No.F.3(5-2596)-FWPM/SHFWS/2012

National Rural Health Mission Health & Family Welfare Department Government of Tripura

August 2013

MEMORANDUM

Henceforth and until further order, State Programme Officer, FW&RCH, Government of Tripura shall function as State Nodal Officer for smooth management of "Distribution of Pregnancy Test Kits (PTKs) at Sub-centres & below and their utilization through ASHAs" scheme. The said Nodal Officer would have the overall responsibility for smooth supply up to the ASHA level along with proper utilization of PTKs.

- The function of State Nodal Officer of the aforesaid scheme is as under:-2.
 - Ensuring proper distribution of PTKs (received at the State Level) to districts and in turn to Sub-center and ASHAs.
 - Ensuring 5% of the stock received from GOI is kept as buffer at the State level.
 - Conduct meetings of all districts nodal officers and orient them.
 - Prepare a list of Sub-centres to make a tentative calculation of yearly demand. (iv)
 - Collect and compile monthly usage of PTKs from the districts and report to GOI on (v) quarterly basis as per Format-B (as per enclosed guidelines of MoHFW, GOI).
- 3. This will take immediate effect from the date of issuance of the memorandum.

Enclo: As Stated

(Smt. B. Basfore) Deputy Secretary to the Government of Tripura

The State Programme Officer, FW & RCH Government of Tripura Agartala

Copy for information to:-

- 1. The Director of Health Services, Govt. of Tripura.

- The Director of Family Welfare & PM, Govt. of Tripura.
 The Medical Superintendent, IGM Hospital/ GBP, Agartala.
 The Branch Officer (NRHM) cum State ASHA Nodal Officer, Govt. of Tripura.
- 5. The Medical Superintendent, Unakoti District Hospital, Kailashahar/ Gomati District Hospital, Udaipur/ Kulai District Hospital.
- 6. The Chief Medical Officer, West/Sepahijala/ Khowai/ Gomati/ South Tripura/North / Unakoti / Dhalai.
- 7. The SDMO, Bishalgarh/ Melaghar/ Khowai/ TS SDH /Belonia/ Sabroom/ Amarpur/ Dharmanagar/ RGM SDH /Kanchanpur/ Kamalpur/ Gandacherra/ L.T.Valley.
- 8. The Website Cell, NRHM, Tripura for hoisting in the NRHM Website.

Copy also to:

- 1. PS to the Hon'ble Minister of Health & Family Welfare, Govt. of Tripura.
- 2. PS to the Additional Chief Secretary, H&FW, Govt. of Tripura.
- 3. PA to the Mission Director (NRHM), Govt. of Tripura.

Copy also forwarded to:-

- 1. The District Magistrate & Collector, West/Sepahijala/ Khowai/ Gomati/ South /North / Unakoti/ Dhalai for information.
- 2. Dr. S.K. Sikdar, Deputy Commissioner, Govt. of India, Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi-110108 for information.

Deputy Secretary to the Government of Tripura

DETAILED GUIDELINES & MONITORING MODALITIES FOR THE UTILISATION OF PREGNANCY TESTING KITS (PTKs) AT SUB-CENTERS & BELOW

GENERAL GUIDELINES:

1. Each Sub-center in the country is entitled to receive PTKs based on its projected requirement, but not exceeding 150 kits per year.

 The PTKs would be directly supplied to the State by GOI. The State should put in a mechanism to ensure that necessary steps are taken on priority for further distribution of PTKs to Sub-centers through its own system of logistics management, timely and regularly for ensuring appropriate utilization of kits.

3. The State should ensure that 5% of the total stock of PTKs supplied by GOI is kept as buffer before dispatching to districts. Districts, in turn, should keep 5% of the stock received from the state as buffer and rest may be dispatched to sub-centers.

4. The sub-centers should ensure that 50% of the received stocks of PTKs are distributed equally among the ASHAs attached to the sub-center and replenish their stock strictly on the basis of performance and not on normative basis.

5. The ASHA shall replenish her stock every month from the Sub-center.

6. The PTKs will be a part of ASHA drug kit and are meant to be distributed free of cost to the clients in field by ASHAs.

7. No transport cost for carrying the PTKs is admissible to the ASHA, as the monthly stock requirement per village would be a part of the ASHA drug kit.

ROLES AND RESPONSIBILITIES:

STATE:

- 1. The State would designate a nodal person to manage and monitor the scheme.
- 2. The State would orient the CMOs of all the districts.
- 3. CMOs would further orient MOs as well as other district officials including the ANMs and ASHAs on the details of the scheme.
- 4. Communication material comprising of banners, posters and leaflets etc. available with GoI as well as developed locally should be disseminated at all levels.

MO I/C of PHC, ANM would:

- 1. Ensure all ASHAs collect supply from sub-centre.
- 2. Verify ASHAs' performance on a monthly basis.
- *3. Ensure that the ASHAs are giving correct information to clients regarding the method of use of PTKs and orient them in their monthly meetings.

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ASHA would:

1. Regularly collect stock from Sub-center.

- Inform the clients/ women in reproductive age group in her area regarding availability of PTK.
- 3. Inform the potential clients (women in reproductive age group) regarding advantages of early detection of pregnancy with PTK.
- 4. Deliver PTK to the client as per perceived need and tell her the correct method of usage (Refer Annexure II).
- 5. Help in interpretation of result, if required.
- 6. Refer the woman for appropriate care as the need may be:
 - If test is "Positive"
 - Woman wants to continue pregnancy- Refer the client for ANC registration and check-ups
 - Woman wants to terminate pregnancy- Refer to a service provider for safe
 abortion services
 - If test is "Negative"
 - Woman does not want to get pregnant- Counsel on family planning methods, Provide OCPs / Condoms, "OR" refer to health facility for other methods like IUCD, sterilization
 - Woman wants to get pregnant- Refer to a service provider (Screening for RTI/STI or treatment for infertility, as the case may be)
- 7. The ASHA would report monthly progress to Sub-center in the following format (Format-A):

Format A: Reporting by ASHA

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MONITORING MECHANISM:

The supply and utilization of PTKs will be monitored closely at the SHC, PHC, district and state levels.

State Nodal Officer:

State nodal officer for family welfare would have the overall responsibility for smooth supply up to the ASHA level along with proper utilization of PTKs. He/ She would be responsible for the following tasks:

- 1. Ensuring proper distribution of PTKs (received at the State level) to districts and in turn to Sub-center and ASHAs
- 2. Ensuring 5% of the stock received from GOI is kept as buffer at the state level.
- 3. Designate a nodal person in each district for monitoring of the Scheme.
- 4. Conduct a meeting of all districts nodal officers and orient them.
- 5. Prepare a list of Sub-centers and make a tentative calculation of yearly demand.
- 6. Collect and compile monthly usage of PTKs from the districts and send a Quarterly Report to Gol, as per the attached format (Format-B).

Format B: Utilization Report of PTKs (Sta	ate to Gol)
State:	
Quarter:	
Opening Stock Stock Through	Balance Remarks
Through Sub-	available Kemaro
balance Received Center ASHA	

District Nodal Officer:

- 1. Orient all the MOs, ANMs and ASHAs regarding the utilisation of PTKs.
- 2. Help in calculating the projected requirement for PTKs in a given financial year (well within 150 kits per sub-centre and maintaining required buffer stocks)
- 3. Ensure timely supply of PTKs to Sub-centers and ASHAs
- 4. Monitor the usage of PTKs through a format prepared for Block offices
- 5. Send the monthly report to the State as per the Format-B.

MO 1/C (Block PHC):

- 1. MO I/C (Block PHC.) would provide supportive supervision to ASHAs and ensure that the PTKs are being used correctly.
- 2. He/she would keep a record (monthly) in prescribed format (Format-C) which would provide information, such as stock received, stock distributed, number of ASHAs received stock etc.

Format C: Utilization Report of PTKs - Sub-center wise (Block to District)

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3. This report must be sent to the districts every month, which in turn would compile entire districts' data and send to State.

ANM (at Sub-center level):

- 1. ANM at the sub-center would be responsible for distribution of PTKs to the ASHAs.
- 2. ANM would keep a register in place which would have records of individual ASHA-wise distribution of PTKs and utilization
- 3. Additionally ANM would also maintain record of total supply received at the Sub-center ____ and its utilization; see format (Format-D) below:

	Format D:	Distribution of Stock to ASH	IA and Utilization	n at Sub-cente	r and through /	ASHA
Sub	- Centre					
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2						
3						
4						

Pregnancy Testing Kit (PTK)

What is Pregnancy Test Kit (PTK)?

- A simple to use five-minute procedure, which a woman can use for early detection of pregnancy.
- It is available with all ASHAs.
- It is given free of cost to the clients.

2. When to use the PTK?

It should be used one week after the missed period.

3. How to use the PTK?

- Check expiry date before using the kit
- Step-1: Perform the test preferably with first morning urine
- Step-2: Collect urine in a clean and dry glass or plastic container
- Step-3: Take out the PTK and place it on a flat surface, just before performing the test
- Step-4: Using the dropper provided with the kit, put two drops of urine in the circular well marked "5", the sample well. Do not spill the urine on the rectangular reading strip marked "C" (Control Area) and "T" (Test Area).
- Step-5: Wait for five minutes then read the results.

4. How to interpret the result?

Re	Interpretation	
Two purple lines are appearing in the regions marked "C" and "T"	CTS	 Test is "Positive" The woman is pregnant
Only one purple line is appearing in the region marked "C"	C T S	Test is "Negative"The woman is not pregnant
No lines appear in the result window	C T S	 Test is "Invalid" Rerform the test next morning using a fresh kit

5. What to do next?

- If test is "Positive"
 - Woman wants to continue pregnancy- Refer the client for ANC registration and check-ups
 - ii. Woman wants to terminate pregnancy- Refer to a service provider for safe abortion services
- If test is "Negative"
 - i. Woman does not want to get pregnant- Counsel on family planning methods, Provide OCPs / Condoms, "OR" refer to health facility for other methods like IUCD, sterilization
 - ii. Woman wants to get pregnant- Refer to a service provider (Screening for RTI/STI or treatment for infertility, as the case may be)

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