

GOVERNMENT OF TRIPURA
HEALTH & FAMILY WELFARE DEPARTMENT

No.F.3 (5-2003)-FWPM/SHFWS/2010 (Vol-I)

Dated: 5th March, 2014

MEMORANDUM

Subject: Guidelines for convergence of NRHM and ICDS programmes for achieving 100% enrollment and delivery of health services under MCTS.

The Mother and Child Tracking System (MCTS) introduced under National Rural Health Mission (NRHM) has been actively considered in the Department for its institutionalization to achieve 100% enrollment and to deliver appropriate health care services to Pregnant Women and Children including identification of obstetric complications, anaemia, malnutrition etc. It was decided by the government that all pregnant women, lactating mothers, children will be covered 100% to provide ANC, PNC, immunization in the State.

2. The following guidelines are prescribed for implementation:

2.1 **Awareness Generation:**

- a) **Involvement of Women PRI Members:** Help of elected representatives may be sought to sensitize the mothers about the benefits of the programs and to generate mass awareness.
- b) **The Village Health Nutrition Day (VHND):** It should be held at least four times in a month in different locations in the village where the field functionaries of line departments like Health, ICDS, Drinking Water, Sanitation, School Education, Adult Literacy etc. shall synergize their efforts for achieving universal registration and coverage. A Group Discussion may be held in presence of mothers during VHND. The fund required for organizing VHND should be pooled by convergence of NRHM, DWS, PDF/TFC, JBIC/IGDC schemes at the District level.
- c) Efforts shall be made to generate mass awareness, especially through door to door campaigns through ASHA and Anganwadi workers. Leaflet on mother & child health with information on nutritional aspects of Health Department should be distributed to all eligible mothers. They will also jointly visit and collect data of each and every pregnant women and lactating mothers regarding preliminary registration of mother and child and will submit it to the respective HMIS Assistant of the PHC/CHC/SDH. The respective HMIS Assistant will accordingly upload the same in the MCTS web portal and generate work plan for each mother and child to achieve 100% coverage of target beneficiaries. Documentary film may also be displayed with the help of TV or Projector.

2.2 **Updation of MCTS database:** Enrolment of all pregnant and nursing mothers and children under age one year shall be ensured in the MCTS database through MPWs/ ANMs. The MCH register maintained at the Sub Centre Level already contains such data but the same shall be updated in MCTS immediately. Data already available with AWCs shall be used to avoid missing any mother or child. The Village Panchayats shall provide the copy of family register (RoR) and list of marriages recorded in last 5 years for each habitation. Registration of 100% mothers and children shall be completed by 28th February 2014 through a special drive. Thereafter, it shall only be a process of updation of new pregnant mothers and new born children on monthly basis. To ensure correctness and completeness of data collection and updation, MO I/Cs and ICDS Supervisors shall regularly check 10% sample data every month.

2.3 **Monitoring:**

- a) The Village Panchayats through Village Health, Sanitation & Nutrition Committee shall be responsible for monitoring the functioning of Health Sub Centres and Anganwadi Centers in the village and conduct regular monthly meetings to review the registration status and provision of health and nutritional services through ASHA and Anganwadi Workers in the village.
- b) In order to ensure effective convergence at the **Block level**, District Magistrates should notify following teams for regular monitoring and improvement of health and nutritional services delivery:-
 - Block Development Officer.
 - CDPO.
 - MO in-charge of CHC/PHC.
- c) All District Magistrates are requested to ensure convergence of NRHM and ICDS programs as indicated above and review the status through the District Health and Family Welfare Society every month.

2.4 **Using MCTS for delivery of Health Service delivery:** MCTS reports on ANM and ASHA wise work-plans shall be generated on a monthly basis from 1st April onwards. The MO I/C shall use the feedback for correcting and updating the MCTS database through the HMIS Assistant. NRHM State Mission shall start sharing reports like enrollment, comparative position of institutions, service delivery etc. for each PHC/Sub centre on a weekly basis. In addition to MCTS, Manual Registers shall have to be maintained by all Health Sub Centers. Village or habitation wise report may be generated from MCTS and may be shared with Village Panchayats on monthly basis for review. The MCTS reports should cover:-

- a) 100% enrolment of mother.
- b) Early detection of pregnancy.
- c) Four timely ANCs and 2 TT doses.
- d) Administering Iron and Folic Acid on time.
- e) Regular checks for Anaemia and BP.

- f) Use of Foetoscope and Haemoglobin-meter.
- g) 100% institutional delivery.
- h) Immediate House Visit for Home deliveries.
- i) Monitoring mother and child after birth.
- j) Routine and Full Immunization of Children.
- k) Monitoring child growth through registers at AWC.
- l) Promotion of family planning, sanitation practices and other IEC.


2.5 **Using MCTS data base in implementation of ICDS:** As the mother and child health care and nutritional services are complementary, MCTS database shall be made available to the CDPOs for covering the ~~target~~ group under ICDS on 100% basis. The existing Nutritional Surveillance System (NSS) being used in Dhalai district and West Tripura district may be extended to all ICDS projects in the State. The list of anaemic mothers, under-nourished and mal-nourished children obtained in the form of report should be handed over to the MPW/ANM by the concerned ICDS Supervisor.

2.6 **Convergence between Health and ICDS:** The formal arrangements for achieving effective convergence between the functionaries and functions of Health and ICDS functionaries shall be as follows:-

- a) Anganwadi Workers and ASHA to share the list of registered mothers and children.
- b) The decision of ASHAs to sit in the nearest AWC may be followed up and AWW & ASHA concerned should visit the pregnant/post natal mother jointly along with maintaining necessary records accordingly.
- c) ICDS Supervisors shall ensure that mothers and children are referred to the HSC and PHCs for receiving ANC, PNC check-ups, immunization etc.

3. All District Magistrates are requested to coordinate above activities at the district level with the help of concerned officers of the Health and Social Welfare & Social Education Departments on regular basis.

4. This issues with the concurrence of Social Welfare & Social Education department.


 (M. Nagaraju)
 Secretary, H&FW
 Govt. of Tripura

To

- 1. All District Magistrate & Collectors
(West Tripura/ Khowai/ Sepahijala/ Gomati
South Tripura/ Unakoti/ North Tripura/ Dhalai)
- 2. District Social Welfare & Social Education Officers,
West/Khowai/Sepahijala/Gomati / South Tripura/ Unakoti/North
Tripura/Dhalai Districts.
- 3. All Chief Medical Officers / District Health Officers.

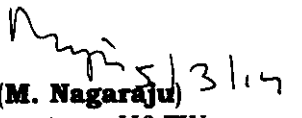
4. All SDMOs/ Medical Officers In-charge of PHCs/CHCs.

Copy for information and necessary action to:-

1. Mission Director, NHM, Govt. of Tripura.
2. Director, Health Services, Govt. of Tripura.
3. Director, Family Welfare & P.M., Govt. of Tripura.
4. Director, SW&SE, Govt. of Tripura.

Copy forwarded for favour of information to:

1. Addl. Chie Secretary to Chief Minister for kind information of Hon'ble Chief Minister.
2. PS to the Minister, H&FW
3. PS to the Minister, SW&SE
4. PS to the Sabhadhipatis (Paschim/Uttar/Dakshin/Dhalai Zilla Parishad)
5. PS to the Chief Secretary, Govt. of Tripura.
6. PS to the Principal Secretary, SW&SE, Govt. of Tripura.


(M. Nagaraju) 5/3/14
Secretary, H&FW
Govt. of Tripura