



DISTRICT PROGRAMME MONITORING UNIT
(MISSION SHAKTI: SUBARNAPUR)
DSWO SECTION : COLLECTORATE



Letter No. 714 / Mission Shakti

Date: 30 / 03 / 2022.

Inviting Expression of Interest for eligible WSHGs / Federation
for different activities under Health & Family welfare

Department

Interested WSHGs/ Federation having the willingness and aptitude for different activities under Health & Family welfare Department, are invited to submit their proposal before the concerned CDPO in the below format within 15 (Fifteen) days of this advertisement i.e by 15th April, 2022 for Health sector activity in Subarnapur District.

N.B:

1. Application format available at DSWO, Subarnapur/ CDM & PHO, Subarnapur & concerned CDPO Office, DHH, SDH, CHC & District Portal (Subarnapur.nic.in).
2. The Applicant WSHG/ Federation can get the detailed information on the scheme from the concerned Medical officer (I/c) / Superintendent of the concerned DHH, SDH & CHC.

Encl: Institution wise details.

Yours faithfully,

[Signature]
District Social Welfare Officer,
Subarnapur

Memo No. 715 Dt. 30 / 03 / 2022.

Copy forwarded to all CDPOs for information and fix the notice in the notice board of Sub-Collector, BDO, CDPO and other Block level offices and also get acknowledgement from AWWs, GPLFs & BLF of the concerned Projects after supply of above.

Copy forwarded to the CDM & PHO, All Medical Officer I/c Subarnapur & DPM, OLM Subarnapur for information & necessary action.

Copy Submitted to the Project Director, DRDA and all BDOs of Subarnapur for information & necessary action.

Copy forwarded to the DIO, NIC, Subarnapur for information with a request to webhost in the district website for wide publication.

Copy submitted to PA to Collector for kind information of Collector & DM, Subarnapur.

[Signature]
District Social Welfare Officer,
Subarnapur

DPMU, Mission Shakti, Subarnapur.

O/O-DSWO, Collectorate, Subarnapur, Odisha – 767 017.

Email : dpmusub@gmail.com & dswosonepur@nic.in.

Application Form

1. Name of the WSHG: _____
2. SHG Address (as applicable):
Village _____ Post office _____
GP _____ Block _____
District _____ PIN _____
ICDS Project _____
3. Year of formation: _____
4. Present Livelihood activities: _____
5. Name of the Village where the activity will be taken up: _____
6. Whether the SHG involved in any income generating activity (Yes/ No) _____
If Yes, Please mention the details :
7. Whether SHG has any food certification documents : (Yes/ No) _____
8. Bank, Branch name _____
9. Funds Available in the Savings Bank Account: Rs. _____
 - (a) Regular Savings (Yes/ No)
 - (b) Amount of savings (in Rs)
 - (c) Whether Loan taken (Yes/ No), if yes, mention the number of times loan availed
 - (d) Mode of loan repayment (Regular/ irregular)
 - (e) Meeting Register maintained (Yes/ No)
 - (f) Cash Book maintained (Yes/ No)
10. In case of supply of hospital diet activity – if SHG is registered under Food Safety Act, copy of the said certificate to be enclosed. Moreover, Prior experience in food service management to be indicated
11. Dertails of tailoring unit/ Sanitary napkin making unit & experience shall be mentioned for supply of masks and sanitary napkins.
12. Contact No: _____
13. Resolution of the SHG to take up the activity is enclosed (Yes/No) : _____

Signature of President
Date:

Signature of Secretary

Acknowledgement

Received the Expression of Interest from _____ SHG, village _____, on date _____ for Hospital activity.

Signature of the CDPO/ Authorised Signatory Date:

ଆବେଦନ ଫର୍ମ

1. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘର ନାମ : _____
2. ମହିଳା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ / ମହାସଂଘରଠିକଣା :
ଗ୍ରାମ _____ ପୋଷ୍ଟ ଅଫିସ _____
ଗ୍ରାମପଞ୍ଚାୟତ _____ ବ୍ଲକ _____
ଜିଲ୍ଲା _____ ପିନ _____
ଆଇ.ସି.ଡି.ଏସ ଅଫିସ _____
3. ଏସଏଚଜିର ଆରମ୍ଭ ବର୍ଷ : _____
4. ଏସଏଚଜିର ବର୍ତ୍ତମାନର ଜୀବିକା : _____
5. ଯେଉଁ ଗ୍ରାମରେ କରିବା ପାଇଁ ଇଚ୍ଛୁକ ତାର ନାମ : _____
6. ଏସ ଏଚ ଜି କୌଣସି income generating activity ନେଇଛି କି(ହଁ/ ନା)
ଯଦି ହଁ ସମ୍ପୂର୍ଣ୍ଣ ବିବରଣୀ ଦିଅନ୍ତୁ
7. ଏସ ଏଚ ଜି ର ପୁଠ ସାର୍ଟିଫିକେଟ ଅଛି କି (ହଁ/ ନା) _____
8. ବ୍ୟାଙ୍କ ଓ ଶାଖାର ନାମ _____
9. ଜମାଖାତାରେ ଅବଶିଷ୍ଟ ରାଶି : ଟଙ୍କା. _____
 - a. ନିୟମିତ ଜମା (ହଁ/ ନା)
 - b. ଜମା ରାଶି (ଟଙ୍କା)
 - c. ରଖି ନେଇଛନ୍ତି କି (ହଁ/ ନା), ଯଦି ହଁ ତତ୍ତତ୍ତ କେତେଥର ନେଇଛନ୍ତି
 - d. ରଖି ପରିଶୋଧର ପ୍ରକାର (ନିୟମିତ/ ଅନିୟମିତ)
 - e. ବୈଠକ ଖାତା ଲିଖନ (ହଁ/ ନା)
 - f. Cash Book ଲିଖନ (ହଁ/ ନା)
10. ଯୋଗାଯୋଗ ନମ୍ବର : _____
11. In case of supply of hospital diet activity – if SHG is registered under Food Safety Act, copy of the said certificate to be enclosed. Moreover, Prior experience in food service management to be indicated
12. Dertails of tailoring unit/ Sanitary napkin making unit & experience shall be mentioned for supply of masks and sanitary napkins.
13. ଏହି କାର୍ଯ୍ୟ ପାଇଁ ଏସ ଏଚ ଜି ର ଅଧିବେଶନ ବିବରଣୀ ସଂଯୋଗ କରାଯାଇଛି କି (ହଁ/ ନା) _____

ଦସ୍ତଖତ (ସଭାପତି)

ଦସ୍ତଖତ (ସମ୍ପାଦକ)

ତାରିଖ :

Acknowledgement

Received the Expression of Interest from _____ SHG, village _____, on date _____ for Hospital activity.

Signature of the CDPO/ Authorised Signatory Date:

Date



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER
CUM DISTRICT MISSION DIRECTOR, NHM, SUBARNAPUR
DISTRICT PROGRAMME MANAGEMENT UNIT, NHM
SUBARNAPUR, ODISHA, 767017
E-mail : nhm.subarnapur@gmail.com



Letter No 954 /DPMU/NHM/2021

Date 03.03.2022

To

The DSWO
Subarnapur

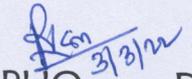
Sub – Regarding Selection of SHGs for taking different activities under health Sector in Subarnapur District.

Ref: Letter No 31104 Dated 20/11/2021 of H & FW Department.

Madam,

In Inviting reference to the subject cited above, the target for selection of SHGs for taking different activities under health sector in Subarnapur District is submitted herewith in Annexure A for your information and necessary action.

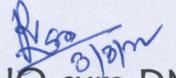
Yours faithfully


CDM & PHO cum DMD
Subarnapur

Memo No 955 /DPMU/NHM/2021

Dated 03.03.2022

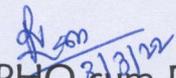
Copy Submitted to Project Director, DRDA, Subarnapur for information and necessary action.


CDM & PHO cum DMD
Subarnapur

Memo No 956 /DPMU/NHM/2021

Dated 03.03.2022

Copy Submitted to Collector & DM, Subarnapur for information and necessary action.


CDM & PHO cum DMD
Subarnapur



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER
CUM DISTRICT MISSION DIRECTOR, NHM, SUBARNAPUR
DISTRICT PROGRAMME MANAGEMENT UNIT, NHM
SUBARNAPUR, ODISHA, 767017
E-mail : nhm.subarnapur@gmail.com



LIST OF ACTIVITIES & TARGET

Sl. No	Name of the Activities	Target	Remarks
1	House Keeping & Cleanliness Service at Sub Centre level HWC	46	List of HWC is attached in Annexure A
2	Observation of Selected Health days at village level at SC/PHC level HWCs	46	As per List in Annexure A
3	Sample Transportation (provision of volunteers) from PHC level HWCs to nearest referral facilities(CHC/SDH)/DHH	20	List attached in Annexure B
4	Alternative vaccine Delivery (Provision of Volunteer for transportation of Vaccine carrier from ILR points session sites on Immunization day	16 ILR	Binka -3 /Birmaharajpur - 3/ Dungripali-3/Naikenpali -1 / Tarbha -3/Ulunda - 2/ PPC, DHH -1
5	Sputum Transportation (provision of Volunteers) to designated Microscopic Centre)	6	In all Blocks
6	Supply of Hospital Diet at bedded hospitals	5 CHCs/1 SDH /2 OH	Binka - 16 bed ,Dungripali-30 bed Naikenpali - 6 bed , Tarbha -16 bed,Ulunda -6 bed, Birmaharajpur -30 bed ,Mahdevpali- 6 bed ,Charvatta- 6 bed
7	Management of Help Desk at DHH & SDH	2	DHH, Sonapur & SDH BM Pur
8	Supply of masks at the village level out of GKS funds	784 GKS	Binka -89 /Dunhrripali-103 Naikenpali -123 / Tarbha -151/Ulunda -172/ Birmaharajpur-146
9	Supply of sanitary pads at public health facilities for the use of MTP and delivery cases out of RKS fund	7	DHH/SDH & All CHCs
10	Management of Dead body carrier (Mahaprayan vehicle)	2	DHH, Subarnapur & CHC Dungripali
11	Management of Attendant Rest shed at DHH & SDH	0	Attendant rest shed not provisioned yet
12	Operationalisation of vending Kiosks/ canteen etc	1	At DHH Subarnapur
13	Management of Garden at SDH & below	0	No Garden available at SDH

The selection of the SHG for above works should be done adhering to the eligibility criteria as mentioned in the Letter no Letter No 31104 Dated 20/11/2021 of H & FW Department.

2/12/21

Yours Faithfully

CDM & PHO cum DMD
Subarnapur

List of Subcenter HWC-2021-22

House Keeping & Cleanliness Service & Observation of Selected Health days at village level at SC		
Sl No	Block	Name of the SC Selected for HWC
1	Binka	Sindurpur
2	Binka	Bagdia
3	Binka	Kaudiamunda
4	Binka	Silati
5	Binka	Bausuni
6	Binka	Mahada
7	Binka	Papi
8	Binka	Phulmuthi
9	Birmaharajpur	Pitamahul
10	Birmaharajpur	Kudapada
11	Birmaharajpur	Bagbar
12	Birmaharajpur	Sangrapur
13	Birmaharajpur	Hillung
14	Birmaharajpur	Jatesingha
15	Birmaharajpur	Kamira
16	Birmaharajpur	Kenjhariapali
17	Birmaharajpur	Masiniapali
18	Dunguripali	Andharibhanji
19	Dunguripali	Bankipali
20	Dunguripali	Badkerly
21	Dunguripali	Chinajuri
22	Dunguripali	Cherupali
23	Dunguripali	Gajbandh
24	Dunguripali	Sargul
25	Sonepur	Kharjura
26	Sonepur	Bagbahali
27	Sonepur	Rengali
28	Sonepur	Baidyanath
29	Sonepur	Baslat
30	Sonepur	Bisimunda
31	Sonepur	Sarganamunda
32	Sonepur	Dovlong
33	Tarva	Ranisarda
34	Tarva	Deulpadar
35	Tarva	Singhari
36	Tarva	Brahamani
37	Tarva	Naktikana
38	Ullunda	Mahada
39	Ullunda	Jaurabhaura
40	Ullunda	Khemaloi
41	Ullunda	Mundaghat
42	Ullunda	Bidurpali
43	Ullunda	Kalapathar
44	Ullunda	Panchamahala
45	Ullunda	Sindhol
46	Ullunda	Goilgudi

14/ 3/3/22
CDM & PHO, Subarnapur

List of Primary Health Center (HWC) Subarnapur District

Sample Transportation (provision of volunteers)

Sl No	Block Name	Name of the PHC - HWC	Name of the DMC/ Referral Centre
1	Binka	Mahadevpali OH	CHC, Binka
2	Binka	Sankara	
3	Binka	Bankigirdi	
4	Birmaharjpur	Harihorjore	SDH, B.M. Pur
5	Birmaharjpur	Subulaya	
6	Birmaharjpur	Mursundhi	
7	Dunguripali	Sukha	CHC, Dungripali
8	Dunguripali	Beheramal	
9	Dunguripali	Bhimitikira	
10	Dunguripali	Digsira	
11	Dunguripali	Rampur	
12	Sonepur	Lachhipur	CHC, Naikenpali
13	Sonepur	Sahajpita	
14	Tarva	Pua	CHC, Tarva
15	Tarva	Menda	
16	Tarva	Kamsara	
17	Tarva	Charvatta	
18	Ullunda	Kotsamali	CHC, Ullunda
19	Ullunda	Jaloie	
20	Ullunda	Sindhol	



h
31/3/22
CDM & PHO, SUBARNAPUR