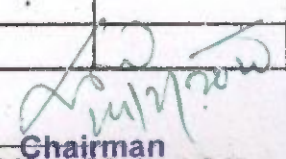


Sl. No.	Services	Performance in the reporting month			Cumulative performance since April 2019		
		M	F	T	M	F	T
8.	Vaccine preventable diseases for under - 5 years children						
	(a) Diphtheria	M	F	T	M	F	T
	(i) Cases						
	(ii) Deaths						
	(b) Poliomyelitis						
	(i) Cases						
	(ii) Deaths						
	(c) Neo Natal Tetanus						
	(i) Cases						
	(ii) Deaths						
	(d) Tetanus other than Neo Natal						
	(i) Cases						
	(ii) Deaths						
	(e) Whooping Cough						
	(i) Cases						
	(ii) Deaths						
	(f) Measles						
	(i) Cases						
(ii) Deaths							
8.1	Other specified communicable diseases						
	(a) Malaria						
	(i) Cases						
	(ii) Deaths						
	(b) Tuberculosis						
	(i) Cases						
	(ii) Deaths						
	(c) Leprosy						
	(i) Cases						
(ii) Deaths							
9.	ARI under 5 years						
	(a) Cases				6	8	14
	(b) Treated with Co-trimoxazole				6	8	14
	(c) Deaths						
10.	Acute Diarrhoeal Diseases under 5 years						
	(a) Cases				8	7	15
	(b) Treated with ORS				8	7	15
	(c) Deaths						
11.	Child Deaths						
	(a) Under 1 week						
	(b) 1 week to under 1 month						
	(c) 1 month to under 1 year				-	1	1
	(d) 1 year to under 5 years						

Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31st March preceding year and thereafter at end of each reporting month of current year)	Performance in the reporting month		Cumulative performance Since April 19 including carried over performance
			No. of New Acceptors	Nos. Discontinued or taken off for crossing Eligible age	
		(a)	(b)	(c)	(a + b - c)
12.	<b>Contraceptive Services</b>				
12.1	Male Sterilisation				
	(a) Conventional	7			7
	(b) No scalpel	4			4
12.2	Female Sterilisation				
	(a) Abdominal	309	3	-	312
	(b) Laparoscopic				
12.3	Total IUD insertions				
12.3.1	Cases followed up				
12.3.2	Complications				
12.4	No. of CC users				
	(a) No. of OP users	323	-	1	322
	(b) No. of condom users	77			77
12.5	Total Nos protected by all methods (12.1 + 12.2 + 12.3 + 12.4)	720	3	1	722
12.6	No. of Eligible Couples accepted Sterilization		Performance in the reporting month		Cumulative performance since April 2019
12.6.1	Having upto 2 living children	191	3	-	194
12.6.2	Having 3 or more children	131	-	-	131
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13.	<b>Abortions</b>				
	(a) Spontaneous				
	(b) No. of MTPs done				
	(c) Deaths				
14.	<b>Deaths</b>				
	(a) Maternal Deaths (as in Sl. No. 5)				
	(b) Child Deaths (as in Sl. No. 11)			-	1
	(c) Other Death (except Sl. No. 5 & 11)			3	20
14.1	Total Death = Sl. No. 14 (a+b+c)			3	21
15.	<b>IEC Activities</b>	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion				
	2. Deployment of Folk Media				
	3. Others (Specify)				

Date :

  
 Chairman  
 Mathabhanga Municipal Office  
 Mathabhanga, Coochbehar

\* Pentavalent vaccine

1st M-5, F-0 = M-15, F-14.  
2nd M-1, F-1 = M-12, F-12.  
3rd M-1, F-0 = M-10, F-16,

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9. P. V

1st - M-1, F-0 = M-2, F-1.  
3rd - M-0, F-0 = M-1, F-1.

**MONTHLY REPORT**  
**FOR UPHCS / HHW SCHEME / CBPHCS**

Form - C

Report for the month of NOVEMBER Year 2019

Mathabhanga Municipality

No. of reporting SCs 1, 2, 3

**POSITION AS ON 1<sup>ST</sup> APRIL, 2019**

- 1) No. of Beneficiary Families 1719      2) No. of Beneficiary Population 7282  
 3) No. of Eligible Couples 1206      4) No. of Infants (under 1 year) 51  
 5) No. of Children (1 to <5 years) 271

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April <u>2019</u>
<b>1.</b>	<b>Ante Natal Care</b>		
1.1	Ante Natal Cases Registered		
	(a) New - (i) Before 12 weeks	1	12
	(ii) After 12 weeks	02	34
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups	05	33
1.3	Total No. of high risk pregnant women		
	(a) Attended	-	-
	(b) Referred	-	-
1.4	No. of TT doses		
	(a) TT 1	04	43
	(b) TT 2	03	42
	(c) Booster	-	03
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia	05	48
<b>2.</b>	<b>Natal Care</b>		
2.1	Total No. of deliveries conducted		
	(a) Normal	03	19
	(b) Forceps	-	-
	(c) Caesar	03	23
2.2	Place of delivery		
	(a) Home	-	02
	(b) Institution	06	40
2.3	Age of mother at the time of delivery		
	(a) Less than 20 years	-	-
	(b) 20 years and above	06	42
2.4	No. of complicated Delivery cases referred to Govt./ Non Govt. Hospital / Nursing Home / Maternity Homes	03	23

Sl. No.	Services	Performance in the reporting month		Cumulative performance since April 2019	
		M	F	M	F
3.	Pregnancy Outcome				
3.1	No. of Births				
	(a) Live Births	03	03	24	17
	(b) Still Births	-	-	-	01
3.2	Order of Birth in 3.1 (a) (live births)				
	(a) 1 <sup>st</sup>	01	-	08	09
	(b) 2 <sup>nd</sup>	02	02	14	05
	(c) 3+	-	01	02	03
3.3	New born status of birth in 3.1 (a) (live births)				
	(a) Less than 2.5 Kg.	-	-	-	-
	(b) 2.5 Kg. or more	03	03	24	17
	(c) Weight not recorded				
3.4	High risk new born				
	(a) No. Attended				
	(b) No. Referred				
4.	Post Natal Care				
4.1	No. of women received 3 post natal check-ups		02		32
4.2	No. of Complicated cases referred				
5.	Maternal Deaths				
5.1	During Pregnancy				
5.2	During Delivery				
5.3	Within 6 weeks of delivery				
6.	RTI / STI	M	F	M	F
6.1	Cases detected				
6.2	Cases treated				



Sl. No.	Services	Performance in the reporting month			Cumulative performance since April 2019		
		M	F	T	M	F	T
8.	Vaccine preventable diseases for under - 5 years children						
	(a) Diphtheria	M	F	T	M	F	T
	(i) Cases						
	(ii) Deaths						
	(b) Poliomyelitis						
	(i) Cases						
	(ii) Deaths						
	(c) Neo Natal Tetanus						
	(i) Cases						
	(ii) Deaths						
	(d) Tetanus other than Neo Natal						
	(i) Cases						
	(ii) Deaths						
	(e) Whooping Cough						
	(i) Cases						
	(ii) Deaths						
	(f) Measles						
(i) Cases							
(ii) Deaths							
8.1	Other specified communicable diseases						
	(a) Malaria						
	(i) Cases						
	(ii) Deaths						
	(b) Tuberculosis						
	(i) Cases						
	(ii) Deaths						
	(c) Leprosy						
	(i) Cases						
(ii) Deaths							
9.	ARI under 5 years						
	(a) Cases						14
	(b) Treated with Co-trimoxazole						14
	(c) Deaths						
10.	Acute Diarrhoeal Diseases under 5 years						
	(a) Cases					07	15
	(b) Treated with ORS					07	15
	(c) Deaths						
11.	Child Deaths						
	(a) Under 1 week						
	(b) 1 week to under 1 month						
	(c) 1 month to under 1 year				-	01	01
	(d) 1 year to under 5 years						

Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31st March preceding year and thereafter at end of each reporting month of current year)	Performance in the reporting month		Cumulative performance Since April 2019 including carried over performance
			No. of New Acceptors	Nos. Discontinued or taken off for crossing Eligible age	
		(a)	(b)	(c)	(a + b - c)
12.	Contraceptive Services				
12.1	Male Sterilisation				
	(a) Conventional	07			7
	(b) No scalpel	04			4
12.2	Female Sterilisation				
	(a) Abdominal	312			312
	(b) Laparoscopic				
12.3	Total IUD insertions				
12.3.1	Cases followed up				
12.3.2	Complications				
12.4	No. of CC users				
	(a) No. of OP users	322			322
	(b) No. of condom users	77			77
12.5	Total Nos protected by all methods (12.1 + 12.2 + 12.3 + 12.4)	722			722
12.6	No. of Eligible Couples accepted Sterilization			Performance in the reporting month	Cumulative performance since April 2019
12.6.1	Having upto 2 living children	194			194
12.6.2	Having 3 or more children	131			131
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13.	Abortions				
	(a) Spontaneous				
	(b) No. of MTPs done				
	(c) Deaths				
14.	Deaths				
	(a) Maternal Deaths (as in Sl. No. 5)				
	(b) Child Deaths (as in Sl. No. 11)			-	01
	(c) Other Death (except Sl. No. 5 & 11)			02	22
14.1	Total Death = Sl. No. 14 (a+b+c)			02	23
15.	IEC Activities	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion				
	2. Deployment of Folk Media				
	3. Others (Specify)				

Date :

 Signature of Health Officer / Medical Officer  
 Mathabhanga Municipality  
 Mathabhanga, Coochbehar



\* Pentavalent

- 1st  $M-1, F-2 = M-16, F-16.$   
2nd  $M-2, F-2 = M-14, F-14.$   
3rd  $M-3, F-2 = M-13, F-18.$
- 

9. P.V

- 1st  $-M-1, F-0 = M-3, F-1.$   
3rd  $-M-0, F-0 = M-1, F-1.$
-

BIDHANNAGAR MUNICIPAL CORPORATION  
POURA BHAWAN, FD-415A, SEC - III  
KOLKATA - 700106

Memo No 623/MS/BMC

Date: 27/2/20



PHO(SB)  
SAP

To  
The Director Project Officer  
State Urban Development Agency  
Ilgus Building  
Block - HC  
Bidhannagar, Kolkata - 700106.

Sub : Monthly Reports of HAU, E.S.O.P.D, Maternity Centre and  
Pathological Laboratory (From - D, E, F, G) for the month of January - 2020

Sir,

Kindly acknowledge the monthly reports HAU, ESOPD, Maternity Centre and  
Pathological Laboratory for the month of January - 2020

This is for your information and necessary action.

Enclosed : As Stated.

(From : D, E, F, G)

Yours faithfully

(Assistant Health Officer)

K. Mandal  
P.T.M.O.

**MONTHLY REPORT**  
**FOR UPHCS / HHW SCHEME / CBPHCS**

Report for the month of January Year 2020  
Bidhan Nagar Municipality Corporation  
No. of reporting SCs 7 (Seven)

**POSITION AS ON 1<sup>ST</sup> APRIL, \_\_\_\_\_**

- 1) No. of Beneficiary Families 6459      2) No. of Beneficiary Population 27040  
3) No. of Eligible Couples 5201      4) No. of Infants (under 1 year) 280  
5) No. of Children (1 to <5 years) 1432

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April _____
<b>1.</b>	<b>Ante Natal Care</b>		
1.1	Ante Natal Cases Registered		
	(a) New - (i) Before 12 weeks	2	23
	(ii) After 12 weeks	11	160
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups	14	112
1.3	Total No. of high risk pregnant women		
	(a) Attended	0	0
	(b) Referred	0	0
1.4	No. of TT doses		
	(a) TT 1	16	166
	(b) TT 2	16	157
	(c) Booster	0	0
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia	16	181
<b>2.</b>	<b>Natal Care</b>		
2.1	Total No. of deliveries conducted		
	(a) Normal	16	95
	(b) Forceps	0	0
	(c) Caesar	2	60
2.2	Place of delivery		
	(a) Home	0	1
	(b) Institution	18	154
2.3	Age of mother at the time of delivery		
	(a) Less than 20 years	2	25
	(b) 20 years and above	16	130
2.4	No. of complicated Delivery cases referred to Govt./ Non Govt. Hospital / Nursing Home / Maternity Homes	0	0

Sl. No.	Services	Performance in the reporting month		Cumulative performance since April _____	
		M	F	M	F
<b>3.</b>	<b>Pregnancy Outcome</b>				
3.1	No. of Births				
	(a) Live Births	8	10	89	66
	(b) Still Births	0	0	1	1
3.2	Order of Birth in 3.1 (a) (live births)				
	(a) 1 <sup>st</sup>	4	4	53	43
	(b) 2 <sup>nd</sup>	4	6	34	21
	(c) 3+	0	0	3	3
3.3	New born status of birth in 3.1 (a) (live births)				
	(a) Less than 2.5 Kg.	2	3	14	12
	(b) 2.5 Kg. or more	6	7	76	55
	(c) Weight not recorded	0	0	0	0
3.4	High risk new born				
	(a) No. Attended	0	0	0	0
	(b) No. Referred	0	0	0	0
<b>4.</b>	<b>Post Natal Care</b>				
4.1	No. of women received 3 post natal check-ups	11		26	
4.2	No. of Complicated cases referred	0		0	
<b>5.</b>	<b>Maternal Deaths</b>				
5.1	During Pregnancy	0		0	
5.2	During Delivery	0		0	
5.3	Within 6 weeks of delivery	0		0	
<b>6.</b>	<b>RTI / STI</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>
6.1	Cases detected	0	0	0	0
6.2	Cases treated	0	0	0	0

7. Immunization & Prophylaxis :			Performance in the reporting month				Cumulative performance since April _____				
No. of Sessions planned			6								
No. of Sessions held			6								
		During the month				Cumulative since April					
		Under - 1 year		Above - 1 year		Under - 1 year			Above - 1 year		
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total
BCG		10	11			75	128	203			
DPT	DPT-1	15	5			66	93	159			
	DPT-2	13	3			69	90	59			
	DPT-3	12	8			71	111	182			
OPV	OPV-0	10	11			75	129	204			
	OPV-1	15	5			66	43	109			
	OPV-2	13	3			70	87	157			
	OPV-3	10	11			74	110	184			
Hepatitis - B	Hep-0	6	9			57	60	117			
	Hep-1										
	Hep-2										
	Hep-3										
Measles	Dose-1	5	1			87	70	157			
Fully immunized Children under 1 year	Having BCG+3 doses of OPV & DPT + Measles	5	1			87	70	157			
JE	Dose-1	5	1			87	70	157			
VITAMIN-A	Dose-1	5	1			81	60	141			
Children aged 16-24 months	DPT Booster			7	2				76	61	137
	OPV Booster			6	2				77	61	138
	Measles-2			6	2				76	60	126
	JE-2			6	2				83	58	141
VITAMIN-A	Dose-2			0	0				53	53	166
	Dose-3			0	0				53	28	81
	Dose-4			0	0				27	18	45
	Dose-5			0	0				26	20	46
	Dose-6			0	0				24	9	33
	Dose-7			0	0				18	10	28
	Dose-8			0	0				13	13	26
	Dose-9			0	0				23	23	46
Children more than 5yrs	DPT			14	2				58	57	115
Children more than 10yrs	TT			7	3				55	33	85
Children more than 16yrs	TT			1	2				11	18	29
No. of Children received IFA		0	0						0	0	0
UNTOWARD REACTION											
1. Reported deaths associated with immunization		0	0						0	0	0
2. Number of abscesses		0	0						0	0	0
3. Other Complications		0	0						0	0	0
9 PV -		37	30	67					179	82	261
Rotz -		46	49	95					133	129	262

Sl. No.	Services	Performance in the reporting month			Cumulative performance since April _____		
8.	<b>Vaccine preventable diseases for under - 5 years children</b>						
	(a) Diphtheria	M	F	T	M	F	T
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(b) Poliomyelitis						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(c) Neo Natal Tetanus						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(d) Tetanus other than Neo Natal						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(e) Whooping Cough						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(f) Measles						
	(i) Cases	0	0	0	0	0	0
(ii) Deaths	0	0	0	0	0	0	
8.1	<b>Other specified communicable diseases</b>						
	(a) Malaria						
	(i) Cases	0	0	0	2	2	4
	(ii) Deaths	0	0	0	0	0	0
	(b) Tuberculosis						
	(i) Cases	0	0	0	10	2	12
	(ii) Deaths	0	0	0	0	0	0
	(c) Leprosy						
(i) Cases	0	0	0	0	0	0	
(ii) Deaths	0	0	0	0	0	0	
9.	<b>ARI under 5 years</b>						
	(a) Cases	2	1	3	22	22	44
	(b) Treated with Co-trimoxazole	2	1	3	22	22	44
	(c) Deaths	0	0	0	0	0	0
10.	<b>Acute Diarrhoeal Diseases under 5 years</b>						
	(a) Cases	2	3	5	45	42	87
	(b) Treated with ORS	2	3	5	45	42	87
	(c) Deaths	0	0	0	0	0	0
11.	<b>Child Deaths</b>						
	(a) Under 1 week	0	0	0	0	0	0
	(b) 1 week to under 1 month	0	0	0	0	0	0
	(c) 1 month to under 1 year	0	0	0	0	0	0
	(d) 1 year to under 5 years	0	0	0	0	0	0

Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31st March preceding year and thereafter at end of each reporting month of current year)	Performance in the reporting month		Cumulative performance Since April including carried over performance
			No. of New Acceptors	Nos. Discontinued or taken off for crossing Eligible age	
		(a)	(b)	(c)	(a + b - c)
12.	<b>Contraceptive Services</b>				
12.1	Male Sterilisation				
	(a) Conventional	0	0	0	0
	(b) No scalpel	0	0	0	0
12.2	Female Sterilisation				
	(a) Abdominal	672	0	0	672
	(b) Laparoscopic	1577	0	0	1577
12.3	Total IUD insertions	5	0	0	5
12.3.1	Cases followed up	0			0
12.3.2	Complications	0			0
12.4	No. of CC users				
	(a) No. of OP users	1895	2	0	1897
	(b) No. of condom users	264	0	0	0
12.5	Total Nos protected by all methods (12.1 + 12.2 + 12.3 + 12.4)	4480	2	0	4482
12.6	No. of Eligible Couples accepted Sterilization		Performance in the reporting month		Cumulative performance since April
12.6.1	Having upto 2 living children	1624	0	0	1624
12.6.2	Having 3 or more children	625	0	0	625
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13.	<b>Abortions</b>				
	(a) Spontaneous		0		0
	(b) No. of MTPs done		0		0
	(c) Deaths		0		0
14.	<b>Deaths</b>				
	(a) Maternal Deaths (as in Sl. No. 5)		0		0
	(b) Child Deaths (as in Sl. No. 11)		0		0
	(c) Other Death (except Sl. No. 5 & 11)		8		
14.1	Total Death = Sl. No. 14 (a+b+c)		8+77 =		85
15.	<b>IEC Activities</b>	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion	0	0	0	0
	2. Deployment of Folk Media	0	0	0	0
	3. Others (Specify)	0	0	0	0

Date :

K. Mandel  
P.T.M.O

Signature of Health Officer/Medical Officer

(To be submitted to UHIP Headquarters)

## UHIP-KMDA

## Monthly report of the Maternity Home

B.N. Municipality Corporation  
 Month January Year 2020

## 1.0 General

1.1. No. of sanctioned Beds	1.2. No. of existing Beds
1.3. Staff in position :	

## 2.0 Performance

Sl. No.	Item	Performance during the reporting month			Cumulative since April	
		B	NB	Total	B	NB
(1)	(2)	(3)	(4)	(5)	(6)	(7)
2.1.	(a) Admissions of Maternity Cases	0	0	0	0	0
	(b) Admissions of Gynae Cases	0	0	0	0	0
	(c) MTP Cases (if admitted)	0	0	0	0	0
	(d) Total Admissions	0	0	0	0	0
2.2.	No. of admissions—parawise maternity cases	0	0	0	0	0
	(a) 1st para	0	0	0	0	0
	(b) 2nd para	0	0	0	0	0
	(c) 3rd para & above	0	0	0	0	0
2.3.	No. of MTP performed	0	0	0	0	0
	(a) before 12 weeks of gestation					
	(b) at after 12 weeks of gestation					
	(c) causewise No. of MTP cases	0	0	0	0	0
	(i) Medical cause	0	0	0	0	0
	(ii) Eugenic cause	0	0	0	0	0
	(iii) Humanitarian cause	0	0	0	0	0
	(iv) Socio economic cause	0	0	0	0	0
	(v) Failure of contraceptive methods	0	0	0	0	0
2.4.	No. of Female sterilization done	0	0	0	0	0
	(a) Puerperal ligation	0	0	0	0	0
	(b) Post Puerperal ligation -- Abdominal (Conventional)	0	0	0	0	0
	(c) Post Puerperal ligation - Laparoscopic	0	0	0	0	0
	(d) MTP with ligation	0	0	0	0	0
2.5.	(a) Total No. of discharges	0	0	0	0	0
	(b) Total No. of deaths	0	0	0	0	0
2.6.	(a) No. of normal deliveries	0	0	0	0	0
	(b) No. of assisted deliveries**	0	0	0	0	0
	(c) No. of Caesarean sections - 1st Gravida	0	0	0	0	0
	- 2nd Gravida					
	- 3rd Gravida & above					
2.7.	(a) Total No. of live births	0	0	0	0	0
	(b) Total No. of still births	0	0	0	0	0

\*\* Assisted deliveries (i) Abnormal presentation (Breech, face etc.), (ii) Twins, (iii) Outlet Forceps / Ventouse, (iv) Retained placenta, (v) Repair of cervical tear, (vi) Vaginal lacerations

Contd.



Sl. No.	Item	Performance during the reporting month			Cumulative since April-2015	
		B	NB	Total	B	NB
(1)	(2)	(3)	(4)	(5)	(6)	(7)
2.8.	(a) No. of Maternal Deaths	0	0	0	0	0
	(b) Causewise of Maternal Deaths (i)	<del>XXXXXXXXXX</del>				
	(ii)					
2.9.	No. of Maternity cases required blood transfusion	0	0	0	0	0
2.10.	No. of cases referred out— (i) Obstetric cases	0	0	0	0	0
	(ii) Neo natal cases	0	0	0	0	0
2.11.	No. of new borns required resuscitation	0	0	0	0	0
2.12.	No. of new borns with Birth Weight (a) below 2 kg gm	0	0	0	0	0
	(b) above 2 kg but <2.5 kg	0	0	0	0	0
	(c) above 2.5 kg	0	0	0	0	0
2.13.	(a) No. of Neo natal deaths	0	0	0	0	0
	(b) Causewise neo natal deaths (i)	<del>XXXXXXXXXX</del>				
	(ii)					
	(iii)					
2.14.	(a) No. of Neo natal BCG administered	0	0	0	0	0
	(b) No. of 'O' dose of OPV administered	0	0	0	0	0

3.0 Bed utilization & efficiency

Sl. No.	Item	During the reporting month	Cumulative since April-
3.1.	(a) Total patient days during the month	0	0
	(b) Average length of stay	0	0
	(c) Bed occupancy (In percentage)	0	0
3.2.	(a) No. of Hospital Acquired Infection	0	0
	(b) Hospital waste management system functioning or not	Yes / No	0

B = Beneficiaries  
NB = Non-Beneficiaries

Signature of Health Officer

Date :

*K. Mandel*  
*P.T. M.O*  
*Under NUIHM*

Signature of the Superintendent / Administrator / M.O. In-Charge

Date :

**URBAN HEALTH IMPROVEMENT PROGRAMME - KMDA**

Monthly performance report of RDC and Lab. Setup attached to ESOPD & Maternity Home

Number of Staff in position : (a) Specialists 01 (b) Technicians 01 (c) Ancillary Staff 2  
 A. Performance : Month January Year 2019 Municipality Bidhan Nagar

To be submitted to UHIP Headquarters

Sl. No.	Type of Investigation / Lab. Exam. Done	No. of tests performed during the month (1)				No. of tests performed during the month (2)				Total (1+2)		Cumulative since April 2019 (1+2)					
		RDC		Total (B+NB)	Lab. Attached to ESOPD (a)		Lab. Attached to Mac. Home (b)		Total 2 [a+b] (B+NB)	Cumulative Since April 2019 2 [a+b]		B	NB	B	NB		
		B	NB		B	NB	B	NB		B	NB						
1.	a) Pathology	00	03	03	03	18	00	03	00	03	18	00	06	06	36		
	b) Haematology	05	22	27	22	05	22	00	00	27	27	544	10	44	144	1088	
	c) Bio-chemistry	13	37	50	37	00	00	00	00	50	169	551	26	74	338	1102	
2	USG																
3.	X-ray																
4.	ECG																
*5	i) VDRL	00	00	00	00	02	00	00	00	00	02	00	00	00	04		
	ii) HbO	00	02	02	02	14	00	00	00	02	02	14	00	04	28		
	iii) RF	00	02	02	02	14	00	00	00	02	02	14	00	04	28		
6.	Others (Specify) Papanicolaou test	00	00	00	00	02	00	00	00	00	02	00	00	00	04		
	Total Investigations	18	66	84	248	1145	18	66	00	00	84	248	1145	36	132	496	2290

B. Quality assurance system present  Yes  No

C. Bio Medical Waste Management System is in operation  Yes  No

\* Sl. No. 5 is meant for different types of Serological tests in Upgraded RDC (Specify the tests).

Signature of the Health Officer DR. B. RAY Date: \_\_\_\_\_  
 Signature of In-charge of RDC/Administrator \_\_\_\_\_ Date: \_\_\_\_\_

M.B.B.S., D.T.M. & H. Pathologist & Bacteriologist Bidhannagar Matrisadan Bidhannagar Municipal Corporation (Monthly performance report doc)

**OFFICE OF THE  
BOARD OF COUNCILORS, CHANDRAKONA MUNICIPALITY**

P.O.: Chandrakona ★ Dist. : Paschim Medinipur

Ref. No. 1442/CH.M/H.W./2019-20.

Date: 21.01.2020.

To

The Director, SUDA (Health Wing)  
ILGUS Bhavan, HC Block  
Sector – III, Bidhannagar  
Kolkata - 700091  
West Bengal



PHO (SD)  
ADP

***SUB: - SUBMISSION OF MONTHLY MUNICIPAL REPORT FOR CBPHCS.***

Sir,

I am sending herewith the Monthly Municipal Report in Form - C for “**Community Based Primary Health Care Services**” for the month of **December – 2019**.

This is sent to you for your kind information and taking necessary action.

Thanking You

Enclo.as Stated.

Copy forwarded to:

1. CMOH, Medinipur
2. ACMOH, Ghatal

Yours faithfully

W.P. 20/01/2020  
- Chairman,  
Chandrakona Municipality

Yours faithfully

Sd/-  
- Chairman,  
Chandrakona Municipality

# COMMUNITY BASED PRIMARY HEALTH CARE SERVICES

Chandrakona Municipality (Health Wing)

Chandrakona ★ Paschim Medinipur

Ref. No.....

Date:

To

The Director, SUDA (Health Wing)  
ILGUS Bhavan, HC Block  
Sector – III, Bidhannagar  
Kolkata - 700091  
West Bengal

**SUB: ADDITIONAL IPV & ROTAVIRUS REPORT FOR THE MONTH OF  
DECEMBER 2019**

Dir,

Madam

With due respect the following IPV & Rotavirus report for December 2019  
stating as bellow.

IPV	FOR THE MONTH			CUMULATIVE		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
IPV 1ST DOSE	5	3	8	101	102	203
IPV 3RD DOSE	3	3	6	135	92	227

ROTAVIRUS	FOR THE MONTH			CUMULATIVE		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
ROTA VIRUS 1ST DOSE	3	2	5	25	17	42
ROTA VIRUS 2ND DOSE	7	2	9	14	7	21
ROTA VIRUS 3RD DOSE	3	3	6	12	8	20

This is send to you for your kind information and taking necessary action.

Thanking you

Name of Municipality :

CHANDRAKONA MUNICIPALITY

Report Submitted upto the Month of :

1 ST APRIL

Year :

2019

Position as on 1st April

1) Total Population

23629

2) No. of Beneficiary Families :

2050

3) No. of Beneficiary Population :

11907

4) No. of Eligible Couples :

2364

5) No. of Infants (under 1 Year) :

181

6) No. of Children (1 to <5 Years) :

789

Details of ULB as on Reporting Date

A. Total no. of Word :

12

B. Total no. of Sub-Center :

3

C. Total no. of FTS :

3

D. Total no. of HHW :

12

E. Name of Health Officer :

SUKHANDU BIKAS MAITI

F. Mobile no. of Health Officer :

9800105585

G. Name of Computer Assistant :

AVIJIT CHOWDHURY

H. Mobile no. of Computer Assistant :

9933027580

Any other relevant information :

e-mail: chmunicipality\_health@yahoo.in

Sl. No.	Services	December	
		Male	Female
1	<b>Ante Natal Care</b>		
1.1	<b>Ante Natal cases Registered</b>		
	(a) New - (i) Before 12 weeks	9	
	- (ii) After 12 weeks	2	
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups	7	
1.3	<b>Total No. of high risk pregnant women</b>		
	a) Attended		
	b) Referred		
1.4	<b>No. of TT doses</b>		
	a) TT1	11	
	b) TT2	14	
	c) Booster	0	
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia	11	
2	<b>Natal Care</b>		
2.1	<b>Total No. of deliveries conducted</b>		
	a) Normal	6	
	b) Forceps	0	
	c) Caesar	2	
2.2	<b>Place of delivery</b>		
	a) Home	0	
	b) Institution	8	
2.3	<b>Age of mother at the time of delivery</b>		
	a) Less than 20 years	0	
	b) 20 years and above	8	
2.4	No. of complicated Delivery cases referred to Govt./Non Govt. Hospital / Nursing Home / Maternity Homes	2	
3	<b>Pregnancy Outcome</b>	Male	Female
3.1	<b>No. of Births</b>		
	a) Live births	5	3
	b) Still births	0	0
3.2	<b>Order of birth in 3.1 (a) (Live Births)</b>		
	a) 1 <sup>st</sup>	3	1
	b) 2 <sup>nd</sup>	1	1
	c) 3+	1	1
3.3	<b>New born status of birth in 3.1 (a) (Live Births)</b>		
	a) Less than 2.5 Kg.	0	0
	b) 2.5 Kg. or more	5	3
	c) Weight not recorded	0	0
3.4	<b>High risk new born</b>		
	a) No. Attended		
	b) No. Referred		
4	<b>Post Natal Care</b>		
4.1	No. of women received 3 post natal check-ups	8	
4.2	No. of Complicated cases referred		
5	<b>Maternal Deaths</b>		
5.1	During Pregnancy		
5.2	During Delivery		
5.3	Within 6 weeks of delivery		
6	<b>RTI / STI</b>	Male	Female
6.1	Cases detected		
6.2	Cases treated		

Sl. No.	Services	Cumulative performance during the Year		
		Male	Female	Total
<b>1</b>	<b>Ante Natal Care</b>			
1.1	Ante Natal cases Registered			
	(a) New - (i) Before 12 weeks			66
	- (ii) After 12 weeks			37
	(b) Old			
1.2	No. of Pregnant women who had 3 check-ups			61
1.3	Total No. of high risk pregnant women			
	a) Attended			0
	b) Referred			0
1.4	No. of TT doses			
	a) TT1			93
	b) TT2			78
	c) Booster			9
1.5	No. of pregnant women under treatment for Anaemia			
1.6	No. of pregnant women given prophylaxis for Anaemia			80
<b>2</b>	<b>Natal Care</b>			
2.1	Total No. of deliveries conducted			
	a) Normal			83
	b) Forceps			0
	c) Caesar			27
2.2	Place of delivery			
	a) Home			1
	b) Institution			109
2.3	Age of mother at the time of delivery			
	a) Less than 20 years			1
	b) 20 years and above			109
2.4	No. of complicated Delivery cases referred to Govt./Non Govt. Hospital / Nursing Home / Maternity Homes			27
<b>3</b>	<b>Pregnancy Outcome</b>	Male	Female	Total
3.1	No. of Births			
	a) Live births	57	52	109
	b) Still births	1	0	1
3.2	Order of birth in 3.1 (a) (Live Births)			
	a) 1 <sup>st</sup>	28	31	59
	b) 2 <sup>nd</sup>	21	17	38
	c) 3+	8	4	12
3.3	New born status of birth in 3.1 (a) (Live Births)			
	a) Less than 2.5 Kg.	3	4	7
	b) 2.5 Kg. or more	54	47	101
	c) Weight not recorded	0	1	1
3.4	High risk new born			
	a) No. Attended	0	0	0
	b) No. Referred	0	0	0
<b>4</b>	<b>Post Natal Care</b>			
4.1	No. of women received 3 post natal check-ups			109
4.2	No. of Complicated cases referred			0
<b>5</b>	<b>Maternal Deaths</b>			
5.1	During Pregnancy			0
5.2	During Delivery			0
5.3	Within 6 weeks of delivery			0
<b>6</b>	<b>RTI / STI</b>	Male	Female	Total
6.1	Cases detected	0	0	0
6.2	Cases treated	0	0	0

Sl. No.	Services	December		
7	Immunization & Prophylaxis :			
	No. of Sessions planned			
	No. of Sessions held			
	Only for Children under 1 Year			
	BCG		5	3
	DPT	DPT-1	0	0
		DPT-2	0	0
		DPT-3	0	0
	Pentavalent	PVV-1	4	3
		PVV-2	10	3
		PVV-3	5	4
	OPV	OPV-0	5	3
		OPV-1	4	3
		OPV-2	10	3
		OPV-3	6	4
	Hepatitis - B	Hep-0	5	3
		Hep-1	0	0
		Hep-2	0	0
		Hep-3	0	0
	Measles	Dose-1	6	7
	Fully immunized Children under 1 year	(Having BCG + 3 doses of OPV & DPT + Measles)	6	7
	JE	Dose-1	6	7
	VITAMIN -A	Dose-1	6	7
	No. of Children received IFA			
	Only for Children above 1 Year			
	Children aged 16-24 months	DPT Booster	6	5
		OPV Booster	4	5
		Measles-2	4	5
		JE-2	7	5
	VITAMIN -A	Dose - 2	13	7
		Dose - 3	46	38
		Dose - 4	40	47
		Dose - 5	36	33
Dose - 6		35	29	
Dose - 7		20	20	
Dose - 8		13	13	
Dose - 9		11	13	
Children more than 5 Years		DPT	8	5
Children more than 10 Years	TT	5	5	
Children more than 16 Years	TT	1	1	
No. of Children received IFA				
UNTOWARD REACTION				
1. Reported deaths associated with immunization				
2. Number of abscesses (Except BCG)				
3. Other Complications				
8	Vaccine preventable diseases for Under 5 Years Children			
	a) Diphtheria	Male	Female	
	i) Cases			
	ii) Deaths			
	b) Poliomyelitis			
	i) Cases			
	ii) Deaths			
	c) Neo Natal Tetanus			
	i) Cases			
	ii) Deaths			
	d) Tetanus other than Neo Natal			
	i) Cases			
	ii) Deaths			
	e) Whooping Cough			
	i) Cases			
	ii) Deaths			
	f) Measles			
i) Cases				
ii) Deaths				



Sl. No.	Services	Cumulative performance during the Year			
7	<b>Immunization &amp; Prophylaxis :</b>				
	No. of Sessions planned		0		
	No. of Sessions held		0		
	<b>Only for Children under 1 Year)</b>				
	BCG		57	52	109
	DPT	DPT-1	0	1	1
		DPT-2	0	0	0
		DPT-3	0	0	0
	Pentavalent	PVV-1	62	37	99
		PVV-2	47	39	86
		PVV-3	56	47	103
	OPV	OPV-0	57	50	107
		OPV-1	62	38	100
		OPV-2	47	39	86
		OPV-3	56	46	102
	Hepatitis - B	Hep-0	57	51	108
		Hep-1	0	1	1
		Hep-2	2	2	4
		Hep-3	2	4	6
	Measles	Dose-1	57	59	116
	Fully immunized Children under 1 year	(Having BCG + 3 doses of OPV & DPT + Measles)	57	59	116
	JE	Dose-1	62	60	122
	VITAMIN -A	Dose-1	57	57	114
	No. of Children received IFA		0	0	0
	<b>Only for Children above 1 Year</b>				
	Children aged 16-24 months	DPT Booster	40	46	86
		OPV Booster	38	46	84
		Measles-2	38	45	83
		JE-2	40	46	86
	VITAMIN -A	Dose - 2	43	41	84
		Dose - 3	55	49	104
		Dose - 4	49	56	105
		Dose - 5	44	40	84
Dose - 6		39	32	71	
Dose - 7		23	21	44	
Dose - 8		19	15	34	
Dose - 9		15	15	30	
Children more than 5 Years		DPT	64	44	108
Children more than 10 Years	TT	28	24	52	
Children more than 16 Years	TT	6	3	9	
No. of Children received IFA		0	0	0	
<b>UNTOWARD REACTION</b>					
1. Reported deaths associated with immunization		0	0	0	
2. Number of abscesses (Except BCG)		0	0	0	
3. Other Complications		0	0	0	
8	<b>Vaccine preventable diseases for Under 5 Years Children</b>				
	a) Diphtheria	Male	Female	Total	
	i) Cases	0	0	0	
	ii) Deaths	0	0	0	
	b) Poliomyelitis				
	i) Cases	0	0	0	
	ii) Deaths	0	0	0	
	c) Neo Natal Tetanus				
	i) Cases	0	0	0	
	ii) Deaths	0	0	0	
	d) Tetanus other than Neo Natal				
	i) Cases	0	0	0	
	ii) Deaths	0	0	0	
	e) Whooping Cough				
	i) Cases	0	0	0	
	ii) Deaths	0	0	0	
	f) Measles				
	i) Cases	0	0	0	
	ii) Deaths	0	0	0	

Sl. No.	Services	December			
8.1	Other specified communicable diseases ( for All Ages )				
	a) Malaria				
	i) Cases				
	ii) Deaths				
	b) Tuberculosis				
	i) Cases				
	ii) Deaths				
	c) Leprosy				
	i) Cases				
	ii) Deaths				
9	ARI Under 5 Years ( <del>Pneumonia</del> )				
	a) Cases				
	b) Treated with Co-trimoxazole				
	c) Deaths				
10	Acute Diarrhoeal Diseases Under 5 Years				
	a) Cases				
	b) Treated with ORS				
	c) Deaths				
11	Child Deaths				
	a) under 1 week				
	b) 1 week to under 1 month				
	c) 1 month to under 1 year				
	d) 1 year to under 5 years				
		No. of Eligible Couple Already Protected as on 31 <sup>st</sup> March of Preceding Year)	Nos. of New Acceptors	Nos. Discontinued OR Taken Off for	
12	Contraceptive Services				
12.1	Male Sterilisation				
	a) Conventional				
	b) No scalpel	11			
12.2	Female Sterilisation				
	a) Abdominal	930	3		
	b) Laparoscopic	230	0		
12.3	Total IUD insertions	104	1		
12.3.1	Cases followed up				
12.3.2	Complications				
12.4	No. of CC users				
	a) No. of OP users	383	1	5	
	b) No. of Condom users	160	1	6	
12.5	Total Nos protected by all methods (12.1+12.2+12.3+12.4)	1818	6	11	
12.6	No. of Eligible Couples accepted sterilization				
12.6.1	Having upto 2 living children	818	3		
12.6.2	Having 3 or more children	353			
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13	Abortions				
	a) Spontaneous				
	b) No. of MTPs done				
	c) Deaths				
14	Deaths				
	a) Maternal Deaths (as in Sl No. 5)		0		
	b) Child Deaths (as in Sl. No. 11)		0		
	c) Other Death except Sl. No. 5 & 11		5		
14.1	Total Death = Sl. No. 14 (a+b+c)		5		
15	IEC Activities		Held	Attendance	
			Topics	No. Held	Male
	1. Group Discussion				Female
	2. Deployment of Folk Media				
	3. Others (Specify)				
	Total no. of Twins				

Sl. No.	Services	Cumulative performance during the Year		
8.1	Other specified communicable diseases ( for All Ages )			
	a) Malaria			
	i) Cases	0	0	0
	ii) Deaths	0	0	0
	b) Tuberculosis			
	i) Cases	4	5	9
	ii) Deaths	0	1	1
	c) Leprosy			
	i) Cases	0	0	0
	ii) Deaths	0	0	0
9	ARI Under 5 Years <del>(Pneumonia)</del>			
	a) Cases	0	0	0
	b) Treated with Co-trimoxazole	0	0	0
	c) Deaths	0	0	0
10	Acute Diarrhoeal Diseases Under 5 Years			
	a) Cases	0	0	0
	b) Treated with ORS	0	0	0
	c) Deaths	0	0	0
11	Child Deaths			
	a) under 1 week	1	0	1
	b) 1 week to under 1 month	0	0	0
	c) 1 month to under 1 year	0	0	0
	d) 1 year to under 5 years	0	0	0
		No. of Eligible Couple Already Protected as on 31 <sup>st</sup> March of Preceding Year)	Cumulative performance during the Year including carried over performance	
12	Contraceptive Services			
12.1	Male Sterilisation			
	a) Conventional		0	
	b) No scalpel	11	10	
12.2	Female Sterilisation			
	a) Abdominal	930	924	
	b) Laparoscopic	230	220	
12.3	Total IUD insertions	104	132	
12.3.1	Cases followed up		40	
12.3.2	Complications		0	
12.4	No. of CC users			
	a) No. of OP users	383	371	
	b) No. of Condom users	160	168	
12.5	Total Nos protected by all methods (12.1+12.2+12.3+12.4)	1818	1825	
12.6	No. of Eligible Couples accepted sterilization			
12.6.1	Having upto 2 living children	818	814	
12.6.2	Having 3 or more children	353	340	
12.7	No. of CC distributed			
12.7.1	No. of OP Cycle distributed			
12.7.2	No. of Condoms distributed			
13	Abortions			
	a) Spontaneous		5	
	b) No. of MTPs done		0	
	c) Deaths		0	
14	Deaths			
	a) Maternal Deaths (as in Sl No. 5)		0	
	b) Child Deaths (as in Sl. No. 11)		1	
	c) Other Death except Sl. No. 5 & 11		49	
14.1	Total Death = Sl. No. 14 (a+b+c)		50	
15	IEC Activities		Total No. Held	Total Attendance
			Male	Female
	1. Group Discussion		0	0
	2. Deployment of Folk Media		0	0
	3. Others (Specify)		0	0
	Total no. of Twins		0	

# UTTARPARA-KOTRUNG MUNICIPALITY

Memo No.1/943

Date: 25.02.2020

To,  
The Director,  
SUDA(Health Wings),  
Salt Lake, Kolkata.




Sir,

I am forwarding herewith the Monthly Progress Report for the month of January 2020 for UPHC for Uttarpara-Kotrung Municipality for your perusal.

Thanking you.

Yours faithfully,

  
Vice Chairperson  
Uttarpara-Kotrung Municipality

New G. T. Road, Uttarpara, Dist. Hooghly (West Bengal), Pin - 712 258

Visit us at - [www.uttarparamunicipality.in](http://www.uttarparamunicipality.in)

Mail us at - [uttarparakotrungmunicipality@gmail.com](mailto:uttarparakotrungmunicipality@gmail.com)

Tele : 2663 4095 / 7298 / 3863 Telefax : 2663 3863 / 7298

(To be Submitted to UHIP Headquarters)

**UHIP - KMDA**

**Monthly performance report of RDC / Lab. setup  
attached to ESOPD / Maternity Home**

Uthayarakottai Municipality  
January Month ..... Year 2020

Staff in position : (a) Specialists ..... (b) Technicians ..... (c) Ancillary staff .....

**A. Performance :**

Sl. No.	Type of Investigation/ lab. exam. done	No. of tests performed during the month								Cumulative since April _____	
		RDC		Lab. attached to ESOPD		Lab. attached Mat. Home		Total			
		B*	NB**	B*	NB**	B*	NB**	B*	NB**	B*	NB**
1.	Pathology, Haematology & Bio-chemistry	-	712								
2.	USG	-	209								
3.	X-ray	-	228								
4.	ECG	-	80								
5.	Others (specify) <u>210</u>	-	113								
6.											


B. Quality assurance system present or not

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	-----------------------------

C. Waste Management System is in operation

<input checked="" type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No
--	---------------------------------	---------------------------------

\*B = Beneficiaries  
\*\*NB = Non-Beneficiaries

  
G. Sankar Moorthy  
 Signature of In-charge of RDC / Administrator  
 Date: \_\_\_\_\_

.....  
Signature of the Health Officer  
Date :

## UHIP-KMDA

Monthly report of the Maternity Home

Uthara Kotang Municipality  
 Month January year 2020

## 1.0 General

1.1. No. of sanctioned Beds <u>50</u>	1.2. No. of existing Beds .....
1.3. Staff in position :	

## 2.0 Performance

Sl. No.	Item	Performance during the reporting month			Cumulative since April-	
		B	NB	Total	B	NB
(1)	(2)	(3)	(4)	(5)	(6)	(7)
2.1.	(a) Admissions of Maternity Cases	—	15	15		
	(b) Admissions of Gynae Cases	8	29	37		
	(c) MTP Cases (if admitted)	—	—	—		
	(d) Total Admissions	8	44	52		
2.2.	No. of admissions—parawise maternity cases					
	(a) 1st para	—	—	—		
	(b) 2nd para	—	—	—		
	(c) 3rd para & above	—	—	—		
2.3.	No. of MTP performed					
	(a) before 12 weeks of gestation	—	—	—		
	(b) at after 12 weeks of gestation	—	—	—		
	(c) causewise No. of MTP cases					
	(i) Medical cause	—	—	—		
	(ii) Eugenic cause	—	—	—		
	(iii) Humanitarian cause	—	—	—		
	(iv) Socio economic cause	—	—	—		
	(v) Failure of contraceptive methods	—	—	—		
2.4.	No. of Female sterilization done					
	(a) Puerperal ligation					
	(b) Post Puerperal ligation - Abdominal (Conventional)	—	2	2		
	(c) Post Puerperal ligation - Laparoscopic	—	—	—		
	(d) MTP with ligation	—	—	—		
2.5.	(a) Total No. of discharges	—	—	—		
	(b) Total No. of deaths	—	—	—		
2.6.	(a) No. of normal deliveries	—	—	—		
	(b) No. of assisted deliveries**	—	—	—		
	(c) No. of Caesarean sections - 1st Gravida	—	11	11		
	- 2nd Gravida	—	3	3		
	- 3rd Gravida & above	—	1	1		
2.7.	(a) Total No. of live births	—	15	15		
	(b) Total No. of still births	—	—	—		

\*\* Assisted deliveries (i) Abnormal presentation (Breech, face etc.), (ii) Twins, (iii) Outlet Forceps / Ventouse, (iv) Retained placenta, (v) Repair of cervical tear, (vi) Vaginal lacerations

Contd.

Sl. No.	Item	Performance during the reporting month			Cumulative since April-	
		B	NB	Total	B	NB
(1)	(2)	(3)	(4)	(5)	(6)	(7)
2.8.	(a) No. of Maternal Deaths	—	—	—	—	—
	(b) Causewise of Maternal Deaths (i)	—	—	—	—	—
	(ii)	—	—	—	—	—
2.9.	No. of Maternity cases required blood transfusion	8	5	13	—	—
2.10.	No. of cases referred out— (i) Obstetric cases	—	6	6	—	—
	(ii) Neo natal cases	—	—	—	—	—
2.11.	No. of new borns required resuscitation	—	—	—	—	—
2.12.	No. of new borns with Birth Weight (a) below 2 kg gm	—	—	—	—	—
	(b) above 2 kg but <2.5 kg	—	1	1	—	—
	(c) above 2.5 kg	—	14	14	—	—
2.13.	(a) No. of Neo natal deaths	—	—	—	—	—
	(b) Causewise neo natal deaths (i)	—	—	—	—	—
	(ii)	—	—	—	—	—
	(iii)	—	—	—	—	—
2.14.	(a) No. of Neo natal BCG administered	—	15	15	—	—
	(b) No. of 'O' dose of OPV administered	—	15	15	—	—

## 3.0 Bed utilization &amp; efficiency

Sl. No.	Item	During the reporting month	Cumulative since April-
3.1.	(a) Total patient days during the month	805	
	(b) Average length of stay	8 days	
	(c) Bed occupancy (in percentage)	100%	
3.2.	(a) No. of Hospital Acquired Infection	nil	
	(b) Hospital waste management system functioning or not	Yes / No	

B = Beneficiaries  
NB = Non-Beneficiaries

*Ganesh M. S.*  
Signature of the Superintendent /  
Administrator / M.O. in-Charge  
Date: \_\_\_\_\_



Signature of Health Officer

Date :

**UHIP - KMDA**

(To be Submitted to UHIP Headquarters)

Monthly performance report of ESOPD for the month of January Year 2020  
 Uttarpara Kotrung Municipality.

Sl. No.	Name of Disciplines	Outpatients treated During the month						Cumulative since April		Cases referred to other Institutions	
		Beneficiaries		Non Beneficiaries		Total of (Col. 4 & Col. 6)	Beneficiaries New & Old	Non Beneficiaries New & Old	Beneficiaries	Non Beneficiaries	
(1)	(2)	New	New & Old	New	New & Old						(7)
1.	Obstetrics ANC PNC	5	10	15	20						
2.	Gynaecology	15	20	80	100						
3.	Paediatrics	2	4	4	4						
4.	F. W. Counseling	1	1	1	1						
5.	Medicine	5	10	70	98						
6.	Eye	5	10	30	47						
7.	Ent	2	5	10	14						
8.	Surgery	10	20	100	146						
9.	Dental	1	4	6	8						
10.	Dermatology	1	1	1	1						
	Total	50	93	335	466						

Outpatient : An outpatient is an individual attending OPD and receiving any service of the outpatient department and not occupying a hospital bed. Outpatients may be classified as new and old.  
 A new patient is one who attends OPD For the first time and an Old patient is one who reports attendance for the same disease.  
 An individual who repeats attendance for new episode of illness may be treated as a new outpatient case.

Signature of Health Officer

Signature of the In-charge

Date :

Date :





## MONTHLY REPORT FOR UPHCS / HHW SCHEME / CBPHCS

Report for the month of January Year 2020  
Uttapara Kolong Municipality  
 No. of reporting SCs 20

POSITION AS ON 1<sup>ST</sup> APRIL, 2020

- 1) No. of Beneficiary Families 16755      2) No. of Beneficiary Population 74941  
 3) No. of Eligible Couples 15131      4) No. of Infants (under 1 year) 00610  
 5) No. of Children (1 to <5 years) 03207

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April _____
<b>1.</b>	<b>Ante Natal Care</b>		
1.1	Ante Natal Cases Registered		
	(a) New - (i) Before 12 weeks	08	030
	(ii) After 12 weeks	23	433
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups	18	348
1.3	Total No. of high risk pregnant women		
	(a) Attended	00	000
	(b) Referred	00	000
1.4	No. of TDdoses (TD)		
	(a) TD1	30	440
	(b) TB2	18	318
	(c) Booster	01	020
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia	23	438
<b>2.</b>	<b>Natal Care</b>		
2.1	Total No. of deliveries conducted		
	(a) Normal	09	123
	(b) Forceps	00	000
	(c) Caesar	25	292
2.2	Place of delivery		
	(a) Home	00	000
	(b) Institution	34	415
2.3	Age of mother at the time of delivery		
	(a) Less than 20 years	00	002
	(b) 20 years and above	34	413
2.4	No. of complicated Delivery cases referred to Govt./ Non Govt. Hospital / Nursing Home / Maternity Homes	00	000

(2)

Sl. No.	Services	Performance in the reporting month		Cumulative performance since April _____	
		M	F	M	F
<b>3.</b>	<b>Pregnancy Outcome</b>				
3.1	No. of Births				
	(a) Live Births	18	16	231	185
	(b) Still Births	00	00	002	000
3.2	Order of Birth in 3.1 (a) (live births)				
	(a) 1 <sup>st</sup>	12	13	148	120
	(b) 2 <sup>nd</sup>	05	03	073	057
	(c) 3+	01	00	010	008
3.3	New born status of birth in 3.1 (a) (live births)				
	(a) Less than 2.5 Kg.	00	03	009	008
	(b) 2.5 Kg. or more	18	13	222	177
	(c) Weight not recorded	00	00	000	000
3.4	High risk new born				
	(a) No. Attended	0	0	0	0
	(b) No. Referred	0	0	0	0
<b>4.</b>	<b>Post Natal Care</b>				
4.1	No. of women received 3 post natal check-ups		26		298
4.2	No. of Complicated cases referred		0		0
<b>5.</b>	<b>Maternal Deaths</b>				
5.1	During Pregnancy		0		0
5.2	During Delivery		0		0
5.3	Within 6 weeks of delivery		0		0
<b>6.</b>	<b>RTI / STI</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>
6.1	Cases detected	0	0	0	0
6.2	Cases treated	0	0	0	0

7. Immunization & Prophylaxis :		Performance in the reporting month				Cumulative performance since April _____					
No. of Sessions planned		22				183					
No. of Sessions held		12				132					
		During the month				Cumulative since April _____					
		Under - 1 year		Above - 1 year		Under - 1 year			Above - 1 year		
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total
BCG		18	16			233	197	430			
Penta - <del>BCG</del>	DPT-1	27	25			299	233	532			
	DPT-2	33	27			260	213	473			
	DPT-3	28	27			268	217	485			
OPV	OPV-0	18	16			233	197	430			
	OPV-1	27	25			299	233	532			
	OPV-2	33	27			260	213	473			
	OPV-3	28	27			268	217	485			
F. I. P. V Hepatitis - B	Hep-0	18	16			233	197	430			
	Hep-1 F.I.P.V	27	25			299	233	532			
	Hep-2 F.I.P.V	28	27			268	217	485			
	Hep-3										
Measles	Dose-1 MR	34	24			290	278	568			
Fully immunized Children under 1 year	Having BCG+3 doses of OPV & DPT + Measles	34	24			288	274	562			
JE	Dose-1	35	24			291	274	565			
VITAMIN-A	Dose-1	38	25			222	201	423			
Children aged 16-24 months	DPT Booster			23	22				302	304	606
	OPV Booster			23	22				302	304	606
	Measles-2 MR			23	22				310	305	615
	JE-2			23	23				309	295	604
VITAMIN-A	Dose-2			26	27				169	172	341
	Dose-3			08	07				088	081	169
	Dose-4			06	07				056	065	121
	Dose-5			04	03				045	047	092
	Dose-6			02	02				028	029	057
	Dose-7			01	01				009	016	025
	Dose-8			00	00				009	003	012
Children more than 5yrs	DPT			44	25				388	338	726
	TT			37	28				318	315	633
	TT			19	17				242	240	482
No. of Children received IFA											
UNTOWARD REACTION											
1. Reported deaths associated with immunization											
2. Number of abscesses											
3. Other Complications											

Rota - 1st Dose male - Female - Total  
 2nd " 11 - 19 = 30  
 3rd " 13 - 23 = 36  
 21 - 18 = 39

Cumulative male - Female - Total  
 1st - 69 - 81 = 145  
 2nd - 23 - 30 = 053  
 3rd - 70 - 54 = 124

Sl. No.	Services	Performance in the reporting month			Cumulative performance since April _____		
8.	<b>Vaccine preventable diseases for under - 5 years children</b>						
	(a) Diphtheria	M	F	T	M	F	T
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(b) Poliomyelitis						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(c) Neo Natal Tetanus						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(d) Tetanus other than Neo Natal						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(e) Whooping Cough						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
(f) Measles							
(i) Cases	0	0	0	3	0	3	
(ii) Deaths	0	0	0	0	0	0	
8.1	<b>Other specified communicable diseases</b>						
	(a) Malaria						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(b) Tuberculosis						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(c) Leprosy						
(i) Cases	0	0	0	0	0	0	
(ii) Deaths	0	0	0	0	0	0	
9.	<b>ARI under 5 years</b>						
	(a) Cases	0	0	0	0	0	0
	(b) Treated with Co-trimoxazole	0	0	0	0	0	0
	(c) Deaths	0	0	0	0	0	0
10.	<b>Acute Diarrhoeal Diseases under 5 years</b>						
	(a) Cases	0	0	0	0	0	0
	(b) Treated with ORS	0	0	0	0	0	0
	(c) Deaths	0	0	0	0	0	0
11.	<b>Child Deaths</b>						
	(a) Under 1 week	0	0	0	1	0	1
	(b) 1 week to under 1 month	0	0	0	0	0	0
	(c) 1 month to under 1 year	0	0	0	0	0	0
	(d) 1 year to under 5 years	0	0	0	0	0	0

(5)

Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31st March preceding year and thereafter at end of each reporting month of current year)	Performance in the reporting month		Cumulative performance Since April including carried over performance
			No. of New Acceptors	Nos. Discontinued or taken off for crossing Eligible age	
		(a)	(b)	(c)	(a + b - c)
<b>12.</b>	<b>Contraceptive Services</b>				
12.1	Male Sterilisation				
	(a) Conventional	0000	0	0	0000
	(b) No scalpel	0001	0	0	0001
12.2	Female Sterilisation				
	(a) Abdominal	2650	6	0	2656
	(b) Laparoscopic	1697	0	0	1697
12.3	Total IUD insertions	0149	3	0	0152
12.3.1	Cases followed up	4497	9	0	4506
12.3.2	Complications	0000	0	0	0
12.4	No. of CC users				
	(a) No. of OP users	3646	26	1	3671
	(b) No. of condom users	2761	19	0	2780
12.5	Total Nos protected by all methods (12.1 + 12.2 + 12.3 + 12.4)	10904	54	1	10957
12.6	No. of Eligible Couples accepted Sterilization		Performance in the reporting month		Cumulative performance since April
12.6.1	Having upto 2 living children	2381	5		2386
12.6.2	Having 3 or more children	1967	1		1968
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
<b>13.</b>	<b>Abortions</b>				
	(a) Spontaneous		0	0	0
	(b) No. of MTPs done		0	0	0
	(c) Deaths		0	0	0
<b>14.</b>	<b>Deaths</b>				
	(a) Maternal Deaths (as in Sl. No. 5)		0	0	0
	(b) Child Deaths (as in Sl. No. 11)		0	0	1
	(c) Other Death (except Sl. No. 5 & 11)		28	0	205
14.1	Total Death = Sl. No. 14 (a+b+c)		28	0	206
<b>15.</b>	<b>IEC Activities</b>	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion				
	2. Deployment of Folk Media				
	3. Others (Specify)				

Sukla Chakrabarty  
S.T.S

Dr. DEBRAJ BHATTACHARYA  
Health Officer

Signature of Health Officer

January - 2020

# OFFICE OF THE MUNICIPAL COUNCILLORS, BHATPARA

Address: 1/1, West Ghoshpara Road, P.O. - Kankinara, Dist.24 Parganas(N), Pin - 743126  
Tele: 2581-2082, 2581-9515, 2581-9514, Fax: 2581-1318, email; bhat 09@ yahoo.com

From:

*Sri Arun Banerjee*  
Chairman  
Bhatpara Municipality



To

The Director.  
SUDA, Health, ILGUS Bhawan,  
Salt Lake City  
Kol- 106.

*PHO (SB)*  
*D.*  
*28/2/20*

Ref. No. *E-7/DR-4/6210*

Date. *26.02.2020*

Sir,

I am sending monthly Performance report of E.S.O.P.D. & Maternity (UPHCS) for the month of January 2020 for your consideration & record.

Thanking you,

Yours faithfully,



Chairman  
Bhatpara Municipality

# URBAN HEALTH IMPROVEMENT PROGRAMME – SUDA

Monthly report of the Maternity Home / Maternity Home with Clinic

Bhatpara Municipality

Month – January Year -- 2020

## 1.0 General Information

1.1 No of Sanctioned Beds - 20

1.2 No of existing Beds - 20

1.3 Staff in position: (a) G & O Specialist - 1

(b) Anesthetists - 1

(c) Paediatrician - 1

(d) Medical Officer - 2

(e) Nursing Personals - 1

## 2.0 Performance

Sl No	Item	Performance during Reporting month			Cumulative since April -- 2017		
		B	NB	3 + 4 Total (B + NB)	B	NB	6 + 7 Total (B + NB)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2.1.	(a) Admissions of Maternity Cases	-	16	16	4	199	203
	(b) Admissions of Gynae Cases	-	2	2	-	6	6
	(c) MTP Cases	-	9	9	1	102	103
	(d) Total Admissions	-	27	27	5	307	312
2.2.	No of admissions - Para wise Maternity Cases	-	-	-	-	-	-
	(a) 1st Para	-	7	7	1	109	110
	(b) 2nd Para	-	6	6	3	81	84
	(c) 3rd Para & above	-	2	2	-	7	7
2.3.	No of MTP (a) before 12 weeks of gestations Performed	-	9	9	1	102	103
	(b) at after 12 weeks of gestations	-	-	-	-	-	-
	(c) cause wise No of MTP cases	-	-	-	-	-	-
	(i) Medical causes	-	-	-	-	-	-
	(ii) Eugenic causes	-	-	-	-	-	-
	(iii) Humanitarian causes	-	-	-	-	-	-
	(iv) Socio economic causes	-	-	-	-	-	-
	(v) Failure of contraceptive method	-	-	-	-	-	-
2.4.	No of Female sterilization done	-	3	3	2	48	50
	(a) Puerperal ligation	-	-	-	-	-	-
	(b) Post Puerperal ligation – Abdominal (Conventional)	-	-	-	-	-	-
	(c) Post Puerperal ligation – Laparoscopic	-	-	-	-	-	-
	(d) MTP with ligation	-	-	-	-	-	-
2.5.	(a) Total No of discharges	-	26	26	5	304	309
	(b) Total No of Deaths	-	-	-	-	-	-
2.6.	(a) No of normal deliveries	-	-	-	-	11	11
	(b) No of assisted deliveries**	-	-	-	-	-	-
	(c) No of Caesarean – 1st Gravida	-	-	-	-	26	26
	Sections 2nd Gravida	-	1	1	1	41	42
	3rd Gravida & above	-	-	-	-	3	3

\*\* Assisted deliveries (i) Abnormal presentation (Breech, face etc.) (ii) Twins, (iii) Outlet Forceps / Ventouse, (iv) Retained placenta, (v) Repair of cervical tear, (vi) Vaginal lacerations.

Contd - 2

Sl No	Item	Performance during Reporting month			Cumulative since April .....		
		B	NB	3 + 4 Total (B + NB)	B	NB	6 + 7 Total (B + NB)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2.7	(a) Total No of live births	-	16	16	4	199	203
	(b) Total No of still births	-	-	-	-	-	-
2.8	(a) No of Maternal Deaths	-	-	-	-	-	-
	(b) Mention Causes of Maternal Deaths						
	(i)	-	-	-	-	-	-
	(ii)	-	-	-	-	-	-
2.9	No of cases required blood transfusion	-	1	1	-	9	9
2.10	No of cases referred out --(i) Obstetric cases	-	-	-	-	-	-
	(ii) Neonatal cases	-	-	-	-	-	-
2.11	No of new borne required resuscitation	-	-	-	-	-	-
2.12	No of new born with Birth Weight	-	-	-	-	-	-
	(a) Below 2 kg gm	-	-	-	-	-	-
	(b) Above 2 kg but <2.5 kg	-	4	4	2	50	52
	(c) Above 2.5 kg	-	12	12	2	149	151
2.13	(a) No of Neo - natal deaths	-	-	-	-	-	-
	(b) Mention Causes of neo-natal deaths						
	(i)	-	-	-	-	-	-
	(ii)	-	-	-	-	-	-
	(iii)	-	-	-	-	-	-
2.14	(a) No of Neo -natal BCG administered	-	-	-	-	-	-
	(b) No of 'O' dose of OPV administered	-	-	-	-	-	-

## 3.0 Bed Utilization &amp; efficiency

Sl No	Item	During the Reporting month	Cumulative Since April'2016 .....
3.1	(a) Total Patient days during the month	63 days	393 days
	(b) Average length of stay	2.03 days	25.7 days
	(c) Bed occupancy ( in percentage )	10.16%	120.16%
3.2	(a) No of Hospital Acquired Infection		
	(b) Hospital waste management system functioning or not tick (✓) response	✓ Yes / No	

A. ( Xeroxed ) in continuation of Form \_ E will have to be attached for Performance Hospital of the ' Maternity Home with Clinic ' ( a in Numbers ) is to be submitted. Separate Formal

B. NB - Non \_ Beneficiaries - Beneficiaries

Signature of Health Officer

Date .....

Signature of the Superintendent  
M. O. in Charge/AdministratorDate: 26/10/20  
Medical Officer-in-Charge  
E.S.O.P.D. and Maternity  
Bhatpara Municipality



UPHCS - SUDA

(To be submitted to UPHCS Headquarters)

Monthly Performance report of ESOPD for the month of January Municipality Phaspara Year 2020

Sl No	Name of Disciplines	Outpatients treated during the month					Cumulative since April		Cases referred to Institutions	Non Beneficiaries	
		Beneficiaries New	New & Old	Non Beneficiaries New	New & Old	Total of (Col.4 & Col.6)	Beneficiaries (New & old)	Non Beneficiaries (New & Old)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
1.	Obstetrics	ANC	1	1	83	223	224	29	3015	-	-
		PNC	1	-	-	5	5	2	114	-	-
2.	Gynaecology	2	3	133	188	191	36	1741	-	-	
3.	Paediatrics	1	1	18	21	21	1	369	-	-	
4.	F.W. Counseling	-	-	-	-	-	-	-	-	-	
5.	Medicine	-	-	-	-	-	-	-	-	-	
6.	Eye	1	1	135	158	159	19	1197	-	-	
7.	ENT	2	2	30	40	42	15	891	-	-	
8.	Surgery	-	-	55	72	72	20	885	-	-	
9.	Dental	-	-	28	32	32	16	475	-	-	
10.	Dermatology	-	-	-	-	-	29	969	-	-	
11.	Orthopaedic	1	-	66	98	98	-	1891	-	-	
	Total :	4	7	548	837	844	167	11347	-	-	

\* An outpatient is an individual attending OPD and receiving any service of the outpatient department and not occupying a hospital bed. Outpatients may be classified as new and old. A new patient is one who attends OPD for the first time and an Old patient is one who repeats attendance for the same disease.

An individual who repeats attendance for new episode of illness may be treated as a new outpatient case.

Signature of Health officer / M.O. in Charge

*M. S. O. P. D. and Maternity*  
 Medical Officer-in-Charge  
 Phaspara Municipality

Signature of the In - Charge :

Date :

# URBAN PRIMARY HEALTH CARE SERVICES - SUDA

Monthly performance report of RDC / Upgraded RDC / Upgraded Diagnostic Centre / Lab. Setup attached to ESOPD / Maternity Home

Number of Staff in position : (a) Specialists ..... Municipality ..... (b) Technicians ..... Month January Year 2020  
 (c) Auxiliary Staff ..... Municipality .....

Sl No	Type of investigation / Lab. exam. done	No of tests performed during the month (1)		No of tests performed during the month (2)		Total (1+2)		Cumulative Since April..... (1+2)			
		RDC/Upgraded ded RDC/Upgraded ded Diagnostic Centres	Total (B+N B)	Lab. Attached to ESOPD (a)	Lab. Attached to Mat. Home (b)	Total 2 (a+b) (B+NB)	Cumulative Since April..... 2 (a+b)	B	NB	B	NB
1.	(a) Pathology	B	NB	B	NB	B	NB	B	NB	B	NB
	(b) Haematology	-	-	-	-	-	-	-	-	-	-
	(c) Bio- Chemistry	-	-	-	-	-	-	-	-	-	-
2.	USG	-	-	3	178	-	-	8	2012	-	-
3.	X-Ray	-	-	-	424	-	-	-	4006	-	-
4.	ECG	-	-	1	150	-	-	6	1417	-	-
*5	(i) Biopsy	-	-	-	-	-	-	-	-	-	-
	(ii) Cytology	-	-	-	-	-	-	-	-	-	-
	(iii) serology	-	-	-	97	-	-	-	1240	-	-
**	(i)	-	-	-	-	-	-	-	-	-	-
6	(ii)	-	-	-	-	-	-	-	-	-	-
7.	Total Investigation	-	-	4	1461	-	-	14	1465	14	15656

B. Quality assurance system present  Yes  No

G. Bio Medical Waste Management System is in Open  Yes  No

(Tick (✓) in the appropriate Box)  
 \*SI No. 5 is meant for different types of tests on Biopsy / cytology / Serology in Upgraded Diagnostic Centres.  
 \*\* SI No. 6 for any other test (to be specified)

Signature of the Health officer / M.O. in Charge  
 Date : 20/01/2020  
 Medical Officer-in-Charge  
 E.S.O.P.D. and Maternity  
 Shatpara Municipality

Signature of in - Charge of RDC / Administrator  
 Date :



S.T.D.NO-03473/ Phone No-  
242023/243647

Email Id -chakdahamunicipality@ymail.com  
Website:www.chakdahamunicipality.in

**OFFICE OF THE BORD OF ADMINISTRATORS**  
**Chakdaha Municipality**  
**P.O.- CHAKDAHA, Pin No.-741222, Dist.-Nadia**  
**(West Bengal)**

MEMO NO...../CM

DATE: ... .02.2020

From: A.K Das  
Executive Officer.

To : The Chief Medical Officer of Health  
Office of the CMOH  
Krishnanagar, Nadia,



PHO (SO)  
AM

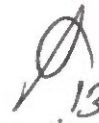
Sub: HMIS Report for the month of January 2020.

Sir,

I am sending herewith the HMIS Report for the month of January 2020. This report is prepared from the report of our four Sub centre .

Thanking you

Yours faithfully,

  
13.02.20


Executive Officer  
Chakdaha Municipality

MEMO NO.....4440/CM

Copy forwarded to:

DATE: ... .02.2020

✓ Director - SUDA Health wing, ILGUS Bhawan, Salt lake, Sec-III.

  
12.02.20

Executive Officer  
Chakdaha Municipality

  
S.Mitra  
SI(CBPHCS)

## Ministry of Health &amp; Family Welfare

## (Monitoring &amp; Evaluation Division)

## Monthly Format for PHC &amp; Equivalent Institutions

State:	West Bengal		Due for submission on 5th of following Month	
District:	Nadia		Month	January
Block:			Year	2020
City/ Town/ Village: Facility name	Chakdah Municipality			
Facility type	Public <input checked="" type="radio"/>	Private <input type="radio"/>		
Location	Rural <input type="radio"/>	Urban <input checked="" type="radio"/>		

		Numbers reported during the month	Ref.No
<b>Part A REPRODUCTIVE AND CHILD HEALTH</b>			
M1	Ante Natal Care (ANC)		M1
1.1	Total number of pregnant women registered for ANC	55	1.1
1.1.1	Out of the total ANC registered, number registered within 1 <sup>st</sup> trimester (within 12 weeks)	40	1.1.1
1.2	ANC services		1.2
1.2.1	Number of PW given TT1	50	1.2.1
1.2.2	Number of PW given TT2	45	1.2.2
1.2.3	Number of PW given TT Booster	2	1.2.3
1.2.4	Number of PW given 180 Iron Folic Acid (IFA) tablets	2	1.2.4
1.2.5	Number of PW given 360 Calcium tablets	0	1.2.5
1.2.6	Number of PW given one Albendazole tablet after 1st trimester	1	1.2.6
1.2.7	Number of PW received 4 or more ANC check ups	7	1.2.7
1.2.8	Number of PW given ANC Corticosteroids in Pre Term Labour		1.2.8
1.3	Pregnant women (PW) with Hypertension (BP>140/90)		1.3
1.3.1	New cases of PW with hypertension detected		1.3.1
1.3.1.a	Out of the new cases of PW with hypertension detected, cases managed at institution		1.3.1.a
1.3.2	Number of Eclampsia cases managed during delivery		1.3.2
1.4	Pregnant women (PW) with Anaemia		1.4
1.4.1	Number of PW tested for Haemoglobin (Hb) 4 or more than 4 times for respective ANCs		1.4.1
1.4.2	Number of PW having Hb level<11 (tested cases)/(7.1 to 10.9)		1.4.2
1.4.3	Number of PW having Hb level<7 (tested cases)		1.4.3
1.4.4	Number of PW having severe anaemia (Hb<7) treated		1.4.4
1.5	Pregnant women (PW) with Gestational Diabetes Mellitus (GDM)		1.5
1.5.1	Number of PW tested for blood sugar using OGTT (Oral Glucose Tolerance Test)		1.5.1
1.5.2	Number of PW tested positive for GDM		1.5.2
1.5.3	Number of PW given insulin out of total tested positive for GDM		1.5.3
1.6	Pregnant Women (PW) with Syphilis		1.6
1.6.1	Syphilis test conducted for Pregnant Women		1.6.2
1.6.1.a	Number of pregnant women tested for Syphilis		1.6.2.a
1.6.1.b	Number of pregnant women tested found sero positive for Syphilis		1.6.2.b
1.6.1.c	Number of syphilis positive pregnant women treated for Syphilis		1.6.2.c
1.6.1.d	Number of babies diagnosed with Congenital Syphilis		1.6.2.d
1.6.1.e	Number of babies treated for congenital Syphilis		1.6.2.e
M2	Deliveries		M2
2.1	Deliveries conducted at Home		2.1
2.1.1	Number of Home Deliveries attended by		2.1.1
2.1.1.a	Number of Home Deliveries attended by Skill Birth Attendant(SBA) (Doctor/Nurse/ANM)		2.1.1.a
2.1.1.b	Number of Home Deliveries attended by Non SBA (Trained Birth Attendant(TBA) /Relatives/etc.)		2.1.1.b
2.1.2	Number of PW given Tablet Misoprostol during home delivery		2.1.2
2.1.3	Number of newborns received 7 Home Based Newborn Care (HBNC) visits in case of Home delivery		2.1.3
2.2	Number of Institutional Deliveries conducted (Including C-Sections)		2.2
2.2.1	Out of total institutional deliveries number of women discharged within 48 hours of delivery		2.2.1
2.2.2	Number of newborns received 6 HBNC visits after Institutional Delivery		2.2.2
M3	Number of Caesarean (C-Section) deliveries		M3
3.1	Total C-Section deliveries performed		3.1
3.1.1	C-sections, performed at night (8 PM- 8 AM)		3.1.1
M4	Pregnancy outcome & details of new-born		M4
4.1	Pregnancy Outcome (in number)		4.1
4.1.1	Live Birth		4.1.1
4.1.1.a	Live Birth - Male		4.1.1.a
4.1.1.b	Live Birth - Female		4.1.1.b
4.1.2	Number of Pre term newborns (< 37 weeks of pregnancy)		4.1.2
4.1.3	Still Birth		4.1.3
4.2	Abortion (spontaneous)		4.2
4.3	Medical Termination of Pregnancy (MTP)		4.3
4.3.1	Number of MTPs conducted		4.3.1
4.3.1.a	MTP up to 12 weeks of pregnancy		4.3.1.a
4.3.1.b	MTP more than 12 weeks of pregnancy		4.3.1.b
4.3.2	Post Abortion/ MTP Complications		4.3.2
4.3.2.a	Post Abortion/ MTP Complications Identified		4.3.2.a
4.3.2.b	Post Abortion/ MTP Complications Treated		4.3.2.b
4.3.3	Number of women provided with post abortion/ MTP contraception		4.3.3
4.4	Details of Newborn children		4.4
4.4.1	Number of newborns weighed at birth		4.4.1
4.4.2	Number of newborns having weight less than 2.5 kg		4.4.2
4.4.3	Number of Newborns breast fed within 1 hour of birth		4.4.3
M5	Complicated Pregnancies		M5
5.1	Number of cases of pregnant women with Obstetric Complications attended (Antepartum haemorrhage (APH), Post-Partum Hemorrhage (PPH), Sepsis, Eclampsia and others)		5.1
M6	Post Natal Care (PNC)		M6
6.1	Women receiving 1st post partum checkup within 48 hours of home delivery		6.1
6.2	Women receiving 1st post partum checkup between 48 hours and 14 days		6.2
6.3	Number of mothers provided full course of 180 IFA tablets after delivery		6.3

6.4	Number of mothers provided 360 Calcium tablets after delivery		6.4
M7	<b>Reproductive Tract Infections/Sexually Transmitted Infections (RTI/STI) Cases</b>		M7
7.1	<b>Number of new RTI/STI cases identified</b>		7.1
7.1.1	New RTI/STI cases identified - Male	5	7.1.1
7.1.2	New RTI/STI cases identified - Female	12	7.1.2
7.2	<b>Number of new RTI/STI for which treatment initiated</b>		7.2
7.2.1	RTI/STI for which treatment initiated - Male		7.2.1
7.2.2	RTI/STI for which treatment initiated -Female		7.2.2
M8	<b>Family Planning</b>		M8
8.1	<b>MALE STERILISATION</b>		8.1
8.1.1	Number of Non Scalpel Vasectomy (NSV) / Conventional Vasectomy conducted		8.1.1
8.2	<b>FEMALE STERILISATION</b>		8.2
8.2.1	Number of Laparoscopic sterilizations (excluding post abortion) conducted		8.2.1
8.2.2	Number of Interval Mini-lap (other than post-partum and post abortion) sterilizations conducted		8.2.2
8.2.3	Number of Postpartum sterilizations (within 7 days of delivery by minilap or concurrent with caesarean section) conducted		8.2.3
8.2.4	Number of Post Abortion sterilizations (within 7 days of spontaneous or surgical abortion) conducted		8.2.4
8.3	Number of Interval IUCD Insertions (excluding PPIUCD and PAIUCD)		8.3
8.4	Number of Postpartum (within 48 hours of delivery) IUCD insertions		8.4
8.5	Number of Post Abortion (within 12 days of spontaneous or surgical abortion) IUCD Insertions		8.5
8.6	Number of IUCD Removals		8.6
8.7	Number of complications following IUCD Insertion		8.7
8.8	Injectable Contraceptive-Antara Program- First Dose		8.8
8.9	Injectable Contraceptive-Antara Program- Second Dose		8.9
8.10	Injectable Contraceptive-Antara Program- Third Dose		8.10
8.11	Injectable Contraceptive-Antara Program- Fourth or more than fourth		8.11
8.12	Number of Combined Oral Pill cycles distributed	94	8.12
8.13	Number of Condom pieces distributed	175	8.13
8.14	Number of Centchroman (weekly) pills strips distributed		8.14
8.15	Number of Emergency Contraceptive Pills (ECP) given		8.15
8.16	Number of Pregnancy Test Kits (PTK) used	33	8.16
8.17	<b>Quality in sterilization services</b>		8.17
8.17.1	Complications following male sterilization		8.17.1
8.17.2	Complications following female sterilization		8.17.2
8.17.3	Failures following male sterilization		8.17.3
8.17.4	Failures following female sterilization		8.17.4
8.17.5	Deaths following male sterilization		8.17.5
8.17.6	Deaths following female sterilization		8.17.6
M9	<b>CHILD IMMUNISATION</b>		M9
9.1	<b>Number of Infants 0 to 11 months old who received:</b>		9.1
9.1.1	Child immunisation - Vitamin K1 (Birth Dose)		9.1.1
9.1.2	Child immunisation - BCG	10	9.1.2
9.1.3	Child immunisation - DPT1		9.1.3
9.1.4	Child immunisation - DPT2		9.1.4
9.1.5	Child immunisation - DPT3		9.1.5
9.1.6	Child immunisation - Pentavalent 1	73	9.1.6
9.1.7	Child immunisation - Pentavalent 2	66	9.1.7
9.1.8	Child immunisation - Pentavalent 3	59	9.1.8
9.1.9	Child immunisation - OPV 0 (Birth Dose)	1	9.1.9
9.1.10	Child immunisation - OPV1	72	9.1.10
9.1.11	Child immunisation - OPV2	66	9.1.11
9.1.12	Child immunisation - OPV3	62	9.1.12
9.1.13	Child immunisation - Hepatitis-B0 (Birth Dose)		9.1.13
9.1.14	Child immunisation - Hepatitis-B1		9.1.14
9.1.15	Child immunisation - Hepatitis-B2		9.1.15
9.1.16	Child immunisation - Hepatitis-B3		9.1.16
9.1.17	Child Immunisation - Inactivated Polio Vaccine 1 (IPV 1)	73	9.1.17
9.1.18	Child Immunisation - Inactivated Polio Vaccine 2 (IPV 2)	57	9.1.18
9.1.19	Child immunisation - Rotavirus 1	69	9.1.19
9.1.20	Child immunisation - Rotavirus 2	56	9.1.20
9.1.21	Child immunisation - Rotavirus 3	57	9.1.21
9.2	<b>Number of Children 9-11 months who received:</b>		9.2
9.2.1	Child immunisation (9-11months) - Measles & Rubella (MR)- 1 <sup>st</sup> Dose	65	9.2.1
9.2.2	Child immunisation (9-11months) - Measles 1 <sup>st</sup> dose		9.2.2
9.2.3	Child immunisation (9-11months) - JE 1 <sup>st</sup> dose	70	9.2.3
9.2.4	<b>Number of children aged between 9 and 11 months fully immunized (BCG+DPT123/ pentavalent123+OPV123+Measles/ MR)</b>		9.2.4
9.2.4.a	Children aged between 9 and 11 months fully immunized- Male	30	9.2.4.a
9.2.4.b	Children aged between 9 and 11 months fully immunized - Female	27	9.2.4.b
9.3	<b>Children given following vaccination after 12 months</b>		9.3
9.3.1	Child immunisation - Measles & Rubella (MR)- 1st Dose	1	9.3.1
9.3.2	Child immunisation - Measles-1st dose		9.3.2
9.3.3	Child Immunisation - JE 1st dose	0	9.3.3
9.4	<b>Number of Children more than 12 months who received:</b>		9.4
9.4.1	Child immunisation - Measles & Rubella (MR)- 2nd Dose (16-24 months)	71	9.4.1
9.4.2	Child immunisation - Measles 2nd dose (More than 16 months)		9.4.2
9.4.3	Child immunisation - DPT 1st Booster	77	9.4.3
9.4.4	Child immunisation - OPV Booster	72	9.4.4
9.4.5	Child immunisation - Measles, Mumps, Rubella (MMR) Vaccine		9.4.5
9.4.6	Number of children more than 16 months of age who received Japanese Encephalitis (JE) vaccine	77	9.4.6
9.5	<b>Number of Children more than 23 months who received:</b>		9.5
9.5.1	Child immunisation - Typhoid		9.5.1
9.5.2	Children more than 5 years received DPT5 (2nd Booster)	83	9.5.2
9.5.3	Children more than 10 years received TT10	97	9.5.3
9.5.4	Children more than 16 years received TT16	51	9.5.4
9.6	<b>Adverse Event Following Immunisation (AEFI)</b>		9.6
9.6.1	Number of cases of AEFI - Abscess		9.6.1
9.6.2	Number of cases of AEFI - Death		9.6.2
9.6.3	Number of cases of AEFI - Others		9.6.3
9.7	<b>Number of Immunisation sessions</b>		9.7
9.7.1	Immunisation sessions planned	20	9.7.1
9.7.2	Immunisation sessions held	19	9.7.2
9.7.3	Number of Immunisation sessions where ASHAs were present	19	9.7.3
9.8	<b>Children received Vitamin A Doses between 9 months and 5 years</b>		9.8
9.8.1	Child immunisation - Vitamin A Dose - 1	84	9.8.1
9.8.2	Child immunisation - Vitamin A Dose - 5	12	9.8.2
9.8.3	Child immunisation - Vitamin A Dose - 9	1	9.8.3
9.9	Number of children (6-59 months) provided 8-10 doses (1ml) of IFA syrup (Bi weekly)		9.9
9.10	Number of children (12-59 months) provided Albendazole		9.10
9.11	Number of severely underweight children provided Health Checkup (0-5 yrs)		9.11
M10	<b>Number of cases of Childhood Diseases (0-5 years)</b>		M10
10.1	Childhood Diseases - Pneumonia		10.1

10.2	Childhood Diseases - Asthma			10.2
10.3	Childhood Diseases - Sepsis			10.3
10.4	Childhood Diseases - Diphtheria			10.4
10.5	Childhood Diseases - Pertussis			10.5
10.6	Childhood Diseases - Tetanus Neonatorum			10.6
10.7	Childhood Diseases - Tuberculosis (TB)			10.7
10.8	Childhood Diseases - Acute Flaccid Paralysis(AFP)			10.8
10.9	Childhood Diseases - Measles			10.9
10.10	Childhood Diseases - Malaria			10.10
10.11	Childhood Diseases - Diarrhoea			10.11
10.12	Childhood Diseases - Diarrhoea treated in Inpatients			10.12
10.13	Children admitted with upper Respiratory Infections			10.13
10.14	Childhood Diseases - Severe Acute Malnutrition (SAM)			10.14
M11	NVBDCP			M11
11.1	Malaria			11.1
11.1.1	Microscopy Tests			11.1.1
11.1.1.a	Total Blood Smears Examined for Malaria			11.1.1.a
11.1.1.b	Malaria (Microscopy Tests) - Plasmodium Vivax test positive			11.1.1.b
11.1.1.c	Malaria (Microscopy Tests) - Plasmodium Falciparum test positive			11.1.1.c
11.1.2	Rapid Diagnostic Test (RDT)			11.1.2
11.1.2.a	RDT conducted for Malaria	1		11.1.2.a
11.1.2.b	Malaria (RDT) - Plasmodium Vivax test positive			11.1.2.b
11.1.2.c	Malaria (RDT) - Plasmodium Falciparum test positive			11.1.2.c
11.2	Kala Azar- Rapid Diagnostic Test (RDT)			11.2
11.2.1	Kala Azar (RDT) - Tests Conducted			11.2.1
11.2.2	Kala Azar Positive Cases			11.2.2
11.2.3	Post Kala Azar Dermal Leishmaniasis (PKDL) cases			11.2.3
11.3	Dengue			11.3
11.3.1	Dengue - RDT Test Positive			11.3.1
M12	Adolescent Health			M12
12.1	Adolescent Friendly Health Clinics (AFHCs)			12.1
12.1.1	Number of Adolescents (10-19 years) registered in Adolescent Friendly Health Clinic (AFHC)			12.1.1
12.1.1.a	Girls registered in AFHC			12.1.1.a
12.1.1.b	Boys registered in AFHC			12.1.1.b
12.1.2	Out of registered adolescents (10-19 years), number received clinical services			12.1.2
12.1.2.a	Out of registered, Girls received clinical services			12.1.2.a
12.1.2.b	Out of registered, Boys received clinical services			12.1.2.b
12.1.3	Out of registered adolescents (10-19 years), number received counselling			12.1.3
12.1.3.a	Out of registered, Girls received counselling			12.1.3.a
12.1.3.b	Out of registered, Boys received counselling			12.1.3.b
M13	Directly Observed Treatment, Short-course (DOTS)			M13
13.1	Number of on-going DOTS patients registered			13.1
13.2	Number of DOTS cases completed successfully			13.2
Part B	Health Facility Services			Part B.
M14	Patient Services			M14
14.1	Out Patient Department (Outpatients) by disease/ health condition			14.1
14.1.1	Outpatient - Diabetes		80	14.1.1
14.1.2	Outpatient - Hypertension		194	14.1.2
14.1.3	Outpatient - Stroke (Paralysis)			14.1.3
14.1.4	Outpatient - Acute Heart Diseases			14.1.4
14.1.5	Outpatient - Mental illness			14.1.5
14.1.6	Outpatient - Epilepsy			14.1.6
14.1.7	Outpatient - Ophthalmic Related			14.1.7
14.1.8	Outpatient - Dental			14.1.8
14.2	Outpatients attendance (All)			14.2
14.2.1	Allopathic- Outpatient attendance		501	14.2.1
14.2.2	Ayush - Outpatient attendance			14.2.2
14.3	Inpatient			14.3
14.3.1	Male Admissions			14.3.1
14.3.1.a	Inpatient (Male)- Children<18yrs			14.3.1.a
14.3.1.b	Inpatient (Male)- Adults			14.3.1.b
14.3.2	Female Admissions			14.3.2
14.3.2.a	Inpatient (Female)- Children<18yrs			14.3.2.a
14.3.2.b	Inpatient (Female)- Adults			14.3.2.b
14.3.3	Number of Left Against Medical Advice (LAMA) cases			14.3.3
14.4	Inpatient by disease/ health condition			14.4
14.4.1	Inpatient - Malaria			14.4.1
14.4.2	Inpatient - Dengue			14.4.2
14.4.3	Inpatient - Typhoid			14.4.3
14.4.4	Inpatient - Asthma, Chronic Obstructive Pulmonary Disease (COPD), Respiratory infections			14.4.4
14.4.5	Inpatient - Tuberculosis			14.4.5
14.4.6	Inpatient - Pyrexia of unknown origin (PUO)			14.4.6
14.4.7	Inpatient - Diarrhea with dehydration			14.4.7
14.4.8	Inpatient - Hepatitis			14.4.8
14.5	Operations (excluding C-section)			14.5
14.5.1	Operation major (General and spinal anaesthesia)			14.5.1
14.5.2	Out of Operation major, Gynecology- Hysterectomy surgeries			14.5.2
14.5.3	Operation minor (No or local anaesthesia)			14.5.3
14.5.4	Number of blood units issued			14.5.4
14.5.5	Number of blood transfusions done			14.5.5
14.6	Inpatient Deaths (excluding deaths at Emergency department & Sick Newborn Care Unit (SNCU))			14.6
14.6.1	Inpatient Deaths - Male			14.6.1
14.6.2	Inpatient Deaths - Female			14.6.2
14.7	In-Patient Head Count at midnight			14.7
14.8	Number of Admission in NBSU ( New Born Stabilisation Unit)			14.8
14.9	Nutritional Rehabilitation Centre (NRC)			14.9
14.9.1	Number of children admitted in NRC			14.9.1
14.9.2	Number of children discharged with target weight gain from the NRCs			14.9.2
14.10	Number of Rogi Kalyan Samiti (RKS) meetings held			14.10
14.11	Number of Anganwadi centres/ UPHCs reported to have conducted Village Health & Nutrition Day (VHNDs)/ Urban Health & Nutrition Day (UHNDs)/ Outreach / Special Outreach	40		14.11
M15	Laboratory Testing			M15
15.1	Number of Lab Tests done			15.1
15.2	Hb Tests Conducted			15.2
15.2.1	Number of Hb tests conducted			15.2.1
15.2.2	Out of the total number of Hb tests done, Number having Hb < 7 mg			15.2.2
15.3	(Human Immunodeficiency Virus) HIV tests conducted			15.3
15.3.1	Male			15.3.1

15.3.1.a	Male HIV - Number Tested			15.3.1.a
15.3.1.b	Male HIV - Number Positive			15.3.1.b
15.3.2	Female-Non ANC			15.3.2
15.3.2.a	Female Non ANC HIV - Number Tested			15.3.2.a
15.3.2.b	Female Non ANC HIV - Number Positive			15.3.2.b
15.3.3	Pregnant women screened for HIV			15.3.3
15.3.3.a	Number of pregnant women screened for HIV			15.3.3.a
15.3.3.b	Out of the above, number screened positive			15.3.3.b
15.3.3.c	Number Positive for HIV ( Numbers confirmed positive at ICTCs)			15.3.3.c
15.3.4	STI/RTI attendees Tested for Syphilis			15.3.4
15.3.4.a	Number of Male STI/RTI attendees tested for syphilis			15.3.4.a
15.3.4.b	Number of Male STI/RTI attendees found sero Positive for syphilis			15.3.4.b
15.3.4.c	Number of Female (Non ANC)STI/RTI attendees tested for syphilis			15.3.4.c
15.3.4.d	Number of Female (Non ANC) STI/RTI attendees found sero Positive for syphilis			15.3.4.d
15.4	Widal tests			15.4
15.4.1	Widal tests - Number Tested			15.4.1
15.4.2	Widal tests - Number Positive			15.4.2
M16	Stock Related Data			
16.1	Drugs			
16.1.1	Last Date of Supply of essential drugs(DD/MM/YYYY)	19/01/2020		
16.1.2	Items	Adequate/ Inadequate		
16.1.2.a	IFA tablets		Adequate	
16.1.2.b	IFA tablets (blue)		Inadequate	
16.1.2.c	IFA syrup with dispenser		Adequate	
16.1.2.d	Vit A syrup		Adequate	
16.1.2.e	ORS packets		Adequate	
16.1.2.f	Zinc tablets		Adequate	
16.1.2.g	Inj Magnesium Sulphate		Adequate	
16.1.2.h	Inj Oxytocin		Inadequate	
16.1.2.i	Misoprostol tablets		Inadequate	
16.1.2.j	Mifepristone tablets		Inadequate	
16.1.2.k	Antibiotics		Adequate	
16.1.2.l	Labelled emergency tray		Inadequate	
16.1.2.m	Drugs for hypertension, Diabetes, common ailments e.g PCM, anti-allergic drugs etc.		Adequate	
16.1.2.n	Tab. Albendazole		Adequate	
16.2	Vaccines			
16.2.1	Last Date of Supply of essential vaccines (DD/MM/YYYY)	28/01/2020		
16.2.2	Items	Adequate/ Inadequate		
16.2.2.a	TT		Adequate	
16.2.2.b	BCG		Adequate	
16.2.2.c	Hepatitis		Inadequate	
16.2.2.d	OPV		Adequate	
16.2.2.e	DPT		Adequate	
16.2.2.f	Measles			
16.2.2.g	Vitamin A		Adequate	
16.3	Contraceptives			
16.3.1	Last Date of Supply of essential contraceptives (DD/MM/YYYY)	19/01/2020		
16.3.2	Items	Adequate/ Inadequate		
16.3.2.a	IUCD		Inadequate	
16.3.2.b	Combined Oral Pills (in cycles)		Adequate	
16.3.2.c	Condom (in pieces)		Adequate	
16.3.2.d	Injectable Contraceptive MPA (vials)		Inadequate	
Part C	Mortality Details			Part C.
M17	Details of deaths reported with probable causes:			M16
17.1	Infant deaths within 24 hrs(1 to 23 Hrs) of birth			16.1
17.2	Infant Deaths up to 4 weeks (1 to 28 days) due to			16.2
17.2.1	Infant Deaths up to 4 weeks due to Sepsis			16.2.1
17.2.2	Infant Deaths up to 4 weeks due to Asphyxia			16.2.2
	Infant Deaths up to 4 weeks due to Other causes			16.2.3
17.3	Infant Deaths Between 1 month (more than 28 days) and less than 12 months due to			16.3
17.3.1	Number of infant Deaths (1 -12 months) due to Pneumonia			16.3.1
17.3.2	Number of Infant Deaths (1 -12 months) due to Diarrhoea			16.3.2
17.3.3	Number of Infant Deaths (1 -12 months) due to Fever related			16.3.3
17.3.4	Number of Infant Deaths (1 -12 months) due to Measles			16.3.4
17.3.5	Number of Infant Deaths (1 -12 months) due to Others			16.3.5
17.4	Child Deaths between 1 year and less than 5 years due to			16.4
17.4.1	Number of Child Deaths (1 -5 years) due to Pneumonia			16.4.1
17.4.2	Number of Child Deaths (1 -5 years) due to Diarrhoea			16.4.2
17.4.3	Number of Child Deaths (1 -5 years) due to Fever related			16.4.3
17.4.4	Number of Child Deaths (1 -5 years) due to Measles			16.4.4
17.4.5	Number of Child Deaths (1 -5 years) due to Others			16.4.5
17.5	Maternal Deaths (15 to 49 yrs.) due to			16.5
17.5.1	Number of Maternal Deaths due to Bleeding			16.5.1
17.5.2	Number of Maternal Deaths due to High fever			16.5.2
17.5.3	Number of Maternal Deaths due to Abortion			16.5.3
17.5.4	Number of Maternal Deaths due to Obstructed/prolonged labour			16.5.4
17.5.5	Number of Maternal Deaths due to Severe hypertension/fits			16.5.5
17.5.6	Number of Maternal Deaths due to Other Causes (including causes Not Known)			16.5.6
17.6	Other Deaths (except infant, Child & Maternal Deaths) 5 years and above due to			16.7
17.6.1	Number of Adolescent / Adult Deaths due to Diarrhoeal diseases			16.7.1
17.6.2	Number of Adolescent / Adult Deaths due to Tuberculosis			16.7.2
17.6.3	Number of Adolescent / Adult Deaths due to Respiratory diseases including infections (other than TB)			16.7.3
17.6.4	Number of Adolescent / Adult Deaths due to Other Fever Related			16.7.4
17.6.5	Number of Adolescent / Adult Deaths due to HIV/AIDS			16.7.5
17.6.6	Number of Adolescent / Adult Deaths due to Heart disease/Hypertension related			16.7.6
17.6.7	Number of Adolescent / Adult Deaths due to Cancer			16.7.7
17.6.8	Number of Adolescent / Adult Deaths due to Neurological disease including strokes			16.7.8
17.6.9	Number of Adolescent / Adult Deaths due to Accidents/Burn cases			16.7.9
17.6.10	Number of Adolescent / Adult Deaths due to Suicide			16.7.10
17.6.11	Number of Adolescent / Adult deaths due to Animal bites and stings			16.7.11
17.6.12	Number of Adolescent / Adult deaths due to Known Acute Disease			16.7.12
17.6.13	Number of Adolescent / Adult deaths due to Known Chronic Disease			16.7.13
17.6.14	Number of Adolescent / Adult deaths due to Causes Not Known			16.7.14
17.7	Deaths due to Vector Borne Diseases ( all age groups)			16.8
17.7.1	Number of Deaths due to Malaria- Plasmodium Vivax			16.8.1
17.7.2	Number of Deaths due to Malaria- Plasmodium Falciparum			16.8.2
17.7.3	Number of Deaths due to Kala Azar			16.8.3
17.7.4	Number of Deaths due to Dengue			16.8.4
17.7.5	Number of Deaths due to Acute Encephalitis Syndrome (AES)			16.8.5
17.7.6	Number of Deaths due to Japanese Encephalitis (JE)			16.8.5

Health Officer

C.B.P.H.C.S.



**OFFICE OF THE MUNICIPAL COUNCILLORS  
BHADRESWAR, DIST. - HOOGHLY**

**From: - Dr. Suchita Nandy Mazumder  
Health Officer, Bhadreswar Municipality**

**Memo No: Health / 406**

**Dated: 20.1.2020**

**To  
The Director  
State Urban Development Agency (SUDA)  
Health wing, ILGUS Bhawan,  
HC Block, Sector-III, Bidhannagar  
Kolkata- 700091, West Bengal**



*PHO (SB)  
Ldf*

**Sub: Submission of monthly report for UPHCs (CUDP & IPP - VIII HAU) RDC-IPP- VIII;  
Maternity- IPP- VIII & also a copy of Dy. CMOH-III monthly.**

Sir,

Hereby I am submitting the monthly reports for the month of *December* 20 19

These are for your kind perusal and necessary action.

With regards,

Enclose as above.

Yours faithfully

*Suchita Nandy*  
14/01/2020  
Health Officer

Bhadreswar Municipality



**MONTHLY REPORT**  
**FOR UPHCS / HHW SCHEME / CBPHCS**

Form - C

Report for the month of December Year 2019

Bhadreswar Municipality

No. of reporting SCs 1-23

**POSITION AS ON 1<sup>ST</sup> APRIL, 2019**

- 1) No. of Beneficiary Families 24659      2) No. of Beneficiary Population 104033  
 3) No. of Eligible Couples 14883      4) No. of Infants (under 1 year) 956  
 5) No. of Children (1 to < 5 years) 5165

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April
<b>1.</b>	<b>Ante Natal Care</b>		
1.1	Ante Natal Cases Registered		
	(a) New - (i) Before 12 weeks	11	133
	(ii) After 12 weeks	43	474
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups	31	431
1.3	Total No. of high risk pregnant women		
	(a) Attended	01	19
	(b) Referred	01	17
1.4	No. of TT doses		
	(a) TT 1	48	467
	(b) TT 2	50	415
	(c) Booster	01	04
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia	39	514
<b>2.</b>	<b>Natal Care</b>		
2.1	Total No. of deliveries conducted		
	(a) Normal	45	201
	(b) Forceps	0	0
	(c) Caesar	42	302
2.2	Place of delivery		
	(a) Home	03	07
	(b) Institution	84	496
2.3	Age of mother at the time of delivery		
	(a) Less than 20 years	01	10
	(b) 20 years and above	86	493
2.4	No. of complicated Delivery cases referred to Govt./ Non Govt. Hospital / Nursing Home / Maternity Homes	0	0

(2)

Sl. No.	Services	Performance in the reporting month		Cumulative performance since April _____	
		M	F	M	F
3.	<b>Pregnancy Outcome</b>				
3.1	No. of Births				
	(a) Live Births	38	48	254	245
	(b) Still Births	01	0	04	02
3.2	Order of Birth in 3.1 (a) (live births)				
	(a) 1 <sup>st</sup>	22	30	136	149
	(b) 2 <sup>nd</sup>	13	14	87	78
	(c) 3+	03	04	31	18
3.3	New born status of birth in 3.1 (a) (live births)				
	(a) Less than 2.5 Kg.	03	05	12	12
	(b) 2.5 Kg. or more	35	43	239	232
	(c) Weight not recorded	0	0	03	01
3.4	High risk new born				
	(a) No. Attended	0	0	02	0
	(b) No. Referred	0	0	02	0
4.	<b>Post Natal Care</b>				
4.1	No. of women received 3 post natal check-ups		75		433
4.2	No. of Complicated cases referred		0		0
5.	<b>Maternal Deaths</b>				
5.1	During Pregnancy		0		0
5.2	During Delivery		0		0
5.3	Within 6 weeks of delivery		0		0
6.	<b>RTI / STI</b>	M	F	M	F
6.1	Cases detected	0	6	0	35
6.2	Cases treated	0	6	0	35

November - Twin baby  
December → Twin baby

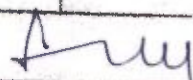
7. Immunization & Prophylaxis :		Performance in the reporting month			Cumulative performance since April						
No. of Sessions planned		26			196						
No. of Sessions held		24			174						
		During the month				Cumulative since April					
		Under - 1 year		Above - 1 year		Under - 1 year			Above - 1 year		
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total
BCG		38	48			154	245	399			
DPT Penta & PIP	DPT-1	42	32			281	259	540			
	DPT-2	40	44			254	245	499			
	DPT-3	27	43			261	235	496			
OPV	OPV-0	38	48			237	227	464			
	OPV-1	42	32			281	259	540			
	OPV-2	40	44			254	245	499			
	OPV-3	27	43			261	235	496			
Hepatitis - B	Hep-0	25	29			161	158	319			
	Hep-1	-	-			-	-	-			
	Hep-2	-	-			-	-	-			
Measles MR	Dose-1	30	31			301	274	575			
Fully immunized Children under 1 year	Having BCG+3 doses of OPV & DPT + Measles	30	31			301	274	575			
JE	Dose-1	30	31			301	274	575			
VITAMIN-A	Dose-1	30	31			118	103	221			
Children aged 16-24 months	DPT Booster			22	32				281	282	563
	OPV Booster			22	32				281	282	563
	Measles-2			22	32				280	281	561
	JE-2			22	32				282	282	564
VITAMIN-A	Dose-2			32	35				96	102	188
	Dose-3			112	112				112	112	224
	Dose-4			100	80				100	80	180
	Dose-5			74	100				74	100	174
	Dose-6			59	65				59	65	124
	Dose-7			70	59				70	59	129
	Dose-8			63	47				63	47	110
	Dose-9			63	55				126	126	257
Children more than 5yrs	DPT			46	49				365	361	726
Children more than 10yrs	TT			37	43				303	280	583
Children more than 16yrs	TT			38	44				248	261	509
No. of Children received IFA		-	-	-	-	-	-	-	-	-	-
UNTOWARD REACTION											
1. Reported deaths associated with immunization		-	-	-	-	-	-	-	-	-	-
2. Number of abscesses		1	0	2	0	5	8	13	6	4	10
3. Other Complications		-	-	-	-	-	-	-	-	-	-
Rota virus		M	F	Total	M	F	Total				
1st dose →		42	32	74	160	140	300				
2nd dose →		40	44	84	90	101	191				
3rd dose →		27	43	70	48	52	100				

(257)

Sl. No.	Services	Performance in the reporting month			Cumulative performance since April		
		M	F	T	M	F	T
8.	Vaccine preventable diseases for under - 5 years children						
	(a) Diphtheria						
	(i) Cases						
	(ii) Deaths						
	(b) Poliomyelitis						
	(i) Cases						
	(ii) Deaths						
	(c) Neo Natal Tetanus						
	(i) Cases						
	(ii) Deaths						
	(d) Tetanus other than Neo Natal						
	(i) Cases						
	(ii) Deaths						
	(e) Whooping Cough						
	(i) Cases						
	(ii) Deaths						
	(f) Measles						
	(i) Cases						
	(ii) Deaths	0	0	0	1	1	2
8.1	Other specified communicable diseases	0	0	0	0	0	0
	(a) Malaria /						
	(i) Cases						
	(ii) Deaths	9	3	12	35	13	48
	(b) Tuberculosis	0	0	0	0	0	0
	(i) Cases						
	(ii) Deaths	0	0	0	7	2	9
	(c) Leprosy	0	0	0	0	0	0
	(i) Cases						
	(ii) Deaths	0	0	0	1	1	2
9.	ARI under 5 years	0	0	0	0	0	0
	(a) Cases						
	(b) Treated with Co-trimoxazole	8	8	16	96	84	180
	(c) Deaths	8	8	16	96	84	180
10.	Acute Diarrhoeal Diseases under 5 years	0	0	0	0	0	0
	(a) Cases						
	(b) Treated with ORS	4	5	9	83	79	162
	(c) Deaths	4	5	9	83	79	162
11.	Child Deaths	0	0	0	0	0	0
	(a) Under 1 week						
	(b) 1 week to under 1 month	0	0	0	0	2	2
	(c) 1 month to under 1 year	0	0	0	0	0	0
	(d) 1 year to under 5 years	0	1	1	0	1	1
		0	0	0	0	0	0

Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31st March preceding year and thereafter at end of each reporting month of current year)	Performance in the reporting month		Cumulative performance Since April including carried over performance
			No. of New Acceptors	Nos. Discontinued or taken off for crossing Eligible age	
		(a)	(b)	(c)	(a + b - c)
12.	<b>Contraceptive Services</b>				
12.1	Male Sterilisation				
	(a) Conventional	01	0	0	01
	(b) No scalpel	0	0	0	
12.2	Female Sterilisation				
	(a) Abdominal	2374	8	0	2382
	(b) Laparoscopic	682	0	0	682
12.3	Total IUD insertions	43	4	0	47
12.3.1	Cases followed up	43	4	0	47
12.3.2	Complications	0	0	0	0
12.4	No. of CC users				
	(a) No. of OP users	1544	28	0	1572
	(b) No. of condom users	1828	33	0	1861
12.5	Total Nos protected by all methods (12.1 + 12.2 + 12.3 + 12.4)	6472	73	0	6545
12.6	No. of Eligible Couples accepted Sterilization		Performance in the reporting month		Cumulative performance since April
12.6.1	Having upto 2 living children	1903	5		1908
12.6.2	Having 3 or more children	1154	3		1157
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13.	<b>Abortions</b>				
	(a) Spontaneous				
	(b) No. of MTPs done		0		12
	(c) Deaths		0		03
14.	<b>Deaths</b>				
	(a) Maternal Deaths (as in Sl. No. 5)		0		01
	(b) Child Deaths (as in Sl. No. 11)		01		02
	(c) Other Death (except Sl. No. 5 & 11)		53		365
14.1	Total Death = Sl. No. 14 (a+b+c)		54		369
15.	IEC Activities	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion				
	2. Deployment of Folk Media				
	3. Others (Specify)				

Date: 13.01.2020

Prepared by  
Basant Ghoshgundar
  
Signature of Health Officer/Medical Officer

①

**URBAN HEALTH IMPROVEMENT PROGRAMME-KMDA**  
Monthly report of the Maternity Home / Maternity Home with Clinic

FORM-E

Bhadreswar Municipality

Month DECEMBER Year 200 19

1.0 General Information

1.1 No. of sanctioned Beds ..... 35                      1.2 No. of existing Beds .....  
 1.3 Staff in position : (a) G&O Specialist ..... 2                      (b) Anaesthetists .....  
 (c) Paediatrician On call                      (d) Medical Officer ..... 5                      (e) Nursing personnel .....  
 (f) Lab. Technician ..... 2                      (g) Superintendent / Administrator ..... Yes/No

2.0 Performance

Sl. No.	Item	Performance during the reporting month			Cumulative since April 200.....			
		B	-NB	3+4 Total (B+NB)	B	NB	6+7 Total (B+NB)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
2.1	(a) Admissions of Maternity Cases	0	30	30	0	44	44	
	(b) Admissions of Gynae Cases	0	24	24	0	147	147	
	(c) MTP Cases	0	05	05	0	53	53	
	(d) Total Admissions	0	59	59	0	650	650	
2.2	No. of admissions—parawise maternity cases							
	(a) 1st para	0	18	18	0	212	212	
	(b) 2nd para	0	08	08	0	79	79	
2.3	No. of MTP performed	(a) before 12 weeks of gestation	0	04	04	0	54	54
		(b) at after 12 weeks of gestation	0	01	01	0	02	02
		(c) causewise No. of MTP cases						
		(i) Medical cause	0	01	01	0	17	17
		(ii) Eugenic cause	0	0	0	0	0	0
		(iii) Humanitarian cause	0	0	0	0	0	0
2.4	No. of Female sterilization done:	(iv) Socio economic cause	0	02	02	0	11	11
		(v) Failure of contraceptive methods	0	02	02	0	16	16
		(a) Puerperal ligation	0	04	04	0	42	42
		(b) Post Puerperal ligation—Abdominal (Conventional)	0	0	0	0	01	01
		(c) Post Puerperal ligation - Laparoscopic	0	0	0	0	0	0
2.5	(a) Total No. of discharges	(d) MTP with ligation	0	02	02	0	13	13
		(b) Total No. of deaths	0	68	68	0	736	736
2.6	(a) No. of normal deliveries	(b) No. of assisted deliveries**	0	03	03	0	21	21
		(c) No. of Caesarean sections—1st Gravida	0	16	16	0	168	168
		- 2nd Gravida	0	05	05	0	85	85
		- 3rd Gravida & above	0	05	05	0	42	42

\*\* Assisted deliveries (i) Abnormal presentation (Breech, face etc.), (ii) Twins, (iii) Outlet Forceps/Ventouse, (iv) Retained placenta (v) Repair of cervical tear, (vi) Vaginal lacerations

Malka - 26  
L. Birth - 29  
3 Birth - 02  
ND - 3 (1 still birth)

Contc

Sl. No.	Item	Performance during the reporting month			Cumulative since April 200.....		
		B	NB	3+4 Total (B+NB)	B	NB	6 Total (B+N)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2.7	(a) Total No. of live births	0	24	24	0	311	311
	(b) Total No. of still births	0	02	02	0	06	06
2.8	(a) No. of Maternal Deaths	0	0	0	0	0	0
	(b) Mention Cause(s) of Maternal Death(s)						
	(i)						
	(ii)						
2.9	No. of cases required blood transfusion	0	0	0	0	02	02
2.10	No. of cases referred out— (i) Obstetric cases	0	0	0	0	01	01
	(ii) Neonatal cases	0	0	0	0	01	01
2.11	No. of new borns required resuscitation						
2.12	No. of new borns with Birth Weight						
	(a) below 2 kg gm	0	01	01	0	17	17
	(b) above 2 kg but <2.5 kg	0	05	05	0	70	70
	(c) above 2.5 kg	0	18	18	0	205	205
2.13	(a) No. of Neo-natal deaths	0	0	0	0	0	0
	(b) Mention Cause(s) of neo-natal Death(s)						
	(i)						
	(ii)						
	(iii)						
2.14	(a) No. of Neo-natal BCG administered	0	17	17	0	285	285
	(b) No. of 'O' dose of OPV administered	0	19	19	0	307	307

## 3.0 Bed utilization &amp; efficiency

Sl. No.	Item	During the reporting month	Cumulative since April 200.....
3.1	(a) Total patient days during the month	310	2657
	(b) Average length of stay	4.55	32.70
	(c) Bed occupancy (in percentage)	47.61	415.69
3.2	(a) No. of Hospital Acquired Infection		
	(b) Hospital waste management system functioning or not Tick (✓) reponse	✓ Yes/No	

A separate Format (Xeroxed) in continuation of Form-E will have to be attached for Performance Report of the 'Maternity Home with Clinic' ( 6 in Numbers ) is to be submitted.

B = Beneficiaries NB = Non-Beneficiaries

Signature of Health Officer

Prepared by  
Anita Ghosh  
02/01/19

Signature of the Superintendent,  
Administrator / M.O. in-Charge

Date .....

Date .....

**URBAN HEALTH IMPROVEMENT PROGRAMME - KMDA**

**FORM G**

Monthly Performance report of RDC / Upgraded RDC / Upgraded Diagnostic Centres / Lab. Setup attached to ESOPD / Maternity Home  
[Tick (✓) the appropriate Centre]

MONTH : **DECEMBER**

YEAR **2019**

**BHADRESWAR MUNICIPALITY**

Number of Staff in position : (a) Specialists - **3** (b) Technicians - **8** (c) Ancillary staff - Adm. - **1 + oth. - 6**  
**A. Performance**


Sl. No.	Type of Investigation / lab. exam. done	No. of test performed during the month (1)		No. of test performed during the month (2)		Total (1 + 2)	Cumulative since April 2019 (1 + 2)
		RDC / Upgraded RDC / Upgraded Diagnostic Centres	Total (B+NB)	B	NB		
1	(a) Pathology	0	28	12	191	0	16
	(b) Haematology	2	166	53	1166	33	86
2	(c) Bio-chemistry	3	162	62	1231	39	101
	USG	13	77	183	531	-	183
3	X-Ray	10	426	60	2288	-	60
4	ECCG	31	125	277	1000	-	277
5	(i) Biopsy	-	-	-	-	-	-
	(ii) Cytology	-	-	-	-	-	-
**6.	(iii) Serology	1	51	21	397	-	21
	(i) HIV	0	28	14	170	-	14
7	(ii) C/s & other test	0	11	12	143	-	12
	Total Investigation	60	1074	694	7117	5	770

**B. Quality assurance system present**  Yes  No

**C. Bio Medical Waste Management System is in operation**  Yes  No

\* Sl. No. 5 is meant for different types of tests on Biopsy / Cytology / Serology in upgraded RDC / Upgraded Diagnostic Centres.  
\*\* Sl. No. 6 for any other test (to be specified)

Signature of Health Officer 

Signature of In-charge of RDC / Administrator 



UHIP - KMDA

(To be submitted to UHIP Headquarters)

(To be submitted to UHIP Headquarters)

FROM F

**UHIP - KMDA**

(PPV VIII & CUDP-III)

(PPV VIII & CUDP-III)

**Monthly Performance report of ESOPD for the December 2019, Bhadravara Municipality**

(21/11/19 to 20/12/19)

Sl. No	Name of Discipline	Outpatients treated during the month				Cumulative since April 2019		Cases referred to other Institutions	
		New Beneficiaries	New & Old Beneficiaries	Non New Beneficiaries	Total of New & Old Beneficiaries	New & Old Beneficiaries	Non Beneficiaries	New & Old Beneficiaries	Non Beneficiaries
1	Obstetrics - ANC	3	4	18	28	32	15	212	
2	GYNO	0	0	0	0	0	0	5	
3	CHILD	3	3	14	22	25	14	166	
4	MEDICINE	2	2	1	2	4	7	17	
5	EYE	0	0	0	0	0	0	0	
6	ENT	1	1	6	8	9	10	46	
7	SURGERY	1	1	4	5	6	20	69	
8	DENTAL	8	13	3	16	29	63	43	
9	DERMATOLOGY	6	7	30	34	41	66	160	
10	<b>Total</b>	<b>24</b>	<b>31</b>	<b>76</b>	<b>115</b>	<b>146</b>	<b>195</b>	<b>718</b>	

Outpatient = An outpatient is an individual attending OPD and receiving any service of the outpatient department and not occupying a hospital bed. Outpatients may be classified as new and old.

A new patient is one who attends OPD for the first time and an Old patient is one who repeats attendance for the same disease.

An individual who repeats attendance for new episode of illness may be treated as a new outpatient case.

*Signature Bhadravara Health Officer*

Signature of Health Officer

Signature of the In-charge

Signature of the In-charge

Date.

Date.

Date.



OFFICE OF THE MUNICIPAL COUNCILLORS  
BHADRESWAR, DIST. - HOOGHLY

From: - Dr. Suchita Nandy Mazumder  
Health Officer, Bhadreswar Municipality

Memo No: Health / 405

Dated: 20.1.2020

To  
The Director  
State Urban Development Agency (SUDA)  
Health wing, ILGUS Bhawan,  
HC Block, Sector-III, Bidhannagar  
Kolkata- 700091, West Bengal



PHO(SO)  
WAF

Sub: Submission of monthly report for UPHCs (CUDP & IPP - VIII IIAU) RDC-IPP- VIII; Maternity- IPP- VIII.

Sir,

Hereby I am submitting the monthly reports for the month of NOVEMBER 2019

These are for your kind perusal and necessary action.

With regards,

Enclose as above.

Yours faithfully

Health Officer  
Bhadreswar Municipality

**MONTHLY REPORT**  
**FOR UPHCS / HHW SCHEME / CBPHCS**

Form - C

Report for the month of November Year 2019

Bhadreswar Municipality

No. of reporting SCs 1-23

**POSITION-AS ON 1<sup>ST</sup> APRIL, 2019**

1) No. of Beneficiary Families 24659

2) No. of Beneficiary Population 104033

3) No. of Eligible Couples 14883

4) No. of Infants (under 1 year) 956

5) No. of Children (1 to < 5 years) 5165

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April
1	Ante Natal Care		
1.1	Ante Natal Cases Registered		
	(a) New - (i) Before 12 weeks	17	122
	(ii) After 12 weeks	58	431
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups	43	400
1.3	Total No. of high risk pregnant women		
	(a) Attended		
	(b) Referred	03	18
1.4	No. of TT doses	01	16
	(a) TT 1	60	419
	(b) TT 2	36	365
	(c) Booster	03	03
1.5	No. of pregnant women under treatment for Anaemia		
	No. of pregnant women given prophylaxis for anaemia	66	475
2	Natal Care		
	(a) Total No. of deliveries conducted		
	Normal		
	(i) Forceps	33	156
	(c) Caesar	0	0
2.2	Place of delivery	40	260
	(a) Home		
	(b) Institution	0	04
2.3	Age of mother at the time of delivery	73	412
	(a) Less than 20 years		
	(b) 20 years and above	02	09
2.4	No. of complicated Delivery cases referred to Govt. Non Govt. Hospital Nursing Home / Maternity Homes	71	407
		0	0

Sl. No.	Services	Performance in the reporting month		Cumulative performance since April	
		M	F	M	F
3.	Pregnancy Outcome				
3.1	No. of Births				
	(a) Live Births				
	(b) Still Births	38	36	216	197
3.2	Order of Birth in 3.1 (a) (live births)			03	02
	(a) 1 <sup>st</sup>				
	(b) 2 <sup>nd</sup>	23	19	114	119
	(c) 3+	13	13	74	64
3.3	New born status of birth in 3.1 (a) (live births)				
	(a) Less than 2.5 Kg	02	02	09	07
	(b) 2.5 Kg. or more	36	34	204	189
	(c) Weight not recorded	0	0	03	01
3.4	High risk new born				
	(a) No. Attended	01	0	02	0
	(b) No. Referred	01	0	02	0
4.	Post Natal Care				
4.1	No. of women received 3 post natal check-ups	60		358	
4.2	No. of Complicated cases referred	0		0	
5.	Maternal Deaths				
5.1	During Pregnancy	0		0	
5.2	During Delivery	0		0	
5.3	Within 6 weeks of delivery	0		0	
6.	RTI / STI				
6.1	Cases detected	0	2	0	29
6.2	Cases treated	0	2	0	29

(Nov. 19) One Twin baby = 1

7. Immunization & Prophylaxis :	Performance in the reporting month	Cumulative performance since April
No. of Sessions planned	09	170
No. of Sessions held	09	150

		During the month				Cumulative since April					
		Under - 1 year		Above - 1 year		Under - 1 year			Above - 1 year		
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total
BCG		38	36			216	197	413			
Penta + MNH FIPV	DPT-1	37	30			239	227	466			
	DPT-2	32	31			214	201	415			
	DPT-3	36	23			234	192	426			
OPV	OPV-0	38	36			199	179	378			
	OPV-1	37	30			239	227	466			
	OPV-2	32	31			214	201	415			
Hepatitis - B	Hep-0	36	23			234	192	426			
	Hep-1	38	36			136	129	265			
	Hep-2	-	-			-	-	-			
Measles MR	Dose-1	29	34			271	243	514			
	Having BCG+3 doses of OPV & DPT + Measles	29	34			271	243	514			
	JE	29	34			271	243	514			
VITAMIN-A	Dose-1	29	34			88	72	160			
Children aged 16-24 months	DPT Booster			27	31				259	250	509
	OPV Booster			27	31				259	250	509
	Measles-2			27	31				258	249	507
	JE-2			27	31				260	250	510
VITAMIN-A	Dose-2			27	31				64	67	131
	Dose-3			-	-				-	-	-
	Dose-4			-	-				-	-	-
	Dose-5			-	-				-	-	-
	Dose-6			-	-				-	-	-
	Dose-7			-	-				-	-	-
	Dose-8			-	-				-	-	-
	Dose-9			-	-				-	-	-
	Children more than 5yrs	DPT			48	49				68	71
Children more than 10yrs	Td			48	49				319	312	631
Children more than 16yrs	Td			29	42				266	237	503
No. of Children received IFA									210	217	427
UNTOWARD REACTION											
1. Reported deaths associated with immunization											
2. Number of abscesses											
3. Other Complications											

Rota virus	M	F	Total	M	F	Total
1st dose	37	30	67	118	108	226
2nd "	31	30	61	50	57	107
3rd "	18	7	25	21	09	30

Sl. No.	Services	Performance in the reporting month			Cumulative performance since April		
		M	F	T	M	F	T
8.	Vaccine preventable diseases for under - 5 years children						
	(a) Diphtheria						
	(i) Cases						
	(ii) Deaths						
	(b) Poliomyelitis						
	(i) Cases						
	(ii) Deaths						
	(c) Neo Natal Tetanus						
	(i) Cases						
	(ii) Deaths						
	(d) Tetanus other than Neo Natal						
	(i) Cases						
	(ii) Deaths						
	(e) Whooping Cough						
	(i) Cases						
	(ii) Deaths						
	(f) Measles						
	(i) Cases						
	(ii) Deaths						
8.1	Other specified communicable diseases	0	0	0	01	01	02
	(a) Malaria	0	0	0	0	0	0
	(i) Cases						
	(ii) Deaths						
	(b) Tuberculosis						
	(i) Cases						
	(ii) Deaths						
	(c) Leprosy				07	02	09
	(i) Cases						
	(ii) Deaths						
9.	ARI under 5 years				01	01	02
	(a) Cases				0	0	0
	(b) Treated with Co-trimoxazole	10	9	19	88	76	164
	(c) Deaths	10	9	19	88	76	164
10.	Acute Diarrhoeal Diseases under 5 years						
	(a) Cases						
	(b) Treated with ORS	6	4	10	79	74	153
	(c) Deaths	6	4	10	79	74	153
11.	Child Deaths						
	(a) Under 1 week						
	(b) 1 week to under 1 month	0	0	0	0	2	2
	(c) 1 month to under 1 year	0	0	0	0	0	0
	(d) 1 year to under 5 years	0	0	0	0	0	0

Services	No. of Eligible Couple already protected (as existing on 31st March preceding year and thereafter at end of each reporting month of current year)	Performance in the reporting month		Cumulative performance Since April including carried over performance
		No. of New Acceptors	Nos. Discontinued or taken off for crossing Eligible age	
	(a)	(b)	(c)	(a - b - c)
12. Contraceptive Services				
12.1 Male Sterilisation				
(a) Conventional				
(b) No scalpel	01	0	0	01
12.2 Female Sterilisation	0	0	0	0
(a) Abdominal				
(b) Laparoscopic	2360	14	0	2374
12.3 Total IUD insertions	682	0	0	682
12.3.1 Cases followed up	41	2	0	43
12.3.2 Complications	41	2	0	43
12.4 No. of CC users	0	0	0	0
(a) No. of OP users				
(b) No. of condom users	1516	28	0	1544
12.5 Total Nos protected by all methods (12.1 + 12.2 + 12.3 + 12.4)	1800	28	0	1828
12.6 No. of Eligible Couples accepted Sterilization	6400	72	0	6472
		Performance in the reporting month		Cumulative performance since April
12.6.1 Having upto 2 living children	1891	12		1903
12.6.2 Having 3 or more children	1152	02		1154
12.7 No. of CC distributed				
12.8 No. of OP Cycle distributed				
12.9 No. of Condoms distributed				
13. Abortions				
(a) Spontaneous				
(b) No. of MTPs done		02		12
(c) Deaths		0		03
14. Deaths				
(a) Maternal Deaths (as in Sl. No. 5)				
(b) Child Deaths (as in Sl. No. 11)		0		01
(c) Other Death (except Sl. No. 5 & 11)		0		01
14.1 Total Death = Sl. No. 14 (a+b+c)		48		312
		48		315
15. IFC Activities	Held			
	Topics	No. Held	Attendance	
1 Group Discussion			Male	Female
2 Deployment of Folk Media				
3 Others (Specify)				

Date

*[Signature]*  
Signature of Health Officer/Medical Officer

# URBAN HEALTH IMPROVEMENT PROGRAMME-KMDA

FORM-E

Monthly report of the Maternity Home / Maternity Home with Clinic

Bhadreswar Municipality

Month NOVEMBER Year 20019

## 1.0 General Information

1.1 No. of sanctioned Beds <u>35</u>	1.2 No. of existing Beds
1.3 Staff in position : (a) G&O Specialist <u>2</u>	(b) Anaesthetists
(c) Paediatrician <u>On Call</u>	(d) Medical Officer <u>5</u>
(e) Nursing personnel	(f) Lab. Technician <u>2</u>
(g) Superintendent / Administrator	Yes/No

## 2.0 Performance

Sl. No.	Item	Performance during the reporting month			Cumulative since April 200.....			
		B	-NB	3 + 4 Total (B+NB)	B	NB	6 + 7 Total (B+NB)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
2.1	(a) Admissions of Maternity Cases	0	42	42	0	411	411	
	(b) Admissions of Gynae Cases	0	13	13	0	134	134	
	(c) MTP Cases	0	02	02	0	48	48	
	(d) Total Admissions	0	57	57	0	593	593	
2.2	No. of admissions—parawise maternity cases							
	(a) 1st para	0	23	23	0	194	194	
	(b) 2nd para	0	09	09	0	71	71	
2.3	No. of MTP performed	(a) before 12 weeks of gestation	0	02	02	0	50	50
		(b) at after 12 weeks of gestation	0	0	0	0	01	01
		(c) causewise No. of MTP cases						
	(i) Medical cause	0	0	0	0	16	16	
	(ii) Eugenic cause	0	0	0	0	0	0	
	(iii) Humanitarian cause	0	0	0	0	0	0	
	(iv) Socio economic cause	0	0	0	0	09	09	
(v) Failure of contraceptive methods	0	02	02	0	14	14		
2.4	No. of Female sterilization done*							
	(a) Puerperal ligation	0	06	06	0	38	38	
	(b) Post Puerperal ligation—Abdominal (Conventional)	0	0	0	0	01	01	
	(c) Post Puerperal ligation - Laparoscopic	0	0	0	0	0	0	
2.5	(a) Total No. of discharges	0	74	74	0	668	668	
	(b) Total No. of deaths	0	0	0	0	0	0	
2.6	(a) No. of normal deliveries	0	04	04	0	18	18	
	(b) No. of assisted deliveries**							
	(c) No. of Caesarean sections—1st Gravida	20	20	20	0	152	152	
	- 2nd Gravida	0	10	10	0	80	80	
- 3rd Gravida & above	0	03	03	0	37	37		

\*\* Assisted deliveries (i) Abnormal presentation (Breech, face etc.), (ii) Twins, (iii) Outlet Forceps / Ventouse, (iv) Retained placenta (v) Repair of cervical tear, (vi) Vaginal lacerations

T. Mukherjee 23 3-Birth - 1  
T. Baby - 33 T. Baby - 1  
ND - 4

Contd



Sl. No.	Item	Performance during the reporting month			Cumulative since April 200.....		
		B	NB	3 + 4 Total (B+NB)	B	NB	6 + 7 Total (B+NB)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2.7	(a) Total No. of live births	0	33	33	0	287	287
	(b) Total No. of still births	0	01	01	0	04	04
2.8	(a) No. of Maternal Deaths	0	0	0	0	0	0
	(b) Mention Cause(s) of Maternal Death(s)						
	(i)						
	(ii)						
2.9	No. of cases required blood transfusion	0	01	01	0	02	02
2.10	No. of cases referred out— (i) Obstetric cases	0	0	0	0	01	01
	(ii) Neonatal cases	0	01	01	0	01	01
2.11	No. of new borns required resuscitation						
2.12	No. of new borns with Birth Weight						
	(a) below 2 kg gm	0	02	02	0	16	16
	(b) above 2 kg but <2.5 kg	0	10	10	0	65	65
	(c) above 2.5 kg	0	21	21	0	187	187
2.13	(a) No. of Neo-natal deaths	0	0	0	0	0	0
	(b) Mention Cause(s) of neo-natal Death(s)						
	(i)						
	(ii)						
	(iii)						
2.14	(a) No. of Neo-natal BCG administered	0	22	22	0	268	268
	(b) No. of 'O' dose of OPV administered	0	31	31	0	288	288

## 3.0 Bed utilization &amp; efficiency

Sl. No.	Item	During the reporting month	Cumulative since April 200.....
3.1	(a) Total patient days during the month	298	2359
	(b) Average length of stay	4.02	28.25
	(c) Bed occupancy (in percentage)	47.30	368.08
3.2	(a) No. of Hospital Acquired Infection		
	(b) Hospital waste management system functioning or not Tick (✓) reponse	✓ Yes / No	

A separate Format (Xeroxed) in continuation of Form-E will have to be attached for Performance Report of the 'Maternity Home with Clinic' ( 6 in Numbers ) is to be submitted.

B = Beneficiaries NB = Non-Beneficiaries

Signature of Health Officer

Prepared by Anjali Ray Chaudhary - 2.12.19

02/12/19

Signature of the Superintendent / Administrator / M.O. in-Charge

Date .....

Date .....

Anjali Ray Chaudhary  
Regd Nurse  
02/12/19

**URBAN HEALTH IMPROVEMENT PROGRAMME - KMIDA**

**FORM G**

Monthly Performance report of RDC / Upgraded RDC / Upgraded Diagnostic Centres / Lab. Setup attached to ESOPD / Maternity Home  
 [Tick (✓) the appropriate Centre]

**MONTH: NOVEMBER YEAR 2019**

**BHADRESWAR MUNICIPALITY**

Number of Staff in position : (a) Specialists - 3 (b) Technicians - 8 (c) Ancillary staff - Adm. - 1 + oth. - 6  
**A. Performance**

Sl. No.	Type of Investigation / lab. exam. done	No. of test performed during the month (1)				No. of test performed during the month (2)				Total (1 + 2)		Cumulative since April 2019 (1 + 2)							
		RDC / Upgraded Diagnostic Centres	Upgraded	Total (B+NB)	Cumulative since April 2019	Lab. Attached to ESOPD (a)	Lab. Attached to Mat. Home (b)	Total (B + NB)	Cumulative since April 2019	B	NB	B	NB						
1	(a) Pathology	B	NB	38	41	12	163	0	16	0	10	26	4	109	3	64	16	272	
	(b) Haematology			9	195	204	51	1000	4	70	2	13	89	33	585	15	278	84	1585
	(c) Bio-chemistry			6	202	208	59	1069	4	42	2	10	58	39	571	12	254	98	1640
2	USG			11	64	75	170	454	-	-	-	-	-	-	-	-	170	454	
3	X-Ray			14	354	368	50	1862	-	-	-	-	-	-	-	-	1	182	
4	ECG			53	131	184	246	875	-	-	-	-	-	-	-	-	17	875	
5	(i) Biopsy			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	(ii) Cytology			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	(iii) Serology			3	46	49	20	346	-	-	-	-	-	-	-	-	20	346	
**6.	(i) HIV			2	20	22	14	142	-	-	-	-	-	-	-	-	14	142	
	(ii) C/s & other test			1	9	10	12	132	-	-	-	-	-	-	-	-	12	132	
7	Total Investigation	102	1059	1161	634	6043	8	123	4	33	173	76	1265	30	596	432	5628		

**B. Quality assurance system present**

(Tick (✓) in the appropriate Box)

Yes	No
-----	----

**C. Bio Medical Waste Management System is in operation**

(Tick (✓) in the appropriate Box)

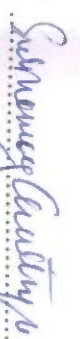
Yes	No
-----	----

\* Sl. No. 5 is meant for different types of tests on Biopsy / Cytology / Serology in upgraded RDC / Upgraded Diagnostic Centres.  
 \*\* Sl. No. 6 for any other test (to be specified)

Signature of Health Officer



Signature of In-charge of RDC / Administrator



UHIP - KMDA

UHIP - KMDA

(To be submitted to UHIP Headquarters)

(To be submitted to UHIP Headquarters)

FROM F

Monthly Performance report of ESOPD for the November 2019. Bhadreswar Municipality

(21/10/19 to 20/11/19)

(PPVIII&CUDP-III)

(PPVIII&CUDP-III)

Sl.No	Name of Discipline	Outpatients treated during the month				Cumulative since April 2019		Cases referred to other Institutions	
		New & Old	New	Old	Total	New & Old	New & Old	Beneficiaries	Non Beneficiaries
1	Obstetrics - ANC	0	0	0	27	37	11	184	
2	GYNO	0	0	0	0	0	0	5	
3	CHILD	1	1	1	20	31	11	144	
4	MEDICINE	0	0	0	4	5	5	15	
5	EYE	0	0	0	0	0	0	0	
6	ENT	0	0	0	2	2	9	38	
7	SURGERY	3	3	3	12	12	19	64	
8	DENTAL	7	7	7	3	3	15	27	
9	DERMATOLOGY	7	7	7	13	15	59	126	
10	<b>Total</b>	<b>18</b>	<b>23</b>	<b>23</b>	<b>81</b>	<b>105</b>	<b>128</b>	<b>603</b>	

Outpatient = An individual attending OPD and receiving any service of the outpatient department and not occupying a hospital bed. Outpatients may be classified as new and old. A new patient is one who attends OPD for the first time and an old patient is one who repeats attendance for the same disease. An individual who repeats attendance for new episode of illness may be treated as a new outpatient case.

*Signature of Health Officer*  
*Date*

*Signature of the In-charge*  
*Date*

*Signature of the In-charge*  
*Date*

**KURSEONG MUNICIPALITY**  
**KURSEONG**

Memo No. 1737/M/Gon/20

Dated the 14/2/2020.

From  
The Chairman,  
Kurseong Municipality,  
Kurseong.



To  
The Director, SUDA  
ILGUS Bhawan,  
H.C. Block, Sector-III,  
Bidhannagar, Kolkata-91

*PHO (S.D.)*  
*ADP*

**Sub: Submission of Utilisation Certificate of Urban RCH Programme.**

Sir,

Enclosed please find the Utilisation Certificate of Urban RCH Programme where the balance is Rs. 50,400.00 (Rupees Fifty thousand four hundred) only upto the end of January' 2020 which will be utilized till March 2020.

Please release the further grant to meet with the expenses.

Yours faithfully,

*Khw*  
Chairman,

Kurseong Municipality.

Encl: Statement of Expenditure  
Form of Utilization  
Duplicated Voucher

**KURSEONG MUNICIPALITY**  
**KURSEONG**

**FORM OF UTILISATION CERTIFICATE PRESCRIBED IN S.R. 330A OF THE TREASURY  
RULES, WEST BENGAL AND THE SUBSIDIARY RULES MADE THEREUNDER.**

**VOLUME - I**

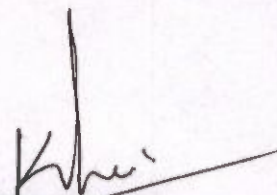
Certified that the Opening Balance for the Month of December 2019' was Rs 1,00,800.00 (Rupees One lakh eight hundred) only and Rs. 50,400.00 (Rupees Fifty thousand four hundred) only has been utilized for the month of December 2019 and January 2020 .The balance is Rs. 50,400.00 (Rupees Fifty thousand four hundred) only upto the end of January' 2020.

Sl. No	G.O. No. and Date	Amount	UC Submitted	Amount spend during Dec 2019 & Jan 2020	Balance
01	Total Grant Received from SUDA	20,07,294.00	19,06,494.00	50,400.00	50,400.00

2. Certified that I have satisfied myself that the conditions on which the Grants-in-aid was sanctioned has been duly fulfilled / are being fulfilled and that I have exercised the following checks and that the money was actually utilized for the purpose for which it was sanctioned.

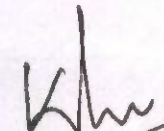
**KIND OF CHECK EXERCISED :**

1. Books of Account
2. Duplicate Bill, Receipt & Voucher
3. Bank Statement
4. Physical Progress

  
Chairman,  
**Kurseong Municipality.**

**KURSEONG MUNICIPALITY**  
**KURSEONG**  
**Status on fund received & Statement of Expenditure**

Fund Received from the SUDA for (Urban RCH Programme)	Opening Balance	SOE sent upto the month of 2019-2020	SOE during the Month of 2019-2020	Total SOE	Balance
20,07,294.00	1,00,800.00	Nov '2019	Dec' 2019 & Jan 2020		
	1,00,800.00			50,400.00	50,400.00

  
Chairman,  
Kurseong Municipality

**KURSEONG MUNICIPALITY**  
**KURSEONG**  
**Monthly Summary Sheet on SOE as per proforma given below:**

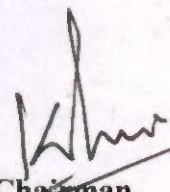
Sl No.	Item of Expenditure	Expenditure (Amount in Rs.)	Sl. No.	Items of Expenditure	Expenditure (Amount in Rs.)
	<b>Non-Recurring</b>			<b>Recurring</b>	
1.	Equipment	-	9.	Honorarium	-
2.	Furniture	-	10.	Salary (Dec. ' 19 & Jan 2020)	50,400.00
3.	Construction (not applicable for the present)	-	11.	Rent	-
	a) Sub-Center	-	12.	Training/Tiffin Allowance	-
	b) OPD cum Maternity Home	-		Drug/Medicines	-
	c) OPD	-	13.	LEC	-
		-	14.	Operating Cost(Sundries, Printing Postage & telephone, TA/DA etc)	-
4.	I.E.C & Materials	-			
5.	Renovation Works	-			
6.	Base Line Survey	-			
7.	Family Schedule, Training manual, HMS format & HHW kit	-			
8.	Strengthening of existing Maternity Homes & Dispensaries ( Not applicable for the present)	-			
	<b>Total:</b>	-		<b>Total:</b>	50,400.00

  
Chairman,  
Kurseong Municipality

**KURSEONG MUNICIPALITY**  
**KURSEONG**

**Voucher Details as indicated below:**

<b>Sl. No.</b>	<b>Voucher No. &amp; Date</b>	<b>Items of Expenditure</b>	<b>Nature of Expenditure</b>	<b>Amount</b>
1.	VR. No. 6, Dt.08.01.2020	Salary	Payment made in respect of salary to Medical Officer of Urban RCH Programme for the month of Dec.' 2019'.	25,200.00
2.	TR/VR. No. 12, Dt.03.02.2020	Salary	Payment made in respect of salary to Medical Officer of Urban RCH Programme for the month of Jan.' 2020'.	25,200.00
<b>TOTAL:-</b>				<b>50,400.00</b>

  
**Chairman,**  
**Kurseong Municipality**

**KURSEONG MUNICIPALITY**  
**KURSEONG**  
**CASH BOOK**  
For the Month of...December' 2019

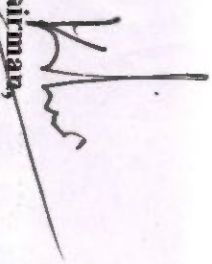
Receipt					Payment						
Date	Particular	Vr. No.	L.F. No.	Cash (in Rs)	Bank (in Rs.)	Date	Particulars	Vr. No.	L.F. No.	Cash (in Rs)	Bank (in Rs)
	Opening Balance				1,00,800.00	08.01.2020	Payment made in respect of Salary to Medical Officer of Urban RCH Programme for the month of Dec' 2019.	Vr. No.6	-	-	25,200.00
	<b>TOTAL:</b>				1,00,800.00		<b>TOTAL:</b>				25,200.00

  
Chairman,  
Kurseong Municipality.



**KURSEONG MUNICIPALITY**  
**KURSEONG**  
**CASH BOOK**  
For the Month of...January' 2020

Receipt					Payment						
Date	Particular	Vr. No.	L.F. No.	Cash (in Rs)	Bank (in Rs.)	Date	Particulars	Vr. No.	L.F. No.	Cash (in Rs)	Bank (in Rs)
	Opening Balance				75,600.00	03.02.2020	Payment made in respect of Salary to Medical Officer of Urban RCH Programme for the month of Jan' 2020'.	Tr/ Vr. No.12	-	-	25,200.00
	<b>TOTAL:</b>				75,600.00		<b>TOTAL:</b>				25,200.00

  
Chairman,  
Kurseong Municipality.

FOR DEC 2019!

# KURSEONG MUNICIPALITY NOTE - SHEET

Dated: \_\_\_\_\_

## I

Approval may please be made to pay a sum of Rs. 25,050.00 (Rupees Twenty five thousand fifty) only after deduction of Rs. 150.00 as profession tax in favour of Dr. Manoj Kumar Giri , Medical Officer, RCH on account of Salary for the month of December' 2019 The fund has been allotted in HHW account which is lying in CBI Kurseong.

Submitted for approval,

*Approved,*  
*Kmi:*

Chairman / Finance Officer.

<b>KURSEONG MUNICIPALITY</b>	
Voucher No.	6
Passed for & P. No.	25,050.00
(Rupees ...)	Twenty five thousand fifty
On behalf of	Dr. Manoj Kumar Giri
.....) Only	
Accountant	Finance Officer
Kurseong Municipality	Kurseong Municipality
Cheque No. 27958	Date 02.12.2019

*Attested by,*

*Kmi*  
CHAIRMAN  
KURSEONG MUNICIPALITY

# KURSEONG MUNICIPALITY

## NOTE - SHEET

Dated: \_\_\_\_\_

### I

This is to inform you that the salary of CBPHCS for the month of December 2019 was met up from RCH fund which is lying in CBI Kurseong. Hence, an approval may please be given to draw the salary of Health Workers under CBPHCS including rent for 4(four) Health Sub-Centres and salary of Medical officer (RCH) total amounting Rs. 1,21,728.00 (Rupees One lakh twenty one thousand seven hundred twenty eight) only for the month of January 2020 (96,678.00(CBPHCS) + 25,050.00(RCH) = 1,21,728.00) out of the CBPHCS fund which is lying in Kurseong Treasury. The present balance in CBPHCS which is lying in Kurseong Treasury is Rs. 8,13,099.00 (Rupees Eight lakhs thirteen thousand ninety nine) only.

Submitted for necessary approval please,

*Approved*

*[Signature]*  
Vice-Chairman / Finance Officer.

*[Signature]*  
03/02/2020

*[Signature]*  
4/1/2020

Details:-

- (i) CBPHCS :- Rs. 96,678.00
- (ii) RCH :- Rs. 25,050.00
- TOTAL :- Rs. 1,21,728.00**

~~Am CBPHCS~~

KURSEONG MUNICIPALITY		
Voucher No.....	Encl TR.VR-12	
Passed for & Pay Rs. ....	1,21,728/-	
(Rupees ...)	One lakh twenty one thousand seven hundred twenty eight only	
For ...	0-ly	
Accountant	Vice-Chairman	Finance Officer
<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Kurseong Municipality	Kurseong Municipality	Kurseong Municipality
Cheque No.....	Date.....	

(x P. tax Rs. 150/- deducted out of salary of M.O (RCH) will be deposited in Bank later through cheque after accumulation of amount).

*[Signature]*  
CHAIRMAN  
KURSEONG MUNICIPALITY



# HALISAHAR MUNICIPALITY

No. 578/G-20  
Date 24/02/2020

To,  
The Director,  
SUDA, Ilgus Bhawan  
Salt lake  
Kolkata




PHD (SO)  
NAF

**Sub: Submission of monthly report, UPHCS – I & II.**

Sir,

Please find enclosed herewith the monthly report for the month of January, 2020.

Yours faithfully

  
Executive Officer  
Halisahar Municipality

Executive Officer  
Halisahar Municipality  
SDM

# MONTHLY REPORT OF HAU FOR

FORM - C

\* CUDP-III / CSIP / IPP-VIII / IPP-VIII(Extn.) / RCH Sub-Project Asansol / HHW SCHEME

Report for the month of January Year 2020

Name of the Municipality / Corporation Halisahore Municipality

HAU No. UPHE 12 II No. of reporting SCs 20 Sub centre

POSITION AS ON 1<sup>ST</sup> APRIL, 2019-20

1. No. of Beneficiary Families 29,154      2. No. of Beneficiary Population 1,06,523  
 3. No. of Eligible Couples 13,112      4. No. of Infants (under 1 year) 511  
 5. No. of Children (1 to < 5 years) 3927

SI. No.	Services	Performance in the reporting month	Cumulative performance since April <u>19-20</u>
1.	<b>Ante Natal Care</b>		
1.1	Ante Natal cases Registered		
	(a) New (i) Before 12 weeks	27	291
	(ii) After 12 weeks	22	285
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups	34	307
1.3	Total No. of high risk pregnant women		
	a) Attended	05	35
	b) Referred	05	34
1.4	No. of TT doses		
	a) TT1	30	413
	b) TT2	27	380
	c) Booster	0	01
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia	32	346
2.	<b>Natal Care</b>		
2.1	Total No. of deliveries conducted		
	a) Normal	20	150
	b) Forceps	0	0
	c) Caesar	21	191
2.2	Place of delivery		
	a) Home	0	0
	b) Institution	41	341
2.3	Age of mother at the time of delivery		
	a) Less than 20 years	0	0
	b) 20 years and above	41	341
2.4	No. of complicated Delivery cases referred to Govt. / Non-Govt. Hospital / Nursing Home / Maternity Homes	21	191

\* Put tick mark (✓) whichever is applicable.

Contd..

Sl. No.	Services	Performance in the reporting month			Cumulative performance since April 19-20		
8.	<b>Vaccine preventable diseases for under- 5 Years children</b>						
	a) Diphtheria	M	F	T	M	F	T
	i) Cases						
	ii) Deaths						
	b) Poliomyelitis						
	i) Cases						
	ii) Deaths						
	c) Neo Natal Tetanus						
	i) Cases						
	ii) Deaths						
	d) Tetanus other than Neo Natal						
	i) Cases						
	ii) Deaths						
	e) Whooping Cough						
	i) Cases						
	ii) Deaths						
	f) Measles						
	i) Cases	0	0	0	01	01	02
	ii) Deaths	0	0	0	0	0	0
8.1	<b>Other specified communicable diseases</b>						
	a) Malaria						
	i) Cases	0	0	0	0	0	0
	ii) Deaths	0	0	0	0	0	0
	b) Tuberculosis						
	i) Cases	05	05	10	45	23	68
	ii) Deaths	0	0	0	0	0	0
	c) Leprosy						
	i) Cases	0	0	0	0	0	0
	ii) Deaths	0	0	0	0	0	0
9.	<b>ARI under 5 years (Pneumonia)</b>						
	a) Cases	11	12	23	160	158	318
	b) Treated with Co-trimoxazole	11	12	23	189	192	381
	c) Deaths	0	0	0	0	0	0
10.	<b>Acute Diarrhoeal Diseases under 5 years</b>						
	a) Cases	15	12	27	151	147	174
	b) Treated with ORS	30	24	54	195	189	384
	c) Deaths	0	0	0	0	0	0
11.	<b>Child Deaths</b>						
	a) under 1 week	0	0	0	0	0	0
	b) 1 week to under 1 month	0	0	0	0	0	0
	c) 1 month to under 1 year	0	0	0	0	0	0
	d) 1 year to under 5 years	0	0	0	0	0	0

Contd..

Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31st March preceding year) / subsequent cumulative monthly total	Performance in the reporting month		Cumulative performance Since April including carried over performance
			No. of New Acceptors	Nos. Discontinued OR taken off for crossing Eligible age	
		(a)	(b)	(c)	(a + b - c)
12	<b>Contraceptive Services</b>				
12.1	Male Sterilisation				
	a) Conventional	12	0	0	12
	b) No Scalpel	0	0	0	0
12.2	Female Sterilisation				
	a) Abdominal	1174	02	0	1176
	b) Laparoscopic	872	0	0	872
12.3	Total IUD insertions	105	0	0	105
12.3.1	Cases followed up	03	0	0	03
12.3.2	Complications	0	0	0	0
12.4	No. of CC users				
	a) No. of OP users	3237	26	0	3263
	b) No. of Condom users	3157	16	0	3173
12.5	Total Nos. protected by all methods (12.1+12.2+12.3+12.4)	8560	44	0	8604
12.6	No. of Eligible Couples accepted sterilization		Performance in the reporting month		Cumulative performance Since April 1990
12.6.1	Having upto 2 living children	1204	02	-	1206
12.6.2	Having 3 or more living children	854	0	-	854
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13.	<b>Abortions</b>				
	a) Spontaneous			0	0
	b) No. of MTPs done			0	0
	c) Deaths			0	0
14.	<b>Deaths</b>				
	a) Maternal Deaths (as in Sl. No. 5			0	0
	b) Child Deaths (as in Sl. No. 11)			0	0
	c) Other Death except Sl. No. 5 & 11			36	296
14.1	Total Death = Sl. No. 14 (a + b + c)			36	296
15.	<b>IEC Activities</b>	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion	R.V., UHAD	83	214	2421
	2. Deployment of Folk Media	P.V., T.D., Beg	0	0	0
	3. Others (Specify)	M.R., J.E., A.M.P P.N.E	0	0	0

Date:

Signature of PTMO/STS

Executive Officer  
Halisahar Municipality  
SDM

# URBAN PRIMARY HEALTH CARE SERVICES

(HAU-II, UNIT)

DUM DUM MUNICIPALITY

4 NO. HARIMOHAN DUTTA ROAD, KOLKATA - 70028

Ref No 673/UPHC/DDM/2019-2020

Dated: 18.02.2020

To,  
The Project officer (Health),  
SUDA  
ILGUS BHAWAN,  
Salt lake,  
Kolkata : 91



PHO(SO)  
Saf

**Sub : Monthly report of ESOPD, Dum Dum municipality**

Sir,

We are hereby sending the monthly report of ESOPD under UPHC-I & II for the month of January- 2020.

Please acknowledge the same.

Yours faithfully,

Health officer

Dum Dum Municipality

Health Officer

Dum Dum Municipality  
44, Dr. Sailen Das Sarani  
Dum Dum, Kolkata-700028



(To be Submitted to UHIP Headquarters)

Monthly performance report of ESOPD for the month of January 2020 Municipality Dum Dum

Sl. No.	Name of Disciplines	Outpatients treated during the month						Total of (Col. 4 & Col. 6)	Cumulative since April .....		Cases referred to other Institutions		No. of referred School Children examined**
		Beneficiaries New	Beneficiaries New & Old	Non-Beneficiaries New	Non-Beneficiaries New & Old	Beneficiaries New & Old	Non-Beneficiaries New & Old		Beneficiaries	Non-Beneficiaries			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)			
1.	Obstetrics ANC PNC	82	116	0	0	116	402				12		
2.	Gynaecology	36	59	0	0	59	309						
3.	Paediatrics	13	16	0	0	25	108	54					
4.	F.W. Counselling												
5.	Medicine	08	08	0	0	8	66						
6.	Eye	09	13	0	0	13	170						
7.	ENT	05	06	0	1	05	39						
8.	Surgery												
9.	Dental	12	16	0	0	16	151						
10.	Dermatology (Skin)	04	04	0	0	04	20						
11.	Others (Specialty)												
12.	Total :	169	238	06	09	246	1285	54					

Outpatient = An outpatient is an individual attending OPD and receiving any service of the outpatient department and not occupying a hospital bed. Outpatients may be classified as new and old.

A new patient is one who attends OPD for the first time and an Old patient is one who repeats attendance for the same disease.

An individual who repeats attendance for new episode of illness may be treated as a new outpatient case.

*Signature*  
18/01/2020

Signature of Health Officer

Date : Health Officer

Signature of the In-charge

Date :

B.C.U. Form F/H/1000/04  
Dum Dum Municipality  
44, Dr. Satish Das Sarani  
Dum Dum, Kolkata-700028

# URBAN PRIMARY HEALTH CARE SERVICES

(HAU-II, UNIT)

DUM DUM MUNICIPALITY

4 NO. HARIMOHAN DUTTA ROAD, KOLKATA - 70028

Ref No 660/UPHC/DDM/2019-2020

Dated: 09, 01, 2020

To,  
The Project officer (Health),  
SUDA  
ILGUS BHAWAN,  
Salt lake,  
Kolkata : 91



PHO(SD)  
SDF

Sub : Monthly report of ESOPD, Dum Dum municipality

Sir,

We are hereby sending the monthly report of ESOPD under UPHC-I & II for the month of December- 2019.

Please acknowledge the same.

Yours faithfully,

*Sany*

Health officer

Dum Dum Municipality

Health Officer

Dum Dum Municipality  
14, Dr. Sainen Das Sarani  
Dum Dum, Kolkata-700028

(To be Submitted to UHIP Headquarters)

Monthly performance report of ESOPD for the month of December Year 2019

Dum Dum Municipality

Sl. No.	Name of Disciplines	Outpatients treated during the month						Cumulative since April		Cases referred to other Institutions		No. of referred School Children examined**
		Beneficiaries		Non-Beneficiaries		Total of (Col. 4 & Col. 6)	Beneficiaries New & Old	Non-Beneficiaries New & Old	Beneficiaries	Non-Beneficiaries		
(1)	(2)	(3) New	(4) New & Old	(5) New	(6) New & Old						(7)	(8)
1.	Obstetrics ANC PNC	42	104	-	-	104	286				12	
2.	Gynaecology	28	52	-	-	52	250					
3.	Paediatrics	6	15	4	07	22	92	45				
4.	F.W. Counselling											
5.	Medicine	01	05	-	-	05	78					
6.	Eye	04	11	-	-	11	157					
7.	ENT	02	02	-	-	02	34					
8.	Surgery											
9.	Dental	06	16	-	-	16	135					
10.	Dermatology (Skin)	01	01	-	-	01	16					
11.	Others (Specify)											
12.	Total :	90	206	4	07	213	1048	45				

Outpatient = An outpatient is an individual attending OPD and receiving any service of the outpatient department and not occupying a hospital bed. Outpatients may be classified as new and old.  
 A new patient is one who attends OPD for the first time and an Old patient is one who repeats attendance for the same disease.  
 An individual who repeats attendance for new episode of illness may be treated as a new outpatient case.

09/01/2020

Signature of Health Officer

Date :

Signature of the In-Charge

Date :

Health Officer  
 Dum Dum Municipality  
 14, Dr. Sallen Das Sarani  
 Dum Dum, Kolkata-700028

# URBAN PRIMARY HEALTH CARE SERVICES

(HAU-II, UNIT)

DUM DUM MUNICIPALITY

4 NO. HARIMOHAN DUTTA ROAD, KOLKATA - 70028

Ref No 659/UPHC/DDM/2019-2020

Dated: 09,01,2020

To,  
The Project officer (Health),  
SUDA  
ILGUS BHAWAN,  
Salt lake,  
Kolkata : 91



*PHC(SB)*  
*ADP*

**Sub : Monthly report of ESOPD, Dum Dum municipality**

Sir,

We are hereby sending the monthly report of ESOPD under UPHC-I & II for the month of November- 2019.

Please acknowledge the same.

Yours faithfully,

Health officer  
Dum Dum Municipality

*Health Officer*  
Dum Dum Municipality  
14, Dr. Sairan Das Sarani  
Dum Dum, Kolkata-700028

Monthly performance report of ESOPD for the month of NOVEMBER Municipality Dum Dum Year 2019

(To be Submitted to UHIP Headquarters)

Sl. No.	Name of Disciplines	Outpatients treated during the month						Cumulative since April			Cases referred to other Institutions		No. of referred School Children examined**
		New	New & Old	New	New & Old	Total of (Col. 4 & Col. 6)	Beneficiaries New & Old	Non-Beneficiaries New & Old	Beneficiaries	Non-Beneficiaries			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	12		
1.	Obstetrics ANC PNC	39	127	0	0	127	382						
2.	Gynaecology	21	64	0	0	64	198						
3.	Paediatrics	06	10	03	04	14	77	38					
4.	F. W. Counselling												
5.	Medicine	02	06	0	0	06	73						
6.	Eye	06	10	0	0	10	146						
7.	ENT	01	02	0	0	02	32						
8.	Surgery												
9.	Dental	09	15	0	0	15	119						
10.	Dermatology (Skin)	04	04	0	0	04	15						
11.	Others (Specify)												
12.	Total :	88	238	03	04	242	1042	38					

Outpatient = An outpatient is an individual attending OPD and receiving any service of the outpatient department and not occupying a hospital bed. Outpatients may be classified as new and old.  
 A new patient is one who attends OPD for the first time and an Old patient is one who repeats attendance for the same disease.  
 An individual who repeats attendance for new episode of illness may be treated as a new outpatient case.

Signature of Health Officer

Date : Health Officer

Dum Dum Municipality

B.C.L. Form F/1/d/4/3/Dr. Saiten Das Sarani  
 Dum Dum, Kolkata-700028

Signature of the In-charge

Date :

(Monthly performance report of RUC, Dae)

OFFICE OF THE COUNCILLORS  
**DUM DUM MUNICIPALITY**

44, Dr. Sailen Das Sarani, P.S. Dum Dum, Kolkata – 700028.

Memo no : 666/UPHCS/DDM

Dated : 04.02.2020

To  
The Project Officer (Health),  
SUDA,  
ILGUS BHAWAN,  
Salt Lake,  
Kolkata-91.



PHO (SO)  
SM

Sub: Monthly Report of RDC, Dum Dum Municipality.

Sir,

We are hereby sending the Monthly Report of RDC for the month of January - 2020.

Please acknowledge the same.

Yours faithfully,

*Samy*

Health Officer. 04/02/2020

Dum Dum Municipality.

Health Officer  
Dum Dum Municipality

URBAN HEALTH IMPROVEMENT PROGRAMME - KMDA

Monthly performance report of RDC / Upgraded RDC / Upgraded Diagnostic Centres / Lab setup attached to ESOPD / Maternity Hospital

(Tick (✓) the appropriate Centre)

Dum Dum Municipality

Month

January

Year 2020

A. Performance : Number of Staff in position : (a) Specialists ..... 1 (b) Technicians ..... 1 (c) Ancillary staff ..... 1

Sl. No.	Type of Investigation / Fac. exam. done	No. of tests performed during the month (1)				No. of tests performed during the month (2)				Total (1+2)	Com si April (1)		
		RDC / Upgraded Diagnostic Centres	Upgraded (B+NB)	Cumulative Since April 200.....	Total	RDC / Upgraded Diagnostic Centres	Upgraded (B+NB)	Cumulative since April 200... (a+b)	Total				
1.	(a) Pathology	B	190	1210	B	190	1210	B	190	1210	3509	16	172
	(b) Haematology												
	(c) Bio-chemistry												
2	USG		2	210		2	210		2	210	32	3170	
3	X-ray		2	310		2	310		2	310	26	3162	
4	ECG												
5.	(i) Biopsy												
	(ii) Cytology												
	(iii) Serology												
6.	(i)												
7	Total Investigation												

Quality assurance system present  Yes  No

C. Bio Medical Waste Management System is in operation  Yes  No



Health Officer  
Dum Dum Municipality



Office of the

# Councillors Old Malda Municipality

P.O. : Old Malda, Dist. : Malda.

STD : 03512  
Chairman Off. : 260235  
Resi. : 260253  
Cell No. : 94343 72047  
Vice-Chairperson Off. : 260643  
Resi. : 260207  
Cell No. : 76022 60398  
Executive Officer : 260036  
Fax : 260235  
Fax : 260036

Sri Kartick Ghosh  
Chairman  
OLD MALDA MUNICIPALITY

Smt. Chandana Halder  
Vice-Chairperson  
OLD MALDA MUNICIPALITY

Memo No. : 3672/omm/2019-20

Date : 14.02.2020

To  
The Director,  
State Urban Development Agency  
Salt Lake City  
Kolkata-700106



PHO (SO)  
AAJ

**Sub: Submission of SOE for the period Of 7<sup>th</sup> February'2020.**

Sir/Madam,

The unutilized amount of Rs. 676619.50 was carried forward from the last financial year 2018-2019 and the ULB, Old Malda Municipality has received Rs.1123189.00 from SUDA in connection with the CBPHCS programme during the financial year 2019-20. The total expenditure during the financial year 2019-20 is for sum of Rs.1296552.00 and balance amount remains Rs.503256.50.

However, the details of the expenditures and other related papers relating to the expenditure during this period are enclosed herewith.

In this light the necessary fund arrangement may be made at the earliest, so to sum CBPHCS programme smoothly.

Thank you

Yours faithfully

Chairman  
Old Malda Municipality

Memo No. \_\_\_\_\_/OMM

Date \_\_\_\_\_/\_\_\_\_\_/2019

Enclose: As above-

Copy for information to:-

1. The President Health, Education & Urban Poverty Alleviation Standing Committee, OMM.
2. The Executive Officer, OMM
3. The C.A to Chairman, OMM
4. The Accountant, OMM
5. The Accounts Assistant, OMM

Chairman  
Old Malda Municipality



## ANNEXTURE-III

## OLD MALDA MUNICIPALITY

VOUCHER DETAILS OF THE EXPENDITURE MADE UNDER THE CBPHCS PROGRAMME FOR THE PERIOD OF  
7th FEBRUARY'2020.

SL. NO.	DATE OF PAYMENT	PARTICULARS	CHEQUE NO.	AMOUNT
1	01.02.20	Honorarium( 20190200005526)		75848.00
2	01.02.20	Salary( 20190200005526)		31248.00
3	07.02.20	Sweeping cleaning charges for All Sub-Centre for the month of November'2019 ( 2190100005046)		4000.00

Total

111096.00

  
Chairman  
Old Malda Municipality

*Kalmanas*  
14.02.20  
Accounts Assistant  
M & S CELL  
Old Malda Municipality

ANNEXTURE-I

OLD MALDA MUNICIPALITY

STATUS ON FUND RECEIVED & SOE SUBMITTED FOR THE PERIOD OF 7TH FEBRUARY 2020

FINANCIAL YEAR	OPENING BALANCE	FUND RECEIVED FROM SUDA	TOTAL FUND AVAILABLE	SOE SENT UP TO THE MONTH OF DECEMBER 2019	SOE DURING THE PERIOD OF 7TH FEBRUARY 2020.	TOTAL SOE	BALANCE
2019-20	676619.50	1123189.00	1799808.50	1185456.00	111096.00	1296552.00	503256.50

Chairman

Old Malda Municipality

*Karmal*  
 16.02.20.  
 Accounts Assistant  
 M & S. C.E.L.L.  
 Old Malda Municipality

BILL ABSTRACT

PURPOSE: SWEEPING & CLEANING CHARGES FOR ALL SUB-CENTRE UNDER OLD MALDA MUNICIPALITY FOR THE MONTH OF NOVEMBER'2019.

BILL NO.	NAME OF WORKER	MOBILE NO.	NAME OF BANK	IFSC CODE	ACCOUNT NO.	PAYABLE AMOUNT	ACQUITTANCE
1	JAHIRAN BIBI	8944901681	ALLAHABAD	ALLA0211817	22243670678	800.00	
2	ILA PODDAR	8158087902	ALLAHABAD	ALLA0211817	50266421548	800.00	
3	SHIKHA SAHA	9733269467	SBI	SBIN0015945	32960403250	800.00	
4	MEHERUN BIBI	9547106898	UCO	UCBA0001114	11140100008298	800.00	
5	MAMATA GHOSH	7001758619	BANGIYA GRAMIN VIKASH BANK	UTBIORRBBGB	5553010006880	800.00	
<b>TOTAL RS.</b>						<b>4000.00</b>	

(RUPEES FOUR THOUSAND) ONLY

May be released from Treasury  
head office of HHHScheme  
(e BPHCS) Scheme ID- 22176.

~Kasmaka  
20.12.2019.

Accounts Assistant  
M & S CELL  
Old Malda Municipality

Chairman  
Old Malda Municipality.

Executive Officer  
Old Malda Municipality

Finance Officer  
Old Malda Municipality  
Malda

Chairman  
Old Malda Municipality.



Passed for payment of Rs. 4000/- only  
Rupees Four thousand only

Pay Rs. 4000/- (Four thousand) only.

M. S. Ghosh  
Accounts Assistant  
M & S CELL  
Old Malda Municipality

Finance Officer  
Old Malda Municipality

Chairman  
Old Malda Municipality.

OLD MALDA MUNICIPALITY  
BILL FOR HONORARIUM OF FTS'S & HHW'S FOR THE MONTH OF JANUARY 2020.  
OLD MALDA MUNICIPALITY.

THE BILL OF FTS'S & HHW'S HAS BEEN PREPARED ON THE STRENGTH OF THE DIRECTOR, SUDA-HEALTH/53 ULBS 07/06/2007/132 DT.07.06.2007 G.O. NO.SUDA-HEALTH/ULBS/08/189(7) & OFFICE MEMO NO. 939/HEALTH DATED 23.09.2008 & SUDA-HEALTH/63ULBS 08/16/209(63) DT.15.09.2008 & 1161(13) 24.05.2012,2240(13) DT.01.12.2012 & OFFICE MEMO NO.2820(3)OMM 2016-17 DT.22.06.2016.

Sl. No.	Name of the FTS's along with HHW's	Designation	Bank Name	IFSC Code	Bank Account No	Honorarium (in Rs.)	Total Payable Amount	Acquittance
1	Shyamali Dutta	FTS 01.09.2008	ALLAHABAD BANK	ALLA0211817	50061502305	3337.00	3337.00	
2	Benjir Khatoon	Do	SBI	SBIN0015945	35219559643	3337.00	3337.00	
3	Rinku Maitra	Do	BANK OF BARODA	BARBORATHBA	29738100000075	3337.00	3337.00	
4	Sabhya Ghosh	Do	UCO	UCBA0001114	11140190009464	3337.00	3337.00	
5	Namita Halder	HHW 18.06.2007	UBI	UTBI00LM955	0358013108365	3125.00	3125.00	
6	Tuku Sarkar	Do	UBI	UTBI00LM955	0358010493741	3125.00	3125.00	
7	Apama Sarkar(Das)	Do	UBI	UTBI00LM955	0358010263078	3125.00	3125.00	
8	Maya Ghosh(Bassak)	Do	UBI	UTBI00LM955	0358010185523	3125.00	3125.00	
9	Aleha Khatoon	Do	UCO	UCBA0001114	11140100007855	3125.00	3125.00	
10	Sekha Bibi(Khatoon)	Do	UCO	UCBA0001114	11140110070109	3125.00	3125.00	
11	Soma Roy(Das)	Do	CO-OPERATIVE BANK 106 MALDA MAIN	WBSCOMALD01	131060029429	3125.00	3125.00	
12	Rina Gupta	Do	SBI	SBIN0012416	32339858843	3125.00	3125.00	
13	Kajali Barman	Do	SBI	SBIN0015945	35210234850	3125.00	3125.00	

₹ 41473.00



Chairman  
Old Malda Municipality.

Approved by Assistant  
M & S C E L L  
Old Malda Municipality

Executive Officer  
Finance Officer  
Old Malda Municipality  
Old Malda Municipality  
Old Malda Municipality

24/1/20  
01/02/20

*Chairman*  
Old Malda Municipality.

*Mamata*  
Accounts Assistant  
M & S CELL  
Old Malda Municipality

14	Lipika Mandal	Do	SBI	SBIN0012416	20055891786	3125.00	3125.00	
15	Pramila Baisnab(Bala)	Do	SBI	SBIN0012416	33515922993	3125.00	3125.00	
16	Ruma Sukul	Do	PUNJAB & SIND	PSIB0021391	13911000003316	3125.00	3125.00	
17	Bobita Saha	Do	SBI	SBIN0012416	32999491028	3125.00	3125.00	
18	Aloka Ghosh(Das)	Do	SBI	SBIN0012416	35791593099	3125.00	3125.00	
19	Binapani Dey	Do	UBI	UTBI00LM955	0358010201049	3125.00	3125.00	
20	Chhaya Das	Do	SBI	SBIN0012416	32999491266	3125.00	3125.00	
21	Ambia Khatun	Do	UBI	UTBI00LM955	0358010110445	3125.00	3125.00	
22	Bulu Mandal	HHW 01.09.2008	SBI	SBIN0012416	34797577920	3125.00	3125.00	
23	Sweet Paul(Roy)	HHW 02.05.2012	UBI	UTBI00LM955	0358010109019	3125.00	3125.00	
24	Bilashi Halder	HHW 04.12.2012	SBI	SBIN0012416	34981840316	3125.00	3125.00	
<b>TOTAL</b>						<b>75848.00</b>		

₹ 41473.00

May be released from Treasury  
head on Ac of HHW Scheme  
(CBPHCS) Scheme ID - 20176.

*Karmika*  
Accounts Assistant  
M & S CELL  
Old Malda Municipality

PREPARED BY

VERIFIED BY

ACCOUNTANT(OMM)

D.D.-II

D.D.-I

(RUPEES SEVENTY FIVE THOUSAND EIGHT HUNDRED FORTY EIGHT ONLY)

Executive Officer  
Old Malda Municipality

Finance Officer  
Old Malda Municipality

*Chairman*  
Old Malda Municipality

Pay Rs. 75848 (Rupees Seventy Five  
Thousand Eight Hundred and  
Forty eight only.)

Finance Officer  
Old Malda Municipality

Old Malda Municipality

PAID BY CHECK  
NO. - 20190201755  
DATE - 01-02-2020

Passed for Payment of Rs. 75848/-  
Rupees Seventy Five Thousand Eight  
Hundred and Forty Eight only.  
*Chairman*  
Old Malda Municipality

BILL FOR PAYMENT OF 04(FOUR) CONTRACTUAL BASIS EMPLOYEE ENGAGED UNDER CBPHCS OLD MALDA MUNICIPALITY FOR THE MONTH OF JANUARY 2020.

Sl. No.	NAME OF EMPLOYEE	DESIGNATION	OFFICE ORDER NO.	DATE OF JOINING	BANK NAME	IFSC CODE	BANK ACCOUNT NO.	AMOUNT PAYABLE	ACQUITANCE
1	ALOK KARMAKAR	ACCOUNTS ASSISTANT	330(6) DT. 22.02.2011	23.02.2011	UBI	UTBI00LM955	0358010449687	7812.00	
2	BISWAJIT GUPTA	COMPUTER ASSISTANT	1526(6) DT. 24.12.2007	26.12.2007	UBI	UTBI00LM955	0358010109689	7812.00	
3	SADHAN DAS	MULTI PURPOSE HELPER CUM STORE KEEPER CUM CLERK	1524(6) DT. 24.12.2007	24.12.2007	UBI	UTBI00LM955	0358010450584	7812.00	
4	RATHIN SARKAR	HEALTH ASSISTANT	1525(6) DT. 24.12.2007	24.12.2007	UBI	UTBI00LM955	0358010450546	7812.00	
<b>TOTAL</b>								<b>31248.00</b>	

(RUPEES THIRTY ONE THOUSAND TWO HUNDRED FORTY EIGHT) ONLY

PREPARED BY

VERIFIED BY

ACCOUNTANT(O/M)

D.D.O-II

D.D.O-I

Executive Officer  
Old Malda Municipality

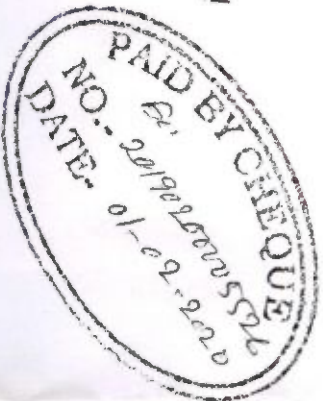
Finance Officer  
Old Malda Municipality

Chairman  
Old Malda Municipality

May be released from Treasury head on Ac of HFW Scheme (CBPHCS) Scheme ID - 22176

Karmakar  
27.01.2020,  
Accounts Assistant  
M & S CELL  
Old Malda Municipality

Passed for Payment of Rs. 31248/-  
Rupees Thirty One Thousand Two Hundred Forty Eight  
only.  
Chairman  
Old Malda Municipality



Finance Officer  
Old Malda Municipality

Chairman  
Old Malda Municipality

Pay Rs. 31248/- (Rupees Thirty One Thousand Two Hundred Forty Eight) only.

Chairman  
Old Malda Municipality

Accounts Assistant  
M & S CELL  
Old Malda Municipality

20/1/20  
20/1/20

# 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

From: Arun Kumar Banerjee

Chairman  
Bhatpara Municipality

Ref No.: - U-5/DR-1/5976

Date: - 19/02/2020

To  
The Project Director  
State Urban Development Agency  
HEALTH WING "ILGUS BHAVAN"  
H-C Block Sector III Bidhannagar  
CAL – 700091 West Bengal

Sir

I would like to send herewith the Monthly Report on "Urban Primary Health Care Service" of this Municipality for the month of January '2020 for information and necessary action from your end.



PHO (SO)  
DAF

Chairman  
Bhatpara Municipality

Chairman  
BHATPARA MUNICIPALITY

**MONTHLY REPORT**  
**FOR UPHCS / HHW SCHEME / CBPHCS**

Report for the month of JANUARY Year 2020Bhatpara MunicipalityNo. of reporting SCs HAU I to VIPOSITION AS ON 1<sup>ST</sup> APRIL, 2020

- 1) No. of Beneficiary Families 79113      2) No. of Beneficiary Population 3.72120  
3) No. of Eligible Couples 44792      4) No. of Infants (under 1 year) 2955  
5) No. of Children (1 to <5 years) 10469

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April 2020
1.	Ante Natal Care		
1.1	Ante Natal Cases Registered		
	(a) New - (i) Before 12 weeks	13	199
	(ii) After 12 weeks	89	1252
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups	58	933
1.3	Total No. of high risk pregnant women		
	(a) Attended	0	10
	(b) Referred	0	0
1.4	No. of TT doses		
	(a) TT 1	81	1125
	(b) TT 2	71	1016
	(c) Booster	2	52
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia	61	1000
2.	Natal Care		
2.1	Total No. of deliveries conducted		
	(a) Normal	36	503
	(b) Forceps	0	4
	(c) Caesar	52	449
2.2	Place of delivery		
	(a) Home	3	15
	(b) Institution	85	943
2.3	Age of mother at the time of delivery		
	(a) Less than 20 years	0	12
	(b) 20 years and above	88	946
2.4	No. of complicated Delivery cases referred to Govt./ Non Govt. Hospital / Nursing Home / Maternity Homes	0	0



Sl. No.	Services	Performance in the reporting month		Cumulative performance since April 2020	
		M	F	M	F
3.	<b>Pregnancy Outcome</b>				
3.1	No. of Births				
	(a) Live Births	40	48	533	430
	(b) Still Births	0	0	0	1
3.2	Order of Birth in 3.1 (a) (live births)				
	(a) 1 <sup>st</sup>	30	23	339	264
	(b) 2 <sup>nd</sup>	10	24	163	146
	(c) 3+	0	1	31	20
3.3	New born status of birth in 3.1 (a) (live births)				
	(a) Less than 2.5 Kg.	4	2	49	31
	(b) 2.5 Kg. or more	34	45	475	393
	(c) Weight not recorded	2	1	9	6
3.4	High risk new born				
	(a) No. Attended	0	0	0	0
	(b) No. Referred	0	0	0	0
4.	<b>Post Natal Care</b>				
4.1	No. of women received 3 post natal check-ups		56		322
4.2	No. of Complicated cases referred		1		0
5.	<b>Maternal Deaths</b>				
5.1	During Pregnancy		0		0
5.2	During Delivery		0		0
5.3	Within 6 weeks of delivery		0		0
6.	<b>RTI / STI</b>	M	F	M	F
6.1	Cases detected	0	0	0	0
6.2	Cases treated	0	0	0	0

Twin baby  
5

<b>7. Immunization &amp; Prophylaxis :</b>	<b>Performance in the reporting month</b>	<b>Cumulative performance since April 2020</b>
No. of Sessions planned	105	983
No. of Sessions held	103	967

		During the month				Cumulative since April					
		Under - 1 year		Above - 1 year		Under - 1 year			Above - 1 year		
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total
BCG		37	46			489	417	906			
DPT	DPT-1	0	0			0	0	0			
	DPT-2	0	0			0	0	0			
	DPT-3	0	0			0	0	0			
OPV	OPV-0	37	46			489	417	906			
	OPV-1	65	62			613	523	1136			
	OPV-2	63	50			599	487	1086			
Hepatitis - B	OPV-3	62	54			614	540	1154			
	Hep-0	10	0			89	57	146			
	Hep-1	0	0			11	0	11			
Measles	Hep-2	0	0			0	0	0			
	Hep-3	0	0			0	0	0			
	Dose-1	60	40			669	562	1231			
Fully immunized Children under 1 year	Having BCG+3 doses of OPV & DPT + Measles	59	38			659	555	1214			
JE	Dose-1	60	40			669	563	1232			
VITAMIN-A	Dose-1	0	0			583	510	1093			
Children aged 16-24 months	DPT Booster			53	49				653	582	1235
	OPV Booster			53	49				653	582	1235
	Measles-2			54	55				614	588	1202
	JE-2			57	53				676	599	1270
VITAMIN-A	Dose-2			54	55				596	551	1147
	Dose-3			4	3				154	147	301
	Dose-4			3	4				125	122	247
	Dose-5			1	1				106	100	206
	Dose-6			0	0				73	77	150
	Dose-7			0	0				56	59	115
	Dose-8			0	0				46	38	84
	Dose-9			0	0				114	118	232
	Children more than 5yrs	DPT			58	55				580	541
Children more than 10yrs	TT			31	36				360	316	676
Children more than 16yrs	TT			14	19				196	197	393
No. of Children received IFA		0	0	0	0	0	0	0	219	195	414
<b>UNTOWARD REACTION</b>											
1. Reported deaths associated with immunization		0	0	0	0	0	0	0	0	0	0
2. Number of abscesses		0	0	0	0	0	0	0	0	0	0
3. Other Complications		0	0	0	0	0	0	0	0	0	0

Panta 1st dose  
 M-F  
 65-62  
 = 127  
 Panta 2nd dose  
 M-F  
 63-50  
 = 113  
 Panta 3rd dose  
 M-F  
 62-54  
 = 116  
 IPV  
 M-F  
 65-62  
 = 127  
 F IPV  
 M-F  
 62-54  
 = 116

Panta 1st dose  
 M-F  
 613-523  
 = 1136  
 Panta 2nd dose  
 M-F  
 599-487  
 = 1086  
 Panta 3rd dose  
 M-F  
 614-540  
 = 1154

Sl. No.	Services	Performance in the reporting month			Cumulative performance since April 2020		
		M	F	T	M	F	T
8.	Vaccine preventable diseases for under - 5 years children						
	(a) Diphtheria						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(b) Poliomyelitis						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(c) Neo Natal Tetanus						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(d) Tetanus other than Neo Natal						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(e) Whooping Cough						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(f) Measles						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
8.1	Other specified communicable diseases						
	(a) Malaria						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(b) Tuberculosis						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
	(c) Leprosy						
	(i) Cases	0	0	0	0	0	0
	(ii) Deaths	0	0	0	0	0	0
9.	ARI under 5 years						
	(a) Cases	0	0	0	0	0	0
	(b) Treated with Co-trimoxazole	0	0	0	0	0	0
	(c) Deaths	0	0	0	0	0	0
10.	Acute Diarrhoeal Diseases under 5 years						
	(a) Cases	34	28	62	356	318	674
	(b) Treated with ORS	34	28	62	356	317	673
	(c) Deaths	0	0	0	0	0	0
11.	Child Deaths						
	(a) Under 1 week	0	0	0	0	0	0
	(b) 1 week to under 1 month	0	0	0	0	0	0
	(c) 1 month to under 1 year	0	0	0	2	0	2
	(d) 1 year to under 5 years	0	0	0	0	0	0

Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31st March preceding year and thereafter at end of each reporting month of current year)	Performance in the reporting month		Cumulative performance, Since April 2020 including carried over performance
			No. of New Acceptors	Nos. Discontinued or taken off for crossing Eligible age	
		(a)	(b)	(c)	(a + b - c)
12.	Contraceptive Services				
12.1	Male Sterilisation				
	(a) Conventional	16	0	0	16
	(b) No scalpel	0	0	0	0
12.2	Female Sterilisation				
	(a) Abdominal	4768	26	12	4782
	(b) Laparoscopic	3908	16	14	3910
12.3	Total IUD insertions	265	7	0	272
12.3.1	Cases followed up	120	0	0	120
12.3.2	Complications	0	0	0	0
12.4	No. of CC users				
	(a) No. of OP users	6733	88	22	6799
	(b) No. of condom users	4669	53	15	4707
12.5	Total Nos protected by all methods (12.1 + 12.2 + 12.3 + 12.4)	20359	190	63	20476
12.6	No. of Eligible Couples accepted Sterilization		Performance in the reporting month		Cumulative performance since April 2020
12.6.1	Having upto 2 living children	4674	28	14	4688
12.6.2	Having 3 or more children	4018	14	12	4020
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13.	Abortions				
	(a) Spontaneous			0	1
	(b) No. of MTPs done			0	0
	(c) Deaths			0	0
14.	Deaths				
	(a) Maternal Deaths (as in Sl. No. 5)			0	0
	(b) Child Deaths (as in Sl. No. 11)			0	2
	(c) Other Death (except Sl. No. 5 & 11)			23	244
14.1	Total Death = Sl. No. 14 (a+b+c)			23	246
15.	IEC Activities	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion	0	0	0	0
	2. Deployment of Folk Media	0	0	0	0
	3. Others (Specify)	0	0	0	0

Date :

Signature of Health Officer/Medical Officer

Asstt. Health Officer  
Bhatpara Municipality

19.02.2020

OFFICE OF THE COUNCILLORS OF ARAMBAGH MUNICIPALITY

ARAMBAGH \* HOOGHLY

PHONE: (03211) 255030/257467, FAX : 255-030

Email:- arambaghhealth.municipality@gmail.com

Ref. No. 50/C.B.P.H.C.S/AM

Date 19-02-2020

TO  
The Project Officer  
SUDA (Health Wing)  
SUDA Bhavan,  
H.C. Block, Sector III  
Salt Lake,  
Kolkata -700106



PHO (SB)  
SB

Sub:- Submission of Monthly Report of Community Based Primary Health Care Services of Arambagh Municipality for the months of January 2020

Dear Madam,

I am submitting herewith the Monthly Report of Community Based Primary Health Care Services of Arambagh Municipality for the month of January 2020 comprising 1 to 19 wards along with ward-wise Monthly Report for 1 to 19 wards in favour of your necessary action.

Thanking You.

Yours faithfully




  
Health Officer  
Community Based Pry. Health Care Services  
Arambagh Municipality

Memo No .....

Dated .....

Copy forwarded to :-

I.A.C.M.O.H. Arambagh .Hooghly

  
Health Officer  
Community Based Pry. Health Care Services  
Arambagh Municipality

**MONTHLY REPORT OF MUNICIPALITY  
FOR  
COMMUNITY BASED PRIMARY HEALTH CARE SERVICES IN 63 NON-KMA ULBS**

Report for the month of 1.1.2020 Year 31.1.2020

No. of reporting SCs Arambagh Municipality  
4

POSITION AS ON 1ST APRIL, 2020

- 1) No. of Beneficiary Families 3954      2) No. of Beneficiary Population 18719  
 3) No. of Eligible Couples 3380      4) No. of Infants (under 1 year) 210  
 5) No. of Children (1 to < 5 years) 1190

Sl. No.	Services	Performance in the reporting month January 2020	Cumulative performance since April 2019
1	Anti Natal Care		
1.1	Anti Natal cases Registered		
	(a) New - (i) Before 12 weeks	4	53
	- (ii) After 12 weeks	10	107
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups	8	70
1.3	Total No. of high risk pregnant women		
	(a) Attended	0	0
	(b) Referred	0	0
1.4	No. TT doses		
	(a) TT1	12	135
	(b) TT2	6	96
	(c) Booster	0	8
1.5	No. of Pregnant women under treatment for Anaemia		
1.6	No. of Pregnant women given prophylaxis for Anaemia	8	115
2	Natal Care		
2.1	Total No. of deliveries conducted		
	a) Normal	7	90
	b) Forceps		0
	c) Caesar	3	51
2.2	Place of delivery		
	a) Home	0	2
	b) Institution	10	139
2.3	Age of mother at the time of delivery		
	a) Less than 20 years	0	24
	b) 20 years and above	10	117
2.4	No. of complicated Delivery cases referred of Govt./ Non Govt. Hospital /Nursing Home / Maternity Homes	1	14

SI NO	Services	Performance in the reporting month January 2020		Cumulative performance since April 2019	
		M	F	M	F
3	Pregnancy Outcome				
3.1	No. of births				
	a) Live births	7	3	76	65
	b) Still births	0	0	1	0
	c) Twin - born			0	0
3.2	Oder of birth in 3.1 (a) (live births)				
	a) 1 <sup>st</sup>	2	1	44	38
	b) 2 <sup>nd</sup>	4	2	26	24
	c) 3+	1	0	6	3
3.3	New born status of birth in 3.1 (a) (live birth)				
	a) Less than 2.5 Kg.	1	0	7	6
	b) 2.5 Kg. or more	6	3	69	58
	c) Weight not recorded		0	0	1
3.4	High risk new born				
	a) No. Attended				
	b) No. Referred				
4	Post Natal Care				
	No. women received 3 post natal cheek-ups		1		11
	No. of Complicated cases referred				
5	Maternal Deaths				
	During Pregnancy				
	During Delivery				
	Within 6 weeks of delivery				
6	RT/STI	M	F	M	F
	Cases detected				
	Cases treated				





Sl. No.	Services	Performance in the reporting month January 2020			Cumulative performance since April 2019		
		M	F	T	M	F	T
	Vaccine preventable diseases for under - 5 years children						
8.	a) Diptheria						
	i) Cases						
	ii) Deaths						
	b) Poliomyelitis						
	i) Cases						
	ii) Deaths						
	c) Neo Natal Tetanus						
	i) Cases						
	ii) Deaths						
	d) Tetanus other than Neo Natal						
	i) Cases						
	ii) Deaths						
	e) Whooping Cough						
	i) Cases						
	ii) Deaths						
	f) Measles						
	i) Cases						
	ii) Deaths						
8.1	Other specified communicable diseases						
	a) Malaria						
	i) Cases						
	ii) Deaths						
	b) Tuberculosis						
	i) Cases				5		5
	ii) Deaths						
	c) Leprosy						
	i) Cases						
	ii) Deaths						
9	ARI under 5 years (Pneumonia)						
	a) Cases						
	b) Treated with Co- Trimoxazole						
	c) Deaths						
10.	Acute Diarrhoeal Diseases under 5 years						
	a) Cases						
	b) Treated with ORS						
	c) Deaths						
11.	Child Deaths						
	a) Under 1 weeks	1		1	1		1
	b) 1 week to under 1 month						
	c) 1 month to under 1 year						
	d) 1 year to under 5 years						

Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31 <sup>st</sup> March preceding year and thereafter total of each previous month of current year)	Performance in the reporting month		Cumulative performance Since April 19 including carried over performance
			No. of New Acceptors	Nos. Dis-continued OR taken off for crossing Eligible age	
		(a)	(b)	(c)	(a + b - c)
12	Contraceptive Services				
12.1	Male Sterilisation				
	a) Conventional				
	b) No scalpel				
12.2	Female Sterilisation				
	a) Abdominal	1302	1		1303
	b) Laparoscopic	517	0		517
12.3	Total IUD insertions	60	1		61
12.3.1	Cases followed up				
12.3.2	Complications				
12.4	No. of CC users				
	a) No. of OP users	589			589
	b) No. of condom users	386			386
12.5	Total Nos protected by all methods (12.1+12.2+12.3+12.4)	2853	2	0	2855
12.6	No. of Eligible Couples accepted sterilization		Performance in the reporting month January 2020		Cumulative performance Since April 19
12.6.1	Having upto 2 living children	1210	1		1211
12.6.2	Having 3 or more children	609			609
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13	Abortions				
	a) Spontaneous				
	b) No. of MTP <sub>s</sub> done				
	c) Deaths				
14	Deaths				
	a) Maternal Deaths (as in Sl. No.5)				
	b) Child Deaths (as in Sl. No.11)			1	1
	c) Other Death except Sl.No.5 & 11			13	69
14.1	Total Death = Sl.No.14 (a+b+c)			14	70
15	IEC Activities	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion				
	2. Deployment of Folk Media				
	3. Other (Specify)				

Date :

Signature of HO / AHO/S.I



Health Officer  
Community Based Pry. Health Care Services  
Arambagh Municipality

OFFICE OF THE COUNCILORS OF ARAMBAGH MUNICIPALITY  
ARAMBAGH: HOOGHLY

Phone-(03211) 255-030/257-467. Fax-255-030

Ref. No. 47/CBP/HC8/A-M

Date 06/02/20

To  
The Project Director,  
SUDA,  
Health Wing,  
ILGUS Bhavan,  
HC Block, Sector-III,  
Bidhannagar, Kolkata - 106



PHO (SO)  
BOP

Sub:- Utilisation Certificate for grant-in-aid of Rs.12000/- for Community Based Primary Health Care Service, for Honorarium/Salary, rent and operating cost upto month of January-2020.

Madam,

I am sending herewith one copy of SOE & Utilisation Certificate in the prescribed format along with zerox copies of the vouchers for the month of January-2020 for your kind perusal.

Yours faithfully,



Chairman  
Arambagh Municipality

A

**FORM OF UTILISATION CERTIFICATE PRESCRIBED IN  
S.R.330A OF THE TREASURY RULES, WEST BENGAL AND THE  
SUBSIDIARY RULES MADE THE REUNDER, VOLUME-1**

**Utilisation Certificate in the Form Prescribed Under S.R.330A**

Certified that out of Rs 12000 /- (**Rupees Five lakh thirty-six thousand eight hundred forty-eight only**) of Grant-in-aid as sanctioned during the year 2019-20 in favour of Arambagh Municipality under the Department of SUDA, Health Wing, Government Order No. given in the margin and Rs.....439443/-..... on account of unspent of balance of the previous month a sum of Rs. 434943/- has been utilized for the purpose of which it was sanctioned and that the balance of Rs. 16500/- remaining unutilized amount will be adjusted during the year 2019-20.

Sl. No.	G.O.No. & Date	Amount
1.	SUDA-67/2006(Pt-III)/16/ (71) Dt-22.08.2019	Rs. 524848.00
2.	SUDA-67/2006(Pt-III)/16/ 6360 (71) Dt-09.09.2019	Rs. 12000.00

2. Certified that I have satisfied myself that the condition which the Grants-in-aid was sanctioned have been duly fulfilled and that I have exercised the following Checks to see that the money was actually utilized for the purpose for which for which are exercised.

**KINDS OF CHECKS EXERCISED:-**

- |                             |                       |
|-----------------------------|-----------------------|
| 1. Plan, Estimate & Tenders | 2. Measurement Book.  |
| 3. Work Register.           | 4. Site Verification. |
| 5. Cash Voucher.            | 6.                    |
| 7.                          | 8.                    |

3. Grants-in-aid was drawn under :

**Treasury Code:** 8GC  
**Operator Cod:** 14  
**Scheme Code:** 22119  
**Name of Scheme:** CBPHCS

  
Chairman  
Arambagh Municipality

g) Status on Fund received & SOE submitted :(CBPHCS& HHW)					
	Fund Received from SUDA	SOE sent upto the month of December-19,	SOE during the month of JANUARY-20	Total SOE upto January-2020 ,	Balance (Amounts Rs).
31-03-2019					
Closing Balance	386839				
SUDA-67/2006(Pt.-III)/16/11(72) Date-07.06.19	300664				
SUDA-67/2006(Pt.-III)/16/11(72) Date-29.07.19	150332				
SUDA-67/2006(Pt.-III)/16/ (71) Date-22.08.2019	524848				
SUDA-67/2006(Pt.III)/16/6360 Date.09/09/2019	12000				
<b>TOTAL</b>	<b>1374683</b>	<b>1354683</b>	<b>3500</b>	<b>1358183</b>	<b>16500</b>

Chairman  
Arambagh Municipality

*[Handwritten Signature]*

*[Handwritten Mark]*

For the month of January-2020. under CBPHCS & HHW Scheme

Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)	Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)
	Non-Recurring			Recurring	
1	Equipment		9	Honorarium	
2	Furniture		10	Salary	
3	Construction: (Not applicable for the present)		11	Rent	3500
	a) Sub-Center		12	Training	
	b) OPD cum Maternity Home		13	Drug	
	c) OPD		14	I.E.C.	
4	I.E.C. & Materials		15	Operating Cost (Sindries, printing, postage, & telephone, TA / DA, Bank Charge, ERF etc.	
5	Renovation Works		16	Bank Charge	
6	Base Line Survey		17		
7	Family Schedule, Training manual, HMIS format & HHW Kit				
8	Strengthening of Existing Maternity Home & Dispensaries (Not applicable for the present)				
				Total	3500

Chairman  
Arambagh Municipality





OFFICE OF THE COUNCILORS OF ARAMBAGH MUNICIPALITY  
ARAMBAGH: HOOGHLY

Phone-(03211) 255-030/257-467. Fax-255-030

Ref. No. 49/COPHES/A.M

Date 06/02/2020

To  
The Project Director,  
SUDA,  
Health Wing,  
ILGUS Bhavan,  
HC Block, Sector-III,  
Bidhannagar, Kolkata - 106



PHO (SB)  
BMP


Sub:- Utilisation Certificate for grant-in-aid of Rs.450726/- for Community Based Primary Health Care Service, for Honorarium/Salary, upto month of January-2020.

Madam,

I am sending herewith one copy of SOE & Utilisation Certificate in the prescribed format along with zerox copies of the vouchers for the month of January-2020 for your kind perusal.

Yours faithfully,



  
Chairman  
Arambagh Municipality

OFFICE OF THE COUNCILORS OF ARAMBAGH MUNICIPALITY  
ARAMBAGH: HOOGHLY  
Phone-(03211) 255-030/257-467. Fax-255-030

Ref. No. 48/CBPHCS/A-11

Date 06/02/20

To  
The Project Director,  
SUDA,  
Health Wing,  
ILGUS Bhavan,  
HC Block, Sector-III,  
Bidhannagar, Kolkata - 106



PHO (SB)  
Self

Sub:- Utilisation Certificate for grant-in-aid of Rs.281643/- for Community Based Primary Health Care Service, for Honorarium/Salary, upto month of January-2020.

Madam,

I am sending herewith one copy of SOE & Utilisation Certificate in the prescribed format along with zerox copies of the vouchers for the month of January-2020 for your kind perusal.

Yours faithfully,



[Signature]  
Chairman  
Arambagh Municipality

[Signature]



**g) Status on Fund received & SOE submitted :(CBPHCS& HHW)**

	Fund Received from SUDA	SOE sent upto the month of December-19,	SOE during the month of January-20	Total SOE upto January-20,	Balance (Amounts Rs).
SUDA- 67/2006(Pt.III)/16/7398(55) Date.11/11/2019	281643				
<b>TOTAL</b>	<b>281643</b>	<b>275885</b>	<b>5758</b>	<b>281643</b>	<b>0</b>

*[Handwritten Signature]*

Chairman  
Arambagh Municipality



Office of the  
**Haldia Municipality**

Dr. B. R. Ambedkar Bhawan, Administrative Building, City Centre  
P.O. - Debhog, Haldia, Purba Medinipur, West Bengal

☎ : 03224-252996/252997  
255051/25341/252644

Fax : 252154

Email: hald\_muni@yahoo.com  
haldiamunicipality@gmail.com

Memo No.: 758/H.M.P.2020.

Date: 18.02.2020,

To  
The Director,  
State Urban Development Agency,  
Health Wing,  
**ILGUS BHAVAN**, H-C Block, Sector-III,  
Bidhannagar, Kolkata-700091.



*PHO (SO)*  
*SAF*

Sub : - Submission of SOE for the month of October-19

Madam,

With reference to above, the authority is submitting herewith the SOE for the month of October-19 under for your kind information. The relevant vouchers & documents are attached here with.

Thanking you,

Yours faithfully,



*[Signature]*  
Executive officer  
Haldia Municipality


*PSA*  
*8-1-20*

Enclose : -

1. Monthly Summary Sheet
2. Voucher details.
3. Status of fund received & SOE submitted+-
4. Xerox copy of payment sheet duly attested by the Chairman.  
( HHW's , FTS, M&S Cell, Operating Cost.)

## Monthly Summary Sheet on SOE Oct-19

Sl. No.	Item of Expenditure	Expenditure (Amount in Rs.)
	<b>Non-Recurring</b>	
1	Equipment	0
2	Furniture	
3	Construction (Not Applicable for the present)	0
	a) Sub-Centre	0
	b) OPD cum Maternity Home	0
	c) OPD	0
4	I.E.C & Materials	0
5	Renovation works	0
6	Base Line Survey	0
7	Family Schedule Training manual, HMIS format & HHW Kit	0
8	Strengthening of existing Maternity Homes & Dispensaries (not applicable for the present)	0
	<b>SUB TOTAL (NON-RECURRING)</b>	0
	<b>Recurring</b>	
9	Honorarium	167542
10	Salaries	25313
11	Rent	0
12	Training	0
13	Drug	0
14	I.E.C.	0
15	Operating Cost (Sundries, Printing, Postage & Telephone, T.A. / D.A. etc) (October)	3000
	<b>SUB TOTAL (RECURRING)</b>	195855
	<b>GRAND TOTAL (NON-RECURRING + RECURRING)</b>	<b>195855</b>

  
 Executive Officer  
 Haldia Municipality  
 Form 8-1-2020

Office

VF-1608 dt. 06/11/19

Of the Haldia Municipality  
City Centre, Haldia, Purba- Medinipur.

Salary bill for the month of October--2019 under C.B.P.H.C.S

Sl.No.	NAME	AMOUNT
1	Subal Ch. Pal	12062
2	Snehasis De	8438
3	Rathin Kr. Das	7813
4	Dali Das	3338
5	Neyati Maity	3338
6	Sabitri Mondal Patra	3338
7	Kakali Sahoo	3338
8	Anindita Panda	3338
9	Dipti Maji	3338
10	Sutapa Sinha	3338
11	Bakul Tripathi	3338
12	Tapati Rani Bag Mondal	3338
13	Moumita Barman	3125
14	Saraswati Bera	3125
15	Gouri Ghosh	3125
16	Chhabi Rani Mondal	3125
17	Uma Das	3125
18	Sucharita Dhara	3125
19	Tanusri Samanta	3125
20	Nilima Bala	3125
21	Shaibya Patra	3125
22	Jhumur Nayek	3125
23	Kajal Paik	3125
24	Tanushri Mondal	3125
25	Rina Jana	3125
26	Nilima Maity	3125
27	Tapati Saha	3125
28	Bijali Bhunia	3125
29	Rina Mondal	3125
30	Tapasi Dhara	3125
31	Radha Rani Guria	3125
32	Kalyani Pal	3125
33	Alpana Manna	3125
34	Amba Rani Dey Santra	3125
35	Kalyani Ghorai	3125
36	Margina Bibi	3125
37	Bilasi Baskey Seth	3125
38	Namita Parua	3125
39	Subhadra Maity	3125
40	Behulya Kar	3125
41	Rina Maji	3125
42	Shobha Jana	3125
43	Manasi Sasmal	3125
44	Nandita Gumtya	3125
45	Bakul Das	3125
46	Gouri Samanta	3125
47	Lakshmi Rani Bera	3125
48	Anjana Manna	3125
49	Barnali Das	3125
50	Mitali Samanta	3125
51	Sabita Samanta	3125

52	Santosi Singha	3125
53	Mrinalini Maity	3125
54	Putul Bhim Seth	3125
55	Basanti Shit	3125
56	Rina Mondal	3125
	TOTAL	195855

passed for payment for Rs. 195855 = 0  
(one Lakh ninety five thousand eight  
hundred fifty five only)

**ATTESTED**



Executive Officer  
Haldia Municipality

8-1-2020



Finance Officer  
Haldia Municipality



Chairman  
Haldia Municipality

*Vijay Sagar Mishra*  
Chairman



Chairman, Rishra Municipality

Phone: 2672-1373

2672-2953

Mobile: 9433016621

Fax : 2672-0306

E-mail : rishramunicipality@yahoo.com

Ref. No. : 2907/VII

Date : 18-2-2020

To  
The Director of SUDA  
Health wing  
H.C. Block Sector III  
ILGUS Bhawan  
Saltlake Kolkata- 700016



*PHO (30)*  
*SPK*

**Sub: - Submission of statement showing the fund status of the UPHCs under Rishra Municipality**

Sir/Madam,

Kindly find enclosed herewith the statement showing the fund status of the UPHCs under this municipality for the month of December.....2019.

Thanking you,

Yours faithfully

*[Signature]*  
Chairman, 18/2/2020  
Rishra Municipality

Project : CBPHCS/UPHCS

Statement of fund status of ULBs (FY 2019-20)

Name of the ULB


Rishra

for the

December 19

quarter 3rd

Sl. No.	Head of Accounts	Opening Balance as on 01.01.2019	Fund received FY 2019-20		Total fund available	Expenditure Incurred	Balance left with ULB	SOE submitted upto month	UC submitted upto month
			Date	Amount					
1	Honorarium	466951	-	-	466951 0	435776	3175 0		
2	Rent	-	-	-	0		0		
3	Contingency	-	-	-	0		0		
4	Drugs	-	-	-	0		0		
Total :		466951 0			0 466951 0	435776	3175 0		

  
 Chairman  
 Rishra Municipality

Vijay Sagar Mishra  
Chairman



Chairman, Rishra Municipality

Phone: 2672-1373

2672-2953

Mobile: 9433016621

Fax : 2672-0306

E-mail : rishramunicipality@yahoo.com

Ref. No. : 2906/VII

Date : 18.2.2020

To  
The Director of SUDA  
Health wing  
H.C. Block Sector III  
ILGUS Bhawan  
Saltlake Kolkata- 700016



PHO (SD)  
MDF


**Sub: - Submission of statement showing the fund status of the UPHCs under Rishra Municipality**

Sir/Madam,

Kindly find enclosed herewith the statement showing the fund status of the UPHCs under this municipality for the month of November.....2019.

Thanking you,

Yours faithfully

  
Chairman, 18/2/2020  
Rishra Municipality