GOVERNMENT OF ANDHRA PRADESH
A B S T R A C T

Convergence to improve Health and Nutrition Status of Women and Children - Interdepartmental Coordination for Effective Convergence – Maarpu Programme – Operational Guidelines – Issued.

HEALTH, MEDICAL & FAMILY WELFARE (D2) DEPARTMENT

G.O.Ms.No.57. **Dated:30-04-2013.**

Read

G.O.Rt.No.249, HM&FW (D2) Dept., dt.24-9-2012.

* * *

ORDER:

In the G.O. read above, Government, recognizing the urgent need to adopt strategies to improve the pace of decline of MMR, IMR and malnutrition in Andhra Pradesh, issued orders to operationalize "Maarpu" for improved service delivery and behavioral change through convergence across departments and active engagement of the community to effect behavioral change.

2. The implementation of "Maarpu" in the past few months has given valuable insights into the key problems as well as innovative strategies and solutions, which need to be formulated into operational guidelines.

3. The Government, after careful examination of the matter hereby issue operational guidelines for "Maarpu". The operational guidelines for "Maarpu" are appended to this order.

4. The Women, Children, Disabled and Senior Citizens, Panchayat Raj, Rural Development & Rural Water Supply Departments and Commissioner, Health and Family Welfare shall take action to implement "Maarpu" in accordance with these guidelines.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

MINNIE MATHEW
CHIEF SECRETARY TO GOVERNMENT

To
The Commissioner, Health & Family Welfare, A.P. Hyderabad
The Mission Director, NRHM, A.P. Hyderabad
The WCD&SC Dept., A.P. Secretariat
The PR & RD Dept., A.P. Secretariat
The RWS Dept., A.P. Secretariat
The Rural Development Dept., A.P. Secretariat
The Tribal welfare Dept., A.P. Secretariat
All HODs under the control of HM&FW Dept.,

(p.t.o)

All the District Collectors & Magistrates
The CEO – SERP, Hyderabad
The Commr, PR, Hyderabad
The Director, Women Development and Child Welfare, Hyderabad
The Commissioner, Rural Development, Hyderabad
The Commissioner, Tribal welfare, Hyderabad
The Chief Engineer, RWS, Hyderabad
All DM&HOs in the state
All Regional Directors of Medical and Health Services in the State
All Regional Directors, WD&CW Agency
All Project Directors, WD&CW Agency
All RDO's / Sub Collectors

Copy to:-

P.S. to Prl. Secretary to C.M.
P.S. to Chief Secretary to Govt.
P.S. to Minister for IKP, Pensions & SHGs & WCD&SC
P.S. to P.S. to Minister for Medical Education, APVVP & Hospital Services, Health, Family Welfare, Arogyasree, Health Insurance, 104, 108 and Medical Infrastructure
P.S. to Minister for Rural Development, NREGS
P.S. to Minister for Panchayat Raj & Rural Water Supply

// FORWARDED :: BY ORDER //

SECTION OFFICER

Operational Guidelines for Maarpu

Part I

Introduction

MAARPU (change) signifies the convergence efforts by the Health, Women's Development & Child Welfare, Panchayati Raj and Rural Development Departments, working along with the Self Help Groups (SHGs) and their federations, to bring about a quick decline in the Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR) and Malnutrition in the State of Andhra Pradesh.

Maarpu is expected to result in the following outcomes by the end of the 12th Plan:

Indicator	Current		State Targets		
	India	Andhra Pradesh	2013-14	2014-15	Target for 12th Plan
Maternal Health					
MMR (SRS 07-09)	212	134	87	80	61
Child Health					
U5MR (SRS 2011)	55	45	36	33	27
IMR (SRS 2011)	44	43	36	33	25
NMR (SRS 2011)	31	28	22	20	15

These goals are ambitious and might be difficult to attain through the efforts of any one Department or even the efforts by multiple Departments if such efforts remain fragmented.

The Government issued orders vide G.O.Ms.No.249 dated 24th Sept 2012 launching the Maarpu programme to acknowledge the challenges, define the goals and lay out a plan of action to accelerate reduction in MMR, IMR and Malnutrition in AP.

The eight components of Maarpu are as follows:

1. Focus on 20 key interventions to reduce MMR, IMR & Malnutrition.
2. Convergence in Service Delivery at the habitation level.
3. Convergent Behavioural Change Communication (BCC).
4. Monitoring of the 20 key interventions.
5. Participation of SHGs & Village Organisations (VOs).
6. Use of Maternal and Child Protection (MCP) card.
7. Synchronization.
8. Administrative Structures for convergence.

Led directly by the District Collector in each district, Maarpu takes shape through a combination of improved service delivery, convergence across departments, community-led demand stimulation and behavioural change. The concerned departments are expected to ensure universal availability of quality services and to improve the design of their respective programmes, while active community participation anchored in meetings of the village level convergence committees helps in the identification of service delivery gaps for timely corrective action. District Collectors and their multi-disciplinary teams have already done commendable work in the last six months. The implementation of Maarpu has given valuable insights into key problems and bottlenecks as well as innovative strategies and solutions.

The Operational Guidelines for Maarpu draw upon the experience over the past few months and incorporate some of these innovations and best practices. It is hoped that these guidelines will lend renewed vigour to Maarpu and will strengthen AP's quest to achieve and surpass the Millenium Development Goals.

Part II

Functioning of Convergence Committees

Committees are set up, as per G.O.Ms.No. 249, HM&FW(D2) dated 24th Sept 2012 (hereinafter referred to as the Maarpu GO), at various levels for monitoring and implementing the convergence efforts. Having regular meetings of these committees once in a month is crucial for achieving the outcomes of Maarpu. These committees will review the progress of key interventions, behavioural change in the community and service delivery for health care and nutrition. The committees can invite NGOs and experts to their meetings and will establish appropriate monitoring mechanisms.

Village Level Convergence Committee

The Village Level Convergence Committee (VLCC) may invite the Panchayat Secretary and Village Revenue Officer (VRO) for their meetings. This committee is headed by the Sarpanch. If there is no elected Sarpanch, the Panchayat Secretary will act as the Chairperson. There needs to be only one VLCC for each Gram Panchayat, and one of the V.O. chairpersons (mutually agreed upon) will be its member-convener.

The members of the VLCC are as follows:

• Sarpanch	Chairperson
• Panchayat Secretary	Special Invitee
• VRO	Special Invitee
• SC/ST Women Ward Members	Members
• Women MPTC/ZPTC/MPP President living in the village	Members
• President of Village Education Committee	Member
• ANM	Member
• AWWs	Member
• ASHAs	Member
• VO Chairperson	Member-Convener

The Committee meeting will be held preferably on every 2nd Tuesday of the month or on 4th Tuesday to enable the ANMs to attend the VLCC meetings.

Agenda of the VLCC meeting:

The agenda for the VLCC meeting will be as follows:

1. Action Taken Report of previous meeting.
2. Review of Health and Nutrition Services availed by women and children with a focus on registration of all ANCs, ensuring full ANC check-ups and services, tackling anemia among pregnant women, follow-up of each high risk case, birth plans for deliveries due, children born with low birth weight, full immunization of children, follow up of children with Severe Acute Malnourishment (SAM) and underweight children, maternal or infant death, if any.
3. Plan to ensure that services that are due or overdue get delivered fully.
4. Review of Nutrition & Health Days (NHDs 1 and 2), Fixed Day Health Services (FDHS) and home visits by ASHAs, Anganwadi Workers and ANM, along with members of VLCC, VOs and SHGs.
5. Discussion on the Health and Nutrition behaviour of the community with focus on preventing child marriage and gender-selective abortions, encouraging deliveries in government institutions and spreading awareness about JSSK benefits, opting for normal delivery and avoiding unnecessary C-Sections, early initiation of breast feeding, exclusive breast feeding for 6 months and complementary feeding from 6 months to 3 years.
6. Discussion on social and other issues like gender sensitization, etc.
7. Action plan for the next month.

Roles and Responsibilities of Village Level Functionaries:

<u>ASHA</u>

- Visit all households and sensitize pregnant women and their family members
- Should prepare the list of beneficiaries for ANC, immunization etc. Efforts should be made to bring the people who are missed in previous meetings.
- Special attention in mobilising SAM children along with their mother and father

<u>AWW</u>

- AWWs will display information about the day fixed for the VLCC at the Gram Panchayat building, AWC etc.
- Prepare the list of beneficiaries for ANC, immunization and other health services.

- Provide supplementary nutrition to the pregnant and lactating women and children aged 6 months to 6 years.
- Counsel pregnant women, mothers, adolescent girls on health and nutrition.
- Monitor growth and make a list of under-nourished and SAM children.
- Prepare the MAARPU report in Format 6.

MPHA(F)(ANM)

- Shall update the field register.
- Shall keep adequate number of Maternal and Child Protection(MCP) cards and issue them to all the pregnant women registered for ANC.
- Counsel mothers & family members, especially husbands, about care to be taken during pregnancy.
- Inform families about EDD, birth planning, referral services, PNC care etc.
- Make a list of high risk pregnancies.
- Emphasize the importance of immunization and child health care.
- Provide health education to adolescent girls.
- Ensure display of IEC/BCC material.
- Prepare the MAARPU reports in Formats 2 to 5.

PRI

- Gram Panchayat is responsible for:
    - Chlorination of water sources and cleaning of overhead tanks once in 15 days.
    - Fixing pipeline leakages and closure of pit taps etc.
    - Solid and liquid waste management.
    - Cleaning of street drainages.
    - Encourage use of sanitary latrines.
    - The PRIs shall support ASHA and AWW in mobilising the parents of malnourished children, and the husband of each pregnant woman.
- The Panchayat Secretary may prepare the Maarpu report in Format 7.

Monitoring Formats for the VLCC meeting:

The VLCC will review the issues of health and nutrition services and behavioural change, as per the Monitoring and Reporting Format 1. For facilitating this review, information will be provided by the ANM in Formats 2 to 5 pertaining to Maternal Health, Child Health, Sick children and mortality, if any; by the Anganwadi Worker in Format 6; by the Panchayat Secretary in Format 7; and by the Village Organisation in Format 8. The ANM may obtain print-outs from MCTS or use her Field Register to provide the information listed in Formats 2 and 3 and need not prepare the Formats separately.

Based on the VLCC review, a report in Format 1 will be submitted by the ANM to the Medical Officer of the PHC.

PHC Level Meetings to Review Service Delivery

In order to review service delivery, take stock of services due to be delivered, the cases identified for follow-up and issues arisen at the VLCC meetings, it is necessary for the PHC Medical Officer(s) to conduct a detailed review at the PHC level each month. The primary purpose of the meeting would be to focus on gaps in service delivery, plan follow-up action and assign tasks to the supervisory staff for effective follow-up. The PHC level meetings can be held preferably on the ASHA day (1st Tuesday of the month). The following functionaries can participate in these meetings:

Participants at the PHC Level Meetings to Review Service Delivery:

i.	SPHO	Chairperson
ii.	CDPO	Vice Chairperson
iii.	Medical Officer (s)	Vice Chairperson
iv.	Supervisors (ICDS)	Member
v.	CHO/ MPHEO/ PHN /MPHS(M&F)	Member
vi.	AE, RWS	Member
vii.	AE, PR	Member
viii.	APM, IKP	Member
ix.	MPHA (F) (ANM)	Member
x.	ASHA	Member
xi.	AWW	Member

Agenda for the PHC level meeting:

The agenda for the meeting will be as follows:

1. Review the conduct of VLCC meetings, and plan for conduct of meetings wherever these could not be conducted.
2. Review the registration of ANCs, issue of MCP cards, ANCs conducted, cases of Severe and Moderate Anemia, regular provision of IFA tablets, in-migration and out-migration of ANCs, deliveries due and birth plans.
3. Review of high risk cases, referral and follow-up action in each case.
4. Review of safe deliveries - institutional, public health institutions, private institutions, normal/C-Section, early initiation of breast feeding, zero dose immunization and 48-hour stay at institution after the delivery and preparation of plan for increasing deliveries in public health institutions.
5. Review of post-natal care, newborn care, immunization and exclusive breast feeding and care of sick children.
6. Review the girl-boy ratio at birth, analyse the trend and geographical spread and plan strict implementation of PC&PNDT Act along with an awareness campaign.
7. Review the comprehensiveness and correctness of data entry into MCTS and HMIS, identify Sub-Centres, villages and habitations where supervisory visits and corrective action are required to be taken.
8. Review of receipt of food / take home rations, identification of SAM and underweight children.
9. Review of conduct of NHD1, NHD2 and home visits by ANMs, AWWs & ASHAs and gaps between FDHS clinics planned and conducted, and number conducted with Medical Officer.
10. Review and assess the impact of the BCC activities.
11. Identify high risk habitations in terms of water borne diseases, vector borne diseases, infectious diseases like TB, NCDs etc., and plan for necessary action.
12. Review of Maternal or infant death, if any.

Monitoring and Reporting Format:

The PHC level Monitoring and Reporting Formats may be seen in Part V (Format 9 and 10).

Cluster Level Convergence Committee (CLCC)

This is constituted in each Community Health and Nutrition Cluster. The composition of the CLCC is as follows:

i.	Cluster Convergence Officer(nominated by District Collector)	Chairperson
ii.	Superintendent of Area Hospital /CHC	Member
iii.	Medical Officers of PHCs in the Cluster	Member
iv.	Supervisors (ICDS)	Member
v.	Cluster Coordinators / APM (SERP)	Member
vi.	Reps of Mandal Mahila Samakhyas	Member
vii.	SPHO	Member Convener
viii.	CDPO	Member Co-convener
ix.	Area Coordinator, IKP	Member Co-convener

Agenda for CLCC Meeting:

1. Action Taken Report on decisions taken in the previous meeting.
2. Review whether VLCC and PHC level meetings, NHDs, FDHS and home visits were held as scheduled.
3. Review the status of delivery of Health and Nutrition Services, performance of PHCs, Sub-Centres and Anganwadis on key parameters such as full registration of ANCs, ANC check-ups by Medical Officers, tackling anemia among pregnant women, referral and follow-up of each high risk case in the CHC/Area Hospital/other referral hospitals, birth plans for deliveries due, girl-boy ratio at birth, full immunization of children, follow up of children with Severe Acute Malnourishment (SAM) and underweight children, maternal or infant death, if any.
4. Review the Health and Nutrition behaviour of the community, especially child marriage and gender-selective abortions, measures to improve percentage of deliveries in government institutions, promote normal delivery and avoid unnecessary C-Sections, early initiation of breast feeding, exclusive breast feeding for 6 months and complementary feeding from 6 months to 3 years.
5. Review of Fixed Day Health Services (FDHS) clinics planned and conducted, clinics conducted with Medical Officers, Nutrition & Health Days (NHDs 1 and 2), and home visits by ASHAs, Anganwadi Workers and ANM, along with members of VLCC, VOs and SHGs.

6. Identify PHCs, Sub-Centres, Villages and habitations where there are bottlenecks or pockets of high risk or other areas of concern, plan supportive supervision visits and other measures to tackle these problems.
7. Bring to the notice of District Collector, DM&HO and DCHS any issues or persistent problems that require their intervention.

Monitoring and Reporting Format:

The CLCC will consolidate the Format 9 reports on Service Delivery, for all the PHCs in the Cluster. In addition, the CLCC should review the reports of PHCs in Format 10, add further actions to be taken by the concerned Departments at the Cluster level and submit the report in Format 10 to the DLCC.

<u>District Level Convergence Committee</u>

The District Level Convergence Committee consists of the following members:

i.	District Collector	Chairperson
ii.	Joint Collector	Member
iii.	Cluster Convergence Officers (nom. by District Collector)	Member
iv.	DCHS	Member
v.	Project Officer(RVM)	Member
vi.	CEO(ZP)	Member
vii.	Superintendent Engineer(PR)	Member
viii.	Superintendent Engineer(RWS)	Member
ix.	Representatives of Zilla Mahila Samakhyas	Members
x.	DM&HO	Member-Convener
xi.	Project Director (ICDS)	Member-Co-convener

Suggested Agenda for DLCC meeting

1. Action Taken Report of previous meeting.
2. Review whether VLCC and PHC level and CLCC meetings, NHDs, FDHS clinics and home visits were held as scheduled, and their effectiveness.
3. Review the status of delivery of Health and Nutrition Services with due reference to MCTS, performance of Clusters and PHCs on key parameters such as full registration of ANCs, ANC check-ups by Medical Officers, tackling anemia among pregnant women, referral and follow-up of each high risk case, birth plans for deliveries due, early initiation of breast feeding, exclusive breast

feeding for 6 months and complementary feeding from 6 months to 3 years, full immunization of children, follow up of children with Severe Acute Malnourishment (SAM) and underweight children.

4. Review the status of availability and delivery of services by referral hospitals at various levels, the functioning of SNCUs, NRCs, NBSUs, and CEMONC centres, and especially the follow-up, treatment and further plans in respect of high risk cases, sick newborn children and SAM children.
5. Review the performance of public health institutions vis-à-vis private institutions, adequacy and quality of care provided by all institutions, promotion of normal deliveries and avoiding unnecessary C-Sections,
6. Review the Health and Nutrition behaviour of the community, especially child marriage and gender-selective abortions, measures to improve the percentage of deliveries in government institutions, promote normal delivery and avoid unnecessary C-Sections, appropriate reviews and corrective action in case of any maternal or infant deaths.
7. Review of 104 FDHS and 108 services.
8. Review of infrastructure, HR and other bottlenecks and initiation of suitable corrective measures.

Monitoring and Reporting Format:

The District level Convergence Committee may leverage the following for reviewing the progress and outcomes of Maarpu.

1. Cluster and PHC-wise analysis of MCTS data.
2. Cluster and PHC-wise reports in Format 9.
3. Cluster and PHC-wise report in Format 10.

The District level Convergence Committee may consolidate the reports in Formats 9 and 10, and add district-specific issues, strategies and initiatives for submission to the State level Convergence Committee.

Performance Monitoring

It is expected that the implementation of Maarpu will give an impetus to joint planning, implementation and supportive supervision. Close involvement of the SHGs and community-led effort to effect behavioural change will, at the same time, stimulate the demand for health and nutrition services.

The initiatives and efforts of various Government functionaries and contributions from the SHGs, VOs and the community will be recognized and rewarded. Similarly, the Gram Panchayats and habitations which show significant improvement in health and nutrition parameters will also be recognized.

Part III

Convergent Behavioural Change Communication (BCC)

The Maarpu GO recognizes that in addition to strengthening health care and nutrition services, it is also necessary to bring about behavioral change in the community. This will lead to a shift from a programme driven mode of service delivery to a demand driven mode and will also enable tackling of critical issues like age at marriage, early registration of pregnancy, high anemia levels, early initiation of breast feeding, newborn care etc.

Objectives of Behavioral Change Communication (BCC)

a) Create public awareness regarding vulnerabilities of children, women and families.

b) Inform the target group about the availability of Nutrition & Health Services.

c) Identify and promote specific desirable behavior.

d) Promote social mobilization and voluntary action.

Action Plan for BCC

The District Collectors will prepare and implement annual action plans to achieve the objectives of behavioral change in the community. The action plan will include inter-alia the following:

(i) Weeklong IEC campaign called “Mahila Shishu Chaitanyam” to be held at least twice in a year. The Nodal Department for conducting these campaigns will be the Women Development and Child Welfare Department.

(ii) Counseling during NHDs which will be anchored by the AWWs and supported by ANM, ASHA, SHGs, VOs and VLCC members.

(iii) Counseling during home visits to be carried out by AWWS/ASHA/ANMs/SHGs/VOs.

(iv) Awareness and training programmes for SHGs and VOs on Health and Nutrition. SERP will be the nodal department for conducting these programmes.

"Mahila Shishu Chaitanyam"

Mahila Shishu Chaitanyam campaigns will be organized at Village level, Mandal level and District level. At the village Level, the campaign will be for three days, while at the Mandal and District level the campaign will be for one day each.

Each campaign will have a theme and will focus on specific target groups in order to achieve the desired behavioural change outcomes. Resource persons will be identified from among the Health and ICDS functionaries, SHG members, teachers, training instructors and NGOs.

Village Level Campaign:

Day 1: Awareness about Maternal and Infant Nutrition, Healthy Diet, Supplementation in Maternal and Infant Nutrition, IYCF Practices, Health Check-ups and Immunization, Importance of Institutional Deliveries, benefits of JSSK and encouragement for going in for deliveries in Public Health Institutions.

Target Group: Pregnant and Lactating Women, Mothers and Mothers-in-Law and Family Members.

Day 2: Awareness about Social Issues, Age at Marriage, Trafficking, Importance of Education and Vocational Training, Health and Nutrition Education and Lifecycle Approach for adolescent girls.

Target Group: Adolescent Girls and Mothers.

Day 3: Gender sensitization and Social Issues, Age at Marriage, implementation of PC & PNDT Act, Adverse Child Sex Ratio, Opting for Normal Deliveries and Avoiding Unnecessary C-Sections, Infant and Young Child Feeding (IYCF) practices, Girl Child Education, Trafficking and Domestic Violence, the importance of Maternal and Child Health care and healthy nutritious diet.

Target Group: Parents, Community Elders, Leaders, Public representatives, Teachers, Youth Organizations, Retired Govt. Officials residing in the Village and General Public.

Mandal Level:

One day sensitization on Health and Nutrition concerns of Women and Children and social concerns - Age at Marriage, High Levels of Anemia among Women and Implementation of PC & PNDT Act, Adverse Child Sex Ratio, Opting for Normal Deliveries and Avoiding Unnecessary C-Sections, Infant and Young Child Feeding (IYCF) practices, Girl Child Education, Nutritious Diet for Adolescent Girls, Trafficking and Domestic Violence, Atrocities against Women & Children.

Target Group: Village Elders, Religious Heads, Govt.Officials working in the Mandal – Health, Revenue, Education, Registration, Police, Water, Sanitation, Panchayat Raj & Rural Development Departments, Selected School Teachers, Public Representatives, Youth Organizations and NGOs.

District Level:

One day sensitization on Health and Nutrition of Women and Children and social concerns - Age at Marriage, implementation of PC & PNDT Act, Sex Ratio, Girl Child Education, Trafficking and Domestic Violence, Atrocities against Women & Children.

Target Group: Religious Heads, Judiciary, District Officials of Revenue, Education, Water & Sanitation, Panchayat Raj & Rural Development, Municipal, Registration, Police Departments, Selected College Lecturers, Universities, Public Representatives, Youth Organizations, NGOs.

During the campaigns demonstrations, kalajathas, exhibitions, skits, rallies, competitions etc., shall be organized.

Conduct of Awareness and Training Programmes for SHGs and VOs

SERP will be the Nodal Department for preparing and implementing annual action plan for awareness creation and training the SHGs and VOs. It will be ensured that the Health and Nutrition Committees are formed at Village, Mandal and District level and that these Committees are made functional and strengthened.

Trainings will be imparted to all the key functionaries including the VO Chairpersons, members of the Health Sub-Committees at all levels, cluster coordinators, APMs etc.

The training among other things will be with regard to the preparation of Village Health and Nutrition Plan, conduct of meetings of Village Level Convergence Committees, mobilization of user groups, facilitating IEC campaign and ensuring quality in service delivery.

The action plan for awareness creation may include identification of around 3 Community Resource Persons (CRPs) for each Mandal. The CRPs will be trained and will be given the responsibility to conduct training programmes as well as help create awareness among the SHG members and the community at the habitation level.

The objective of such an action plan will be to achieve behavioural change in the following areas:

1. Age at marriage.
2. Early registration of pregnancy.
3. Promoting the use of MCP card
4. To avail two ANCs by Medical Officer.
5. Recommended dietary habits for pregnant & lactating women.
6. Institutional deliveries and 48 hours stay in hospital.
7. Newborn care including prevention of hypothermia.
8. Early initiation of breast-feeding.
9. Immunization
10. Growth monitoring
11. Complementary feeding.
12. Community actions on anemia
13. Personal Hygiene & Sanitation
14. Eliminate gender selection.
15. Active participation of community in NHDs, FDHS and Referrals.

Preparation of Village Health and Nutrition Plan

The VO Chairperson (mutually agreed upon to be the member- convener of VLCC) will be responsible for preparation of the Annual Village Health and Nutrition plan. Such a plan will be prepared by June of each year for each Gram Panchayat and placed before the VLCC. SERP will play a lead role in ensuring that such plan are prepared annually.

Part IV

Convergence in Service Delivery at the Habitation Level

Health and Nutrition Services at the habitation level need to be converged and strengthened .This is sought to be achieved by conducting two Nutrition and Health Days (NHDs) at the Anganwadi Centre (AWC) each month, conducting Fixed Day Health Service (FDHS) at the sub -centre once in a month where the Medical Officer (MO) of the PHC will be present whenever feasible, and by prioritized home visits by the field functionaries. While the NHD-1 will focus on growth monitoring, the NHD-2 will focus on ANCs and immunization.

Conduct of NHD-1

The following services will be provided during NHD-1 by AWW, ASHA, members of VLCC, SHGs & VOs.

1. Growth Monitoring of children.
2. Issue of Take Home Ration (THR) to beneficiaries.
3. Counseling of mothers / family Members by AWW with the support of ASHA, members of VLCC, SHGs & VO.

NHD 1 will be organized in the following manner:

1. NHD-1 will be conducted at AWCs on first of every month.
2. Services will be delivered from 9.00 am to 4.00 pm
3. The information regarding NHD-1 will be displayed by AWW at AWC and the Panchayat office.
4. The Supervisors of ICDS and Health Dept. shall supervise the session from 9.00am to 4.00pm.

Conduct of NHD-2

The following services will be provided during NHD-1 by ANM, AWW, ASHA, members of VLCC, SHGs & VOs.

1. ANC services
2. Weighing of Pregnant Mothers
3. Immunization services
4. Growth monitoring for children who come for vaccination.
5. Counseling services

NHD 1 will be organized in the following manner:

1. NHD-2 will be conducted at AWCs.
2. It shall be conducted on Wednesdays if the AWC is in a village where the Health Sub-centre is located and on Saturday if the AWC is in a village where a Health Sub-centre does not exist.
3. All missed out and dropout pregnant women and children due for immunization can avail services at Subcentre on the 4th Wednesday of the month.
4. Services would be delivered from 9.00 am to 4.00 pm on the fixed day
5. The information regarding NHD-2 will be displayed by the AWW at AWC and Panchayat Office.
6. The supervisors from both Health and ICDS shall supervise the session from 9.00 am to 4.00 pm using monitoring checklist as per the monitoring plan developed jointly by ICDS and health for the month (to avoid supervisors from both the departments attending the same NHD).

Part V

Monitoring and Reporting Formats

Format No.1: Village Level Convergence Committee Meeting

Mandal:_____ Gram Panchayat:_____ Date:_____

PHC:_____ SubCentre:_____ Name of ANM:_____

Name(s) of ASHAs & AWWs:

Names of the participants:

1. Health & Nutrition Services i. List of ANCs yet to be registered ii. List of ANCs for whom services are overdue iii. List of ANCs with anemia iv. List of high risk cases v. Follow up plan for high risk cases vi. List of deliveries due vii. Birth plans for deliveries due viii. List of newborns ix. List of children born with low birth weight (less than 2.5 Kg) x. List of children who have missed any immunization xi. List of infants, less than one year, with ARI/diarrhea/any other illness xii. List of children less than 5 years, who are ill, if any xiii. List of SAM and underweight children xiv. Follow up action for SAM & underweight children xv. No. of pregnant / lactating mothers not taking food/ration at AWC xvi. No. of children (6 months to 3 years) not given ration from AWC xvii. No. of children (0 to 3 years) not weighed at AWC xviii. NHD1, NHD2, FDHS Clinic planned/ conducted xix. Home visits planned/ made xx. Maternal or infant death, if any	

2. Discussion on Health & Nutrition Behaviour i. Marriages (less than 18 years) ii. Elimination of gender-selective abortions and PCPNDT Act iii. Encouraging deliveries in PHC/Govt hospitals & benefits under JSSK iv. Avoiding unnecessary C-Sections v. Nutrition requirements of pregnant and lactating mothers, children & adolescent girls vi. Early initiation of breast feeding (within 1 hour of birth) vii. Exclusive breast feeding for 6 months viii. Appropriate complementary feeding (6 months to 3 years) ix. Community action for underweight and SAM children x. Drinking water & sanitation	
3. Discussion on Social Issues	
4. Plan for further action	

Format No.2 : Village level Maternal Health (by ANM)

Mandal: _____Gram Panchayat:_____Date:_____

PHC:_____Sub Centre:_____Name of ANM:_____

Sl. No.	Mother ID	Mother Name	Address	Phone number	LMP Date	Issue of MCP card	Month of Pregnancy
1	2	3	4	5	6	7	8

No of ANC Check ups	No of ANC checkups by the PHC MOs	HB Test	BP Measur ement	Urine Testing	Weight monitoring	TT injection	High Risk pregnancy (if Yes type of High Risk)
9	10	11	12	13	14	15	16

Expected Delivery Date	Birth Planning	Use of 108 services	Date of Delivery	Instituti -onal Delivery (Public/ Private)	Outcome of Delivery (Norma/ Ceaserian)	Early Initiation of Breast feeding	PNC Checkups
17	18	19	20	21	22	23	24

Format No.3: Village Level Child Health (by ANM)

Mandal: _____Gram Panchayat:_____Date:_____

PHC:_____Sub Centre:_____Name of ANM:_____

:

Sl. No	Child ID	Name of the Child	Mother Name (w/o Husband Name)	Address	Date of Birth
1	2	3	4	5	6
Immunization given					
0 Dose	1st Dose	2nd Dose	3rd Dose	Measles & Vit-A	Booster Doses
7	8	9	10	11	12
Immunization due					
0 Dose	1st Dose	2nd Dose	3rd Dose	Measles & Vit-A	Booster Doses
13	14	15	16	17	18

Format No.4: Village level Illness among Children below 5 years (by ANM)

Mandal: _____ Gram Panchayat: _____ Date: _____

PHC: _____ Sub Centre: _____ Name of ANM: _____

Sl. No	Illness	Names of details of children affected	Remedial measures taken	Details of referrals, if any	Remarks
1	ARI				
2	Diarrhea				
3	Malaria				
4	Tuberculosis				
5	Other illnesses				

Format No.5: Village level Mortality (by ANM)

Mandal: _____ Gram Panchayat: _____ Date: _____

PHC: _____ Sub Centre: _____ Name of ANM: _____

Sl. No	Mortality details	Name-wise list	Date & Place of death	Whether reported to higher officials	Remarks
1	Maternal Deaths				
2	Infant Deaths				

Format No.6: Village level Nutrition (by AWW)

Mandal: _____Gram Panchayat:_____Date:_____

PHC:_____Sub Centre:_____Name of AWW:_____

Indicator	Target (Description)	Achievement (Description)	Target (Number)	Achievement (Number)
Maternal Nutrition	Total no. of pregnant woman registered	Total no. of pregnant women given food/ration		
		Total no. of pregnant women given IFA tablets		
		Total no. of pregnant women counseled for PC&PNDT Act		
Early initiation of Breast Feeding within 1 hr	Total deliveries in the area	Number that initiated breast feeding within 1 hour of birth		
Child Nutrition	Total no of six month old infants in the area	No. of children exclusively breast fed for six months		
	Total no of children aged between 6 to 36 months	No. of children aged between 6 to 36 months fed with age appropriate complimentary feeds		
		No. of children aged between 6 to 36 months given ration		
Growth Monitoring	Total no. of children under five yrs in the area	No. of children weighed regularly		
	No of severe underweight children	No. of children receiving double ration		
NHD	NHD-1 planned	No of NHD-1 held in the month	**Yes/No**	**Yes/No**
	NHD-2 planned	No of NHD-2 held in the month	**Yes/No**	**Yes/No**
FDHS	FDHS Clinic planned	FDHS Clinic conducted Clinic is conducted by Medical Officer?	**Yes/No**	**Yes/No** **Yes/No**
Early Marriages	No of marriages below 18 yrs of age	Number counseled for preparedness/ delay in pregnancy		
Anemia	No.of Adolescent girls in the area	Number identified with Anemia		
		Number given IFA Therapy		

Format No.7: Village level Drinking Water & Sanitation (by RWS)

Mandal: _____Gram Panchayat:_____Date:_____

PHC:_____Sub Centre:_____Name of Panchayat Secy:_____

Indicator	**Target (Description)**	**Achievement (Description)**	**Target (Number)**	**Achievement (Number)**
1.OHR Tanks	No of OHR tanks in the area	No cleaned fortnightly		
2.Bore wells	No of bore wells in the area	No of Bore wells working		
3.Chlorination of wells	No of wells in the area	No chlorinated daily		
4.Leakages of pipelines and gate valves	No of identified	No corrected		
5.Desilting of drains	No of drains in the area	No desilted		
6.Water sample collection	No of samples to be collected	No of samples collected		
7.Bleaching powder stock	No of bags to be available	No of bags available		
8.ISL	No of ISL to be constructed	No of ISL constructed		
9.Sanitation action plan	submitted	not submitted		
10.Work done as action plan	Yes	No		

Format No.8: Village level Reporting (by VO)

Issues pertaining to behavioral changes in the community

Mandal:_____ Gram Panchayat:_____ Date:_____

PHC:_____ SubCentre:_____ Name of ANM:_____

1.Marriages below 18 years of age	
2. Pregnant women yet to be registered or given MCP card	
3. Efforts to ensure timely ANC checkups	
4. Cases where ANCs by Medical Officer are overdue	
5.Details of dietary habits of pregnant and lactating women and whether all of them are getting and consuming IFA tablets regularly	
6.Details of deliveries conducted in institutions and whether stayed in hospital for at least 48 hours after delivery	
7.Details of live births and whether new born care is being given	
8. Action taken to promote normal deliveries & go for C-Sections only where required for medical reasons	
8.Efforts to promote early initiation of breast feeding (within 1 hour of birth) and whether this is being followed in all cases	
9.Details of children fully immunized/missed any immunization	
10.Details of children not weighed for growth monitoring	
11.Position of complementary feeding	
12.Details of community action on anemia	
13.Status of drinking water, sanitation and personal hygiene	
14.Discussion on gender-selective abortion	
15.Community participation in NHDs, FDHS and referrals	
16. Proposed plan of action for change of attitudes & behavior	

Format No.9: PHC level Review of Service Delivery

Cluster: _____ PHC: _____ Month: _____

Name(s) of Medical Officer(s) 1. _____ 2. _____

Indicator	Target (Description)	Achievement (Description)	Target (Number)	Achievement (Number)
Maarpu VLCC Meetings	No. of Gram Panchayats covered by PHC	No. of Maarpu VLCC meetings held		
ANCs & Births Registered in MCTS	ANC target for the PHC	Number of ANC cases registered		
	Live Births target for the PHC	No. of Live Births registered		
ANC 2nd and 4th Checkups by Medical Officer	Number due for 2nd and 4th ANC check-ups during the month	Number of 2nd and 4th ANC check-ups conducted by MO		
ANCs with severe or moderate anemia	No. of ANCs with severe anemia	ANCs with severe anemia under treatment		
	No. of ANCs with moderate anemia	ANCs with moderate anemia under treatment		
High risk cases checked & referred	High risk cases identified and due to be checked by MO	No. of high risk ANC cases checked by MO		
	No. of high risk ANC cases requiring referral	No. of high risk ANC cases referred for check-up by OBG/Specialists		
Birth Plans	No. of deliveries due this month	No. whose birth plan has been prepared		
Immunisation	No. of children due for 3rd dose during the month	No. given 3rd dose during the month & entered into MCTS		
	No. of children whose full immunization was due this month	No. of children received full immunization with all services entered in MCTS		
Infants<1 yr with ARI/Diarrhoea	No. of infants < 1 year with ARI, Diarrhoea and other illnesses	No. of infants < 1 year provided treatment for ARI, Diarrhoea and other illnesses		
Referral of SAM children to NRCs	No. of SAM children identified with medical problems requiring treatment at NRC	No. of SAM children referred and admitted into NRC for treatment		
NHD	No. of Anganwadi Centres under the PHC	No of NHD-1 conducted with ASHAs		
		No of NHD-2 conducted with ANMs		
FDHS	No. of FDHS Clinics planned	No. of FDHS Clinics conducted		
		No. of Clinics conducted by Medical Officer?		
MCTS	No. of Sub Centres	No. of Sub Centres with upto date data entered into MCTS		
Maternal/Infant Deaths	No. of Maternal Deaths No. of Infant Deaths	No. of Maternal Death Reviews conducted No. of Infant Death Reviews conducted		

Format No. 10: PHC and Cluster level Monitoring and Reporting
Report of the PHC/ Cluster level Convergence Committee

District:_____Cluster/PHC:_____Month:____

S.No.	Indicator	Report *
1	Prevalence of Anemia among pregnant women, action plan for tackling it and ensuring distribution and use of IFA tablets	
2	Identification of high risk cases and action plan for referrals and follow up with appropriate involvement of the family, the community, AWWs and ASHAs	
3	Ensuring safe deliveries and preparation of birth plans for deliveries due and sharing the same across the institutions	
4	Action plan for improving the percentage of deliveries at public health institutions and promotion of normal deliveries	
5	Tracking girl-boy ratio at birth and strict implementation of PC PNDT Act	
6	Analysis of the gaps in achieving full immunization in terms of cold chain and ensure timely delivery of all services due	
7	Identification of SAM children, their referral and admission in NRCs and follow up	
8	Gaps identified in service delivery at AWCs, Sub-centres, PHCs, CHCs and FRUs and corrective action planned and taken	
9	Identification of Gram Panchayats with poor parameters in health and nutrition and corrective action planned and taken	
10	Ensuring comprehensive and timely data entry into MCTS, HMIS, IDSP, Nikshay and carrying out validation checks to ensure accuracy	

*** Wherever required, please attach a separate sheet.**

MINNIE MATHEW
CHIEF SECRETARY TO GOVERNMENT

SECTION OFFICER