIT ROY	Midnapur	9434989186	S Roy 27/7/12
14.	Aryshuman Das	DEO Jangipure Municipality	9434190292	A Das 27/7/12
15.	Krishna China (Khan)	C.D.O (Bankura)	9474489627	K. China 29.07.12
16.	Mausumi Bandyopadhyay (Ray)	P.H.N (Bankura)	9153008866	M. Ray 27.07.12
17.	Dr. Swapan Kundu	P.H.N	9474042279	S Kundu 27.7.12
18.	Sumit Bakshi	C.D.O, Purulia	9434304184	S Bakshi 27/7/12

Sl. No.	Name	Designation / ULB	Mobile / Ph. No.	Signature
19	SUSANTA MITRA	C.D.O. Surya Municipi	9093135677	
20	Dr. Dilip Bandyopadhyay	H.O. SURI Muni	9434107441	
21	Alo Ghosh	Attendant Suri, Municip	8900484163	A. Ghosh
22	Dr. Susmita Chowdhury	ATHO, Belpur me	9474767589	
23	Rashab ch. Saha	Account Assst Indra S.C.D.O.	9434699359	Rashab ch. Saha.
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Review Meeting
implementation of Urban Health Programmes as well as HMIS
at SUDA Conference Hall on 13.07.2012 at 12.00 Noon

Sl. No.	Name	Designation / ULB	Mobile / Ph. No.	Signature
1.	Mashumi Ghosh.	H.O. Thargram	9434508242	Mashumi
2.	Swadesh Ina	Accountant Haldia	9733871646	Swadesh
3.	Dr. Sukhendu Bikas Maiti	H.O. Chandra	9800105585	Sukhendu
4.	Snehani Maity	Computer Assistant HALDIA	9734469767	Snehani
5.	Snehani De	Sanitary Inspector	9046655869	Snehani
6.	Dr. Ja Joan Kr. Das	H.O. Family Municipality	9474599075	Dr. Ja Joan Kr. Das
7.	Rabindra Nath Sen.	Councillor in charge	9434320353	Rabindra Nath Sen.
8.	SK Mostafe Ali	Health Clerk S.K	9474069237	SK Mostafe Ali
9.	Sanjeev Kr. Ghumanis	Health Assistant	8670207009	Sanjeev
10.	Sanjoy Kumar Ray	S.I Ghatol	9732542170	Sanjoy
11.	Amiya Nanda Goswami	AFC Ghatol	9433497057	Amiya Goswami
12.	Bana Bihari Patra	Sanitary Inspector Egga Municipality	9434415556	Bana Bihari Patra
13.	Dr. Anil Kumar Mis	Sp. In-charge	9831048036	Dr. Anil Kumar Mis
14.	Suprava Maity	(S.I) Egga Municipality	9732754663	Suprava Maity 13/07/12
15.	Sumit Bera	Computer Assst Egga	9733818115	Sumit Bera 13/7/12
16.	Subhra Das	Computer Assistant	9932343646	Subhra Das 13/7/12
17.	Sana Mukherjee	Health Assistant	9933019746	Sana Mukherjee 13/7/12
18.	Samiran Das	S.I Khokha	9735720769	Samiran Das 13/7/12

Sl. No.	Name	Designation / ULB	Mobile / Ph. No.	Signature
19	Asit Malik	Store keeper	9679175383	A. Malik
20	Utam Dawn	M/C Asst.	9932954161	Utam Dawn
21	Maloy Kr. Paul.	A/c Asstt.	9641621392	M. Paul
22	Moinay Kr. Pan.	S/I	9734442755	M Pan. 13.07.12
23	Aujit Choudhury	Computer Asst.	9933027580	@Choudhury 13.7.12
24	Suzanta Khan.	com. Asst.	9733897551	S Khan. 13.7.12
25	Dipak Maibis	Acct. Asst. Contn?	9775660062	Dipak Maibis 13/7/12
26	Arumene Sengupta	H'o Contn	9679689677	Arumene Sengupta 13/7/12
27	Dr. Subhasis Paul	M. O. Contn	9434914642	Dr. Subhasis Paul 13/7/12
28	Dr. Rajasekar.	Khinpai	9851951133	Rajasekar
29	Tapas Patadhi	Khinpai	9933325109	Tapas Patadhi
30	Uttal Upadhyay	Thargram	980032658	Uttal Upadhyay
31	Debanis Bose	Thargram Acct. Asst.	9800112661	Debanis Bose
32	Shikani Ray.	Thargram Computer A	9933954157	Shikani Ray.
33	Sadananda Munkherjee	Kharagpur	9474713846	Sadananda Munkherjee
34	Chandran Rakshit	Kharagpur	9635591938	C. Rakshit
35	Kristina Banerjee	Kharagpur	947406868	K. Banerjee
36	Kamal Hansda	H. A	9932769099	Kamal Hansda
37	Siddhathankar Prameek	S.I.	9474557693	S Prameek
38	Dr. Jinnu Brian Maibis	H.O.	9484841732	Jinnu Brian Maibis

Sl. No.	Name	Designation / ULB	Mobile / Ph. No.	Signature
39	MONISANKARNANDI	Ramji Boran	9832269121	M Sand)
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SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No.SUDA-Health/553/12/82

Date12.07.2012

From : Director, SUDA

**To : The Jt. Director,
ILGUS**

**Sub. : Use of Canteen space on 13.07.2012 for the trainee participants
under CBPHCS.**

Sir,

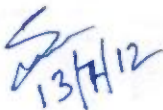
This is to inform you that a training Programme is scheduled on 13.07.2012 at SUDA Conference Hall for the Health personnel of East & West Medinipur District. For offering lunch to the participants, canteen space may be made available at 1.00 p.m.

You are requested to instruct your office for the purpose.

Thanking you.

Yours faithfully,


Director, SUDA


13/7/12

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

West Bengal

Ref No. **SUDA-Health/553/12/74(18)**

Date **03.07.2012**

From : Director, SUDA

**To : The Chairman / Chairperson
Sonamukhi / Dainhat / Gushkara / Jamuria /
Katwa / Memari / Raniganj / Dubrajpur /
Nalhati / Rampurhat / Sainthia / Birnagar /
Chakdah / Coopers Camp / Nabadwip /
Santipur / Ranaghat / Taherpur Municipality**

Sub. : Review meeting at SUDA Conference Hall on 31.07.2012 at 12 Noon.

Sir/ Madam,

A Review meeting is scheduled at SUDA Conference Hall on 31.07.2012 at 12 Noon to discuss progress relating to implementation of Urban Health Programmes as well as HMIS.

You are requested to instruct Health Officer / Medical Officer and the person concerned who is dealing with compilation of HMIS (total participants not exceeding three nos.) to attend the said meeting.

Thanking you.

Yours faithfully,



Director, SUDA

SUDA-Health/553/12/74(18)/1(2)

Dt. .. 03.07.2012

HO / MO Municipality



Director, SUDA

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

SUDA-Health/553/12/73(11)

Date03.07.2012

Ref No.

From : Director, SUDA

To : The Chairman / Chairperson
Bankura / Bishnupur / Kalna / Krishnagar /
Suri / Cooch Behar / Purulia / Jangipur /
Berhampur / Bolpur / Medinipur Municipality

Sub. : Review meeting at SUDA Conference Hall on 27.07.2012 at 12 Noon.

Sir/ Madam,

A Review meeting is scheduled at SUDA Conference Hall on 27.07.2012 at 12 Noon to discuss progress relating to implementation of Urban Health Programmes as well as HMIS.

You are requested to instruct Health Officer / Asst. Health Officer / CDO and the person concerned who is dealing with compilation of HMIS (total participants not exceeding three nos.) to attend the said meeting.

Thanking you.

Yours faithfully,



Director, SUDA

Dt. .. 03.07.2012


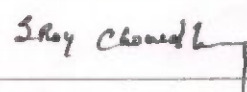
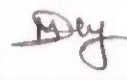
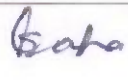

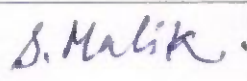
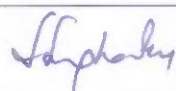
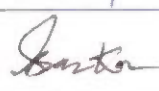
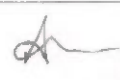
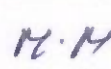
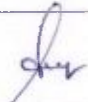
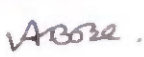
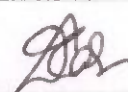
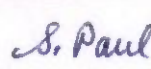
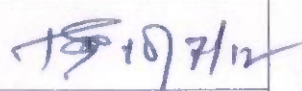
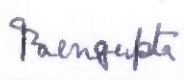
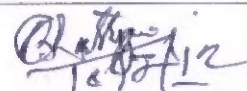
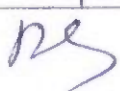
SUDA-Health/553/12/73(11)/1(3)

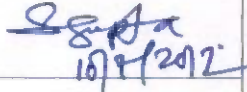
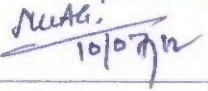
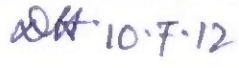
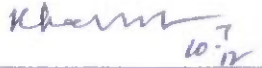



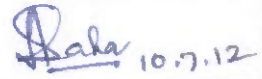

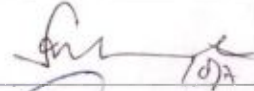
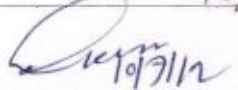
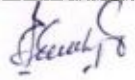
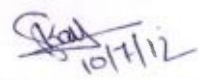
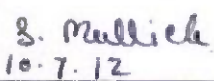
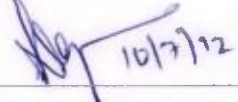

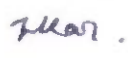
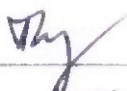

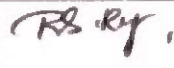
HO / AHO / CDO Municipality



Director, SUDA

Review Meeting
implementation of Urban Health Programmes as well as HMIS
at SUDA Conference Hall on 10.07.2012 at 1.00 p.m.

Sl. No.	Name	Designation / ULB	Mobile / Ph. No.	Signature
1.	DR. ANIRBAN ROY	Health Officer Pamihati Municipality	9830715161	
2.	Sukla Roy Chowdhury	S.T.S.	91630-27231	
3.	Minati Dey	S.T.S	9830243622	
4.	DR. Goutam Kr. Saha	Health Officer Kanchrapara Municipality	98305-43373	
5.	Milan Das	S.T.S. Kanchrapara	9433073983	
6.	Saraswati Malik	Kanchrapara S.T.S	9007889464	
7.	N. Lakshmi Singh Roy	HO Kanchrapara	9433339574	
8.	Sadhana Sarkar	STS	9830485430	
9.	Hloka Mukherjee	STS	980425765	
10.	Muktakeshi Mukherjee	S.T.S	9231376368	
11.	Sanjanta Ray	STS	8902293447	
12.	ALO Bose.	S.T.S. Madhyamgram	9748273484	
13.	Dr. Kalpana Das.	A.H.O. Madhyamgram	9748382882	
14.	Sabita Paul	S.T.S Madhyamgram	8981106171	
15.	Dr. P. R. Gupta	Health Officer	9831182072	
16.	Tapati Sengupta	S.T.S. S.D.D.M	9874212488	
17.	Bibhuti Chatterjee	S.T.S. S.D.D.M.	2579-3888.	
18.	Dr. PB Choudhury	HO Burdwan	983049334	

Sl. No.	Name	Designation / ULB	Mobile / Ph. No.	Signature
19	Dr. Shra Gupta	Rajarhat Gopal Municipality	9891246132	 10/7/12
20	Dr. S. M. Ali HO	Maheshtala Meply	9830579382	 10/7/12
21	Dr. A. Halder AHO	"	9433098221	 10.7.12
22	Mrs. Kalyani Halder UHIO	"	2411-6811	 10.7.12
23	Altaf Hossain Mir (Pharmacist)	Budge Budge Municipality	9339421787	
24	Mamas Halder	Rajarhat Gopalpur Municipality	8017129674	
25	Suman Muehete	"	9874398016	 10.7.12
26	Dr. Ananta Saha.	UHIO Rajpur Sonarpur Municipality	9874450863	 10.7.12
27	Dr. Madhanda Mandu	ASST. HO RSM	9831795456	 10.7.12
28	Dr. S.K. Debnot	HO	9433183123	 10/7/12
29	Dr. A.K. Khawra	A.H.O. Pujali Municipality	9874049860	 10/7/12
30	Jagadisa Mukherjee	Pujali	9007165654	
31	Sh. Abbas Uddin	Pujali Municipality	9681146283	 10/7/12
32	Swapna Muellich	F.T.S. Kheerda Municipality	8648012070	 10.7.12
33	Dr. Debansu Chattopadhyay	AHO Khardent	9830777912	 10/7/12
34	Mamta Samanta	S.T.S. N.B.M.	943209322	 M. Samanta
35	Jharana Kar.	S.T.S. N.B.M.	9748430806	 Kar.
36	Dr. Pranab Roy (N.D.D.M.)	AHO N.B.K.P.	9831961503	
37	Dr. Tripi Mukherjee	AHO N.D.D.M.	92315600	
38	Rina Saha (Roy)	STS (N.D.D.M.)	9231352500	 R.S. Roy.

Sl. No.	Name	Designation / ULB	Mobile / Ph. No.	Signature
39	Purnima Das	F.T.S	—	P. Das
40	Hekul Choudhary	S.T.B	.	Hekul Choudhary
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SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No.SUDA-Health/553/12/71(15)

Date03.07.2012

From : Director, SUDA

To : The Chairman / Chairperson
Kamarhati / Kanchrapara / Khardah / Madhyamgram /
Maheshtala/ Naihati / New Barrackpore /
North Barrackpore / North Dum Dum / Panihati /
Pujali / Rajarhat Gopalpur / Rajpur Sonarpur /
South Dum Dum / Titagarh Municipality
Budge Budge

Sub. : Review meeting at SUDA Conference Hall on 10.07.2012 at 1-00 p.m.

Sir/ Madam,

A Review meeting is scheduled at SUDA Conference Hall on 10.07.2012 at 1-00 p.m. to discuss progress relating to implementation of Urban Health Programmes as well as HMIS.

You are requested to instruct Health Officer / Asst. Health Officer and the person concerned who is dealing with compilation of HMIS (total participants not exceeding three nos.) to attend the said meeting.

Thanking you.

Yours faithfully,



Director, SUDA

SUDA-Health/553/12/71(15)/1(2)

Dt. .. 03.07.2012

HO / AHO Municipality



Director, SUDA

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. SUDA-Health/553/12/70(15)

Date 03.07.2012

From : Director, SUDA

To : The Mayor, Howrah Municipal Corporation

: The Chairman / Chairperson

Bally / Baranagar / Barasat / Barrackpore /

~~Baruipur~~ / Bhatpara / Bidhannagar /

~~Budge Budge~~ / Dum Dum / Garulia / Gayeshpur /

Halisahar / Kalyani / Uluberia Municipality

Sub. : Review meeting at SUDA Conference Hall on 06.07.2012 at 1-00 p.m.

Sir/ Madam,

A Review meeting is scheduled at SUDA Conference Hall on 06.07.2012 at 1-00 p.m. to discuss progress relating to implementation of Urban Health Programmes as well as HMIS.

You are requested to instruct Health Officer / Asst. Health Officer and the person concerned who is dealing with compilation of HMIS (total participants not exceeding three nos.) to attend the said meeting.

Thanking you.

Yours faithfully,



Director, SUDA

SUDA-Health/553/12/70(15)/1(2)

Dt. .. 03.07.2012

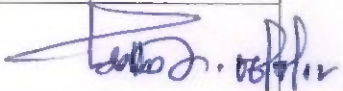
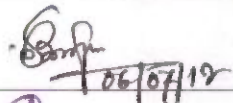
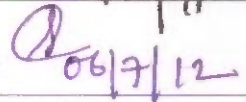

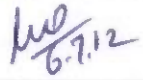
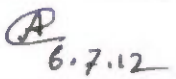
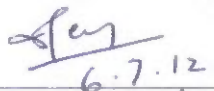

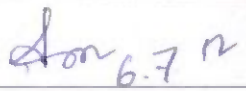
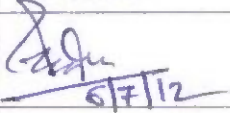
HO / AHO Municipality / Municipal Corporation



Director, SUDA

Review Meeting
implementation of Urban Health Programmes as well as HMIS
at SUDA Conference Hall on 06.07.2012 at 1.00 p.m.

Sl. No.	Name	Designation / ULB	Mobile / Ph. No.	Signature
1.	Kasturi Bakshi	AHO	9339127701	KBakshi 6/7/12
2.	Paromita Roy	V.H.I.O	9830129943	PRoy 6/7/12
3.	Partha Roy	AHO Halidagar.	9433410872	PRoy 6/7/12
4.	Keshab Chandra Roy	S.T.S.	9883092277	KRoy 6/7/12
5.	Sulekha Mukherjee	P.T.C.S	9163189588	Sm 6/7/12
6.	Dr S. K Paul	H/O Dum Dum	94933156670	Sm 6/7/12
7.	Dr N. K Mandal	AHO Dum Dum	9432010410	A 6/7/12
8.	Tuhina Datta	S.T.S Dum Dum	98314378	T. Datta
9.	Sandhya Chakraborty	S.T.S. Dum Dum	9239474236	S.C. 6/7/12
10.	DR. T. Choudhry	H/O Barasat	9331034068	T.C. 6-7-12
11.	DR. Sukumar Day	AHO/ Barasat	9903339606	S.D. 6/7/12
12.	Chanchal Talapatra	S.T.S. Anandapur	9563910205	Ch 6/7/12
13.	Shyamali Hazra	clerk / Barasat	9493777633	Shyam. 6.7.12
14.	Karick Sarkar	U.H.C. I.P.D. VII Barasat	9830566682	K.S. 6/7/12
15.	Roadip Chakraborty	clerk cum store keeper B.M.	9831112065	R.Ch. 6/7/12
16.	Dr. Suk. Mondal	AHO. Anandapur	9830741708	Sm 6/7/12
17.	Sipra Chakraborty	F.T.S Ulu. M	9051114277	S.Ch. 6/7/12
18.	Archana Adhikary	Ulu. M.	8017821445	A. Adhikary

Sl No.	Name	Designation / ULB	Mobile / Ph. No.	Signature
19	Dr. S. Sarkar	H.O. GARULIA Mpty.	9007971046	
20	Smt. Sedhana Banerjee	clerk. Garulia Mpty.	8961109170	
21	Dr. Srabani (Pal) Choudhury	H.O. Gayeshpur	9433118742	
22	Dr. Suraj Mridha	HOKRAH	9330954735	
23	Dr. Nandita Chakraborty	Heaman M. Corp	9830043280	
24	Arjana Choudhury	F.T.S Bally-M	9674063895	
25	Sushila Debi Sribastab	F.T.S Bally-M	9883442670	S. Sribastab 6.7.12
26	Kashi Krata Ghosh	B.T.S. Bally M	9038415941	Kratosh 6.7.12
27	Dr. Dipati Saha choudhury	A.H.O.	9231901173	
28	Dr. Sharifi Day Munde.	P.T.M.O Bidhan-Naga	9748685014	
29	(Mrs) Suniti Mandol	H.O B.N.M	9239221112	
30	Mita Datta	councillor Barunipurmunicipality	9007415403	Mita Datta 6.7.12.
31	Dr. P.K. Das.	H.O. Barunipura Municipality	9331221058	
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SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. SUDA-Health/553/12/72(12)

Date03.07.2012

From : Director, SUDA

To : The Chairman / Chairperson
✓ Contai / Egra / Haldia / Panskura / Tamruk /
✓ Chandrakona / Ghatal / Jhargram / Kharagpur /
Kharar / Khirpai / Ramjibanpur Municipality

Sub. : Review meeting at SUDA Conference Hall on 13.07.2012 at 12 Noon.

Sir/ Madam,

A Review meeting is scheduled at SUDA Conference Hall on 13.07.2012 at 12 Noon to discuss progress relating to implementation of Urban Health Programmes as well as HMIS.

You are requested to instruct Health Officer / Asst. Health Officer and the person concerned who is dealing with compilation of HMIS (total participants not exceeding three nos.) to attend the said meeting.

Thanking you.

Yours faithfully,



Director, SUDA

SUDA-Health/553/12/72(12)/1(2)

Dt. .. 03.07.2012

HO / AHO Municipality



Director, SUDA

Office of the Municipal Councillors, Bhatpara



[Address: 1/1, West Ghoshpara Road, P.O. Kankinara, District: North 24 Parganas, PIN-743 126]

Ph: - 2581-2082, 2581-9515, 2581-9514, Fax: -2581-1318. Email: bhat_09@yahoo.com & bhatparamunicipality@gmail.com

Notice inviting 2nd Tenders

Memo. No. V.S./D.R.-2/1992

Dated


2012 23/06/12

Sealed Quotations are invited from the CMS approved bonafide and resourceful medical Firms/Distributors/Medicine suppliers for supply of medicines and other materials as listed in the enclosed statement for the HAU of this Municipality for the year 2012—2013. Last date of submission of quotations in the Municipal office is 26/6/2012 up to 3.00 P.M. and the same will be opened on the same date at 3.30 P.M. The rate should be inclusive of all charges including delivery to the HAU (1-6) building. The supply will be as per following terms and conditions

The undersigned reserves the right to accept or reject the lowest or any quotation without assignment any reason whatsoever.

TERMS AND CONDITIONS

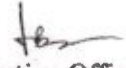
1. The rate must be inclusive off all charges i.e. sales tax etc.
2. Clearance of Sales tax/Income Tax/Professional Tax and Trade License etc. should be submitted along with the quotation paper.
3. Delivery of the MEDICINE are to be made at HAU (1-6) building, Bhatpara Municipality at suppliers cost.
4. Supply are to be made strictly as per approved Brand/company as indicated in the list.
5. No Proforma bill will be entertained.
6. The rate offered and accepted by the undersigned will remain open at least up to one year.
7. The undersigned does not bind himself to accept the lowest rate and not to ascribe any reason for rejecting any or all quotation whatsoever.
8. The quantity as mentioned in the list (enclosed) may be increased/decreased medicine may also be procured by part order according to necessity.
9. Tender must be enlisted in the Municipality as per rule.


Executive Officer
Bhatpara Municipality

Encl: List.

Copy forwarded to:

01. The Chairman, Bhatpara Municipality
02. The Vice Chairman, Bhatpara Municipality
03. Sri/Smt..... Member, C-In-C, Bhatpara Municipality
04. The Executive /Finance Officer, Bhatpara Municipality
05. The Secretary/Accountant/Cashier/Head Clerk, Bhatpara Municipality
06. M.O /A.H.O/L.M.O., Bhatpara Municipality
07. The Director, SUDA, ILGUS Bhawan, Salt Lake City, Kol—91.
08. The Station Master, Kankinara/Jagadal/ Shyamnagar.
09. Office Notice Board, Bhatpara & Shyamnagar.


Executive Officer
Bhatpara Municipality

6.7.12

- ① Bally ✓
- ② Baranagar ✓
- ③ Barasat ✓
- ④ Belp ✓
- ⑤ Baranipur ✓
- ⑥ Bhalpasa ✓
- ⑦ Bidhanagar ✓
- ⑧ Budge - Budge ✓
- ⑨ Dum Dum - ✓
- ⑩ Garia - ✓
- ⑪ Gayspur ✓
- ⑫ Hatisala ✓
- ⑬ Harrah ✓
- ⑭ Kalyani ✓
- ⑮ Ulbina ✓

10/7/12

- ① Kamarhati ✓
- ② Leavehpora - ✓
- ③ Uardal ✓
- ④ Madhyagran ✓
- ⑤ Ntateshale ✓
- ⑥ Naihati ✓
- ⑦ New Belp ✓
- ⑧ North Belp ✓
- ⑨ North Dum Dum ✓
- ⑩ Panbati ✓
- ⑪ Pujali ✓
- ⑫ Rajarhat ✓
- ⑬ Rajpur ✓
- ⑭ South Dum - ✓
- ⑮ Etahar ✓

⑩

13/7/12 - Med East -

6.7.12 - 15
 10.7.12 - 15
 13.7.12 - 12
 27.7.12 - 11
 31.7.12 - 18
 3.8.12 - 30
 10.8.12 - 10

27/7 - 147
 1100
 12
 119
 229
 HHW -

- ① Contai
- ② Ezra
- ③ Wadia
- ④ Pambua
- ⑤ Tamluk
- ⑥ Chardakona
- ⑦ Ahatal
- ⑧ Jangram
- ⑨ Uharagpur
- ⑩ Uthar
- ⑪ Uthopai
- ⑫ Ranjibpur

Baulua
 Prichampur
 Kalva
 Uncheyar
 S'uni
 Wochibar
 Pauria
 Jangipur
 Bantampur
 Balpur
 Nedinpur

HAU (1-6)

Requirement of Medicine for the Year 2012-2013
(C.M.S. approved suppliers only can participate)

Sl. No.	Name of Medicine Consumables etc.	Unit	Requirement	Rate Quoted Rs.
1.	Absorbent Gauze 1cm z 10cm	Per Pkt	7000 Pkts	
2.	Adhesive Pluster 5cm *10cm Each	Per Reel	3000 Rills	
3.	Antiseptic Lotion(Povidone Iodine solution)100ml	Per bott	6000 Bottles	
4.	Bromhexine 8mg(Strip)	Per 100 Tab	1,50,000 Tabs	
5.	Benzyl Benzoate 500MI Bot 25%	Per bott	1500 Bottles	
6.	Cotton 100gm	Per Pkt	4000 Pkts	
7.	Chloropheneramine Melate 4mg(Strip)	Per 100 Tab	1,80,000 Tabs	
8.	Ferrous Sulphate 60mg(Strip)	Per100 Tab	3,05,000 Tabs	
9.	Folic Acid 5 mg (Strip)	Per 100 Tabs	3,05,000 Tabs	
10.	Fura zolidone 100mg(Strip)	Per 100 Tabs	4,00,000 Tabs	
11.	Mebendazole 100 mg (S.F)	Per 6 Tabs	1,40,000 Tabs	
12.	Mercuro crome 20gm	Per Phil	500 Phils	
13.	Nitrofurazone Cream (Pilcocin cream 9gm)	Per Tube	1,50,000 Tubes	
14.	Paracetamol Kid(Strip)	Per 100 Tab	90,000 Tabs	
15.	Phenyle(5ltr. Jar)	Per Jar	100 Jar	

31/7/2012

- 1) Sonamukhi
- 2) Daihat
- 3) Cunkhara
- 4) Jamnia
- 5) Uatwa
- 6) Memari
- 7) Raigarh
- 8) Dubrajpur
- 9) Nalkati
- 10) Rampulati
- 11) Lalithia
- 12) Minagar
- 13) Chaldah
- 14) Coopu
- 15) Naldarip
- 16) Santalpur
- 17) Rajahat
- 18) Taherpur

- 1) Santalpur
- 2) Rajahat
- 3) Taherpur

3.8.12

Remay ULRs

- 1) crock behar - 5 ULRs
 - 2) D. Dinajpur - gangarajpur
 - 3) Darjeel - 3 ULRs
 - 4) Jalpaiguri - 2 ULRs
 - 5) Malda - 1
 - 6) Memshidabad - 6 ULRs
 - 7) Nona 2 ULRs - 7 ULRs
 - 8) Purnia - 2 ULRs
 - 9) Diamond Harbour / Joynagar
 - 10) U.D - 3 ULRs
- 31 ULRs

10.8.12

IPP VIU (Ext) 17.8.12

- ✓ Baidyan
- ✓ Asanul
- ✓ D.A.P.
- ✓ Balurghat.
- ✓ Darjeel
- ✓ Siliguri
- ✓ Alipuduar
- ✓ Jalpaiguri
- ✓ E/B.
- ✓ ~~Balpur~~
- ✓ Raigarh.

Sharda

Review Meeting
implementation of Urban Health Programmes as well as HMIS
at SUDA Conference Hall on 29.06.2012 at 1.00 p.m.

Sl. No.	Name	Designation	Signature
1.	Thumen Ganguly	RISHRA S.T.S-IPP-VIII-U-II	Ganguly
2.	Bisakla Gargari	S.T.S-IPP-VIII-U-I RISHRA.	B. Gargari.
3.	Manju Bag.	RISHRA clerk. E-S-O-P-D	Bag.
4.	Lokesh Moulick	Superior of the E-S-O-P-D Male RISHRA	Moulick
5.	Dr. Samrat Dasgupta	Adv. Ujjain K. Dasgupta Municipality	
6.	Dr. D. K. Chosh	H. O Konnagar Municipality	
7.	Dr. P.S. Bhattacharya	H.O Baidyabati	
8.	Tanul Roychowdhury	clerk Baidyabati	Tanul Roychowdhury.
9.	Gouranga Chakraborty	S.T.S	G. Chakraborty
10.	Mala Biswas	F.T.S	M. Biswas

Sl. No.	Name	Designation	Signature
11.	Dr. Debanjan Chakraborty	Health Officer Tarakeswar Municipality	Debanjan Chakraborty 29/6/12
12.	Mahan Kishore Chattopadhyay	Sanitary Inspector. Tarakeswar Municipality	Mahan Kishore 29/6/12
13.	Swapan Roy Chowdhury	Computer Asst. Tarakeswar Municipality	Swapan Roy Chowdhury 29/06/2012
14.	Jay Banerjee	Accounts Asst. Tarakeswar Municipality	Jay Banerjee 29.06.2012
15.	Dipankar Chatterjee	S. I Arambagh Municipality	Dipankar Chatterjee 29.06.12
16.	Amit Kumar Karmanas	Accounts Assistant. Arambagh Municipality	Amit Kumar 29/6/12
17.	Arpita Roy (Basu)	computer Assistent. Arambagh Municipality	A. Roy 29/6/12
18.	Manju Pandey	1st-Supervisor. Uttarpara Municipality. FTS	M. Pandey 29.6.12
19.	Archana Chakraborty	S. T. S. Uttarpara	A. Chakraborty 29.6.12
20.	Bharati Sengupta	F. T. S Bhadreswar	Bharati Sengupta 29.6.12
21	Rahna Mitra	F. T. S Bhadreswar Municipality	Rahna Mitra 29.6.12

Sl. No.	Name	Designation	Signature
22.	Dr (m) Suchita Nandy Ghosh	Health Officer Bhadreswar	Suchita 9433113910
23.	Suwendu Kumar Nandy	Chandernagore Municipal Corp., S.K.	Suwendu
24.	DR. SANDIP GHOSH	HEALTH OFFICER CHANDERNAGORE MUNICIPAL CORP.	Sandip Ghosh 29/06/12 9830582590
25.	Bijoy Kumar Kundu	Clerk - cum S.K.	B. Kundu 29/06/12
26.	Biswajit Banerjee	U.H.I.O	B. Banerjee 29.06.12
27.	Kakali Bose	Clerk - cum - S.K	K Bose 29.6.12
28.	Prakash Ch. Saha	Accountant	P. Saha 29.06.12
29.	DR. DILIP DEY.	A+10, Chandernagore Med. Coll.	D. Dey
30.	Pandip Bhowmik	S.I Chandernagore M.C.	P. Bhowmik
31.	Alfona Das.	S. T. S.	A. Das.
32.	Madhusree Roychoudhury	F. T. S (H.C.M)	M. Roychoudhury

Sl. No.	Name	Designation	Signature
33.	Sulekha Guha	F. T. S C. U. D. P H. e. M	Syha
34.	Kajal Ghosh.	F. T. S. D. P. P. VIII H. e. M	K. Ghosh.
35.	Paramita Banerjee	F. T. S D. P. P. VIII H. e. M	P. Banerjee
36.	Ruma Sanyal	F. T. S D. P. P. VIII H. e. M	R. Sanyal
37.	Bhavadati Das	F. T. S D. P. P. VIII H. e. M	B. Das
38.	Dr Chandu Charan Handu	Asst Health- Officer H. e. M.	(Signature)
39.	Rupali Anba Ray	C. U. D. P III F. T. S ser. Municipality	R. G. Ray
40.	Sumita Sanyal Samadda	I. P. P. - VIII Berhampore Municipality	(Signature)
41.			
42.			
43.			

P-4

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No.

SUDA-Health/553/12/ 57(12)

Date

18.06.2012

From : Director, SUDA

To : The Mayor, Chandernagar Mpl. Corporation.

**: The Chairman/ Chairperson
Arambagh/ Baidyabati/ Bansberia/Bhadreswar
Champany// Hooghly-Chinsurah
Konnagar/ Rishra/ Serampore /Tarakeswar /
Uttarpara Kotrung Municipality**

Sub. : Review meeting at SUDA Conference Hall on 29.06.2012 at 1-00 pm .

Sir/ Madam,

A Review meeting is scheduled at SUDA Conference Hall on 29.06.2012 at 1-00 pm to discuss progress relating to implementation of Urban Health Programmes as well as HMIS.

You are requested to instruct Health Officer / Asst. Health Officer and the person concerned who is dealing with compilation of HMIS(total participants not exceeding three nos.) to attend the said meeting.

Thanking you.

Yours faithfully,


Director, SUDA

SUDA-Health/553/12/ 57(12)/1(12)

18.06.2012

HO/AHO Municipality / Municipal Corporation


Director, SUDA