

Project : CBPHCS/UPHCS

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

Name of the ULB Rishra for the November 19 quarter 3<sup>rd</sup>

Sl. No.	Head of Accounts	Opening Balance as on 01.04.2019	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	924602	-	-	924602 0	457651	466951 0		
2	Rent	-	-	-	- 0		0		
3	Contingency	-	-	-	- 0		0		
4	Drugs	-	-	-	- 0		0		
Total :		924602 0			0 924602 0	457651	466951 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. :

2904/VI

Date :

18-2-2020

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



PHO (SO)  
SUF

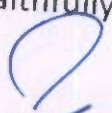
**Sub: - Submission of statement showing the fund status of the UPHCs under Rishra Municipality**

Sir/Madam,

Kindly find enclosed herewith the statement showing the fund status of the UPHCs under this municipality for the month of September.....2020.

Thanking you,

Yours faithfully

  
Chairman, 18/2/2020  
Rishra Municipality

Project : CBPHCS/UPHCS

Name of the ULB Rishra For the Sept 9 quarter 2019

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

Sl. No.	Head of Accounts	Opening Balance as on 01.09.2019	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	461415			461415 0	457651	3764 0		
2	Rent	386818			386818 0	386818	— 0		
3	Contingency	16000	17.9.2019	2800000	16000 0	16000	— 0		
4	Drugs				280000 0	2,800000	— 0		
Total :		864233 0			280000 0	11442330	1140469 3764 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. : 2905/VII

Date : 18.2.2020

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



PHO (SO)  
BDF

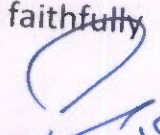
**Sub: - Submission of statement showing the fund status of the UPHCs under Rishra Municipality**

Sir/Madam,

Kindly find enclosed herewith the statement showing the fund status of the UPHCs under this municipality for the month of October.....2020

Thanking you,

Yours faithfully,

  
Chairman,  
Rishra Municipality

Project : CBPHCS/UPHCS

Rishra for the October quarter 3rd

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

Name of the ULB

Sl. No.	Head of Accounts	Opening Balance as on 01.10.2019	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	3764	15.11.19	1377939	1381703	457101	924602		
2	Rent				0		0		
3	Contingency				0		0		
4	Drugs				0		0		
Total :		3764	0	1377939	1381703	457101	924602		

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. : 2903/VII

Date : 18.2.2020

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



*PHO (50)  
SAR*

**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 August.....2020.

Thanking you,

Yours faithfully

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

ORIGINAL

Vijay Sagar Mishra  
Chairman



Chairman, Rishra Municipality

Phone : 2672-1373

2672-2953

Mobile : 9433016621

Fax : 2672-0306

E-mail : rishramunicipality@yahoo.com

Ref. No. : 2902/VII

Date : 18-2-2020

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

PHO(SO)  
ASf



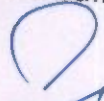
**Sub: - Submission of statement showing the fund status of the UPHCs under Rishra Municipality**

Sir/Madam,

Kindly find enclosed herewith the statement showing the fund status of the UPHCs under this municipality for the month of July.....2020.

Thanking you,

Yours faithfully

  
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 July quarter and

Sl. No.	Head of Accounts	Opening Balance as on 01.07.2019	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	Nil	21.8.19	1382967	1382967.0	4,60776	922191.0		
2	Rent / Expenses			386818	386818.0	—	386818.0		
3	Contingency			48000	48000.0	16000	32000.0		
4	Drugs.			—	0				
Total :			0	1817785	1817785.0	976776	1341009.0		

  
 Chairman  
 Rishra Municipality





# HOOGHLY – CHINSURAH MUNICIPALITY

Pipulpati

P.O. & Dist. : Hooghly

Phone : 2680-2319/3166 , Fax No. 2680 - 6091

From : *The Chairman*  
*Hooghly-Chinsurah Municipality*

Memo No. *835* /HD/HCM

Date. *17-2-2020*

To **The Director**  
**State Urban Development Agency (SUDA)**  
**ILGUS Bhaban, Bidhannagar**  
**Kolkata - 700 091**



Sub: Monthly Report of "HAU for Urban Primary Health care Services" and "ESOPD" for the Month of "January - 2020"

Ref: \_\_\_\_\_

Sir,

Enclose herewith the above report for your information <sup>and</sup> ~~ad~~ taking necessary action please.


Thanking you,

Encl: <sup>1</sup>

- ✓ 1) Monthly Report of HAU for UPHEs
- ✓ 2) Monthly Report of ESOPD
- 3) —

  
Medical Officer  
National Urban Health Mission  
Hooghly-Chinsurah Municipality

Sincerely yours,

  
Chairman  
Hooghly-Chinsurah Municipality  
Chairman  
Hooghly-Chinsurah Municipality

**MONTHLY REPORT OF HAU  
FOR  
URBAN PRIMARY HEALTH CARE SERVICES**

Report for the month of JANUARY Year 2020

Name of the Municipality : **Hooghly - Chinsurah Municipality**

HAUs No. .... No. of reporting SCs .....

**POSITION AS ON 1ST APRIL**.....2019.....

1.No. of Beneficiary Families .....24866.....2. No. of Beneficiary Population ..1,09902.....  
3.No. of Eligible Couples .....15294.....4. No. of Infants (Under 1 year).....646.....  
5. No. of Children (1 to < 5 years) ...3530.....

Sl. No.	Service	April	
		Male	Female
1	Ante Natal Care		
1.1	Ante Natal cases Registered		
	(a) New - (i) Before 12 weeks	32	
	(ii) After 12 weeks	08	
	(b) Old		
1.2	No. of Pregnant women who had 3 check - ups	40	
1.3	Total No. of high risk pregnant women		
	(a) Attended	-	
	(b) Referred	-	
1.4	No. of TT doses		
	(a) TT1	43	
	(b) TT2	37	
	(c) Booster	01	
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia	39	
2	Natal Care		
2.1	Total No. of deliveries conducted		
	(a) Normal	18	
	(b) Forceps	-	
	(c) Caesar	39	
2.2	Place of delivery		
	(a) Home	-	
	(b) Institution	57	
2.3	Age of mother at the time of delivery		
	(a) Less than 20 years	02	
	(b) 20 years and above	55	
2.4	No. of complicated delivery cases referred to Govt. / Non Govt. Hospital / Nursing Home / Maternity Homes	-	
3	Pregnancy Outcome		
3.1	No. of Births		
	(a) Live births	25	32
	(b) Still births	01	-
3.2	Order of birth in 3.1 (a) (Live Births)		
	(a) 1 <sup>st</sup>	20	21
	(b) 2 <sup>nd</sup>	05	11
	(c) 3+	-	-
3.3	New born status of birth in 3.1 (a) (Live Births)		
	(a) Less than 2.5 Kg.	-	02
	(b) 2.5 Kg. or more	25	30
	(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	57	
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		
6.1	Cases detected	-	-

*Twin baby  
F-1*

Sl. No.	Service	April			
7	Immunization & Prophylaxis :				
	No. of Sessions planned	33			
	No. of Sessions held	33			
	Only for Children under 1 Year		Male	Female	Total
	BCG		25	32	57
	OPV	OPV -0	25	32	57
		OPV -1	25	39	64
		OPV -2	28	33	61
		OPV -3	21	40	61
	Pentavalent	PVV -1	25	39	64
		PVV -2	28	33	61
		PVV -3	21	40	61
	Rota	Rota -1	25	39	64
		Rota -2	28	33	61
		Rota -3	21	40	61
	Hepatitis -B	Hep -0	25	32	57
	FIPV	IPV -1	25	39	64
		IPV -2	21	40	61
	M.R	Dose -1	27	25	52
	Fully immunized Children under 1 year	(Having BCG + 3 doses of OPV & Penta & Rota+M.R )	27	25	52
	JE	Dose -1	27	25	52
	VITAMIN -A	Dose -1	28	26	54
	No. of Children received IFA		-	-	-
	Only for Children above 1 year				
	Children aged 16 -24 months	DPT Booster	30	31	61
		OPV Booster	30	31	61
		M.R -2	30	31	61
		JE -2	30	31	61
	VITAMIN -A	Dose -2	32	31	63
		Dose -3	22	22	44
		Dose -4	19	29	48
		Dose -5	17	16	33
		Dose -6	06	07	13
Dose -7		06	02	08	
Dose -8		02	0	02	
Dose -9		05	03	08	
Children more than 5 Years		DPT	38	36	74
Children more than 10 Years	TD	36	30	66	
Children more than 16 Years	TD	27	32	59	
No. of Children received IFA		-	-	-	
UNTOWARD REACTION					
1. Reported deaths associated with immunization		-	-	-	
2. Number of abscesses (Except BCG)		-	-	-	
3. Other Complications		18	09	27	
8	Vaccine preventable diseases for under 5 years children				
	(a) Diptheria	Male	Female	Total	
	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	April			
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	01	-	01	-
	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 Crossing Eligible	
12	Contraceptive Services				
12.1	Male Sterilisation				
	a) Conventional	06	-	-	-
	b) No scalpel	-	-	-	-
12.2	Female Sterilisation				
	a) Abdominal	3283	10	-	-
	b) Laparoscopic	957	-	-	-
12.3	Total IUD insertions	226	23	-	-
12.3.1	Cases followed up	226	23	-	-
12.3.2	Complications	-	-	-	-
12.4	No. of CC users				
	a) No. of OP users	2290	09	-	-
	b) No. of Condom users	1953	05	-	-
12.5	Total Nos protected by all methods (12.1+12.2+12.3+12.4)	0	0	0	0
12.6	No. of Eligible Couples accepted sterilization				
12.6.1	Having upto 2 living children	3277	10	-	-
12.6.2	Having 3 or more children	570	-	-	-
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)				
	c) Other Death except Sl. No. 5 & 11				
14.1	Total Death = Sl. No. 14 (a+b+c)				
15	IEC Activities	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion	-	-	-	-
	2. Deployment of Folk Media	-	-	-	-
	3. Others (Specify)	-	-	-	-
Total no. of Twins					
		01			

  
**Medical Officer**  
**National Urban Health Mission**  
**Bhoughly-Chinsurah Municipality**



UHIP - KMDA

# Hooghly-Chinsurah Municipality



Monthly performance report of ESOPD for the month of January year - 2020.

Sl. No.	Name of Disciplines	Outpatients treated during the month						Cumulative Since April - 2019		Cases referred to other institutions	
		Beneficiaries		Non Beneficiaries		Total of (Col. 4 & Col. 6)	Beneficiaries New & Old	Non-Beneficiaries New & Old	Beneficiaries	Non Beneficiaries	
		New	New & Old	New	New & Old						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
1	Obstetrics ANC PNC										
2	Gynaecology	00	00	00	00	00	00	00	00	00	
3	Paediatrics	27	29	31	33	62	302	343	01	00	
4	F.W. Counselling										
5	Medicine	01	199	21	67	266	1744	584	00	00	
6	Eye	00	00	00	00	00	00	00	00	00	
7	ENT	10	12	14	21	33	160	262	01	02	
8	Surgery	04	09	06	06	15	112	69	01	00	
9	Dental	12	15	00	00	15	197	00	00	00	
10	Dermatology	38	41	58	63	104	426	635	00	00	
11	Orthopaedic	23	41	36	43	84	419	408	01	01	
12	Physiotherapy	07	09	00	00	09	113	00	00	00	
	TOTAL	122	355	166	233	588	3473	2301	04	03	

Outpatient:- An outpatient is an individual attending OPD and receiving any service of the outpatient department and not occupying a hospital bed without patients 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.

Health officer

Signature of the Pharmacist  
 Pharmacist of the Store Keeper  
 E.S.O.P.D., I.P.P. - VIII-HP  
 Hooghly-Chinsurah Municipality  
 Date: 02/02/2020

UHIP - KIIDA

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

Hooghly-Chinsurah Municipality

Month January Year - 2020

Staff in position : (a) Specialists - 01 - (b) Technicians - 00 - (c) Aary staff - 01

A. Performance :

Sl. No.	Type of Investigation/ lab. exam. done	No. of tests performed during the month								Cumulative since April- <del>2019</del>	
		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.			57				57		625	
2	USG										
3	X-ray										
4	ECG			00	00			00	00	00	01
5	Other (specify)										
6											

B. Quality assurance system present or not.

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

C. Waste Management System is in operation

Yes/No <input checked="" type="checkbox"/>	Yes/No <input checked="" type="checkbox"/>	Yes/No <input checked="" type="checkbox"/>
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\*B = Beneficiaries  
\*\*NB = Non-Beneficiaries

Pradip Kr Chatterjee  
Signature of In-charge of RDC / Administrator

Date : 01/02/2020

PHARMACIST CUM STORE KEEPER  
E.S.O.P.D., IPP-VIII-HP  
Hooghly-Chinsurah Municipality

Signature of the Health Officer

Date :

Office of the Councilors of the  
**KHIRPAI MUNICIPALITY**  
P.O. – KHIRPAI :: DIST- PASCHIM MEDINIPUR

Memo No. 2610/CPHes /Km/2020  
From: The Chairman/Vice Chairman  
KHIRPAI MUNICIPALITY

Date... 14/02/2020

To,  
The Director,  
SUDA  
(Health Wing, "ILGUS BHAVAN")  
H-C Block, Sector – III  
Bidhannagar, Kolkata – 91.



PHO(SB)  
SKP

**Sub:- Submission of Fortnightly/Monthly Report for the month of December'2019 relating to C.B.P.H.C.S. in respect of Khirpai Municipality.**

Dear Madam,

With reference to the above noted subject we submit herewith the Fortnightly report prepared by HHW's consolidated month wise for the month of **December'2019** relating to C.B.P.H.C.S. in respect of Khirpai Municipality.

The report may kindly be acknowledged.

Encl:-

The report of the month of **December'2019**

yours faithfully,

Memo No- 2610/CPHes /Km/2020 dt. 14/02/2020  
Copy forwarded for information and

Health Officer  
C.B.P.H.C.S.  
Khirpai Municipality

-----necessary action to-----

1. The C.M.O.H. Paschim Medinipur – with a copy of report started here above.

Encl:-

The report of the month of **December'2019**

Health Officer  
C.B.P.H.C.S.  
Khirpai Municipality

## সমষ্টিভিত্তিক প্রাথমিক স্বাস্থ্য পরিষেবা

বৃহত্তর কলকাতার বাইরে ৬৩ টি পৌরসভা

স্বাস্থ্যসেবী স্বাস্থ্যকর্মীর (HHW) - পৌরসভা ভিত্তিক বি. পি. এল. জনসংখ্যা, প্রজননশীল দম্পতি ও পরিবার  
পরিকল্পনা পদ্ধতির বার্ষিক বিবরণ

As on April'19

ক্ষীরপাই মিউনিসিপ্যালিটি

এখন মোট পরিবারের সংখ্যা - ১৩৮৬

ক. বয়সভিত্তিক জনসংখ্যা (১ লা এপ্রিল -১৯) শ্রেণী বিন্যাস

বয়সের বিন্যাস	পুং	স্ত্রী	মোট সংখ্যা
১ বছরের নীচে	৫১	৪৯	১০০
১ থেকে ৫ বছরের নীচে	২১৬	২২৯	৪৪৫
৫ থেকে ১৫ বছরের নীচে	৬২৭	৫৫০	১১৭৭
১৫ থেকে ৪৫ বছরের নীচে	১৯৫৭	১৭৬৫	৩৭২২
৪৫ ও তদুর্ধ্ব	৯৭৩	৮৩৪	১৮০৭
মোট	৩৮২৪	৩৪২৭	৭২৫১

খ. প্রজননশীল দম্পতি (১ লা এপ্রিল -১৯) - ১৩৪৫

জীবিত সন্তান সংখ্যা ভিত্তিক						শেষ দুই জীবিত সন্তানের বয়সের ব্যবধান ভিত্তিক			
মোট মায়ের সংখ্যা	০ বাচ্চা হয়নি	১	২	৩	তদুর্ধ্ব ৩	১ থেকে ২ বছর	২ থেকে ৩ বছর	৩ বছর ও তদুর্ধ্ব	মোট
১৩৪৫	১২১	৪০০	৬২৬	১৫১	৪৭	২৫৩	২৯৮	২৭৩	৮২৪

Health Officer  
C.B.P.H.C.S.  
Khirpai Municipality



Name of Municipality : *KHIRPAI MUNICIPALITY*

Report Submitted upto the Month of : *December'2019*

Year : *2019-2020*

Position as on 1st April - *2019*

- 1) Total Population - *16385*
- 2) No. of Beneficiary Families : *1386*
- 3) No. of Beneficiary Population : *7251*
- 4) No. of Eligible Couples : *1345*
- 5) No. of Infants (under 1 Year) : *100*
- 6) No. of Children (1 to <5 Years) : *445*

Details of ULB as on Reporting Date

- A. Total no. of Ward : *10*
- B. Total no. of Sub-Center : *02*
- C. Total no. of FTS : *02*
- D. Total no. of HHW : *10*
- E. Name of Health Officer : *Dr. Suman Roy*
- F. Mobile no. of Health Officer : *9231898619*
- G. Name of Computer Assistant : *Tapas paladhi*
- H. Mobile no. of Computer Assistant : *9933325109*

Any other relevant information :

  
Health Officer  
C.B.P.H.C.S.  
Khirpai Municipality

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

  
 Health Officer  
 C.B.P.H.C.S.  
 Khirpai Municipality

Sl. No.	Services	December		
7	<b>Immunization &amp; Prophylaxis :</b>			
	No. of Sessions planned	0		
	No. of Sessions held	0		
	Only for Children under 1 Year)			
	BCG		6	2
	DPT	DPT-1	0	0
		DPT-2	0	0
		DPT-3	0	0
	Pentavalent	PVV-1	5	5
		PVV-2	5	4
		PVV-3	2	2
	OPV	OPV-0	6	2
		OPV-1	5	5
		OPV-2	5	4
		OPV-3	3	1
	Hepatitis - B	Hep-0	6	2
		Hep-1	0	0
		Hep-2	0	0
		Hep-3	0	0
	Measles	Dose-1	2	2
	Fully immunized Children under 1 year	(Having BCG + 3 doses of OPV & DPT + Measles)	2	2
	JE	Dose-1	2	2
	VITAMIN -A	Dose-1	2	2
	No. of Children received IFA		0	0
	Only for Children above 1 Year			
	Children aged 16-24 months	DPT Booster	5	0
		OPV Booster	5	0
		Measles-2	5	0
		JE-2	5	0
	VITAMIN -A	Dose - 2	7	2
		Dose - 3	14	25
		Dose - 4	14	16
		Dose - 5	16	12
Dose - 6		6	6	
Dose - 7		4	8	
Dose - 8		5	6	
Dose - 9		0	0	
Children more than 5 Years		DPT	4	6
Children more than 10 Years	TT	4	4	
Children more than 16 Years	TT	0	0	
No. of Children received IFA		0	0	
<b>UNTOWARD REACTION</b>				
1. Reported deaths associated with immunization		0	0	
2. Number of abscesses (Except BCG)		0	0	
3. Other Complications		0	0	
8	<b>Vaccine preventable diseases for Under 5 Years Children</b>			
	a) Diphtheria	Male	Female	
	i) Cases	0	0	
	ii) Deaths	0	0	
	b) Poliomyelitis			
	i) Cases	0	0	
	ii) Deaths	0	0	
	c) Neo Natal Tetanus			
	i) Cases	0	0	
	ii) Deaths	0	0	
	d) Tetanus other than Neo Natal			
	i) Cases	0	0	
	ii) Deaths	0	0	
	e) Whooping Cough			
	i) Cases	0	0	
	ii) Deaths	0	0	
	f) Measles			
i) Cases	0	0		
ii) Deaths	0	0		

  
 Health Officer  
 C.B.P.H.C.S.  
 Khirpai Municipality

Sl. No.	Services	December				
8.1	Other specified communicable diseases ( for All Ages )					
	a) Malaria					
	i) Cases	0	0			
	ii) Deaths	0	0			
	b) Tuberculosis					
	i) Cases	0	0			
	ii) Deaths	0	0			
	c) Leprosy					
	i) Cases	0	0			
	ii) Deaths	0	0			
9	ARI Under 5 Years ( Pneumonia )					
	a) Cases	2	3			
	b) Treated with Co-trimoxazole	2	3			
	c) Deaths	0	0			
10	Acute Diarrhoeal Diseases Under 5 Years					
	a) Cases	0	0			
	b) Treated with ORS	0	0			
	c) Deaths	0	0			
11	Child Deaths					
	a) under 1 week	0	0			
	b) 1 week to under 1 month	0	0			
	c) 1 month to under 1 year	0	0			
	d) 1 year to under 5 years	0	0			
		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	2	0	0		
	b) No scalpel	0	0	0		
12.2	Female Sterilisation					
	a) Abdominal	549	2	0		
	b) Laparoscopic	119	0	0		
12.3	Total IUD Insertions	22	0	0		
12.3.1	Cases followed up	8	0	0		
12.3.2	Complications	0	0	0		
12.4	No. of CC users					
	a) No. of OP users	220	1	0		
	b) No. of Condom users	81	0	0		
12.5	Total Nos protected by all methods (12.1+12.2+12.3+12.4)	993	3	0		
12.6	No. of Eligible Couples accepted sterilization					
12.6.1	Having upto 2 living children	478	2	0		
12.6.2	Having 3 or more children	192	0	0		
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)					
	c) Other Death except Sl. No. 5 & 11					
14.1	Total Death = Sl. No. 14 (a+b+c)					
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	
Total no. of Twins						

  
 Health Officer  
 C.B.P.H.C.S.  
 Khirpai Municipality

Office of the Councilors of the  
**KHIRPAI MUNICIPALITY**

P.O. - KHIRPAI :: DIST- PASCHIM MEDINIPUR

Memo No .....Km/18  
From: The Chairman/Vice Chairman  
KHIRPAI MUNICIPALITY

Date .....

For the Month .....December.....Year.. 2019.....

SHP No.	Clinic Date	No. of Patients					
		Treated		Referred		Total	
		A.P.L.	B.P.L.	A.P.L.	B.P.L.	A.P.L.	B.P.L.
Sub-Centre-01	6 <sup>12</sup> / <sub>19</sub>	05	22	0	0	05	22
	13 <sup>12</sup> / <sub>19</sub>	04	20	0	0	04	20
	20 <sup>12</sup> / <sub>19</sub>	07	15	0	0	07	15
	27 <sup>12</sup> / <sub>19</sub>	04	20	0	0	04	20
	0	0	0	0	0	0	0
Sub-Centre -02	3 <sup>12</sup> / <sub>19</sub>	3	11	0	0	3	11
	11 <sup>12</sup> / <sub>19</sub>	1	6	0	0	1	6
	17 <sup>12</sup> / <sub>19</sub>	1	8	0	0	1	8
	24 <sup>12</sup> / <sub>19</sub>	0	9	0	0	0	9
	31 <sup>12</sup> / <sub>19</sub>	-	18	0	0	0	18
Total		25	129	0	0	25	129

Health Officer  
C.B.P.H.C.S.  
Khirpai Municipality

Office of the Councilors of the  
**KHIRPAI MUNICIPALITY**  
P.O. – KHIRPAI :: DIST- PASCHIM MEDINIPUR

Memo No- 262 / C.B.P.H.C.S. / Km/2020  
From: The Chairman/Vice Chairman  
KHIRPAI MUNICIPALITY

Date.. 14/02/2020

To,  
The Director,  
SUDA  
(Health Wing, "ILGUS BHAVAN")  
H-C Block, Sector – III  
Bidhannagar, Kolkata – 91.



PHO (SB)  
SP

**Sub:- Submission of Fortnightly/Monthly Report for the month of January'2020 relating to C.B.P.H.C.S. in respect of Khirpai Municipality.**

Dear Madam,

With reference to the above noted subject we submit herewith the Fortnightly report prepared by HHW's consolidated month wise for the month of January'2020 relating to C.B.P.H.C.S. in respect of Khirpai Municipality.

The report may kindly be acknowledged.

Encl:-

The report of the month of January'2020

yours faithfully,

  
Health Officer  
C.B.P.H.C.S.  
Khirpai Municipality

Memo No- 262 / C.B.P.H.C.S. / Km/2020 dt. 14/02/2020  
Copy forwarded for information and

-----necessary action to-----

1. The C.M.O.H. Paschim Medinipur – with a copy of report started here above.

Encl:-

The report of the month of January'2020

  
Health Officer  
C.B.P.H.C.S.  
Khirpai Municipality

## সমষ্টিভিত্তিক প্রাথমিক স্বাস্থ্য পরিষেবা

বৃহত্তর কলকাতার বাইরে ৬৩ টি পৌরসভা

স্বাস্থ্যসেবী স্বাস্থ্যকর্মীর (HHW) - পৌরসভা ভিত্তিক বি.পি.এল. জনসংখ্যা, প্রজননশীল দম্পতি ও পরিবার পরিকল্পনা পদ্ধতির বার্ষিক বিবরণ

As on April'19

ক্ষীরপাই মিউনিসিপ্যালিটি

এখন মোট পরিবারের সংখ্যা - ১৩৮৬

ক. বয়সভিত্তিক জনসংখ্যা (১ লা এপ্রিল -১৯) শ্রেণী বিন্যাস

বয়সের বিন্যাস	পুং	স্ত্রী	মোট সংখ্যা
১ বছরের নীচে	৫১	৪৯	১০০
১ থেকে ৫ বছরের নীচে	২১৬	২২৯	৪৪৫
৫ থেকে ১৫ বছরের নীচে	৬২৭	৫৫০	১১৭৭
১৫ থেকে ৪৫ বছরের নীচে	১৯৫৭	১৭৬৫	৩৭২২
৪৫ ও তদুর্ধ্ব	৯৭৩	৮৩৪	১৮০৭
মোট	৩৮২৪	৩৪২৭	৭২৫১

খ. প্রজননশীল দম্পতি (১ লা এপ্রিল -১৯) - ১৩৪৫

জীবিত সন্তান সংখ্যা ভিত্তিক						শেষ দুই জীবিত সন্তানের বয়সের ব্যবধান ভিত্তিক			
মোট মায়ের সংখ্যা	০ বাচ্চা হয়নি	১	২	৩	তদুর্ধ্ব ৩	১ থেকে ২ বছর	২ থেকে ৩ বছর	৩ বছর ও তদুর্ধ্ব	মোট
১৩৪৫	১২১	৪০০	৬২৬	১৫১	৪৭	২৫৩	২৯৮	২৭৩	৮২৪

Health Officer  
C.B.P.H.C.S.  
Khirpai Municipality

Name of Municipality : **KHIRPAI MUNICIPALITY**

Report Submitted upto the Month of : **January' 2020**

Year : **2019-2020**

Position as on 1st April - **2019**

- 1) Total Population - **16385**
- 2) No. of Beneficiary Families : **1385**
- 3) No. of Beneficiary Population : **7251**
- 4) No. of Eligible Couples : **1345**
- 5) No. of Infants (under 1 Year) : **100**
- 6) No. of Children (1 to <5 Years) : **945**

Details of ULB as on Reporting Date

- A. Total no. of Ward : **10**
- B. Total no. of Sub-Center : **02**
- C. Total no. of FTS : **02**
- D. Total no. of HHW : **10**
- E. Name of Health Officer : **Dr. Suman Roy**
- F. Mobile no. of Health Officer : **9231898619**
- G. Name of Computer Assistant : **Tapas paladli**
- H. Mobile no. of Computer Assistant : **9933325109**

Any other relevant information :


  
Health Officer  
C.B.P.H.C.S.  
Khirpai Municipality



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

  
 Health Officer  
 C.B.P.H.C.S.  
 Khirpai Municipality

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

  
 Health Officer  
 C.B.P.H.C.S.  
 Khirpai Municipality

Office of the Councilors of the  
**KHIRPAI MUNICIPALITY**

P.O. - KHIRPAI :: DIST- PASCHIM MEDINIPUR

Memo No .....Kjn/19  
From: The Chairman/Vice Chairman  
KHIRPAI MUNICIPALITY

Date .....

For the Month January .....Year...2020.....

SHP No.	Clinic Date	No. of Patients					
		Treated		Referred		Total	
		A.P.L.	B.P.L.	A.P.L.	B.P.L.	A.P.L.	B.P.L.
Sub-Centre-01	3 <sup>1</sup> / <sub>20</sub>	05	12	0	0	05	12
	10 <sup>1</sup> / <sub>20</sub>	02	12	0	0	02	12
	17 <sup>1</sup> / <sub>20</sub>	04	15	0	0	04	15
	24 <sup>1</sup> / <sub>20</sub>	01	13	0	0	01	13
	—	—	—	—	—	—	—
Sub-Centre -02	7 <sup>1</sup> / <sub>20</sub>	—	06	—	—	—	6
	21 <sup>1</sup> / <sub>20</sub>	—	11	—	—	—	11
	28 <sup>1</sup> / <sub>20</sub>	—	12	—	—	—	12
	—	—	—	—	—	—	—
	—	—	—	—	—	—	—
Total		12	81	—	—	12	81

Health Officer  
C.B.P.H.C.S.  
Khirpai Municipality

**OFFICE OF THE**

☎ : (03452) 255164/255767

Fax : (03452) 256600

E-mail : guskaramunicipality@yahoo.in

**GUSKARA MUNICIPALITY**

P.O.-Guskara, Dist.-Purba Bardhaman, PIN-713128, W.B.

ESTD : 1988

*SUDA*

Memo No. 1378/GM/CBPHCS



Dated, Guskara, the 11.02.2020

To  
The CMOH,  
Purba-Bardhaman



*PHO (SD)  
Aef*

Sub: Submission of the CHC Monthly report for the Guskara Municipality, Purba Bardhaman for the month of JANUARY- 2020.

Sir / Madam,

Following the guide line on functioning of CHC community based primary health care services programme enclosed herewith a proforma report of CHC for the month of January-2020, in this ULB for your kind consideration & taking necessary action.

Thanking you,

*sdv*

(Aklima Khatun)  
Executive Officer  
Guskara Municipality

Memo No. 1378 /CBPHCS/GM

Dated : 11/02/2020

Copy forwarded for information & taking necessary action –

- 1/ To the Director, SUDA, Health Wings, ILLGUS Bhavan, HC Block Bidhannagar, Kolkata-700106.

*A. Khatun*  
11.02.2020  
(Aklima Khatun)  
Executive Officer  
Guskara Municipality



CHC Monthly Dataset

State :	WEST BENGAL			Date of Submission on 1 <sup>st</sup> of following month	
District :	BURDWAN			Month :	JANUARY
Block :	GUSKARA MUNICIPALITY			Year :	2020
PHC Name :	U.P. I.C.S.				
CHC/Town/Village :	BURDWAN				
Facility Type :	Public			Private	
Location :	Rural			Urban	

Sl. No	Data Elements	Monthly Achievement	Cumulative Achievement Since April
M1	Antenatal Care Services (ANC)		
1	Total number of pregnant women registered for ANC	11	
	1.1 Of which Number registered within first trimester (Within 12 weeks)	15	
1.2	Total number of pregnant women below 17 years of age registered for ANC	06	
	1.2.1 Of which Number registered within first trimester		
2	New women registered under JSY	07	
3	Number of pregnant women received 3 ANC check ups	11	
3A	Number of pregnant women received 4th check up		
	3A.1 Number of pregnant women below 12 years received 4th check up		
4	Number of pregnant women given		
	4.1 TT1	13	
	4.2 TT2 or Booster	22	
5	Total number of pregnant women given 100 IFA tablets	18	
5A	Out of them (5), total number of pregnant women consumed 100 IFA tablets	13	
5B	Total number of pregnant women given 200 IFA tablets		
6	Pregnant women with Hypertension (BP > 140/90)		
	6.1 New case detected at institution		
	6.2 Number of Eclampsia cases managed during delivery		
7	Pregnant women with Anaemia		
	7.1 Number having Hb level < 11 (tested cases)	05	
	7.1A Number having Hb level < 7 (tested cases)		
	7.2 Number having severe anaemia (Hb < 7) treated at institution		
M2	Deliveries		
8	Deliveries conducted at the Facility (including C-section)		
	8.1 Out of which Number discharged under 48 hours of delivery		
	8.2 Number of cases where JSY incentive paid to		
	(a) Mothers		
	(b) ASHA		
	(c) ANM or AWW (only for MPES States)		
M3	Number of Caesarean (C-Section) deliveries performed at		
9	C-section deliveries performed at facility		
M4	Pregnancy outcome & details of new-born		
10	Pregnancy Outcome (In number)		
10.1	Live Birth (Total)	14	
	(a) Male (Total)	05	
	(b) Female (Total)	09	
10.2	Still birth	1	
10.3	Abortion (spontaneous / induced)		
10.4	Birth Order of Live birth (In Numbers)		
	10.4.1 First Child	07	
	10.4.2 Second Child	05	
	10.4.3 Third or more	02	
11	Details of Newborn Children weighed		
11.1	Details of Newborn Children weighed at birth	13	

	11.1a	Male			
	11.1b	Female			04
		Total a+b			139
11.2	Number of newborn having weight less 2.5 KG				
	11.2a	Male			1
	11.2b	Female			02
11.3	Number of Newborn having weight less 1.5 KG				
	11.3a	Male			
	11.3b	Female			
12	No of newborns breast fed within 1 hour of birth				
12A	Number of Mother admitted for 48 hours after delivery				
M5	Complicated Pregnancies				
13	Number of cases of pregnant women with Obstetric Complications and attended at Facility				
14	Number of Complicated pregnancies treated with				
	14.1	IV Antibiotics			
	14.2	IV Antihypertensive / Magsulph in action			
	14.3	IV Oxytocics			
	14.4	Blood Transfusion			
M5	Post-Natal Care				
15	Women receiving post partum checkup within 48 hours after delivery				
16	Women getting a post partum check up between 48 hours and 14 days				
17	P.N.C maternal complications attended				

Continuation of Pregnancy (M17)		Number of MTF's conducted at Facility			
	18.1	Up to 12 weeks of pregnancy			
	18.2	More than 12 weeks of pregnancy			
		Total ((18.1) + (18.2))		01	
M8	RTI/STI Cases				
19	Number of new RTI / STI for which treatment initiated				
	(a)	Males			
	(b)	Female			
		Total ((a) + (b))			
20	Number of Venereal tests conducted				
M9	Family Planning				
21	Number of NSV / Conventional vasectomy conducted at facility				
22	Number of Laparoscopic sterilization conducted				
23	Number of Mini-Laparoscopic conducted				
24	Number of Post-Partum sterilization conducted				
25	Number of IUD insertion at facility				
	25.A	hours of delivery			378
	25.B	Cases Followed Up			24
26	D continued				
	25.A	Removed			
	25.A.2	Expelled			
25 B	No. of cases IUD retained for 6 Months or more				
27	Number of Oral Pills cycles distributed				
28	Number of Condom pieces distributed				
29	Number of Centchroman (weekly) pills given				
30	Number of Emergency Contraceptive Pills distributed				
31	Quality in sterilization services				
	31.1	Number of complications following sterilization			
	(a)	Male			
	(b)	Female			
	31.2	Number of failures following sterilization			
	(a)	Male			
	(b)	Female			
	31.3	No. of death following sterilization			
	(a)	Male			
	(b)	Female			
		Total a + b			
32	Does the Institution have NSV trained doctors? (0 - No, 1 - Yes)				
M10	Child Immunization				
33	Number of Infants 0 to 11 months old who received the following:				
	33.01	BCG			
	(a)	Male			13
	(b)	Female			05
	33.02	DPT1			
	(a)	Male			08
	(b)	Female			X
	33.03	DPT2			
	(a)	Male			X
	(b)	Female			
	33.04	DPT3			
	(a)	Male			X
	(b)	Female			
	33.04A	Pentavalent 1 + 1			
	(a)	Male			17
	(b)	Female			07
	33.04A	Pentavalent 2			
	(a)	Male			10
	(b)	Female			24
	33.04A	Pentavalent 3			
	(a)	Male			13
					11
					23
					13

	(b) Female			10	
33.05	OPV0 (Birth Dose)			11	
	(a) Male			05	
	(b) Female			06	
33.06	OPV1			16	
	(a) Male			07	
	(b) Female			09	
33.07	OPV2			21	
	(a) Male			12	
	(b) Female			09	
33.08	OPV3			21	
	(a) Male			11	
	(b) Female			10	
33.09A	Hep-B0 (Birth Dose)			11	
	(a) Male			04	
	(b) Female			07	
33.09B	Hep-B1			01	
	(a) Male			01	
	(b) Female			01	
33.10	Hep-B2			01	
	(a) Male			01	
	(b) Female			01	
33.11	Hep-B3			02	
	(a) Male			01	
	(b) Female			01	
33.12	Measles (MCV-1) (Total)			11	
	(a) Male			04	
	(b) Female			07	
33.12A	No. of children receiving Measles less than 1 year ago (MCV-1)				
	(a) Male				
	(b) Female				
33.12B	Measles 2nd dose (No. of children more than 18 months of age)			15	
	(a) Male			09	
	(b) Female			06	
33.13	No. of Children aged 9 to 12 months who received 1st dose			11	
33.13	Total number of Children aged between 9 and 11 months who have been fully immunized ( BCG + DPT123 + OPV123 + Measles ) during			11	
	(a) Male			04	
	(b) Female			07	
	Total ((a) to (b))			11	
33.14	Number of children more than 18 months who received the following:				
33.15	DPT Booster			12	
	(a) Male			07	
	(b) Female			05	
	Total ((a) to (b))			12	
33.16	OPV Booster			09	
	(a) Male			05	
	(b) Female			04	
	Total ((a) to (b))			09	
33.17	Measles, Mumps, Rubella (MMR) Vaccine (MCV-2)				
	(a) Male				
	(b) Female				
	Total ((a) to (b))				



		Total number of children aged between 12 and 23 months who have been fully immunized ( BCG + DPT123 + OPV123 + Measles ) during the month		
	34.1	(a) Male		
		(b) Female		
	34.2	Children more than 5 years given DTP		
	a	Male		
	b	Female		
	34.3	Children more than 10 years given TT10		
	a	Male		
	b	Female		
	34.4	Children more than 16 years given TT16		
	a	Male		
	b	Female		
	34.5	Adverse Event Following Immunisation ( AEFI )		
	(a)	Abscess		
	(b)	Death		
	(c)	Others		
	34.6	Children more than 3 years given DPT		
	a	Male		
	b	Female		
	34.7	Number of Immunization sessions during the month		
	(a)	Sessions planned		
	(b)	Sessions held		
	(c)	Number of sessions where ASHAs were present		
35		Others ( Japanese Encephalitis ( JE ) etc. Please Specify )		
35.1		Number of children more than 16 months of age who received Japanese Encephalitis ( JE )		
M11		Number of Vitamin A Doses Administered between 3 months and 5 years		
36		Dose-1		
		Dose-2		
		Dose-3		
		Dose-4		
		Dose-5		
		Dose-6		
		Dose-7		
		Dose-8		
		Dose-9		
		Doses 2 to 5		
		Doses 6 to 9	34	
			12	
M12		Number of cases of Childhood Diseases reported during the month ( 0-5 years )		
37		Diphtheria (Total)		
(a)		Male		
(b)		Female		
38		Pertussis (Total)		
(a)		Male		
(b)		Female		
39		Tetanus Neonatorum (Total)		
(a)		Male		
(b)		Female		
40		Tetanus others (Total)		
(a)		Male		
(b)		Female		
41		Polio (Total)		
(a)		Male		
(b)		Female		
42		Measles (Total)		
(a)		Male		
(b)		Female		
43		Diarrhoea and Dehydration (Total)		
(a)		Male		

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34  
12

(b)	Female			
44	Malaria (Total)			
(a)	Male			
(b)	Female			
45	Nos. admitted with Respiratory Infections (Total)		05	
(a)	Male		03	
(b)	Female		02	
Part B:	Other Programmes			
M13	Blindness Control Programme			
46	Number of patients operated for cataract			
47	Number of Intraocular Lens(IOL) implantations			
48	Number of school children detected with Refractive errors			
49	Number of children provided free glasses			
50	Number of eyes collected			
51	Number of eyes utilised			
Part C:	Health Facility Services			
M14	Patient Services			
52	Is the facility functioning as an FRU? ( 0 - No, 1 - Yes )			
53	Does the facility have a Rogi Kalyan Samiti ( 0 - No, 1 - Yes )			
	53.1	If so, Number of RKS meetings held during the month		
54	Does the facility have Ambulance services ( Assured Referral Services ) ( 0 - No, 1 - Yes )			
	54.1	If so, number of times it was used for transporting patients during the month		
55	Whether Facility has Operational Sick New Born and Child Care Units? ( 0 - No, 1 - Yes )			
56	Number of functional Laparoscopes in the Facility			

Inpatient		Admissions		Children (< 19 yrs)	Adults
57.1	(a)	Male			
	(b)	Female			
	Total ((a) to (b))				
57.2		Deaths			
	(a)	Male			
	(b)	Female			
	Total ((a) to (b))				
57.3	In-Patient Head Count at midnight				
58	Outpatients				
58.1	OPD attendance (All)				
59	Operation Theatre				
59.1	Operation major (General and Spinal Anesthesia)				
59.2	Operation minor (No or Local Anesthesia)				
50	Others (Include other services like Dental, Optic, AYUSH etc.)				
	(a)	AYUSH			
	(b)	Dental Procedures			
	(c)	Adolescent counseling services			
M15	Laboratory Testing				
61	Laboratory Test Details				
61.1	No. of Hb tests conducted				
61.2	Of which numbers having Hb < 7 mg				
61.2A	Of which numbers having Hb < 10 mg				
61.3	Urine tested for Albumin (Total)				
	a	Positive cases			
	b	Negative cases			
61.4	Urine tested for Sugar (Total)				
	a	Positive cases			
	b	Negative cases			
61.5	Meeting				
	(a)	No. of 1st Saturday Meeting			
	(b)	No. of 3rd Saturday Meeting			
62	HIV tests conducted				
	(a)	Male	Tested	Positive	
	(b)	Female-Non ANC			
	(c)	Female with ANC			
	Total ((a) to (c))				
63	Widal tests conducted				
64	VDRL tests conducted				
	(a)	Male	Tested	Positive	
	(b)	Female Non-ANC			
	(c)	Female with ANC			
	Total ((a) to (c))				
65	Malaria tests conducted				
65.1	Blood smears examined				
65.2	Plasmodium Vivax test positive				
65.3	Plasmodium Falciparum test positive				
65A	Materna Deaths (At Facility)				
65B	Infants Deaths				
	(a)	Within 24 hours			
	(b)	1 day to 7 days			
	(c)	7 days to 28 days			
	(d)	28 days to less than 1 year			
	(e)	1 year to 5 years			

10  
06  
04  
18

Part E. Line Listing of Deaths

65 Each case is to be entered in a separate line. Only deaths occurring at the facility to be reported.

S. No	Name & Village of the deceased	Sex		Unit (Years/Week/Day/Mo)	Age	Cause Code
		Male	Female			

Probable causes of Death Description					
Infant Death Up to 1 Year of age					
Within 24 Hrs of Birth					
I01	Sepsis				
I02	Asphyxia				
I04	Low Birth Weight (LBW) for children up to 4 Weeks of age only				
I05	Pneumonia				
I06	Diarrhoea				
I07	Fever Related				
I08	Malaria				
I09	Other				
Maternal Deaths by major cause					
M01	Abortion				
M02	Obstetric Prolonged labour				
M03	Severe hypertension/ Fits				
M04	Bleeding				
M05	High Fever				
M06	Other Causes (including Causes not known)				
Adolescents & Other					
A01	Diarrhoeal diseases				
A02	Tuberculosis				
A03	Respiratory diseases including infections (Other than Tb)				
A04	Malaria				
A05	Other Fever Related				
A06	HIV/AIDS				
A07	Heart Diseases/ hypertension related				
A08	Neurological Disease including strokes				
A09	Trauma/Accident/Burn Cases				
A10	Suicide				
A11	Animal bites & stings				
Other Diseases					
A12	Known Acute diseases				
A13	Known Chronic diseases				
A14	Causes Not Known				

Dr. Subrata Yash  
 11/02/2020

Medical Officer  
 RCH  
 Guskara Municipality



*CAHO*  
*ADP*

## Community Based Primary Health care Services Bankura Municipality

From: *Mahaprasad Sengupta*  
CHAIRMAN, BANKURA MUNICIPALITY



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Ref. No. *A/15/Gen/CBPHC/91(3)*

Dated, Bankura the *13.02.20*

To  
The Project Officer  
Health Wing, SUDA

Sub: Monthly Report (HMIS) from 21<sup>st</sup> Dec. 19 to 20<sup>th</sup> Jan. 2020

Madam,

Monthly report (HMIS) in respect of HHW for the month of 21<sup>st</sup> Dec. 19 to 20<sup>th</sup> Jan. 20 and regarding SHP (ANC & PNC, General clinic and Immunization clinic) for the month of the of 21<sup>st</sup> Dec.. 19 to 20<sup>th</sup> Jan. 20 are sent herewith for favour of your perusal and taking necessary action.

Enclo. : As stated above

*K. China*  
*13.02.2020*  
C.D.O  
CBPHCS  
Bankura Municipality

*Rampasad Atta.*  
*13/02/2020*  
Health Officer  
Bankura Municipality

*Mug*  
*13.02.2020*  
Chairman  
Bankura Municipality

Memo No.

Date:

Copy along with all enclosures are forwarded for your king information and taking necessary action .

Copy to :

- 1) The District Magistrate , Bankura
- 2) C.M.O.H. Bankura , Sadar,
- 3) Dy C.M.OH.- III

*K. China*  
*13.02.2020*  
C.D.O.  
CBPHCS

*Rampasad Atta.*  
*13/02/2020*  
Health Officer  
Bankura Municipality

*Mug*  
*13.02.2020*  
Chairman  
Bankura Municipality

*Mug*  
*13.02.20*

## 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:	Bankura	Month	21st Dec.19 to 20th Jan.2020	
Block:	Bankura Municipality	Year	2019	
City/ Town/ Village: Facility name				
Facility type	Public <input checked="" type="radio"/>	Private <input type="radio"/>		
Location	Rural <input type="radio"/>	Urban <input checked="" type="radio"/>		

Part A	REPRODUCTIVE AND CHILD HEALTH	Numbers reported during the month	Ref.No
W1	Ante Natal Care (ANC)		M1
1.1	Total number of pregnant women registered for ANC	110	1.1
1.1.1	Out of the total ANC registered, number registered within 1 <sup>st</sup> trimester (within 12 weeks)	107	1.1.1
1.2	ANC services		1.2
1.2.1	Number of PW given TT1	103	1.2.1
1.2.2	Number of PW given TT2	82	1.2.2
1.2.3	Number of PW given TT Booster	7	1.2.3
1.2.4	Number of PW given 180 iron Folic Acid (IFA) tablets	58	1.2.4
1.2.5	Number of PW given 360 Calcium tablets	58	1.2.5
1.2.6	Number of PW given one Albendazole tablet after 1st trimester	79	1.2.6
1.2.7	Number of PW received 4 or more ANC check ups	61	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 ANC's		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	0	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
1	Deliveries conducted at Home		2.1
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
1.3	Number of newborns received 7 Home Based Newborn Care (HBNC) visits in case of Home delivery		2.1.3
2	Number of Institutional Deliveries conducted (including C-Sections)		2.2
2.1	Out of total institutional deliveries number of women discharged within 48 hours of delivery		2.2.1
2.2	Number of newborns received 6 HBNC visits after Institutional Delivery		2.2.2
M3	Number of Caesarean (C-Section) deliveries		M3
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
1	Pregnancy Outcome (in number)		4.1
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
1.2	Number of Pre term newborns (< 37 weeks of pregnancy)		4.1.2
1.3	Still Birth		4.1.3
2	Abortion (spontaneous)		4.2
3	Medical Termination of Pregnancy (MTP)		4.3
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
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
3.3	Number of women provided with post abortion/ MTP contraception		4.3.3
M5	Details of Newborn children		M5
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
M6	Complicated Pregnancies		M6
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
1	Women receiving 1st post partum checkup within 48 hours of home delivery		6.1
2	Women receiving 1st post partum checkup between 48 hours and 14 days		6.2
3	Number of mothers provided full course of 180 IFA tablets after delivery		

CP Roy  
12.20

	Number of mothers provided 360 Calcium tablets after delivery		6.4
	<b>Reproductive Tract Infections/Sexually Transmitted Infections (RTI/STI) Cases</b>		<b>M7</b>
	<b>Number of new RTI/STI cases identified</b>		<b>7.1</b>
7.1.1	New RTI/STI cases identified - Male		7.1.1
7.1.2	New RTI/STI cases identified - Female		7.1.2
	<b>Number of new RTI/STI for which treatment initiated</b>		<b>7.2</b>
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
<b>M8</b>	<b>Family Planning</b>		<b>M8</b>
<b>3.1</b>	<b>MALE STERILISATION</b>		<b>8.1</b>
8.1.1	Number of Non Scalpel Vasectomy (NSV) / Conventional Vasectomy conducted		8.1.1
<b>3.2</b>	<b>FEMALE STERILISATION</b>		<b>8.2</b>
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
3.3	Number of Interval IUCD Insertions (excluding PPIUCD and PAIUCD)		8.3
3.4	Number of Postpartum (within 48 hours of delivery) IUCD Insertions		8.4
3.5	Number of Post Abortion (within 12 days of spontaneous or surgical abortion) IUCD insertions		8.5
3.6	Number of IUCD Removals		8.6
3.7	Number of complications following IUCD Insertion		8.7
3.8	Injectable Contraceptive-Antara Program- First Dose		8.8
3.9	Injectable Contraceptive-Antara Program- Second Dose		8.9
3.10	Injectable Contraceptive-Antara Program- Third Dose		8.10
3.11	Injectable Contraceptive-Antara Program- Fourth or more than fourth		8.11
3.12	Number of Combined Oral Pill cycles distributed	434	8.12
3.13	Number of Condom pieces distributed	350	8.13
3.14	Number of Centchroman (weekly) pills strips distributed		8.14
3.15	Number of Emergency Contraceptive Pills (ECP) given		8.15
3.16	Number of Pregnancy Test Kits (PTK) used	121	8.16
3.17	<b>Quality in sterilization services</b>		<b>8.17</b>
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
<b>M9</b>	<b>CHILD IMMUNISATION</b>		<b>M9</b>
<b>4.1</b>	<b>Number of Infants 0 to 11 months old who received:</b>		<b>9.1</b>
9.1.1	Child immunisation - Vitamin K1 (Birth Dose)		9.1.1
9.1.2	Child immunisation - BCG		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	28	9.1.6
9.1.7	Child immunisation - Pentavalent 2	20	9.1.7
9.1.8	Child immunisation - Pentavalent 3	21	9.1.8
9.1.9	Child immunisation - OPV 0 (Birth Dose)	0	9.1.9
9.1.10	Child immunisation - OPV1	28	9.1.10
9.1.11	Child immunisation - OPV2	20	9.1.11
9.1.12	Child immunisation - OPV3	21	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)	28	9.1.17
9.1.18	Child immunisation - Inactivated Polio Vaccine 2 (IPV 2)	21	9.1.18
9.1.19	Child immunisation - Rotavirus 1	28	9.1.19
9.1.20	Child immunisation - Rotavirus 2	20	9.1.20
9.1.21	Child immunisation - Rotavirus 3	21	9.1.21
<b>4.2</b>	<b>Number of Children 9-11 months who received:</b>		<b>9.2</b>
9.2.1	Child immunisation (9-11months) - Measles & Rubella (MR)- 1 <sup>st</sup> Dose	24	9.2.1
9.2.2	Child immunisation (9-11months) - Measles 1 <sup>st</sup> dose	0	9.2.2
9.2.3	Child immunisation (9-11months) - JE 1 <sup>st</sup> dose	24	9.2.3
<b>4.4</b>	<b>Number of children aged between 9 and 11 months fully immunized (BCG+DPT123/ pentavalent123+OPV123+Measles/ MR)</b>		<b>9.2.4</b>
9.2.4.a	Children aged between 9 and 11 months fully immunized - Male	14	9.2.4.a
9.2.4.b	Children aged between 9 and 11 months fully immunized - Female	10	9.2.4.b
<b>4.3</b>	<b>Children given following vaccination after 12 months</b>		<b>9.3</b>
9.3.1	Child immunisation - Measles & Rubella (MR)- 1st Dose		9.3.1
9.3.2	Child immunisation - Measles-1st dose		9.3.2
9.3.3	Child immunisation - JE 1st dose		9.3.3
<b>4.4</b>	<b>Number of Children more than 12 months who received:</b>		<b>9.4</b>
9.4.1	Child immunisation - Measles & Rubella (MR)- 2nd Dose (16-24 months)	18	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	18	9.4.3
9.4.4	Child immunisation - OPV Booster	18	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	18	9.4.6
<b>4.5</b>	<b>Number of Children more than 23 months who received:</b>		<b>9.5</b>
9.5.1	Child immunisation - Typhoid		9.5.1
9.5.2	Children more than 5 years received DPTS (2nd Booster)	16	9.5.2
9.5.3	Children more than 10 years received TT10	19	9.5.3
9.5.4	Children more than 16 years received TT16	17	9.5.4
<b>4.6</b>	<b>Adverse Event Following Immunisation (AEFI)</b>		<b>9.6</b>
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
<b>4.7</b>	<b>Number of Immunisation sessions</b>		<b>9.7</b>
9.7.1	Immunisation sessions planned	16	9.7.1
9.7.2	Immunisation sessions held	13	9.7.2
9.7.3	Number of immunisation sessions where ASHAs were present	0	9.7.3
<b>4.8</b>	<b>Children received Vitamin A Doses between 9 months and 5 years</b>		<b>9.8</b>
9.8.1	Child immunisation - Vitamin A Dose - 1	24	9.8.1
9.8.2	Child immunisation - Vitamin A Dose - 5		9.8.2
9.8.3	Child immunisation - Vitamin A Dose - 9		9.8.3
<b>4.9</b>	<b>Number of children (6-59 months) provided 8-10 doses (1ml) of IFA syrup (Bi weekly)</b>	292	<b>9.9</b>
<b>4.10</b>	<b>Number of children (12-59 months) provided Albendazole</b>		<b>9.10</b>
<b>4.11</b>	<b>Number of severely underweight children provided Health Checkup (0-5 yrs)</b>		<b>9.11</b>
<b>M10</b>	<b>Number of cases of Childhood Diseases (0-5 years)</b>		<b>M10</b>
<b>4.1</b>	<b>Childhood Diseases - Pneumonia</b>		

10.7	Childhood Diseases - Asthma		10.2
	Childhood Diseases - Septis		10.3
	Childhood Diseases - Diphtheria		10.4
	Childhood Diseases - Pertussis		10.5
	Childhood Diseases - Tetanus Neonatorum		10.6
	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
<b>M11</b>	<b>NVBDCP</b>		<b>M11</b>
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	94	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
<b>M12</b>	<b>Adolescent Health</b>		<b>M12</b>
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
<b>M13</b>	<b>Directly Observed Treatment, Short-course (DOTS)</b>		<b>M13</b>
13.1	Number of on-going DOTS patients registered		13.1
13.2	Number of DOTS cases completed successfully		13.2
<b>Part B</b>	<b>Health Facility Services</b>		<b>Part B</b>
<b>M14</b>	<b>Patient Services</b>		<b>M14</b>
14.1	Out Patient Department (Outpatients) by disease/ health condition		14.1
14.1.1	Outpatient - Diabetes		14.1.1
14.1.2	Outpatient - Hypertension		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		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		14.11
<b>M15</b>	<b>Laboratory Testing</b>		<b>M15</b>
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



	Male HIV - Number Tested		15.3.1.a
	Male HIV - Number Positive		15.3.1.b
	<b>Female-Non ANC</b>		<b>15.3.2</b>
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	<b>Pregnant women screened for HIV</b>		<b>15.3.3</b>
15.3.3.a	Number of pregnant women screened for HIV	110	15.3.3.a
15.3.3.b	Out of the above, number screened positive	0	15.3.3.b
15.3.3.c	Number Positive for HIV (Numbers confirmed positive at ICTCs)		15.3.3.c
5.3.4	<b>STI/RTI attendees Tested for Syphilis</b>		<b>15.3.4</b>
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
5.4	<b>Widal tests</b>		<b>15.4</b>
15.4.1	Widal tests - Number Tested		15.4.1
15.4.2	Widal tests - Number Positive		15.4.2
416	<b>Stock Related Data</b>		
6.1	<b>Drugs</b>		
16.1.1	Last Date of Supply of essential drugs(DD/MM/YYYY)	29/09/2017	
6.1.2	<b>Items</b>	Adequate/ Inadequate	
16.1.2.a	IFA tablets		
16.1.2.b	IFA tablets (blue)		
16.1.2.c	IFA syrup with dispenser		
16.1.2.d	Vit A syrup		
16.1.2.e	ORS packets		
16.1.2.f	Zinc tablets		
16.1.2.g	Inj Magnesium Sulphate		
16.1.2.h	Inj Oxytocin		
16.1.2.i	Misoprostol tablets		
16.1.2.j	Mifepristone tablets		
16.1.2.k	Antibiotics		
16.1.2.l	Labelled emergency tray		
16.1.2.m	Drugs for hypertension, Diabetes, common ailments e.g PCM, anti-allergic drugs etc.		
16.1.2.n	Tab. Albendazole		
6.2	<b>Vaccines</b>		
16.2.1	Last Date of Supply of essential vaccines (DD/MM/YYYY)		
16.2.2	<b>Items</b>	Adequate/ Inadequate	
16.2.2.a	TT		
16.2.2.b	BCG		
16.2.2.c	Hepatitis		
16.2.2.d	OPV		
16.2.2.e	DPT		
16.2.2.f	Measles		
16.2.2.g	Vitamin A		
6.3	<b>Contraceptives</b>		
16.3.1	Last Date of Supply of essential contraceptives (DD/MM/YYYY)		
6.3.2	<b>Items</b>	Adequate/ Inadequate	
16.3.2.a	IUCD		
16.3.2.b	Combined Oral Pills (in cycles)		
16.3.2.c	Condom (in pieces)		
16.3.2.d	Injectable Contraceptive MPA (vials)		
Part C	<b>Mortality Details</b>		<b>Part C</b>
M17	<b>Details of deaths reported with probable causes:</b>		<b>M16</b>
17.1	Infant deaths within 24 hrs(1 to 23 Hrs) of birth		16.1
17.2	<b>Infant Deaths up to 4 weeks (1 to 28 days) due to</b>		<b>16.2</b>
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	<b>Infant Deaths Between 1 month (more than 28 days) and less than 12 months due to</b>		<b>16.3</b>
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	<b>Child Deaths between 1 year and less than 5 years due to</b>		<b>16.4</b>
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	<b>Maternal Deaths (15 to 49 yrs.) due to</b>		<b>16.5</b>
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	<b>Other Deaths (except Infant, Child &amp; Maternal Deaths) 5 years and above due to</b>		<b>16.7</b>
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	<b>Deaths due to Vector Borne Diseases ( all age groups)</b>		<b>16.8</b>
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)		16.8.6



**CBPHCS SCHEME**  
**KRISHNANAGAR MUNICIPALITY**  
Dr. Sachin Sen Road  
Krishnanagar, Nadia.

Memo No: - 137/18-1(A)20.....

Date: - 11.2.2020

To : **Project Officer**  
**Health Wing, SUDA**

From: **Dr. Shyamal Kr. Ghosh**  
**Health Officer**  
**Krishnanagar Municipality**



CPHO  
ADP

PHO (SUDA)  
23/2/20

**Sub: - Forwarding Letter for the monthly report of January 2020 of CBPHCS Scheme, Krishnanagar Municipality.**

Respected Madam,

The monthly report for the month of January 2020 of the CBPHCS Scheme, Krishnanagar Municipality is enclosed herewith.

Sincerely yours

  
-----  
**Health Officer,**  
**Krishnanagar Municipality**


Encl. Monthly report,

Memo No: - 137(2)/18-1(A)20

Date: - 11.2.2020

*Copy forwarded for the information and for necessary action to:-*

- 1) Project Director, HHW Scheme, Krishnanagar Municipality & ADM(DEV) Nadia
- 2) Asst. CMOH, Sadar & member M.L.H. & F.W. Committee Krishnanagar Municipality.

  
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**Health Officer,**  
**Krishnanagar Municipality**

MONTHLY REPORT OF HAU  
FOR

FORM-C

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

Report for the month of January 2020

Name of the Municipality / Corporation **Krishnanagar Municipality**  
HAU No. ----- No. of reporting SCs1 HP & 7 SHPs

POSITION AS ON 1<sup>st</sup> April, 2019

1. No. of Beneficiary Families 10067                      2. No. of Beneficiary Population 46922  
3. No. of Eligible Couples 7515                      4. No. of infants (under 1 year) 446  
5. No. of Children (1 to <5 years) 1904

Sl. No.	Services	Performance in the reporting month January 2020	Cumulative performance since April 19 to Jan. 2020
1.	<b>Ante Natal Care</b>		
1.1	Ante Natal cases Registered		
	(a) New (i) Before 12 weeks	17	180
	(ii) After 12 weeks	15	154
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups	29	243
1.3	Total No. high risk pregnant women		
	a) Attended	1	19
	b) Referred	1	19
1.4	No. of TT doses		
	a) TT1	31	318
	b) TT2	27	297
	c) Booster	2	16
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia	30	330
2.	<b>Natal Care</b>		
2.1	Total No. of deliveries conducted		
	a) Normal	5	44
	b) Forceps	-	-
	c) Caesar	17	189
2.2	Place of delivery		
	a) Home	1	2
	b) Institution	21	231
2.3	Age of mother at the time of delivery		
	a) Less than 20 years	6	16
	b) 20 years and above	16	217
2.4	No. of complicated Delivery cases referred to Govt. / Non-Govt. / Non-Govt. Hospital / Nursing Home / Maternity Homes		

Contd....

Sl. No.	Services	Performance in the reporting month of		Cumulative Performance since April 19 to Jan. 2020	
		Jan. 2020	of	M	F
3.	<b>Pregnancy Outcome</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>
3.1	No. of births				
	a) Live births :	12	10	134	100
	b) Still births				
3.2	Order of birth in 3.1 (a) (live births)				
	a) 1 <sup>st</sup>	5	6	77	62
	b) 2 <sup>nd</sup>	7	4	54	32
	c) 3+			3	6
3.3	New born status of birth in 3.1 (a) (live births)				
	a) Less than 2.5 Kg.	2	3	10	13
3	b) 2.5 Kg. Or more	10	7	124	86
	c) Weight not recorded				1
3.4	High risk new born				
	a) No. Attended			3	1
	b) No. Referred			3	1
4.	<b>Post Natal Care</b>				
4.1	No. of women received 3 post natal check-ups	19		190	
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>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>
6.1	Cases detected	5	8	36	69
6.2	Cases treated	3	7	27	53

\*\*\* Twin Baby : 2 (April- 19, May- 19)

Contd...

7. Immunization & Prophylaxis:

	During the month Jan. 2020	Cumulative since April 18 to April 19 to Jan. 2020
No. of Sessions planned	24	208
No. of Sessions held	23	207
No. of outreach Sessions held		

		During the month of Jan. 2020				Cumulative since April 19 to Jan. 2020					
		Under -1 Yr.		Above -1 Yr.		Under -1 Yr.			Above -1 Yr.		
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total
BCG		12	9			134	100	234			
DPT	DPT-1	-	-			-	-	-			
	DPT-2	-	-			-	-	-			
	DPT-3	-	-			-	-	-			
OPV	OPV-0	12	9			132	96	228			
	OPV-1	20	14			155	125	280			
	OPV-2	10	13			128	122	250			
	OPV-3	18	8			135	128	263			
Hepatitis B	Hep-0	9	7			80	70	150			
	Hep-1	-	-			-	-	-			
	Hep-2	-	-			-	-	-			
	Hep-3	-	-			-	-	-			
Measles											
Fully Immunized Children Under 1 year	Having BCG + 3 doses of OPV & DPT + Measles	16	17			182	168	350			
JE	Dose - 1	16	17			182	168	350			
VITAMIN - A	Dose -1	19	20			142	136	278			
Children aged 16-24 months	DPT Booster			14	22				156	176	332
	OPV Booster			14	22				156	176	332
	Measles - 2			-	-				-	-	-
	JE - 2			14	22				156	176	332
VITAMIN - A	Dose 2			14	22				132	142	274
	Dose 3			10	10				118	97	215
	Dose 4			12	10				118	102	220
	Dose 5			12	14				122	97	219
	Dose 6			17	11				125	96	221
	Dose 7			5	12				76	74	150
	Dose 8			7	6				64	81	145
	Dose 9			11	9				71	68	139
	Children More than 5 Yrs.	DPT			16	20				185	196
Children more than 10 years.	TT			15	18				162	179	341
Children more more than 16 years.	TT			13	19				143	157	300
No. of children	Received IFA			-	-						
UNTOWERED	REACTION										
1. Reported	deaths										
Associated with	immunization										
2. Number of	abscesses										
3. Other	Complications										
Pentavalent - 1		20	14			155	125	280			
Pentavalent - 2		10	13			128	122	250			
Pentavalent - 3		18	8			135	128	263			
IPV		-	-			-	-	-			
FIPV-I		20	14			155	125	280			
FIPV -II		18	8			135	128	263			
MR-1		16	17			182	168	350			
MR-2				14	22				156	176	332
Rota Virus-1		20	14			71	54	125			
Rota Virus-2		10	13			36	27	63			
Rota Virus-3		18	8			24	14	38			

Contd...

Sl. No.	Services	Performance month In the Reporting Jan. 2020			Cumulative Performance since April 19 to Jan. 2020		
		M	F	T	M	F	T
<b>8.</b>	<b>Vaccine preventable diseases under 5 years</b>						
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						
<b>8.1</b>	<b>Other specified communicable diseases</b>						
a)	Malaria						
	i) Cases						
	ii) Deaths						
b)	Tuberculosis						
	i) Cases		1	1		2	2
	ii) Deaths						
c)	Leprosy						
	i) Cases						
	ii) Deaths						
<b>9.</b>	<b>ARI under 5 years (Pneumonia)</b>						
	a) Cases	12	15	27	153	134	287
	b) Treated with Co-Trimoxazole	-	-	-	37	29	66
	c) Deaths						
<b>10.</b>	<b>Acute Diarrhoea Diseases under 5 years</b>						
	a) Cases	3	2	5	82	84	166
	b) Treated with ORS	3	2	5	76	73	149
	c) Deaths						
<b>11.</b>	<b>Child Deaths</b>						
	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						

Sl. No.	Services	No. of Eligible couple already protected (as existing on 31 <sup>st</sup> March preceding year)	Performance in the reporting month Jan. 2020		Cumulative performance since April 19 to Jan. 2020 including carried over performance (a+b-c)
			No. of Acceptors (b)	Nos. Discontinued OR taken off for crossing Eligible age (c)	
<b>12</b>	<b>Contraceptive Services</b>				
12.1	Male Sterilisation				
	a) Conventional	2			2
	b) no Scalpel	5			5
12.2	Female Sterilisation				
	a) Abdominal	1570	3		1573
	b) Laparoscopic	155			155
12.3	Total IUD insertions	457	9	1	465
12.3.1	Cases followed up				
12.3.2	Complications				
12.4	No. of CC users				
	a) No. of OP users	2339	8	4	2343
	b) No. of Condom users	1688	7	3	1692
12.5	Total Nos. of protected by all methods (12.1+12.2+12.3+12.4)	6216	27	8	6235
12.6	No. of eligible couples accepted sterilization		Performance reporting in the month April 19 to Jan. 2020		Cumulative performance since April 19 to Jan. 2020
12.6.1	Having 2 living children	1193	3		1196
12.6.2	Having 3 or more living children	539			539
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				4
	b) No. of MTPs done				1
	c) Deaths				
14.	Deaths				
	a) Maternal Deaths (as in Sl. No. 5)				
	b) Child Deaths (as in Sl. No. 11)				
	c) Other Death except Sl. No. 5 & 11		7		94
14.1	Total Death = Sl. No. 14(a+b+c)		7		94

15.	IEC Activities	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion	<i>Health Fund and all health related topics</i>	47	156	727
	2. Deployment of Folk Media				
	3. Others (Specify)				

Harina Saha  
ANM,  
HHW Scheme,  
Krishnanagar Municipality

Date:

  
Health Officer,  
Krishnanagar Municipality


Date:

DFID Assisted Honorary Health Worker Scheme  
*Krishnanagar Municipality*  
 For the Month of **January-2020**.

(A) SHP wise monthly report on Antenatal / Postnatal Care

SHP No.	Clinic Date	No. of ANC Cases Registered		No. of ANC cases received	No. of AN cases completed 3 check ups	No. of AN complication cases with		No. of PN Check up done	No. of PN complication cases with	
		Within 12 weeks	Above 12 weeks			Detected	Referred		Detected	Referred
HP	03.01.2020,17.01.2020	4	1	-	-	-	-	-	-	-
SHP-I	07.01.2020	6	7	2	4	-	-	-	-	-
SHP-II	06.01.2020, 20.01.2020	4	5	1	3	1	1	-	-	-
SHP-III	17.01.2020, 17.01.2020	5	-	-	-	-	-	-	-	-
SHP-IV	07.01.2020	4	10	-	4	-	-	-	-	-
SHP-V	13.01.2020, 20.01.2020	4	3	-	-	-	-	-	-	-
SHP-VI	12.01.2020	1	4	-	1	1	1	4	-	-
SHP-VII	03.01.2020,17.01.2020	-	5	-	2	-	-	-	-	-
<b>Total</b>		<b>28</b>	<b>35</b>	<b>3</b>	<b>14</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>-</b>	<b>-</b>

*Shama Saha*  
 ANM  
 CBPHCS Scheme  
 Krishnanagar Municipality

  
 Health Officer,  
 CBPHCS Scheme  
 Krishnanagar Municipality



**DFID Assisted HHW Scheme**  
**Krishnanagar Municipality**  
**For the Month of January-2020.**

SHP wise monthly report on Immunization Clinic

SHP No.	Clinic Date	No. of immunization done																Vit.A Oil Doses										T-10 y	TT-16 y
		FIPV -1	Pent avall ent -1	Penta vallen t-11	Pent avall ent-III	FIPV -2	OPV -I	OPV -II	OPV-III	MR-1	JE-1	MR s-2	JE-2	DPT -B	OP V-B	DPT Booste r (5 Yrs)	1	2	3	4	5	6	7	8	9				
HP	02.01.20, 15.01.20	5	5	4	8	8	5	4	8	4	4	6	6	6	6	8	4	6	-	-	4	-	2	1	1	4	8		
SHP-I	08.01.20, 15.01.20, 16.01.20	9	9	8	9	9	9	5	9	5	4	7	8	14	11	5	5	4	6	4	6	1	4	3	1	11	9		
SHP-II	02.01.20, 09.01.20, 16.01.20	10	10	7	4	4	10	3	4	3	6	6	6	6	3	3	7	7	1	-	2	1	2	-	2	3	3		
SHP-III	02.01.20, 08.01.20, 15.01.20	3	3	3	1	1	3	1	1	1	2	3	3	3	5	1	-	1	1	1	-	1	2	1	1	5	2		
SHP-IV	02.01.20, 15.01.20, 29.01.20	9	9	6	8	8	9	12	12	10	10	10	10	10	10	12	10	5	5	7	3	5	6	4	4	11	1		
SHP-V	08.01.20, 09.01.20, 16.01.20	5	5	5	3	3	5	4	4	7	7	7	7	7	5	4	7	3	2	1	6	1	3	5	9	2			
SHP-VI	02.01.20, 09.01.20, 15.01.20,	4	4	5	1	1	4	3	3	2	2	2	2	2	6	3	2	-	-	2	5	2	-	2	8	6			
SHP-VII	09.01.20, 16.01.20, 29.01.20	3	3	3	5	5	3	3	3	11	11	11	11	12	4	3	10	1	-	2	3	1	1	3	10	3			
Total		48	48	41	39	39	48	41	39	35	35	48	52	53	60	52	35	46	17	12	24	20	19	15	19	61	34		

*Shravan Saha*

ANM

CBPHCS Scheme  
 Krishnanagar Municipality

Health Officer,

CBPHCS Scheme  
 Krishnanagar Municipality

SHP No.	Date	Rota-1	Rota-2	Rota-3
HP	02.01.20, 15.01.20	5	4	8
SHP-I	08.01.20, 15.01.20, 16.01.20	9	8	9
SHP-II	02.01.20, 09.01.20, 16.01.20	10	7	4
SHP-III	02.01.20 ,08.01.20, 15.01.20	3	3	1
SHP-IV	02.01.20, 15.01.20, 29.01.20	9	6	8
SHP-V	08.01.20, 09.01.20, 16.01.20	5	5	3
SHP-VI	02.01.20, 09.01.20, 15.01.20,	4	5	1
SHP-VII	09.01.20, 16.01.20, 29.01.20	3	3	5
<b>Total</b>		<b>48</b>	<b>41</b>	<b>39</b>

*Aruna Saha*

ANM

CBPHCS Scheme  
Krishnanagar Municipality



Health Officer,  
CBPHCS Scheme  
Krishnanagar Municipality

**DFID Assisted HHW Scheme**  
**Krishnanagar Municipality**  
**SHP wise Reporting format for Growth Monitoring of Under-Five children**  
**For the period of reporting January-2020**

Name & No. of SHP	Clinic date	Total no. of U-5 Children	No. of U-5 children weight	No. of U-5 children with					No. of Mal-Nutrition cases		Remarks
				Normal weight	Gr- I	Gr - II	Gr - III	Gr - IV	Referred	Hospitalized	
HP	11.01.2020	250	212	192	18	1	1	2	2	2	-
SHP-1	11.01.2020	445	205	130	54	14	5	-	-	-	-
SHP-II	20.01.2020	331	170	102	53	15	-	-	-	-	-
SHP-III	13.01.2020	286	243	176	59	8	-	-	-	-	-
SHP-IV	16.01.2020	235	200	187	12	1	-	-	-	-	-
SHP-V	22.01.2020	313	291	180	78	30	3	-	-	-	-
SHP-VI	11.01.2020	259	182	115	59	6	2	-	-	-	-
SHP-VII	14.01.2020	231	151	141	10	-	-	-	-	-	-
<b>Total</b>		<b>2350</b>	<b>1654</b>	<b>1223</b>	<b>343</b>	<b>75</b>	<b>11</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>-</b>

*Aruna Saha*  
 ANM  
 CBPHCS Scheme  
 Krishnanagar Municipality

  
 Health Officer,  
 CBPHCS Scheme  
 Krishnanagar Municipality

**DFID Assisted HHW Scheme**  
**Krishnanagar Municipality**  
**For the Month of January-2020**

SHP wise monthly report on General Treatment Clinic

SHP No.	Clinic Date	Treated	No. of patients		Total
			Referred		
HP	02.01.2020,09.01.2020,16.01.2020	578			578
SHP-I	08.01.2020,10.01.2020,17.01.2020	222			222
SHP-II	06.01.2020,13.01.2020,20.01.2020,21.01.2020	953	17		953
SHP-III	07.01.2020,14.01.2020,28.01.2020	30			30
SHP-IV	02.01.2020,09.01.2020,16.01.2020,30.01.2020	771	14		771
SHP-V	15.01.2020,22.01.2020	58			58
SHP-VI	06.01.2020,13.01.2020,27.01.2020	252	2		252
SHP-VII	06.01.2020,13.01.2020,27.01.2020	92			92
<b>Total</b>		<b>2956</b>	<b>33</b>		<b>2956</b>

*Shamma Saha*  
 ANM  
 CBPHCS Scheme  
 Krishnanagar Municipality

  
 Health Officer,  
 CBPHCS Scheme  
 Krishnanagar Municipality



**THE KOLKATA MUNICIPAL CORPORATION  
OFFICE OF THE CHIEF MUNICIPAL HEALTH OFFICER  
5, S.N. BANERJEE ROAD, KOLKATA -700 013**

No. H/L/256/19-20...

Date : 20/01/2020.....

From:  
Dy. Chief Municipal Health Officer



C.M.H.O.  
ASG

To:  
Project Officer  
SUDA (Health Wing)  
"ILGUS BHAWAN"  
HC Block, Sector-III  
Bidhannagar, Kolkata-700091

P.H.O. (B)  
19/2/20

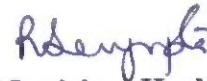
Sub: Submission of Monthly Report (**Form-C**) for the month of  
**November 2019** under Urban Primary Health Care Services

Sir / Madam,

Monthly report for the month of November 2019 as per Form-D is submitted  
herewith for further necessary action please.

Thanking you.

Yours sincerely,

  
20/1/2020  
Dy. Chief Municipal Health Officer  
Dy. C.M.H.O  
K.M.C.

SL. NO.	Services	Performance in the reporting month			Cumulative performance since April'19 to Nov'19		
		M	F	T	M	F	T
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	4	6	10	50	53	103	
(ii) Deaths	0	0	0	0	0	0	
8.1	<b>Other specified communicable diseases</b>						
	(a) Malaria						
	(i) Cases	10	11	21	140	135	275
	(ii) Deaths	0	0	0	0	0	0
	(b) Tuberculosis						
	(i) Cases	5	4	9	70	56	126
	(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	83	82	165	2263	2308	4571
	(b) Treated with Co-trimoxazole	83	82	165	2263	2308	4571
	(c) Deaths	0	0	0	0	0	0
10	<b>Acute Diarrhoeal Diseases under 5 years</b>						
	(a) Cases	165	177	342	4180	4065	8245
	(b) Treated with ORS	165	177	342	4180	4065	8245
	(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 <u>2019</u> including carried over performance
			No. of New Acceptors	Nos. Discontinued or taken off for crossing Eligible age	
<b>12</b>	<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	4586	160	130	4616
	(b) Laparoscopic	5832	175	155	5852
12.3	Total IUD insertion	5870	216	231	5855
12.3.1	Cases followed up	111	34	0	145
12.3.2	Complication	1	0	0	1
12.4	No. of CC users				
	(a) No. of OP users	19172	530	285	19417
	(b) No. of condom users	21994	530	280	22244
12.5	Total Nos protected by all methods (12.1+12.2+12.3+12.4)	57566	1645	1081	58130
12.6	No. of Eligible Couples accepted Sterilization		Performance in the reporting month		Cumulative performance since April <u>2019</u>
12.6.1	Having upto 2 living children	5422	183	148	5457
12.6.2	Having 3 or more children	10866	368	368	10866
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		7		27
	(b) No. of MTPs done		8		38
	(c) Deaths		0		0
<b>14</b>	<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)		67		385
14.1	Total Death=Sl.No. 14 (a+b+c)		67		385
<b>15</b>	<b>IEC Activities</b>	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion		48	623	1049
	2. Deployment of Folk Media		0	0	0
	3.Others (Specify)		0	0	0

*R. Sanyal* 20/11/2020

Date:

Signature of Health Officer / Medical Officer

Dy. C.M.H.O  
K.M.C.



**THE KOLKATA MUNICIPAL CORPORATION  
OFFICE OF THE CHIEF MUNICIPAL HEALTH OFFICER  
5, S.N. BANERJEE ROAD, KOLKATA -700 013**

No. H/L/256/19-20...

Date : 20/01/2020

From:  
Dy. Chief Municipal Health Officer



CPHO  
ASG

To:  
Project Officer  
SUDA (Health Wing)  
"ILGUS BHAWAN"  
HC Block, Sector-III  
Bidhannagar, Kolkata-700091

PHO (B)  
19/2/20

Sub: Submission of Monthly Report (**Form-C**) for the month of  
**November 2019** under Urban Primary Health Care Services

Sir / Madam,

Monthly report for the month of November 2019 as per Form-D is submitted  
herewith for further necessary action please.

Thanking you.

Yours sincerely,

*R. Sanyal* 20/1/2020  
Dy. Chief Municipal Health Officer  
Dy. C.M.H.O  
K.M.C.



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

Report for the month of \_\_\_\_\_ NOVEMBER \_\_\_\_\_ Year \_\_\_\_\_ 2019 \_\_\_\_\_

URBAN PRIMARY HEALTH CARE SERVICES --- Municipality

No. of Reporting SCs - 61

**POSITION AS ON 1ST APRIL 2019**

1) No. of Beneficiary Families -37532

2) No. of Beneficiary Population -190477

3) No. of Eligible Couples -23630

4) No. of Infants(under 1 year) -4703

5) No. of Children (1 to <5 years) -8869

SL. NO.	Services	Performance in the reporting month	Cumulative Performance since April'19 to Nov'19
1	Ante Natal Care		
1.1	Ante Natal Cases Registered		
	(a) New -- (i) Before 12 Weeks	75	1731
	(ii) After 12 Weeks	154	2757
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups	94	2198
1.3	Total No. of high risk pregnant women		
	(a) Attended	8	277
	(b) Referred	4	218
1.4	No. of TD doses		
	(a) TD 1	145	3034
	(b) TD 2	141	2638
	(c) Booster	18	419
1.5	No. of Pregnant women under treatment for Anaemia		
1.6	No. of Pregnant women given prophylaxis for Anaemia	131	3208
2	Natal Care		
2.1	Total No. of deliveries conducted		
	(a) Normal	85	1935
	(b) Forceps	10	66
	(c) Ceasar	105	1267
2.2	Place of delivery		
	(a) Home	0	0
	(b) Institution	200	3268
2.3	Age of mother at the time of delivery		
	(a) Less than 20 years	11	487
	(b) 20 years and above	189	2781
2.4	No. of Complicated Delivery cases referred to Govt./Non Govt. Hospital/Nursing Home / Maternity Homes	0	24

SL. NO.	Services	Performance in the reporting month		Cumulative performance since April'19 to Nov'19	
		M	F	M	F
3	<b>Pregnancy Outcome</b>				
3.1	No. of Births				
	(a) Live Births	82	118	1646	1622
	(b) Still Births	0	0	0	0
3.2	Order of Birth in 3.1 (a) (live births)				
	(a) 1st	42	41	906	861
	(b) 2nd	21	20	505	547
	(c) 3+	19	57	235	214
3.3	New born status of birth in 3.1 (a) (live births)				
	(a) Less than 2.5 Kg.	10	9	380	376
	(b) 2.5 K.g or more	72	109	1266	1246
	(c) Weight not recorded	0	0	0	0
3.4	High risk new born				
	(a) No. Attended	1	0	32	29
	(b) No. Referred	3	0	20	14
4	<b>Post Natal Care</b>				
4.1	No. of women received 3 post natal check-ups		60		954
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	4	34	167	617
6.2	Cases treated	4	34	167	617

7. Immunization & Prophylaxis :		Performance in the reporting month			Cumulative Performance since April'19 to Nov'19						
No. of Sessions planned					364			999			
No. of sessions held					364			999			
		During the month				Cumulative since April 2019					
		Under-1 year		Above-1 year		Under-1 year			Above-1year		
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total
BCG		53	49			1204	1141	2345			
DPT	DPT - 1	0	0			1	1	2			
	DPT - 2	0	0			1	1	2			
	DPT - 3	0	0			1	1	2			
OPV	OPV - 0	40	34			1129	1014	2143			
	OPV - 1	204	176			4000	3850	7850			
	OPV - 2	197	182			4251	4086	8337			
	OPV - 3	213	195			4314	4237	8551			
Hepatitis-B	Hep - 0	0	0			0	0	0			
	Hep - 1	0	0			0	0	0			
	Hep - 2	0	0			0	0	0			
	Hep - 3	0	0			0	0	0			
MR	Dose - 1	177	172			4249	4066	8315			
Fully Immunized Children under 1 year	Having BCG+3doses of OPV&DPT + MR	177	172			4249	4066	8315			
JE	Dose - 1	177	172			4249	4066	8315			
VITAMIN-A	Dose - 1	177	172			4249	4066	8315			
Children aged 16-24 months	DPT Booster			196	185				4346	4314	8660
	OPV Booster			196	185				4346	4314	8660
	MR - 2			196	185				4346	4314	8660
	JE - 2			196	185				4346	4314	8660
VITAMIN-A	Dose - 2			196	185				4346	4314	8660
	Dose - 3			0	0				0	0	0
	Dose - 4			0	0				0	0	0
	Dose - 5			0	0				0	0	0
	Dose - 6			0	0				0	0	0
	Dose - 7			0	0				0	0	0
	Dose - 8			0	0				0	0	0
	Dose - 9			0	0				0	0	0
Children more than 5yrs	DPT			193	204				4622	4497	9119
Children more than 10yrs	TD			184	187				4551	4354	8905
Children more than 16yrs	TD			176	176				4346	4245	8591
No. of Children received IFA		0	0	0	0	0	0	0	62	66	128
<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
Penta Valent Dose - 1		204	176	0	0	4000	3850	7850	0	0	0
Penta Valent Dose - 2		197	182	0	0	4251	4086	8337	0	0	0
Penta Valent Dose - 3		213	195	0	0	4314	4237	8551	0	0	0
I.P.V. I.M.		0	0	0	0	0	0	0	0	0	0
FIPV-1		204	176	0	0	4000	3850	7850	0	0	0
FIPV-2		213	195	0	0	4314	4237	8551	0	0	0

SL. NO.	Services	Performance in the reporting month			Cumulative performance since April'19 to Nov'19		
		M	F	T	M	F	T
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	4	6	10	50	53	103	
(ii) Deaths	0	0	0	0	0	0	
8.1	<b>Other specified communicable diseases</b>						
	(a) Malaria						
	(i) Cases	10	11	21	140	135	275
	(ii) Deaths	0	0	0	0	0	0
	(b) Tuberculosis						
	(i) Cases	5	4	9	70	56	126
	(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	83	82	165	2263	2308	4571
	(b) Treated with Co-trimoxazole	83	82	165	2263	2308	4571
	(c) Deaths	0	0	0	0	0	0
10	<b>Acute Diarrhoeal Diseases under 5 years</b>						
	(a) Cases	165	177	342	4180	4065	8245
	(b) Treated with ORS	165	177	342	4180	4065	8245
	(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

## Office of the Councillors'

**DINHATA MUNICIPALITY**Memo No. 2272Dated, Dinhata, the 13.02. 2019From: The Chairman, Dinhata Municipality  
P.O. DINHATA, Dist. Cooch Behar.To : The Project Director (Health Wing)  
State Urban Development Agency, ILGUS Bhaban.  
HC Block, Sector-III, Saltlake City, Kol-700106PHO(SD)  
SATSub:- Monthly Report of CBPHCS of Dinhata Municipality

Sir,

Sending herewith monthly Report of CBPHCS for the month of.....October....., 2019  
In respect of Dinhata Municipality for your kind information and onward necessary action.

Thanking You

Enclo:- As Stated

Yours faithfully

Chairman  
Dinhata Municipality

Memo No. \_\_\_\_\_

Dated, Dinhata, the \_\_\_\_\_ 2019

Copy forwarded for information and necessary action:-

1. The Chief Medical Officer Health-III, Coochbehar.

Chairman  
Dinhata Municipality

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

Report for the month of October Year 2019

Dinkhata Municipality

No. of reporting SCs 1, 2, 3 and 4

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

- 1) No. of Beneficiary Families 3179      2) No. of Beneficiary Population 15953  
 3) No. of Eligible Couples 2877      4) No. of Infants (under 1 year) 110  
 5) No. of Children (1 to <5 years) 961

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		15
	(ii) After 12 weeks	5	60
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups		
1.3	Total No. of high risk pregnant women		
	(a) Attended		
	(b) Referred		
1.4	No. of TT doses		
	(a) TT 1	5	64
	(b) TT 2	4	57
	(c) Booster		3
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia		
<b>2.</b>	<b>Natal Care</b>		
2.1	Total No. of deliveries conducted		
	(a) Normal	1	17
	(b) Forceps		•
	(c) Caesar	10	37
2.2	Place of delivery		
	(a) Home		1
	(b) Institution	11	53
2.3	Age of mother at the time of delivery		
	(a) Less than 20 years		
	(b) 20 years and above	11	54
2.4	No. of complicated Delivery cases referred to Govt./ Non Govt. Hospital / Nursing Home / Maternity Homes		

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	3	28	26
	(b) Still Births				
3.2	Order of Birth in 3.1 (a) (live births)				
	(a) 1 <sup>st</sup>	4	3	15	19
	(b) 2 <sup>nd</sup>	4		12	6
	(c) 3+			1	1
3.3	New born status of birth in 3.1 (a) (live births)				
	(a) Less than 2.5 Kg.		1	4	8
	(b) 2.5 Kg. or more	8	2	24	18
	(c) Weight not recorded				
3.4	High risk new born				
	(a) No. Attended				
	(b) No. Referred				
<b>4.</b>	<b>Post Natal Care</b>				
4.1	No. of women received 3 post natal check-ups	8		42	
4.2	No. of Complicated cases referred				
<b>5.</b>	<b>Maternal Deaths</b>				
5.1	During Pregnancy				
5.2	During Delivery				
5.3	Within 6 weeks of delivery				
<b>6.</b>	<b>RTI / STI</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>
6.1	Cases detected				
6.2	Cases treated				

7. Immunization & Prophylaxis :		Performance in the reporting month				Cumulative performance since April _____					
No. of Sessions planned											
No. of Sessions held											
		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		7	2			29	23	52			
DPT	DPT-1										
	DPT-2										
	DPT-3										
OPV	OPV-0	7	2			29	23	52			
	OPV-1	4	3			18	19	37			
	OPV-2	1	2			11	16	27			
	OPV-3		3			22	24	46			
Hepatitis - B	Hep-0	7	2			29	23	52			
	Hep-1					1		1			
	Hep-2						2	2			
	Hep-3										
Measles	Dose-1	1	2			15	15	30			
Fully immunized Children under 1 year	Having BCG+3 doses of OPV & DPT + Measles	1	1			15	11	26			
JE	Dose-1	1	2			16	14	30			
VITAMIN-A	Dose-1	1	2			14	12	26			
Children aged 16-24 months	DPT Booster				1				10	9	19
	OPV Booster				1				10	8	18
	Measles-2				1				10	10	20
	JE-2				1				10	8	18
VITAMIN-A	Dose-2				1				5	6	11
	Dose-3				1				1	3	4
	Dose-4										
	Dose-5				1				1		1
	Dose-6										
	Dose-7									2	2
	Dose-8				1				1	2	3
	Dose-9			1	1				7	1	2
Children more than 5yrs	DPT			2	2				7	7	14
Children more than 10yrs	TT			1	2				4	8	12
Children more than 16yrs	TT								1	5	6
No. of Children received IFA				1	1				1	1	2
UNTOWARD REACTION											
1. Reported deaths associated with immunization											
2. Number of abscesses											
3. Other Complications											
Pantavalent-1		4	3			20	20	40			
Pantavalent-2		1	2			12	15	27			
Pantavalent-3			3			14	21	35			



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						
	(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	<b>Other specified communicable diseases</b>						
	(a) Malaria						
	(i) Cases						
	(ii) Deaths						
	(b) Tuberculosis						
	(i) Cases						
	(ii) Deaths						
	(c) Leprosy						
	(i) Cases						
	(ii) Deaths						
9.	<b>ARI under 5 years</b>						
	(a) Cases						
	(b) Treated with Co-trimoxazole						
	(c) Deaths						
10.	<b>Acute Diarrhoeal Diseases under 5 years</b>						
	(a) Cases						
	(b) Treated with ORS						
	(c) Deaths						
11.	<b>Child Deaths</b>						
	(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						

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 (a + b - c)
			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	02			02
	(b) No scalpel	04			04
12.2	Female Sterilisation				
	(a) Abdominal	597			597
	(b) Laparoscopic				
12.3	Total IUD insertions	13			13
12.3.1	Cases followed up				
12.3.2	Complications				
12.4	No. of CC users				
	(a) No. of OP users	788			788
	(b) No. of condom users	407			407
12.5	Total Nos protected by all methods (12.1 + 12.2 + 12.3 + 12.4)	1811			1811
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	387			387
12.6.2	Having 3 or more children	388			388
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)				
	(c) Other Death (except Sl. No. 5 & 11)			7	49
14.1	Total Death = Sl. No. 14 (a+b+c)			7	49
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

HEALTH OFFICER  
C.R.P.C., DINKHATA MUNICIPALITY

RMD  
13/12/2011

OFFICE OF THE COUNCILLOR  
PURULIA MUNICIPALITY  
PURULIA

Memo No- pm/HHW/1072



Date:- 07/02/2020

To  
The Director ( SUDA)  
Health Wing ILGUS Bhavan  
H.C. Block Sector iii  
Bidhan Nagar  
Kolkata – 700091 (W.B.)

PHO (SB)  
ADP

Sub :- Forwarding Letter with Monthly Report for the month of January 2020

Sir,

Please find enclosed herewith the report for the month of January 2020 HHWs Scheme in Purulia Municipality.

This is for your kind information and necessary action.

1. ANC/PNC clinic Report
2. Immunization Clinic report
3. General treatment Clinic
4. HAU for the month of January 2020
5. Growth Report for The Month of Dceember2019 & January2020
6. Child death 02

With Thanks

07.2.20.  
Public Health Nurse  
H.H.W. Scheme  
Purulia Municipality  
PHN  
(Purulia Municipality)

Name of Municipality :

Report Submitted upto the Month of : - January -

Year : 2020


Position as on 1st April

- 1) Total Population - - - 35815
- 2) No. of Beneficiary Families : - - 5902
- 3) No. of Beneficiary Population : - 35689
- 4) No. of Eligible Couples : - - - 5240
- 5) No. of Infants (under 1 Year) : - - 481
- 6) No. of Children (1 to <5 Years) : - 3041

Details of ULB as on Reporting Date

- A. Total no. of Ward : - - - 23
- B. Total no. of Sub-Center : - - - 6
- C. Total no. of FTS : - - - 6
- D. Total no. of HHW : - - - 24
- E. Name of Health Officer : - - - 0
- F. Mobile no. of Health Officer : - - - 0
- G. Name of Computer Assistant : - - Debasree Mukherjee,
- H. Mobile no. of Computer Assistant : - - - 0

Any other relevant information :

  
7.2.2020  
Public Health Nurse  
H.H.W. Scheme  
Punuda Municipality

Sl. No.	Services	April	
1	<b>Ante Natal Care</b>		
1.1	Ante Natal cases Registered		
	(a) New - (i) Before 12 weeks	7	
	(ii) After 12 weeks	37	
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups	48	
1.3	Total No. of high risk pregnant women		
	a) Attended		
	b) Referred		
1.4	No. of TT doses		
	a) TT1	40	
	b) TT2	39	
	c) Booster	21	
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia		
2	<b>Natal Care</b>		
2.1	Total No. of deliveries conducted		
	a) Normal	36	
	b) Forceps	0	
	c) Caesar	11	
2.2	Place of delivery		
	a) Home	0	
	b) Institution	47	
2.3	Age of mother at the time of delivery		
	a) Less than 20 years	0	
	b) 20 years and above	47	
2.4	No. of complicated Delivery cases referred to Govt./Non Govt. Hospital / Nursing Home / Maternity Homes	1	
3	<b>Pregnancy Outcome</b>	Male	Female
3.1	No. of Births		
	a) Live births	29	17
	b) Still births	0	1
3.2	Order of birth in 3.1 (a), (Live Births)		
	a) 1 <sup>st</sup>	18	10
	b) 2 <sup>nd</sup>	9	5
	c) 3+	2	2
3.3	New born status of birth in 3.1 (a) (Live Births)		
	a) Less than 2.5 Kg.	1	2
	b) 2.5 Kg. or more	28	15
	c) Weight not recorded	-	0
3.4	High risk new born		
	a) No. Attended	1	2
	b) No. Referred	1	2
4	<b>Post Natal Care</b>		
4.1	No. of women received 3 post natal check-ups	51	
4.2	No. of Complicated cases referred	2	
5	<b>Maternal Deaths</b>		
5.1	During Pregnancy	0	
5.2	During Delivery	0	
5.3	Within 6 weeks of delivery	0	
6	<b>RTI / STI</b>	Male	Female
6.1	Cases detected	28	35
6.2	Cases treated	28	35

Sl. No.	Services	April	
7	<b>Immunization &amp; Prophylaxis :</b>		
	No. of Sessions planned	14	
	No. of Sessions held	14	
	<b>Only for Children under 1 Year)</b>		
BCG		29	17
DPT	DPT-1	.	
	DPT-2	.	
	DPT-3	0	
Pentavalent	PVV-1 + Rota + 1-P.V	34	28
	PVV-2 + Rota	32	30
	PVV-3 + Rota + 1-P.V.	41	22
OPV	OPV-0	29	17
	OPV-1	34	28
	OPV-2	32	30
	OPV-3	41	22
Hepatitis - B	Hep-0	29	17
	Hep-1		
	Hep-2		
	Hep-3		
Measles M.R	Dose-1	25	20
Fully immunized Children under 1 year	(Having BCG + 3 doses of OPV & DPT + Measles)	25	20
JE	Dose-1	25	20
VITAMIN -A	Dose-1	25	20
No. of Children received IFA		0	0
	<b>Only for Children above 1 Year</b>		
Children aged 16-24 months	DPT Booster	29	31
	OPV Booster	29	31
	Measles-2	29	31
	JE-2	24	31
	Dose - 2	29	31
	Dose - 3	20	18
	Dose - 4	16	19
	Dose - 5	15	11
	Dose - 6	10	11
VITAMIN -A	Dose - 7	12	10
	Dose - 8	7	5
	Dose - 9	32	27
Children more than 5 Years	DPT	32	27
Children more than 10 Years	TT	24	23
Children more than 16 Years	TT	13	19
No. of Children received IFA		0	0
	<b>UNTOWARD REACTION</b>		
	1. Reported deaths associated with immunization	0	0
	2. Number of abscesses (Except BCG)	0	0
	3. Other Complications	0	0
8	<b>Vaccine preventable diseases for Under 5 Years Children</b>		
a) Diphtheria		Male	Female
i) Cases		0	0
ii) Deaths		0	0
b) Poliomyelitis			
i) Cases		0	0
ii) Deaths		0	0
c) Neo Natal Tetanus			
i) Cases		0	0
ii) Deaths		0	0
d) Tetanus other than Neo Natal			
i) Cases		0	0
ii) Deaths		0	0
e) Whooping Cough			
i) Cases		0	0
ii) Deaths		0	0
f) Measles			
i) Cases		0	0
ii) Deaths		0	0

Sl. No.	Services	April		No. of Eligible Couple Already Protected as on 31 <sup>st</sup> March of Reporting Year	Nos. of New Acceptors	Nos. Discontinued OR Taken Off for
		Male	Female			
8.1	Other specified communicable diseases ( for All Ages )					
	a) Malaria					
	i) Cases	0	0			
	ii) Deaths	0	0			
	b) Tuberculosis					
	i) Cases	7	0			
	ii) Deaths	0	0			
	c) Leprosy					
	i) Cases	2	2			
	ii) Deaths	0	0			
9	ARI Under 5 Years (Pneumonia)					
	a) Cases	59	52			
	b) Treated with Co-trimoxazole	59	52			
	c) Deaths	0	0			
10	Acute Diarrhoeal Diseases Under 5 Years					
	a) Cases	35	35			
	b) Treated with ORS	35	35			
	c) Deaths	0	0			
11	Child Deaths					
	a) under 1 week	0	0			
	b) 1 week to under 1 month	1	1			
	c) 1 month to under 1 year	0	0			
	d) 1 year to under 5 years	0	0			
12	Contraceptive Services					
12.1	Male Sterilisation					
	a) Conventional	2	0			
	b) No scalpel	0	0			
12.2	Female Sterilisation					
	a) Abdominal	3391	9			
	b) Laparoscopic	0	0			
12.3	Total IUD insertions	304	17			
12.3.1	Cases followed up	304	17			
12.3.2	Complications	0	0			
12.4	No. of CC users					
	a) No. of OP users	584	4			
	b) No. of Condom users	540	4			
12.5	Total Nos protected by all methods (12.1+12.2+12.3+12.4)	4897	34			
12.6	No. of Eligible Couples accepted sterilization					
	12.6.1 Having upto 2 living children	1800	8			
	12.6.2 Having 3 or more children	1593	1			
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		1			
	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)		0			
	c) Other Death except Sl. No. 5 & 11		14			
14.1	Total Death = Sl. No. 14 (a+b+c)		14			
15	IEC Activities					
	1. Group Discussion					
	2. Deployment of Folk Media					
	3. Others (Specify)					
	Total no. of Twins					

Antara

1. I.P.I  
Dengue  
T.B.

Topic	No. Held	Attendance	
		Male	Female
	64		

HONORARY HEALTHWORKER SCHEME  
PURULLIA MUNICIPALITY

For the month of January - 2020

(B) SHP - wise monthly report of General Treatment Clinic.

SHP No	Clinic Date	Treated	No. of Referrals	Total
1	7.1, 14.1, 21.1, 28.1.020	140		140
2	4.1, 11.1, 18.1, 25.1.020	70		70
3	2.1, 9.1, 16.1, 23.1.020	154		154
4	7.1, 14.1, 21.1, 28.1.020	250		250
5	2.1, 9.1, 16.1, 23.1.020	266		266
6	7.1, 14.1, 21.1, 28.1.020	105		105
				985

*H.H.W.*  
7.2.020  
Public Health Nurse  
H.H.W. Scheme  
Purullia Municipality



HONORARY HEALTH WORKER SCHEME  
PURULIA MUNICIPALITY

For the month of January - 2020  
SHP- Wise monthly report on top of Antenatal / Postnatal Care.

SHP NO	Clinic Date	No. of ANC cases Registered		No of AN case Received			No of AN cases carpeted 3 check UPS	No of AN Cases with complication		No of PM Check Up done	No of PM Cases with complication	
		Within 12 weeks	Above 12 weeks	TT-I	TT-II	Booster		Detected	Referred		Detected	Referred
I	10.1.20	2	2	3	2	1	17	1	1	11	1	1
II	10.1.020	5	3	6	4	2	14	0	0	8	0	0
III	17.1.020	2	0	2	6	0	19	1	1	10	1	1
IV	10.1.020	3	1	3	8	1	16	0	0	6	0	0
V	17.1.020	10	2	10	8	2	16	-1	1	11	0	0
VI	10.1.020	9	2	8	8	9	7	0	0	5	1	1
RIGHT												
Total		31	10	32	36	9	89	3	3	51	3	3

*H.S.*  
7.2.020,  
Health officer  
Purulia Municipality

Public Health Nurse  
H.H.W. Scheme  
Purulia Municipality

**HONORARY HEALTH WORKERS SCHEME  
PURULIA MUNICIPALITY**

For the month of January - 2020  
(C) SHP—Wise Monthly Report On Immunization Clinic

S. H. P. No	Clinic Date	No Of Immunization										Paranoid + Rotav			He patitis B	Measles		JE	D P T B	T. T. B	T. T. B	Vit "A" oil Dose									IFA				
		B. C. G.	D. P. T. I.	D. P. T. II.	D. P. T. III.	D. P. T. B.	O. Dose Polio	O. P. V. I.	O. P. V. II.	O. P. V. III.	P. O. L. I. O. B.	1	2	3		1	2					5y	10 Y	16 Y	1	2	3	4	5	6		7	8	9	
1	9.1.20	0	0	0	0	1	0	6	9	9	1	6	9	9	0	4	1	4	1	3	4	4	6	10	5	5	3	10	4	5	6				
2	9.1.20	1	1	0	0	13	0	14	20	6	13	74	20	6	14	6	0	11	13	11	13	5	9	9	7	4	6	15	10	8	5	2	2	5	
3	10.1.20	3	0	0	0	3	1	19	11	11	3	19	11	11	19	11	0	9	0	3	9	3	13	9	7	8	8	4	3	0	2	5	3	11	
4	9.1.20	0	0	0	0	13	0	3	4	3	13	3	3	3	3	0	6	0	13	6	13	3	6	3	3	11	14	8	12	14	2	1	2	9	
5	10.1.20	3	0	0	0	26	18	18	22	17	26	18	22	17	18	17	0	12	0	26	12	26	16	8	2	11	10	6	5	1	4	3	0	9	
6	9.1.20	5	0	0	0	21	2	11	21	18	21	11	21	18	11	18	0	15	1	21	15	21	18	10	12	5	12	0	2	7	0	19	19		
UHA AND		12	1	0	0	77	21	71	87	64	77	71	87	64	71	64	0	57	1	77	57	77	58	46	35	45	60	38	35	26	25	22	12	59	410

*[Signature]*

7-2-2020

Health Officer

Public Health Nurse  
H.H.W. Scheme  
Purulia Municipality

Purulia Municipality

**HONORARY HEALTH WORKER SCHEME  
PURULIA MUNICIPALITY**

FOR THE MONTH OF January 2020 FOR 6 SHP

Reporting format for growth Monitoring of Under Five Children:-

Total No of <5 Children	Total No of <5 Children Weighted	No of U <5 Children with					No of Mal -nutrition cases	
		Normal	Gr-1	Gr-II	Gr-III	Gr-IV	Referred	Hospitalized
3522	3053	1974	799	245	31	4		

Report to be submitted at Two (2) monthly intervals as detailed below:

Period of Reporting	Report to be sent By
For April - May	10 <sup>th</sup> June
For June - July	10 <sup>th</sup> August
For August - September	10 <sup>th</sup> October
For October - November	10 <sup>th</sup> December
For December - January	10 <sup>th</sup> February
For February - March	10 <sup>th</sup> April

- \*Report to be prepared At SHP level by FTS
- \* All U<5 Children are to be weighted at two monthly interval
- \* For Gr I & Gr II malnutrition cases deforming administration of Children Folifer & necessary counseling on nutrition are to be given at SHP level and other special factor are to be addressed
- \*Gr III & G IV malnutrition cases are to be referred immediately to the specialist/Hospital for taking corrective measures.

*Handwritten signature* 7.2.020

Public Health Nurse  
H.H.W. Scheme  
Purulia Municipality



পশ্চিমবঙ্গ সরকার  
স্বাস্থ্য ও পরিবার কল্যাণ দপ্তর  
হাওড়া

**শিশু মৃত্যুর তথ্যপত্রী**

(এই তথ্য প্রতিটি মৃত শিশুর বাড়িতে গিয়ে ঐ এলাকার উপস্থানীয় কেন্দ্রের দায়িত্ব প্রাপ্ত হেলথ সুপারভাইজার এবং স্বাস্থ্যকর্মী নথিভুক্ত করবেন। ডাক্তারের সার্টিফিকেট বা হাসপাতালের চিকিৎসার কোন কাগজ সহ থাকলে সেই বিবরণী অবশ্যই নথিভুক্ত করবেন।)

১. মৃত্যু থেকে ১৯ মাস বয়স অনধিক।

২. পিতা / মিতামিতা পদ্যালিপি পুরুলিমা ম/প/সংখ্যা/ওয়ার্ড ২১ গাং

৩. স্বাস্থ্যকর্মীর নাম - রীনা

৪. মৃত শিশুর নাম (দেওয়া হয়ে থাকলে) - \_\_\_\_\_ জেন্ডার / মেয়ে  মেয়ে

৫. শিশুর রেজিস্টার নং - 102029

৬. মৃত শিশুর পিতার নাম - সতী বাউরী

৭. মাতার নাম - সোনারী বাউরী

৮. ঠিকানা - গ্রাম / শহর : হরীপুর ডা. কো. এ. পুরুলিমা - পোঃ - পুরুলিমা

৯. (ক) শিশুর মৃত্যুর তারিখ - ২২/১২/১৭ (খ) মৃত শিশুর জন্ম তারিখ ৩/১২/১৭

১০. বি. পি. এল. পরিবার কিনা?  হ্যাঁ / না।

১১.  তপশিলী জাতি / তপশিলী উপজাতি / অন্যান্য অনগ্রসর জাতি কিনা? (টিক চিহ্ন দিন)

১২. ক. মৃত্যুর সময় শিশুর বয়স \_\_\_\_\_ মাস ১৩ দিন।

১৩. খ. শিশুর জন্মকালীন কোন বিকৃতি ছিল কিনা?  হ্যাঁ / না।  হ্যাঁ হলে কি পরনের বিকৃতি?

১৪. মৃত্যুকালীন সময় পর্যন্ত টিকাকরণের সম্পূর্ণ বিবরণ \_\_\_\_\_

১৫. শিশু জন্মের সময় মা কতমাসের গর্ভবতী ছিলেন ২০ মাস

১৬. শিশু জন্মকালীন মায়ের বয়স ২৬ বছর

৯. শিশু মায়ের কত নম্বর গর্ভের সন্তান ছিল? ৫

১০. গর্ভবতী অবস্থায় হেলথ চেকআপ (ANC) হয়েছিল কিনা? হ্যাঁ / না। হ্যাঁ হলে ৫ বার। কোথায় করানো হয়েছিল?

১১. জন্মের ১ সপ্তাহের মধ্যে মৃত্যুর ক্ষেত্রে :-

ক. জন্মের সময় শিশু স্বাভাবিক কেঁদেছিল কিনা হ্যাঁ

খ. জন্মের পর শিশু স্বাভাবিক ভাবে মায়ের দুধ টেনেছিল কিনা? হ্যাঁ

গ. জন্মের সময় শিশুর ওজন ৩.৫

ঘ. জন্মের পর শিশুকে নান করানো হয়েছিল কিনা? হ্যাঁ / না।

ঙ. হাসপাতালে কে করিয়েছেন? ডাক্তার

১২. জন্মের স্থান - হাসপাতাল / স্বাস্থ্যকেন্দ্র / উপ-স্বাস্থ্যকেন্দ্র / বাড়ি / অমান্য স্থান বাড়ি

১৩. শিশু কোথায় মারা গেছে - হাসপাতাল / স্বাস্থ্যকেন্দ্র / উপ-স্বাস্থ্যকেন্দ্র / বাড়ি / অমান্য স্থান হাসপাতালে

১৪. মৃত্যু অবস্থায় কোথায় চিকিৎসা হয়েছে? দেবন মাতৃ সচিব হাসপাতালে

কি কি কারণে মারা গেছে - খুব কঠিন ওজন / খাস কষ্ট / নিউমোনিয়া / জ্বর / অসুস্থতা / পাতলা পাতলা  
করুন / গর্ভের বড় হলুদ / অমান্য (ডাক্তারের সচিবকেন্দ্র বা স্বাস্থ্যকেন্দ্রে) কিংবা কারণ উল্লেখ করুন

স্বাক্ষর

সংগঠনসমূহের প্রধান  
**Shukla Singh**

স্বাক্ষর

এই প্রতিবেদনটি মৃত্যুর ক্ষেত্রে এই নির্দেশিত জেলা/খোলাস মানসিকভাবে ইউনিট (DPMV)-এ জমা দিতে বাধ্য থাকবে।  
কোন প্রশ্ন হলে যোগাযোগ করুন

পশ্চিমবঙ্গ সরকার  
স্বাস্থ্য ও পরিবার কল্যাণ দপ্তর  
হাওড়া

**শিশু মৃত্যুর তথ্যপত্রী**

(এই তথ্য প্রতিটি মৃত শিশুর বাড়িতে গিয়ে ঐ এলাকার উপস্বাস্থ্য কেন্দ্রের দায়িত্ব প্রাপ্ত হেলথ সুপারভাইজার এবং / অথবা স্বাস্থ্যকর্মী নথিভুক্ত করবেন। ডাক্তারের সার্টিফিকেট বা হাসপাতালের চিকিৎসার কোন কাগজ পত্র থাকলে, সেই রিপোর্ট অবশ্যই নথিভুক্ত করবেন।)

(জন্ম থেকে ১২ মাস বয়স অবধি)

ব্লক / মিউনিসিপ্যালিটি পুখুরিয়া গ্রাম পঞ্চায়েত / ওয়ার্ড ৮ গ্রাম ডিব্রুডি পাড়া

সুপারভাইজারের নাম -

স্বাস্থ্যকর্মীর নাম - স্বাস্থ্যকর্মী তারিখ -

১. মৃত শিশুর নাম (দেওয়া হয়ে থাকলে) - না ছেলে / মেয়ে ছেলে

শিশুর রেজিস্টার নং - \_\_\_\_\_

মৃত শিশুর পিতার নাম - স্বাস্থ্যকর্মী

মাতার নাম - স্বাস্থ্যকর্মী

ঠিকানা - গ্রাম / শহর \_\_\_\_\_ পোঃ \_\_\_\_\_

২. (ক) শিশুর মৃত্যুর তারিখ - ৩০.১২.২০১৯ (খ) মৃত শিশুর জন্ম তারিখ - ১৫.১২.২০১৯

৩. বি. পি. এল. পরিবার কিনা? হ্যাঁ / না

৪. তপশিলী জাতি / তপশিলী উপজাতি / অন্যান্য অনগ্রসর জাতি কিনা? (টিক চিহ্ন দিন)

৫. ক. মৃত্যুর সময় শিশুর বয়স \_\_\_\_\_ মাস ১৫ দিন।

খ. শিশুর জন্মকালীন কোন বিকৃতি ছিল কিনা? হ্যাঁ / না। হ্যাঁ হলে কি ধরনের বিকৃতি?

৬. মৃত্যুকালীন সময় পর্যন্ত টিকাকরণের সম্পূর্ণ বিবরণ \_\_\_\_\_

৭. শিশু জন্মের সময় মা কতমাসের গর্ভবতী ছিলেন ১৫ মাস

৮. শিশু জন্মকালীন মায়ের বয়স ২৭

- ৯. শিশু মায়ের কত নম্বর গর্ভের সন্তান ছিল? প্রথম
- ১০. গর্ভবতী অবস্থায় হেলথ চেকআপ (ANC) হয়েছিল কিনা?  হ্যাঁ/না। হ্যাঁ হলে ২ বার। কোথায় করানো হয়েছিল?
- ১১. জন্মের ১ সপ্তাহের মধ্যে মৃত্যুর ক্ষেত্রে :—
  - ক. জন্মের সময় শিশু স্বাভাবিক কেঁদেছিল কিনা হ্যাঁ
  - খ. জন্মের পর শিশু স্বাভাবিক ভাবে মায়ের দুধ টেনেছিল কিনা? না
  - গ. জন্মের সময় শিশুর ওজন ৭০০ গ্রাম
  - ঘ. জন্মের পর শিশুকে স্নান করানো হয়েছিল কিনা? হ্যাঁ / না।
  - ঙ. প্রসব কে করিয়েছেন? ডাঃ গণ
- ১২. প্রসবের স্থান - হাসপাতাল / স্বাস্থ্যকেন্দ্র / উপ-স্বাস্থ্যকেন্দ্র / বাড়ি / অন্যান্য স্থান স্বাস্থ্যকেন্দ্র
- ১৩. শিশু কোথায় মারা গেছে - হাসপাতাল / স্বাস্থ্যকেন্দ্র / উপ-স্বাস্থ্যকেন্দ্র / বাড়ি / অন্যান্য স্থান স্বাস্থ্যকেন্দ্র
- ১৪. অসুস্থ অবস্থায় কোথায় চিকিৎসা হয়েছে? স্বাস্থ্যকেন্দ্র
- ১৫. শিশুটি কি ভাবে মারা গেছে - খুব কম ওজন / শ্বাস কষ্ট / নিউমোনিয়া / জ্বর / শ্বাসকষ্ট / পাতলা পায়খানা / শিথুনি / গায়ের রঙ হলুদ / অন্যান্য (ডাক্তারের সার্টিফিকেট বা হাসপাতালের লিখিত কারণ উল্লেখ করুন :)

Mohasina Khatun

স্বাস্থ্যকর্মী স্বাক্ষর

সুপারভাইজারের স্বাক্ষর

ব্লক স্তরের আধিকারিকের স্বাক্ষর

নিম্নে দুই পত্রিটি মৃত্যুর ক্ষেত্রে এই রিপোর্ট জেলা প্রোগ্রাম ম্যানেজমেন্ট ইউনিট (DPMV)-এ জমা দিতে বাধ্য থাকবেন এবং কপি ব্লক অফিসে রাখবেন।

স্বাক্ষর

১৫

(To be detached and handed over to the relative of decease)

# DEATH CERTIFICATION

Name of Hospital : DM SH

Address : Puruliya

Certified that B/o Sonali Bousi S/W/D of Santu Bousi

Religion Hindu Was admitted to this hospital on Patient's Reg. No. 102029 Age 213 Sex Girl

due to : Neonatal sepsis i very low birth weight i Prematurity and expired on 22/12/19 at 04:55 AM

Patient's Address : P.O. Churnakuti, P.S- Puruliya town, Puruliya

Countersigned :

Signature of Medical Officer :

Full Name :

Designation :

Signature of Doctor *Rendu*

Full name of Doctor *DR R Medical Officer*

(in Block) *DM (Sadar) Hospital*

Designation *M. D Puruliya*



TITAGARH MATERNITY HOME & HOSPITAL

I. P. P. - VIII

Governed by : Titagarh Municipality



1, B. T. Road, P.O. : Titagarh, P.S. : Khardah,  
North 24 Parganas, Kol-700119

Telephone : + 91 (33) 2501-2353

Fax : + 91 (33) 2501-7736

A Multi Disciplinary Outdoor & Indoor Clinic

Phone No.2501-0359

Fax No. 2501-7736

OFFICE OF BOARD OF COUNCILLORS OF  
TITAGARH MUNICIPALITY

From:

Dr.A.K.SARDAR

A.H.O, Titagarh Municipality.

Ref No. *E/29/2019-20.*



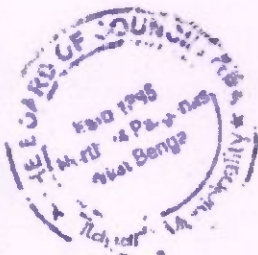
Dated: Titagarh, the 13th Feb , 2020

To,  
The Project Officer / Health Wing,  
SUDA, CMU, ILGAS BHAVAN,  
HC-BLOCK, SECTOR-III,  
Bidhan Nagar, Kol-106

Dear Sir / Madam,

Hereby sending the monthly report of E S O P D for the  
Month of September'2019 under IPP-VIII programme.

Thanking You,



Yours FaithFully.

*[Signature]*  
13-02-20

(A.H.O / M.O)  
Titagarh Municipality

Asst Health Officer  
Titagarh Municipality

Urban Health Improvement Programme - KMDA

Performance report of ESOPD for the month of September, Year 2019

*T. Itagarkh*

Municipality

Sl. No.	Name of Disciplines	Outpatients treated during the month						Cumulative since April 2019			Cases referred to other institutions	
		Beneficiaries		Non-Beneficiaries		Total of (Col. 4 & Col. 6)	Beneficiaries	Non-Beneficiaries	Beneficiaries	Non-Beneficiaries		
(1)	(2)	(3) New	(4) New & Old	(5) New	(6) New & Old		(7)	(8)	(9)	(10)	(11)	
1.	Obstetrics ANC PNC	Nil	Nil	Nil	Nil	Nil	Nil	Nil				
2.	Gynaecology	Nil	Nil	35	35	35	Nil	159				
3.	Paediatrics	Nil	Nil	251	306	306	Nil	2009				
4.	F.W. Counselling	Nil	Nil	19	21	21	Nil	167				
5.	Medicine	Nil	Nil	Nil	Nil	Nil	Nil	02				
6.	Evo	Nil	Nil	74	85	85	Nil	602				
7.	ENT	Nil	Nil	Nil	Nil	Nil	Nil	Nil				
8.	Surgery	Nil	Nil	Nil	Nil	Nil	Nil	Nil				
9.	Dental	Nil	Nil	85	106	106	Nil	566				
10.	Dentist	Nil	Nil	10	11	11	Nil	60				
11.	Dermatology	Nil	Nil	225	253	253	Nil	1081				
	(a)											
	(b)											
	<b>Total :</b>	Nil	Nil	699	817	817	Nil	4646				

- 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.
- Added disciplines by the ULDS at their own may be recorded in Sl. No. 11(a), 11(b)

Signature of the In charge

Date :

Asst. Health Officer  
*T. Itagarkh*  
Municipality

Date 13-02-20

TITAGARH MATERNITY HOME & HOSPITAL

I. P. P. - VIII

Governed by : Titagarh Municipality



1, B. T. Road, P.O. : Titagarh, P.S. : Khardah,  
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Fax No. 2501-7736

OFFICE OF BOARD OF COUNCILLORS OF  
TITAGARH MUNICIPALITY

From:

Dr.A.K.SARDAR  
A.H.O, Titagarh Municipality.

Ref No....E/31/2019-20



Dated: Titagarh, the 13th Feb , 2020

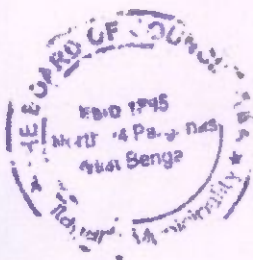
To,  
The Project Officer / Health Wing,  
SUDA, CMU, ILGAS BHAVAN,  
HC-BLOCK, SECTOR-III,  
Bidhan Nagar, Kol-106


Dear Sir / Madam,

Hereby sending the monthly report of E S O P D for the  
Month of November'2019 under IPP-VIII programme.

Thanking You,

Yours FaithFully.



  
( A.H.O / M.O )  
Titagar Municipality

Asst. Health Officer  
Titagarh Municipality

SAVE WATER SAVE LIFE

Urban Health Improvement Programme - KMDA

Performance report of ESOPD for the month of November, Year 2019

T. Jagannathan Municipality

Sl. No.	Name of Disciplines	Outpatients treated during the month					Total of (Col. 4 & Col. 6)	Cumulative since April 20 <u>19</u>		Cases referred to other Institutions	
		New	Now & Old	Non-Beneficiaries New	Non-Beneficiaries Now & Old	Beneficiaries		Non-Beneficiaries	Beneficiaries	Non-Beneficiaries	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
1	Obstetrics ANC PNC	Nil	Nil	Nil	Nil	Nil	Nil	Nil			
2	Gynaecology	Nil	Nil	39	39	39	Nil	233			
3	Paediatrics	Nil	Nil	335	373	373	Nil	2663			
4	F.W. Counselling	Nil	Nil	36	37	37	Nil	217			
5	Medicine	Nil	Nil	Nil	Nil	Nil	Nil	02			
6	Eye	Nil	Nil	61	69	69	Nil	745			
7	ENT	Nil	Nil	Nil	Nil	Nil	Nil	Nil			
8	Surgery	Nil	Nil	Nil	Nil	Nil	Nil	Nil			
9	Dental	Nil	Nil	56	69	69	Nil	677			
10	Dermatology	Nil	Nil	12	12	12	Nil	82			
11	(a)	Nil	Nil	182	199	199	Nil	1471			
	(b)										
	Total:	Nil	Nil	721	798	798	Nil	6090			

- 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.
- Added disciplines by the ULBs at their own may be recorded in Sl. No. 11(a), 11(b).

Signature of the In charge

Asst. Health Officer  
T. Jagannathan  
Health Officer  
Municipality

Date

13-02-20

**TITAGARH MATERNITY HOME & HOSPITAL**

**I. P. P. - VIII**

Governed by : **Titagarh Municipality**



1, B. T. Road, P.O. : Titagarh, P.S. : Khardah,

North 24 Parganas, Kol-700119

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Phone No.2501-0359

Fax No. 2501-7736

**OFFICE OF BOARD OF COUNCILLORS OF  
TITAGARH MUNICIPALITY**

From:

**Dr.A.K.SARDAR**

**A.H.O, Titagarh Municipality.**

Ref No... E/30/2019-20



Dated: Titagarh, the 13th Feb , 2020

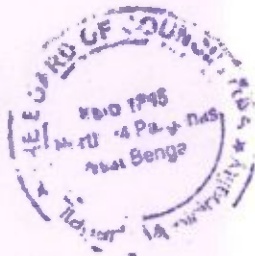
To,  
The Project Officer / Health Wing,  
SUDA, CMU, ILGAS BHAVAN,  
HC-BLOCK, SECTOR-III,  
Bidhan Nagar, Kol-106

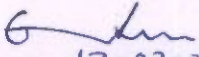
Dear Sir / Madam,

Hereby sending the monthly report of E S O P D for the  
Month of October'2019 under IPP-VIII programme.

Thanking You,

Yours FaithFully.



  
13-02-20  
( A.H.O / M.O )  
Titagar Municipality

Asst. Health Officer  
Titagarh Municipality

**SAVE WATER SAVE LIFE**

**Urban Health Improvement Programme - KNDA**

**FORM F**

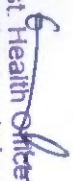
Performance report of ESOPD for the month of October Year 2019 Municipality Titagarh

Sl. No.	Name of Disciplines	Outpatients treated during the month				Total of (Col. 4 & Col. 6)	Cumulative since April 2019		Cases referred to other Institutions	
		Beneficiaries New	Beneficiaries New & Old	Non-Beneficiaries New	Non-Beneficiaries New & Old		Beneficiaries	Non-Beneficiaries	Beneficiaries	Non-Beneficiaries
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Obstetrics ANC PNC	Nil	Nil	Nil	Nil	Nil	Nil	Nil		
2	Gynaecology	Nil	Nil	35	35	35	Nil	194		
3	Paediatrics	Nil	Nil	245	281	281	Nil	2290		
4	F.W. Counselling	Nil	Nil	10	13	13	Nil	180		
5	Medicine	Nil	Nil	Nil	Nil	Nil	Nil	02		
6	Eye	Nil	Nil	64	74	74	Nil	676		
7	ENT	Nil	Nil	Nil	Nil	Nil	Nil	Nil		
8	Surgery	Nil	Nil	Nil	Nil	Nil	Nil	Nil		
9	Dental	Nil	Nil	35	42	42	Nil	608		
10	Dermatology	Nil	Nil	8	10	10	Nil	70		
11	(a)	Nil	Nil	162	191	191	Nil	1272		
	(b)									
	Total :	Nil	Nil	559	646	646	Nil	5292		

- 1. 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.
- 2. 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.
- 3. An individual who repeats attendance for new episode of illness may be treated as a new outpatient case.
- 4. Aired disciplines by the U.D.S. at their own may be recorded in Sl. No. 11(a), 11(b).

Signature of the In charge

Date

  
**Asst Health Officer**  
**Titagarh Municipality**  
 Signature of the Health Officer

Date: 13-02-20



Phone No.2501-0359

Fax No. 2501-7736

OFFICE OF BOARD OF COUNCILLORS OF  
TITAGARH MUNICIPALITY

From:

Dr.A.K.SARDAR  
A.H.O, Titagarh Municipality.

Ref No...*E/32/2019-20*



Dated: Titagarh, the 13th Feb , 2020

To,  
The Project Officer / Health Wing,  
SUDA, CMU, ILGAS BHAVAN,  
HC-BLOCK, SECTOR-III,  
Bidhan Nagar, Kol-106

Dear Sir / Madam,

Hereby sending the monthly report of E S O P D for the  
Month of Devember'2019 under IPP-VIII programme.

Thanking You,

Yours FaithFully.



*[Signature]*  
12-02-20  
( A.H.O / M.O )  
Titagarh Municipality

Asst. Health Officer  
Titagarh Municipality  
Asst. Health Officer  
Titagarh Municipality

Urban Health Improvement Programme - KMDA

Performance report of ESOPD for the month of December, Year 2019

Titagarh Municipality

Sl. No.	Name of Disciplines	Outpatients treated during the month					Total of (Col. 4 & Col. 6)	Cumulative since April 2019		Cases referred to other Institutions	
		New	New & Old	New	New & Old	Beneficiaries		Non-Beneficiaries	Beneficiaries	Non-Beneficiaries	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
1	Obstetrics ANC PNC	Nil	Nil	Nil	Nil	Nil	Nil	Nil			
2	Gynaecology	Nil	Nil	260	26	286	Nil	259			
3	Paediatrics	Nil	Nil	35	36	71	Nil	2946			
4	F.W. Counselling	Nil	Nil	Nil	36	36	Nil	253			
5	Medicine	Nil	Nil	66	68	134	Nil	813			
6	Eye	Nil	Nil	Nil	Nil	Nil	Nil	Nil			
7	ENT	Nil	Nil	Nil	Nil	Nil	Nil	Nil			
8	Surgery	Nil	Nil	56	60	116	Nil	737			
9	Dental	Nil	Nil	8	10	18	Nil	92			
10	Dermatology	Nil	Nil	142	147	289	Nil	1618			
11	(a)										
	(b)										
	Total:	Nil	Nil	593	630	1223	Nil	6720			

- 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 reports attendance for new episode of illness may be treated as a new outpatient case.
- Achard discharges by the UEBs at their own may be recorded in Sl. No. 11(a), 11(b)

Signature of the In charge

Date:

Asst. Health Officer

Titagarh Municipality

Date: 13-02-20



**TITAGARH MATERNITY HOME & HOSPITAL**

**I. P. P. - VIII**

Governed by : **Titagarh Municipality**



1, B. T. Road, P.O. : Titagarh, P.S. : Khardah,  
North 24 Parganas, Kol-700119

Telephone : + 91 (33) 2501-2353

Fax : + 91 (33) 2501-7736

**A Multi Disciplinary Outdoor & Indoor Clinic**

Phone No.2501-0359

Fax No. 2501-7736

**OFFICE OF BOARD OF COUNCILLORS OF  
TITAGARH MUNICIPALITY**

From:

**Dr.A.K.SARDAR**

**A.H.O, Titagarh Municipality.**

Ref No. E/38/2019-20



Dated: Titagarh, the 13th Feb , 2020

To,  
The Project Officer / Health Wing,  
SUDA, CMU, ILGAS BHAVAN,  
HC-BLOCK, SECTOR-III,  
Bidhan Nagar, Kol-106

Dear Sir / Madam,

Hereby sending the monthly report of E S O P D for the  
Month of January'2019 under IPP-VIII programme.

Thanking You,

Yours FaithFully.

( A.H.O / M.O )  
Titagarh Municipality

Asst. Health Officer  
Titagarh Municipality



Urban Health Improvement Programme – KMIDA

Performance report of ESOPD for the month of January Year 2020 Municipality Tilgach

Sl. No.	Name of Disciplines	Outpatients treated during the month						Cumulative since April 20 <u>20</u>		Cases referred to other Institutions	
		Beneficiaries		Non-Beneficiaries		Total of (Col. 4 & Col. 6)	Beneficiaries	Non-Beneficiaries	Beneficiaries	Non-Beneficiaries	
(1)	(2)	New (3)	New & Old (4)	New (5)	New & Old (6)		(7)	(8)	(9)	(10)	(11)
1	Obstetrics ANC PNC	Nil	Nil	Nil	Nil	Nil	Nil	Nil			
2	Gynaecology	Nil	Nil	21	21	21	Nil	280			
3	Paediatrics	Nil	Nil	318	367	361	Nil	3307			
4	F.W. Counselling	Nil	Nil	28	29	29	Nil	282			
5	Medicine	Nil	Nil	01	01	01	Nil	03			
6	Eye	Nil	Nil	64	73	73	Nil	886			
7	ENT	Nil	Nil	Nil	Nil	Nil	Nil	Nil			
8	Surgery	Nil	Nil	Nil	Nil	Nil	Nil	Nil			
9	Dental	Nil	Nil	57	66	66	Nil	803			
10	Dermatology	Nil	Nil	11	11	11	Nil	103			
11	(a)	Nil	Nil	137	147	147	Nil	1765			
	(b)										
	<b>Total :</b>	Nil	Nil	632	709	709	Nil	7429			

- 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.
- Added disciplines by the ULBS at their own may be recorded in SI No. 11(a), 11(b)

Signature of the In-Charge

Date :

Asst. Health Officer  
Signature of the Municipality

Date : 13-02-20

TITAGARH MATERNITY HOME & HOSPITAL

I. P. P. - VIII

Governed by : Titagarh Municipality



1, B. T. Road, P.O. : Titagarh, P.S. : Khardah,

North 24 Parganas, Kol-700119

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Phone No.2501-0359

Fax No. 2501-7736

OFFICE OF BOARD OF COUNCILLORS OF  
TITAGARH MUNICIPALITY

From:

Dr.A.K.SARDAR

A.H.O, Titagarh Municipality.

Ref No... E/24/2019-20



PHO (SO)  
Daf

Dated: Titagarh, the 13th Feb , 2020

To,  
The Project Officer / Health Wing,  
SUDA, CMU, ILGAS BHAVAN,  
HC-BLOCK, SECTOR-III,  
Bidhan Nagar, Kol-106

Dear Sir / Madam,

Hereby sending the monthly report of Maternity Home for the  
Month of September'2019 under IPP-VIII programme.

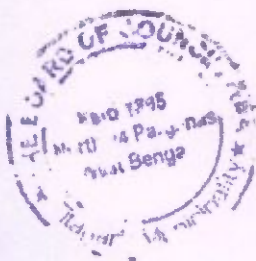
Thanking You,

Yours FaithFully.

13-02-20

( A.H.O / M.O )  
Titagarh Municipality

Asst. Health Officer  
Titagarh Municipality



SAVE WATER SAVE LIFE

URBAN HEALTH IMPROVEMENT PROGRAMME-KMDA

FORM-B

Monthly report of the Maternity Home with Clinic

Pitagash Municipality

Month September

Year 2019

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.S.O Specialist Nil (b) Anaesthetists Nil  
 (c) Paediatrician Nil (d) Medical Officer 2 (e) Nursing personnel Sebi Kg-4  
 (f) Lab. Technician Nil (g) Superintendent / Administrator Yes/No Ayah-4

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		35				157
	(b) Admissions of Gynae Cases		Nil				6
	(c) MTP Cases		4				51
	(d) Total Admissions		39				213
2.2	No. of admissions--parawise maternity cases						
	(a) 1st para		21				106
	(b) 2nd para		13				59
	(c) 3rd para & above		1				2
2.3	No. of MTP performed						
	(a) before 12 weeks of gestation		4				51
	(b) at after 12 weeks of gestation		Nil				Nil
	(c) causewise No. of MTP cases						
	(i) Medical cause		Nil				Nil
	(ii) Eugenic cause		Nil				Nil
2.4	No. of Female sterilization done						
	(a) Puerperal ligation		6				27
	(b) Post Puerperal ligation--Abdominal (Conventional)		Nil				Nil
	(c) Post Puerperal ligation - Laparoscopic		Nil				Nil
	(d) MTP with ligation		Nil				Nil
2.5	(a) Total No. of discharges		39				213 (213)
	(b) Total No. of deaths		Nil				Nil
2.6	(a) No. of normal deliveries		1				1
	(b) No. of assisted deliveries**		Nil				Nil
	(c) No. of Caesarean sections--1st Gravida		21				106
	- 2nd Gravida		13				59
	- 3rd Gravida & above		1				2

\*\* 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 2022		
		B	NB	3+4 Total (B+NB)	B	NB	3+4 Total (B+NB)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2.7	(a) Total No. of live births		35				159
	(b) Total No. of still births		Nil				Nil
2.8	(a) No. of Maternal Deaths		Nil				Nil
	(b) Mention Cause(s) of Maternal Death(s) (i) (ii)						
2.9	No. of cases required blood transfusion		Nil				1
2.10	No. of cases referred out— (i) Obstetric cases		1				2
	(ii) Neonatal cases		Nil				Nil
2.11	No. of new borns required resuscitation		Nil				Nil
2.12	No. of new borns with Birth Weight						
	(a) below 2 kg gm		Nil				Nil
	(b) above 2 kg but <2.5 kg		2				44
	(c) above 2.5 kg		33				115
2.13	(a) No. of Neo-natal deaths		Nil				Nil
	(b) Mention Cause(s) of neo-natal Death(s) (i) (ii) (iii)						
2.14	(a) No. of Neo-natal BCG administered		Nil				Nil
	(b) No. of 'O' dose of OPV administered		Nil				Nil

3.0 Bed utilization & efficiency

Sl. No.	Item	During the reporting month	Cumulative since April 2022
3.1	(a) Total patient days during the month		
	(b) Average length of stay	4 days.	
	(c) Bed occupancy (in percentage)		
3.2	(a) No. of Hospital Acquired Infection	Nil	
	(b) Hospital waste management system functioning or not Tick (✓) response	Yes / No	

A separate Formst (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  
Asst Health Officer  
Titagarh Municipality

Date 13-02-20

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

Date



Phone No.2501-0359

Fax No. 2501-7736

OFFICE OF BOARD OF COUNCILLORS OF  
TITAGARH MUNICIPALITY

From:

Dr.A.K.SARDAR

A.H.O, Titagarh Municipality.

Ref No.....E/26/2019-20



Dated: Titagarh, the 13th Feb , 2020

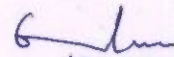
To,  
The Project Officer / Health Wing,  
SUDA, CMU, ILGAS BHAVAN,  
HC-BLOCK, SECTOR-III,  
Bidhan Nagar, Kol-106

Dear Sir / Madam,

Hereby sending the monthly report of Maternity Home for the  
Month of November'2019 under IPP-VIII programme.

Thanking You,

Yours FaithFully.

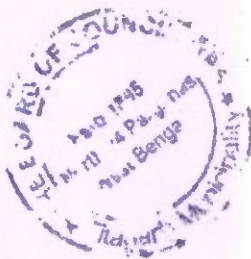
  
13-02-20

(A.H.O / M.O)

Titagar Municipality

Asst. Health Officer

Titagarh Municipality



URBAN HEALTH IMPROVEMENT PROGRAMME-KMDA

FORM-B

Monthly report of the Maternity Home with Clinic

Titagarh Municipality

Month November

Year 2019

1.0 General Information

1.1 No. of sanctioned Beds 20 1.2 No. of existing Beds             
 1.3 Staff in position : (a) GSO Specialist Nil (b) Anaesthetists Nil  
 (c) Paediatrician Nil (d) Medical Officer 2 (e) Nursing personnel Sebika-4  
 (f) Lab. Technician Nil (g) Superintendent / Administrator Yes/No Ayaz-4

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		39				230
	(b) Admissions of Gynae Cases		4				12
	(c) MTP Cases		12				72
	(d) Total Admissions		55				313
2.2	No. of admissions—parawise maternity cases						
	(a) 1st para		29				158
	(b) 2nd para		10				78
	(c) 3rd para & above						5
2.3	No. of MTP performed						
	(a) before 12 weeks of gestation		12				72
	(b) at after 12 weeks of gestation		Nil				Nil
	(c) causewise No. of MTP cases						
	(i) Medical cause		Nil				Nil
	(ii) Eugenic cause		Nil				Nil
	(iii) Humanitarian cause		Nil				Nil
(iv) Socio economic cause		12				72	
(v) Failure of contraceptive methods		Nil				Nil	
2.4	No. of Female sterilization done						
	(a) Puerperal ligation		6				35
	(b) Post Puerperal ligation—Abdominal (Conventional)		Nil				Nil
	(c) Post Puerperal ligation - Laparoscopic		Nil				Nil
	(d) MTP with ligation		Nil				Nil
2.5	(a) Total No. of discharges		55				313
	(b) Total No. of deaths		Nil				Nil
2.6	(a) No. of normal deliveries		02				4
	(b) No. of assisted deliveries**		Nil				Nil
	(c) No. of Caesarean sections -1st Gravida		29				158
	- 2nd Gravida		10				78
- 3rd Gravida & above		Nil				5	

\*\* 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 2002		
		B	NB	3 + 4 Total (B+NB)	B	NB	B + NB Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2.7	(a) Total No. of live births		39				233
	(b) Total No. of still births.		Nil				Nil
2.8	(a) No. of Maternal Deaths		Nil				Nil
	(b) Mention Cause(s) of Maternal Death(s) (i) (ii)						
2.9	No. of cases required blood transfusion		Nil				1
2.10	No. of cases referred out— (i) Obstetric cases		1				3
	(ii) Neonatal cases		Nil				Nil
2.11	No. of new borns required resuscitation		Nil				Nil
2.12	No. of new borns with Birth Weight						
	(a) below 2 kg gm		1				1
	(b) above 2 kg but <2.5 kg		8				75
	(c) above 2.5 kg		30				157
2.13	(a) No. of Neo-natal deaths		Nil				Nil
	(b) Mention Cause(s) of neo-natal Death(s) (i) (ii) (iii)						
2.14	(a) No. of Neo-natal BCG administered		Nil				Nil
	(b) No. of 'O' dose of OPV administered		Nil				Nil

3.0 Bed utilization & efficiency

Sl. No.	Item	During the reporting month	Cumulative since April 2002
3.1	(a) Total patient days during the month		
	(b) Average length of stay	4 days.	
	(c) Bed occupancy (in percentage)		
3.2	(a) No. of Hospital Acquired Infection		
	(b) Hospital waste management system functioning or not Tick (✓) response	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  
Asst. Health Officer  
Titagarh Municipality

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

Date 13-02-20

Date





Phone No.2501-0359

Fax No. 2501-7736

OFFICE OF BOARD OF COUNCILLORS OF  
TITAGARH MUNICIPALITY

From:

Dr.A.K.SARDAR  
A.H.O, Titagarh Municipality.

Ref No...*E/25/2019-20*



Dated: Titagarh, the 13th Feb , 2020

To,  
The Project Officer / Health Wing,  
SUDA, CMU, ILGAS BHAVAN,  
HC-BLOCK, SECTOR-III,  
Bidhan Nagar, Kol-106

Dear Sir / Madam,

Hereby sending the monthly report of Maternity Home for the  
Month of October'2019 under IPP-VIII programme.

Thanking You,

Yours FaithFully.



*G. S.*  
13-02-20  
( A.H.O / M.O )  
Titagarh Municipality

Asst. Health Officer  
Titagarh Municipality

URBAN HEALTH IMPROVEMENT PROGRAMME-KMDA

FORM-5

Monthly report of the Maternity Home / Maternity Home with Clinic

Titagash Municipality

Month

October Year 2019

1.0 General Information

1.1 No. of sanctioned Beds 20 1.2 No. of existing Beds             
 1.3 Staff in position : (a) G&O Specialist            (b) Anaesthetists Nil  
 (c) Paediatrician Nil (d) Medical Officer 2 (e) Nursing personnel Febi Ka-4  
 (f) Lab. Technician Nil (g) Superintendent / Administrator Yes/No Ayah-4

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		84				191
	(b) Admissions of Gynae Cases		2				8
	(c) MTP Cases		9				60
	(d) Total Admissions		45				258
2.2	No. of admissions—parawise maternity cases						
	(a) 1st para		23				129
	(b) 2nd para		9				68
	(c) 3rd para & above		3				5
2.3	No. of MTP performed						60
	(a) before 12 weeks of gestation		9				Nil
	(b) at after 12 weeks of gestation		Nil				Nil
	(c) causewise No. of MTP cases						
	(i) Medical cause		Nil				Nil
	(ii) Eugenic cause		Nil				Nil
	(iii) Humanitarian cause		Nil				Nil
(iv) Socio economic cause		9				60	
(v) Failure of contraceptive methods		Nil				Nil	
2.4	No. of Female sterilization done						
	(a) Puerperal ligation		2				29
	(b) Post Puerperal ligation—Abdominal (Conventional)		Nil				Nil
	(c) Post Puerperal ligation - Laparoscopic		Nil				Nil
	(d) MTP with ligation		Nil				Nil
2.5	(a) Total No. of discharges		45				258
	(b) Total No. of deaths		Nil				Nil
2.6	(a) No. of normal deliveries		1				2
	(b) No. of assisted deliveries**		Nil				Nil
	(c) No. of Caesarean sections—1st Gravida		23				129
	- 2nd Gravida		9				68
- 3rd Gravida & above		3				5	

\*\* 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 2002		
		B	NB	3+4 Total (B+NB)	B	NB	B+N Total (B+NB)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2.7	(a) Total No. of live births		35				194
	(b) Total No. of still births		Nil				Nil
2.8	(a) No. of Maternal Deaths		Nil				Nil
	(b) Mention Cause(s) of Maternal Death(s) (i) (ii)						
2.9	No. of cases required blood transfusion		Nil				1
2.10	No. of cases referred out— (i) Obstetric cases		Nil				2
	(ii) Neonatal cases		Nil				Nil
2.11	No. of new borns required resuscitation						
2.12	No. of new borns with Birth Weight						
	(a) below 2 kg gm		Nil				Nil
	(b) above 2 kg but <2.5 kg		23				67
	(c) above 2.5 kg		12				127
2.13	(a) No. of Neo-natal deaths		Nil				Nil
	(b) Mention Cause(s) of neo-natal Death(s) (i) (ii) (iii)						
2.14	(a) No. of Neo-natal BCG administered		Nil				Nil
	(b) No. of 'O' dose of OPV administered		Nil				Nil

3.0 Bed utilization & efficiency

Sl. No.	Item	During the reporting month	Cumulative since April 2002
3.1	(a) Total patient days during the month		
	(b) Average length of stay	4 days.	
	(c) Bed occupancy (in percentage)		
3.2	(a) No. of Hospital Acquired Infection		
	(b) Hospital waste management system functioning or not Tick (✓) response	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 the Health Officer  
  
**Titagarh Municipality**

Date 13-02-20

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

Date



Phone No.2501-0359

Fax No. 2501-7736

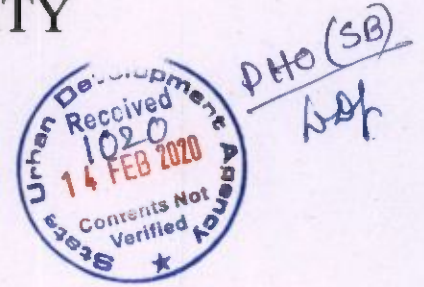
OFFICE OF BOARD OF COUNCILLORS OF  
TITAGARH MUNICIPALITY

From:

Dr.A.K.SARDAR

A.H.O, Titagarh Municipality.

Ref No.. *E/28/2019-20*



Dated: Titagarh, the 13th Feb , 2020

To,  
The Project Officer / Health Wing,  
SUDA, CMU, ILGAS BHAVAN,  
HC-BLOCK, SECTOR-III,  
Bidhan Nagar, Kol-106

Dear Sir / Madam,

Hereby sending the monthly report of Maternity Home for the  
Month of January'2019 under IPP-VIII programme.

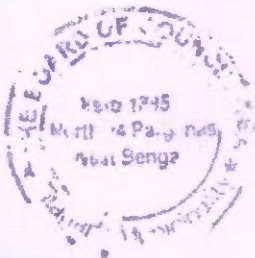
Thanking You,

Yours FaithFully.

*[Signature]*  
13-02-20

( A.H.O / M.O )  
Titagarh Municipality

Titagarh Maternity Home & Hospital  
Asst. Health Officer Hospital  
Titagarh Municipality



URBAN HEALTH IMPROVEMENT PROGRAMME-KMDA

FORM-E

Monthly report of the Maternity Home / Maternity Home with Clinic

Titagarh Municipality

Month January

Year 2020

1.0 General Information

1.1 No. of sanctioned Beds 20 1.2 No. of existing Beds             
 1.3 Staff in position : (a) G&O Specialist Nil (b) Anaesthetists Nil  
 (c) Paediatrician Nil (d) Medical Officer 2 (e) Nursing personnel Sebika, 4  
 (f) Lab. Technician Nil (g) Superintendent / Administrator Yes/No Ayah - 4

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		21				277
	(b) Admissions of Gynae Cases		4				18
	(c) MTP Cases		7				88
	(d) Total Admissions		32				382
2.2	No. of admissions--parawise maternity cases						
	(a) 1st para		12				184
	(b) 2nd para		9				99
	(c) 3rd para & above		Nil				5
2.3	No. of MTP performed						
	(a) before 12 weeks of gestation		7				88
	(b) at after 12 weeks of gestation		Nil				Nil
	(c) causewise No. of MTP cases						
	(i) Medical cause		Nil				Nil
	(ii) Eugenic cause		Nil				Nil
	(iii) Humanitarian cause		Nil				Nil
(iv) Socio economic cause		7				88	
(v) Failure of contraceptive methods		Nil				Nil	
2.4	No. of Female sterilization done						
	(a) Puerperal ligation		8				47
	(b) Post Puerperal ligation-Abdominal (Conventional)		Nil				Nil
	(c) Post Puerperal ligation - Laparoscopic		1				1
(d) MTP with ligation		Nil				Nil	
2.5	(a) Total No. of discharges		32				382
	(b) Total No. of deaths		1				1
2.6	(a) No. of normal deliveries		Nil				4
	(b) No. of assisted deliveries**		Nil				Nil
	(c) No. of Caesarean sections -1st Gravida		12				184
	- 2nd Gravida		9				99
- 3rd Gravida & above		Nil				5	

\*\* 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 2020		
		B	NB	3+4 Total (B+NB)	B	NB	B+N Total (B+NB)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2.7	(a) Total No. of live births		27				279
	(b) Total No. of still births		Nil				1
2.8	(a) No. of Maternal Deaths		Nil				Nil
	(b) Mention Cause(s) of Maternal Death(s)						
	(i)						
	(ii)						
2.9	No. of cases required blood transfusion		Nil				1
2.10	No. of cases referred out— (i) Obstetric cases		Nil				3
	(ii) Neonatal cases		Nil				Nil
2.11	No. of new borns required resuscitation						
2.12	No. of new borns with Birth Weight						
	(a) below 2 kg gm		2				4
	(b) above 2 kg but <2.5 kg		1				79
	(c) above 2.5 kg		19				197
2.13	(a) No. of Neo-natal deaths		1				1
	(b) Mention Cause(s) of neo-natal Death(s)						
	(i) Asphyxia Neonatorum						
	(ii)						
	(iii)						
2.14	(a) No. of Neo-natal BCG administered		Nil				Nil
	(b) No. of 'O' dose of OPV administered		Nil				Nil

## 3.0 Bed utilization &amp; efficiency

Sl. No.	Item	During the reporting month	Cumulative since April 2020.....
3.1	(a) Total patient days during the month		
	(b) Average length of stay	4 days.	
	(c) Bed occupancy (in percentage)		
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  
Asst. Health Officer  
Titagarh Municipality

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

Date 13-02-20

Date



Phone No.2501-0359

Fax No. 2501-7736

OFFICE OF BOARD OF COUNCILLORS OF  
TITAGARH MUNICIPALITY

From:  
Dr.A.K.SARDAR  
A.H.O, Titagarh Municipality.

Ref No.....*B/27/2019-20*



*PHO (SO)  
SPJ*

Dated: Titagarh, the 13th Feb , 2020

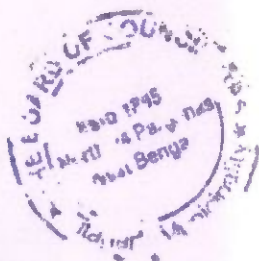
To,  
The Project Officer / Health Wing,  
SUDA, CMU, ILGAS BHAVAN,  
HC-BLOCK, SECTOR-III,  
Bidhan Nagar, Kol-106

Dear Sir / Madam,

Hereby sending the monthly report of Maternity Home for the  
Month of December'2019 under IPP-VIII programme.

Thanking You,

Yours FaithFully.



*[Signature]*  
13-02-20  
( A.H.O / M.O )  
Titagarh Municipality

Asst. Health Officer  
Titagarh Municipality

URBAN HEALTH IMPROVEMENT PROGRAMME-KMOA

FORM-B

Monthly report of the Maternity Home, Maternity Home with Clinic

Pitagash Municipality

Month December

Year 2019

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 Nil (b) Anaesthetists Nil  
 (c) Paediatrician Nil (d) Medical Officer 2 (e) Nursing personnel Sabika=4  
 (f) Lab. Technician Nil (g) Superintendent / Administrator Ayan=4 Yes/No

2.0 Performance

Si. 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		26				256	
	(b) Admissions of Gynae Cases		2				14	
	(c) MTP Cases		9				81	
	(d) Total Admissions		37				350	
2.2	No. of admissions—parawise maternity cases							
	(a) 1st para		14				172	
	(b) 2nd para		12				90	
2.3	No. of MTP performed	(a) before 12 weeks of gestation	9				81	
		(b) at after 12 weeks of gestation	Nil				Nil	
		(c) causewise No. of MTP cases						
		(i) Medical cause	Nil					Nil
		(ii) Eugenic cause	Nil					Nil
		(iii) Humanitarian cause	Nil					Nil
		(iv) Socio economic cause	9					81
(v) Failure of contraceptive methods	Nil					Nil		
2.4	No. of Female sterilization done							
	(a) Puerperal ligation		4				39	
	(b) Post Puerperal ligation—Abdominal (Conventional)		Nil				Nil	
	(c) Post Puerperal ligation - Laparoscopic		Nil				Nil	
2.5	(a) Total No. of discharges		37				350	
	(b) Total No. of deaths		Nil				Nil	
2.6	(a) No. of normal deliveries		Nil				4	
	(b) No. of assisted deliveries**		Nil				Nil	
	(c) No. of Caesarean sections—1st Gravida		14				172	
	- 2nd Gravida		12				90	
	- 3rd Gravida & above		Nil				5	

\*\* 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 2020		
		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		26				259
	(b) Total No. of still births		Nil				Nil
2.8	(a) No. of Maternal Deaths		Nil				Nil
	(b) Mention Cause(s) of Maternal Death(s) (i) (ii)						
2.9	No. of cases required blood transfusion		Nil				1
2.10	No. of cases referred out— (i) Obstetric cases		Nil				3
	(ii) Neonatal cases		Nil				Nil
2.11	No. of new borns required resuscitation		Nil				Nil
2.12	No. of new borns with Birth Weight						
	(a) below 2 kg gm		1				2
	(b) above 2 kg but <2.5 kg		4				79
	(c) above 2.5 kg		21				178
2.13	(a) No. of Neo-natal deaths		Nil				Nil
	(b) Mention Cause(s) of neo-natal Death(s) (i) (ii) (iii)						
2.14	(a) No. of Neo-natal BCG administered		Nil				Nil
	(b) No. of 'O' dose of OPV administered		Nil				Nil

3.0 Bed utilization & efficiency

Sl. No.	Item	During the reporting month	Cumulative since April 2020
3.1	(a) Total patient days during the month		
	(b) Average length of stay	4 days	
	(c) Bed occupancy (in percentage)		
3.2	(a) No. of Hospital Acquired Infection		
	(b) Hospital waste management system functioning or not Tick (✓) response	Yes / No	

A separate Formst (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  
Asst. Health Officer  
Titagarh Municipality

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

Date 13-02-20

Date

# NEW BARRACKPORE MUNICIPALITY

## NEW BARRACKPORE, KOLKATA-700 131

CHAIRPERSON : SMT. TRIPTI MAJUMDER  
VICE-CHAIRMAN : SHRI MIHIR DEY

No. : NBM/ Health/Report/3382/19



Date : 07/02/2020

To  
The Director, SUDA,  
HC Block, Sector - III,  
Bidhannagar,  
Kolkata - 700106.



PHO(SB)  
ADP

Sub : Submission of Monthly Report for **JANUARY,2020**

I am sending herewith the Monthly Report of Health activities of **UPHCS** for the month of **JANUARY,2020**.

Kindly acknowledge receipt.

Thanking you,

Enclo: As stated above.

Yours faithfully,

(Dr. Sankar singha Roy)  
Health Officer  
New Barrackpore Municipality  
*Health Officer*  
New Barrackpore Municipality

SUD #  
UPHC - I + II

Form - C

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

Report for the month of January Year 2018

New Barrack ppte Municipality

No. of reporting SCs 15

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

- 1) No. of Beneficiary Families 19257      2) No. of Beneficiary Population 79804  
 3) No. of Eligible Couples 12265      4) No. of Infants (under 1 year) 583  
 5) No. of Children (1 to < 5 years) 2602

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April
1.	<b>Ante Natal Care</b>		
1.1	Ante Natal Cases Registered		
	(a) New - (i) Before 12 weeks	16	219
	(ii) After 12 weeks	12	132
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups	28	300
1.3	Total No. of high risk pregnant women		
	(a) Attended	0	02
	(b) Referred	0	02
1.4	No. of TT doses		
	(a) TT 1	24	305
	(b) TT 2	27	314
	(c) Booster	0	5
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia	30	353
2.	<b>Natal Care</b>		
2.1	Total No. of deliveries conducted		
	(a) Normal	10	60
	(b) Forceps	0	1
	(c) Caesar	21	258
2.2	Place of delivery		
	(a) Home		2
	(b) Institution	31	317
2.3	Age of mother at the time of delivery		
	(a) Less than 20 years	2	12
	(b) 20 years and above	29	307
2.4	No. of complicated Delivery cases referred to Govt./ Non Govt. Hospital / Nursing Home / Maternity Homes	-	2

(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	14	17	161	158
	(b) Still Births	0	0	1	6
3.2	Order of Birth in 3.1 (a) (live births)				
	(a) 1 <sup>st</sup>	11	12	131	126
	(b) 2 <sup>nd</sup>	5	3	32	27
	(c) 3+	0	0	0	3
3.3	New born status of birth in 3.1 (a) (live births)				
	(a) Less than 2.5 Kg.	2	1	10	14
	(b) 2.5 Kg. or more	14	14	153	141
	(c) Weight not recorded	-	-	0	1
3.4	High risk new born				
	(a) No. Attended			0	1
	(b) No. Referred			0	0
<b>4.</b>	<b>Post Natal Care</b>				
4.1	No. of women received 3 post natal check-ups	24		260	
4.2	No. of Complicated cases referred	0			
<b>5.</b>	<b>Maternal Deaths</b>				
5.1	During Pregnancy				
5.2	During Delivery				
5.3	Within 6 weeks of delivery				
<b>6.</b>	<b>RTI / STI</b>	M	F	M	F
6.1	Cases detected	1	33	1	350
6.2	Cases treated	1	32	1	337

7. Immunization & Prophylaxis :		Performance in the reporting month				Cumulative performance since April _____					
No. of Sessions planned		19									
No. of Sessions held		19									
		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		34	26			305	270	575			
DPT	DPT-1	22	21			262	248	510			
	DPT-2	19	27			227	232	459			
	DPT-3	20	19			228	237	465			
OPV	OPV-0	33	26			236	208	444			
	OPV-1	22	21			262	248	510			
	OPV-2	19	27			227	232	459			
	OPV-3	20	19			228	237	465			
Hepatitis - B	Hep-0	0	0								
	Hep-1										
	Hep-2										
	Hep-3										
Measles	Dose-1	18	26			208	240	448			
Fully immunized Children under 1 year	Having BCG+3 doses of OPV & DPT + Measles	18	26			208	240	448			
JE	Dose-1	18	27			209	252	461			
VITAMIN-A	Dose-1	0	0			46	34	80			
Children aged 16-24 months	DPT Booster			17	18				210	186	396
	OPV Booster			17	18				210	186	396
	Measles-2			17	18				209	185	393
	JE-2			17	18				21	194	405
VITAMIN-A	Dose-2								33	25	58
	Dose-3								31	24	55
	Dose-4								17	15	32
	Dose-5								19	30	49
	Dose-6								14	19	33
	Dose-7								12	7	19
	Dose-8								5	9	14
Children more than 5yrs	DPT			25	22				271	236	507
Children more than 10yrs	TT			21	21				242	250	492
Children more than 16yrs	TT			15	14				228	229	457
No. of Children received IFA									2588	2788	5376
UNTOWARD REACTION											
1. Reported deaths associated with immunization		0	0	0					0	0	0
2. Number of abscesses		0	0	0					2	1	3
3. Other Complications		0	0	0					8	0	8

IPV  
M/F  
1st 273/250  
2nd 230/237  
Rota  
M/F  
1st 100/104  
2nd 72/86  
3rd 73/50

IPV  
M/F  
1st 222/21  
2nd 192/19  
Rota  
M/F  
1st 22/21  
2nd 19/27  
3rd 20/19

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						
	(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		1	1	4	2	6	
(ii) Deaths							
8.1	<b>Other specified communicable diseases</b>						
	(a) Malaria						
	(i) Cases				1	0	1
	(ii) Deaths						
	(b) Tuberculosis						
	(i) Cases				0	2	2
	(ii) Deaths						
	(c) Leprosy						
	(i) Cases						
	(ii) Deaths						
9.	<b>ARI under 5 years</b>						
	(a) Cases	1	1	2	13	9	22
	(b) Treated with Co-trimoxazole				4	3	7
	(c) Deaths						
10.	<b>Acute Diarrhoeal Diseases under 5 years</b>						
	(a) Cases				12	12	24
	(b) Treated with ORS				12	11	23
	(c) Deaths						
11.	<b>Child Deaths</b>						
	(a) Under 1 week						
	(b) 1 week to under 1 month				2	0	2
	(c) 1 month to under 1 year				1	0	1
	(d) 1 year to under 5 years	1		1	2	0	2

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				
	(b) No scalpel				
12.2	Female Sterilisation	1			1
	(a) Abdominal				
	(b) Laparoscopic	1445	1		1446
12.3	Total IUD insertions	408	0		408
12.3.1	Cases followed up	404	1		405
12.3.2	Complications				
12.4	No. of CC users				
	(a) No. of OP users				
	(b) No. of condom users	3573	51		3624
12.5	Total Nos protected by all methods (12.1 + 12.2 + 12.3 + 12.4)	3307	70		3377
12.6	No. of Eligible Couples accepted Sterilization	9138	123		9260
				Performance in the reporting month	Cumulative performance since April
12.6.1	Having upto 2 living children	1018	75		1093
12.6.2	Having 3 or more children	836	48		884
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				16
	(c) Deaths				9
14.	<b>Deaths</b>				
	(a) Maternal Deaths (as in Sl. No. 5)				
	(b) Child Deaths (as in Sl. No. 11)				
	(c) Other Death (except Sl. No. 5 & 11)				4
14.1	Total Death = Sl. No. 14 (a+b+c)		23		205
			23		209
15.	<b>IEC Activities</b>	<b>Held</b>		<b>Attendance</b>	
		<b>Topics</b>	<b>No. Held</b>	<b>Male</b>	<b>Female</b>
	1. Group Discussion				
	2. Deployment of Folk Media				
	3. Others (Specify)				

Date :

*[Signature]*  
 Asstt. Health Officer  
 New Barrackpore Municipality

Signature of Health Officer/Medical Officer

Asstt. Health Officer  
 New Barrackpore Municipality

OFFICE OF THE COUNCILLORS OF ARAMBAGH MUNICIPALITY  
ARAMBAGH: : HOOGHLY  
PHONE (03211) 255030, FAX – 255030/257467

Ref No. 46/CBPHCS/AM

Date... 05-02-2020

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



*CPHO,  
SUDA*

Sub: Submission of Monthly Report for ULBs under Urban RCH Programme of Arambagh Municipality for the month of January 2020.

Dear Madam,

I am Submitting herewith the Monthly Report for ULBs of Urban RCH Programme under Arambagh Municipality for the month of January 2020 comprising to the report of four Sub-Centers & UHND in favour of your necessary action.

Thanking you.

Yours faithfully,



*[Signature]*  
Health Officer  
C.B.P.H.C.S.  
Arambagh Municipality

Memo No-

Date-

Copy forwarded to:-

- 1.Dy. CMOH-III, DFWB Building ,Chinsurah, Hooghly.
- 2.A.C.M.O.H. Arambagh ,Hooghly
3. The Superintendent, Arambagh S.D. Hospital
- 4.P.P.Unit. Arambagh S.D. Hospital.

*[Signature]*  
Health Officer  
C.B.P.H.C.S.  
Arambagh Municipality



## Monthly Reporting PHC Format for ULBs under NRHM

State: West Bengal

District: Hooghly

Name of the Municipality : ARAMBAGH

No of Wards 19

No of Sub-Centres 4

No of HAUs

Population (as on 1st April 2019) 66175

No. of Eligible Couple as on 1st April .....2019.....12317

Report for the month of January - 2020

	REPRODUCTIVE CHILD HEALTH (RCH)	During the month of January 2020	Cumltv. Since April 2019
	Total number of pregnant Women (PW) Registered for ANC	22	422
	Of which number registered within first trimester	17	199
	New women registered under JSY (for ANC mothers)	10	67
	Number of Pregnant women received 3 ANC check-ups	1	60
	TT(PW)-1	15	155
	TT(PW)-2 or Booster	4	105
	Total number of pregnant Women given 100 IFA tablets	3	138
	Total number of pregnant Women given 200 IFA tablets	0	20
	Number of Pregnant women received 4th ANC check-ups	1	49
	Pregnant Women with Hypertension (BP>140/90)		
	Number of Eclampsia cases managed during delivery		
	Number having mild Anaemia Hb level <11 (tested cases)		
	Number having severe Anaemia (HB <7) treated at institution		
	Delivery:		
	Home Delivery:		
a)	SBA trained (Doctor/Nurse/ANM/GNM)		
B)	Non-SBA (Trained TBA/Relatives etc)		
c)	Total (a+b)		
	Institution Delivery		
a)	At Municipal Hospital/Maternity Home of ULB only		
	Total number of newborns born in institutions administered OPV 0		
	Number of Caesarean (C- Section) deliveries performed at		
a)	At Municipal Hospital/Maternity Home of ULB		
	Pregnancy Outcome: (Home+Inst delvry) only		
	Live Birth:		
a)	Male		
b)	Female		
c)	Total (a+b)		
	Still Birth		
	Abortion (spontaneous/induced)		
	Order of Birth (from Live Birth)		
a)	1st order		
b)	2nd order		
c)	3rd order & more		
	Weight of New-borns (from Live Birth):		
	No. of Newborns weighted at birth		
a)	Male		
b)	Female		
c)	Total (a+b)		
	No. of Newborns having weight less than 2.5 kgs		
a)	Male		
b)	Female		
c)	Total (a+b)		
	Number of Newborns having breast-fed within 1 hour		
	No of pregnant Women (PW) with Obstetric complication Treated		
	Post Natal Care		
a)	Women receiving Post Partum check-up within 48 hrs after delivery		
b)	Women getting Post Partum check-up between 48 hrs & 14 days		

<b>Maternal Deaths:</b>			
a)	During Pregnancy		
b)	During Delivery		
c)	Within six weeks of Delivery		
<b>Medical termination of Pregnancy (MTP)-At ULB's Clinic only (if any)</b>			
a)	Up to 12 weeks of pregnancy		
b)	More than 12 weeks of pregnancy		
<b>Reproductive Tract Infection &amp; Sexually Transmitted infection(RTI/STI)</b>			
<b>Number of RTI/STI cases diagnosed</b>			
a)	Male		
b)	Female		
c)	Total (a+b)		
<b>Number of RTI/STI cases treated</b>			
a)	Male		
b)	Female		
c)	Total (a+b)		
<b>Family Planning</b>			
<b>Number of Sterilization Operation conducted at Municipal Hospital only</b>			
a)	Male Sterilization /NSV		
b)	Laparoscopic Sterilization		
c)	Minilap Sterilization		
d)	Post partum Sterilization		
<b>Number of IUD insertions at Municipal Hospital /Dispensary of ULB</b>			
<b>No of IUD Removal</b>			
<b>Number of Oral Pills Cycles distributed</b>			
<b>Number of Condom pieces distributed</b>			
<b>Number of Emergency Contraceptive Pills distributed</b>			
<b>Immunization</b>		<b>During the month January 2020</b>	<b>Cumltv. Since April 19</b>
No.of Sessions Planned		45	450
No of Sessions Held		44	439
			<b>Yearly Target</b>
<b>Estimated infant 0 to &lt;=1 year old</b>			
a)	Male		
b)	Female		
c)	Total (a+b)		
<b>No of Children 0 to &lt;=1 year old who received the following</b>		<b>During the month January 2020</b>	<b>Cumltv.since April 19</b>
<b>BCG</b>			
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
<b>P.VV-1</b>			
a)	Male	16	109
b)	Female	14	141
c)	Total (a+b)	30	250
<b>R.V.V-1</b>			
a)	Male	16	62
b)	Female	17	72
c)	Total (a+b)	33	134
<b>P.VV-2</b>			
a)	Male	14	130
b)	Female	20	141
c)	Total (a+b)	34	277
<b>R.V.V-2</b>			
a)	Male	14	39
b)	Female	18	47
c)	Total (a+b)	32	86
<b>P.VV-3</b>			
a)	Male	12	130
b)	Female	10	122
c)	Total (a+b)	22	252
<b>R.V.V-3</b>			
a)	Male	12	22
b)	Female	9	20
c)	Total (a+b)	21	42

Immunization	During the month January 2020	Cumltv.since April 19
OPV-0		
Male	0	0
Female	0	0
Total (a+b)	0	0
OPV-1		
Male	16	109
Female	14	141
Total (a+b)	30	250
OPV-2		
Male	14	136
Female	20	141
Total (a+b)	34	277
OPV-3		
Male	12	130
Female	10	122
Total (a+b)	22	252
IPV		
Male	0	0
Female	0	0
Total (a+b)	0	0
F/ IPV 1ST DOSE		
Male	16	113
Female	14	141
Total (a+b)	30	254
F/ IPV 2ND DOSE		
Male	12	127
Female	9	113
Total (a+b)	21	240
Hepatitis B-3		
Male	0	0
Female	0	0
Total (a+b)	0	0
Measles/MR		
Male	16	155
Female	15	127
Total (a+b)	31	282
Fully Immunized (children 0 to <=1 year old)		
Male	11	133
Female	11	104
Total (a+b)	22	237
Japanese Encephalitis -1st Dose		
Male	18	143
Female	17	134
Total (a+b)	35	277
No. of children 16 to 24 months old who received the following	During the month January 2020	Cumltv.since April 19
DTP Booster		
Male	20	191
Female	15	196
Total (a+b)	35	387
OPV Booster		
Male	20	191
Female	15	196
Total (a+b)	35	387
Japanese Encephalitis (JE)-2nd Dose		
Male	26	181
Female	13	158
Total (a+b)	39	339
Measles 2nd Dose		
Male	24	183
Female	13	169
Total (a+b)	37	352

No Of Children 12 to 23 months old who are fully innunized (BCG+DPT-123+OPV-123+Measles)


a)	Male	15	125
b)	Female	6	116
c)	Total (a+b)	21	241
Children more than 5 years -DT 5/DPT			
a)	Male	15	237
b)	Female	17	252
c)	Total (a+b)	32	489
Children more than 10 years -TT10			
a)	Male	12	135
b)	Female	21	128
c)	Total (a+b)	33	263
Children more than 16 years TT16			
a)	Male	2	31
b)	Female	7	62
c)	Total (a+b)	9	93
Adverse Event Following Immunisation (AEFI)			
Abscesses			
a)	Male	0	0
b)	Female	0	0
c)	Total (a+b)	0	0
Other complications			
a)	Male		
b)	Female		0
c)	Total (a+b)		0
<b>Number of Vitamin A doses administered between 9 moths and 5 years</b>		<b>During the month January 2020</b>	<b>Cumltv.since April 19</b>
<b>Dose-1</b>			
a)	Male	30	188
b)	Female	22	158
c)	Total (a+b)	52	346
<b>Dose-2</b>			
a)	Male	19	165
b)	Female	14	137
c)	Total (a+b)	33	302
<b>Dose-3</b>			
a)	Male	13	122
b)	Female	16	116
c)	Total (a+b)	29	238
<b>Dose-4</b>			
a)	Male	12	100
b)	Female	17	97
c)	Total (a+b)	29	197
<b>Dose-5</b>			
a)	Male	8	97
b)	Female	10	94
c)	Total (a+b)	18	191
<b>Dose-6</b>			
a)	Male	10	69
b)	Female	9	75
c)	Total (a+b)	19	144
<b>Dose-7</b>			
a)	Male	8	43
b)	Female	10	55
c)	Total (a+b)	18	98
<b>Dose-8</b>			
a)	Male	1	25
b)	Female	4	30
c)	Total (a+b)	5	55
<b>Dose-9</b>			
a)	Male	5	19
b)	Female	1	17
c)	Total (a+b)	6	36

	Number of Childhood Diseases reported during the month	During the month January 2020	Cumltv. Since April 19
	<b>Diphtheria</b>		
a)	Male		
b)	Female		
c)	Total (a+b)		
	<b>Pertussis</b>		
a)	Male		
b)	Female		
c)	Total (a+b)		
	<b>Tetanus Neonatorun</b>		
a)	Male		
b)	Female		
c)	Total (a+b)		
	<b>Polio</b>		
a)	Male		
b)	Female		
c)	Total (a+b)		
	<b>Acute Flaccid Paralysis</b>		
a)	Male		
b)	Female		
c)	Total (a+b)		
	<b>Measles</b>		
a)	Male		
b)	Female		
c)	Total (a+b)		
	<b>Diarrhoea &amp; Dehydration</b>		
a)	Male		
b)	Female		
c)	Total (a+b)		
	<b>ARI</b>		
a)	Male		
b)	Female		
c)	Total (a+b)		
	<b>Malaria</b>		
a)	Male		
b)	Female		
c)	Total (a+b)		
	<b>Tuberculosis</b>		
a)	Male		
b)	Female		
c)	Total (a+b)		
	<b>Number of infant/Child Deaths identified:</b>	<b>During the month January 2020</b>	<b>Cumltv. Since April 19</b>
	<b>Within 24 hrs</b>		
a)	Male		
b)	Female		
c)	Total (a+b)		
	<b>Between one day and 1week of birth</b>		
a)	Male		
b)	Female		
c)	Total (a+b)		
	<b>Between 1week and 4weeks</b>		
a)	Male		
b)	Female		
c)	Total (a+b)		
	<b>Between 1month &amp; 11 months</b>		
a)	Male		
b)	Female		
c)	Total (a+b)		
	<b>Between 1 year &amp; 5 years</b>		
a)	Male		
b)	Female		
c)	Total (a+b)		

Number of Functioning Ice Lined Refrigerators(ILRS)		
a) Small		
b) Large		
Number of Functioning Deep Freze (DFZ)		
a) Small		
b) Large		
Number of Stabilizer (functioning)		
Number of Cold Boxes		
Number of Vaccine Carriers		

**STOCK POSITION**

Vaccine Stock Position (During the month of.....)	Balance from Previous month	Stock received	Total stock available	Stock Distributed	Balance at the end of month
DTP					
OPV					
TT					
DT					
BCG					
MEASLES					
JE					
HEB-B					
IUD 380 A					
GLUTERADEHYDE 2%					
IFA TABLETS (Large)					
IFA TABLETS (Small)					
IFA SYRUB (Prediatric)					
Paediatrics Antibiotics(Cotrimaxazole and Injectable Gentamicin)					
Vitamin A Solution					
ORS (New WHO)					
AD SYRINGES (0.1 ml)					
AD SYRINGES (0.5 ml)					
Disposable Syringes (5.0 ml)					

  
 Signature of Medical/ Health Officer  
 Health Officer  
 C.B.P.H.C.S.  
 Arambagh Municipality



**OFFICE OF THE MIRIK NOTIFIED AREA AUTHORITY**  
P.O. MIRIK, DIST. DARJEELING  
ESTD.: 1984

Memo No. 477/I-38/m.m 2020

Date: 10/02/20

To,  
The Director,  
Health Wing,  
SUDA Kolkatta.



*PHO(SO)  
SAF*

Subject:-Submission of monthly report of Jan.2020.

Madam,

Enclosed please find here with the monthly report duly filled in prescribe Proforma under Mirik Notified Area Authority.

Enclosed.

Monthly report.

Chairman  
Mirik Notified Area Authority

Chairman  
Mirik Notified Area Authority  
Mirik, Darjeeling

Copy for information for taking necessary action to:-  
1/.CMOH,Darjeeling.

Chairman  
Mirik Notified Area Authority  
Mirik Notified Area Authority  
Mirik, Darjeeling

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

Report for the month of Jan Year 2020Nisik Municipality

No. of reporting SCs \_\_\_\_\_

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

- 1) No. of Beneficiary Families 755      2) No. of Beneficiary Population 3526  
 3) No. of Eligible Couples 588      4) No. of Infants (under 1 year) 27  
 5) No. of Children (1 to < 5 years) 87

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	1	11
	(ii) After 12 weeks	-	3
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups	-	8
1.3	Total No. of high risk pregnant women		
	(a) Attended	-	-
	(b) Referred	-	-
1.4	No. of TT doses		
	(a) TT 1	1	13
	(b) TT 2	1	16
	(c) Booster	-	-
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia	-	7
2.	Natal Care		
2.1	Total No. of deliveries conducted		
	(a) Normal	1	11
	(b) Forceps	1	1
	(c) Caesar	2	9
2.2	Place of delivery		
	(a) Home	1	-
	(b) Institution	2	20
2.3	Age of mother at the time of delivery		
	(a) Less than 20 years	1	-
	(b) 20 years and above	2	20
2.4	No. of complicated Delivery cases referred to Govt./ Non Govt. Hospital / Nursing Home / Maternity Homes	2	10