OFFICE OF THE DIRECTOR, WOMEN DEVELOPMENT AND CHILD WELFARE DEPARTMENT, TELANGANA, HYDERABAD.

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Sub: WD&CW Dept – ICDS Scheme - MIS – Efforts for reduction of MMR, IMR and Malnutrition – Nutrition and Health Tracking System (NHTS) software developed for ‘Name Based Tracking of Pregnant Women, Lactating Mothers, Children below 6 years and Malnourished Children below 6 years’ – Objectives and scope of the application - Guidelines for implementation of the NHTS - issued

4. G.O. Ms. No. 16, Dept. for WCD&SC, dt. 23.05.2015

Introduction

1. The Integrated Child Development Scheme (ICDS) is a nationwide flagship program of Government of India, aimed at holistic development to tackle malnutrition and health problems in children below 6 years of age and pregnant and nursing mothers. The main objectives of ICDS is to improve the nutritional and health status of children in the age-group 0-6 years and to reduce the incidence of mortality, morbidity, malnutrition and school dropout. Supplementary nutrition, immunization, health check-ups, referral services, pre-school education and nutrition health education are provided to children 0-6 years, pregnant women, and lactating mothers. In Telangana, 10,71,000 children in the age group of 7 months to 3 years; 6,54,165 children in the age group of 3 years to 6 years; 5,31,310 pregnant women and lactating mothers are receiving supplementary nutrition and health education services through 35,700 Anganwadi Centres (AWCs).

2. MIS system involves collection of information about services provided to individual beneficiaries including pregnant women, lactating mothers and children below 6 years under current ICDS monitoring system. The present method of reporting facilitates only consolidated and compiled reporting, making it difficult to either have a close follow up of each and every beneficiary or to categorize beneficiaries who are at risk (pregnant women and children who are underweight or under nourished). Therefore there is an urgent need to develop an IT based individual tracking system to ensure the timely delivery of all due services to the target group and to enable identification of beneficiaries at risk and provide focused services aimed at reducing the vulnerabilities.

3. Therefore, a Web Based MIS has been designed and developed for Name Based Tracking of Pregnant Women, Lactating Mothers, Children below 6 years and Malnourished Children below 6 years. This MIS called as “Nutrition and Health Tracking System” (NHTS) involves registration of the Pregnant Women, Lactating Mothers, Children below 6 years and captures information with regard to health and nutrition services being availed by them.
Goals of Nutrition and Health Tracking System (NHTS)

4. The Goals of Nutrition and Health Tracking System (NHTS) are:
   - To achieve the desired goals for reducing Infant Mortality Rate, Maternal Mortality Ratio and Malnutrition.
   - To deliver health and nutrition services effectively and
   - To improve the health and nutritional status of Pregnant Women, Lactating Mother and Children below 6 years and Malnourished children below 6 years

Objective of Nutrition and Health Tracking System (NHTS)

5. The Objectives of Nutrition and Health Tracking System (NHTS) are:
   - To ensure that the Pregnant Women have undergone Ante-Natal Check-ups, had TT injections and availed nutrition services.
   - To ensure that Lactating Mothers have undergone Post-Natal Check-ups and availed nutrition services.
   - To ensure that every Child below 1 year has received the Immunization doses as per due dates.
   - To ensure that feeding practices are followed by the Mothers.
   - To ensure a very close follow-up of every High Risk Pregnant Women.
   - To ensure special care and supervised feeding of Malnourished Children below 6 years.
   - To ensure referral care for Children who are ill.

Data Input Formats / Registers

6. Input formats are designed to collect data related to services provided from the field / from the existing ICDS registers, the input formats are divided into two types. The copies of the input formats are enclosed at Annexure-I

1. Registration Formats / Register-1
   a) Pregnant Registration
   b) Child Registration – 0-6 Years

2. Services Formats/ Register-2
   a) Services for Pregnant and Lactating Mothers
   b) Services for Children – 0-6 years
   c) Services for Malnourished Children <6 Years (Special Care and Supervised Feeding)

Budget will be released to Project Directors to print Register 1 & 2, for a period of 14 months starting from January, 2016 till February, 2017.

Output Formats/ Data Tables

7. Output Formats / Data Tables will be designed to suit the need of the department for the data analysis and presentation of outputs. These outputs will guide the program planning as per the need to achieve its goal.
Data Entry and functioning of the application

8. NHTS application will officially be hosted in e-Sadhana for data entry from 1st February, 2016 for registration of beneficiaries and services provided from 1st January, 2016 need to be entered in the services format (NHTS services must be required from January, 2016 without fail). The registration of beneficiaries and details of services delivered shall be entered from the month of January, 2016.

i. For registration of beneficiary Adhaar Number / Enrollment Number is required as it is a mandated column.

ii. Those who do not have Adhaar Number / Enrollment Number may use twelve 9s to proceed with registration of the beneficiary (Eg: 999999999999). However, those who use twelve 9s instead of original Adhaar Number are required to facilitate Adhaar Enrollment of particular beneficiary and update the Adhaar Number / Enrollment Number within a month after registration of the beneficiary.

iii. In case of children below 1 year, Adhaar Number of mother is required for the registration.

iv. In case of children above one year, Adhaar Number / Enrollment of Child or mother must be required to complete the registration.

v. All Adhaar Numbers will be validated with UIDAI for the quality improvement. Hence, beneficiary should be registered using the name as printed in the Aadhaar card.

vi. The percentage of “Non-availability” of Adhaar Number and entered twelve 9s will be compared with actual percentage of Adhaar registrations in the particular district/project area.

vii. Mobile Number is also a mandate column needs to be entered the mobile number of the beneficiary / husband / family member number to send service alerts or messages.

viii. All fields are mandatory for registration of beneficiary.

ix. It is advised to register all pregnant women in NHTS first, then children registration which will facilitate to select the option of mother who is already registered and then select the registered mother from the dropdown menu to proceed further.

x. The last date for completion of data entry is on 20th March, 2016.

Data Validation

9. Data validation will be done after completion of beneficiaries’ registration and first month services data entry.

i. Data collected by the AWW should be verified and validated by respective Supervisor of the Sector and she has to certify that the data is correct by signing the hard copy of the data submitted by AWW for the data entry.

ii. The Supervisor shall also validate minimum 10% of the data submitted by the AWW worker through physical visit to the beneficiaries within the month after completion of data entry and submit the findings report to the officer concerned.

iii. Minimum 5% of the data submitted and entered in the NHTS should be validated by CDPO through physical visit to the beneficiaries within the month after completion of data entry and submit the findings report to the officer concerned.
iv. Minimum 5% of the data submitted and entered in the NHTS should be validated by PD through physical visit to the beneficiaries within the month after completion of data entry and submit the findings report to the officer concerned.

v. Minimum 5% of the data submitted and entered in the NHTS should be validated by Directorate Team through physical visit to the beneficiaries within the month after completion of data entry and submit the findings report to the officer concerned.

vi. Along with department teams, a third party agency will be hired for conducting data validation.

vii. Data validation team will also collect Adhaar Numbers of beneficiaries for who AWW has not collected.

viii. If it is found that Adhaar Numbers available with beneficiaries but not collected by AWW, serious action will be taken by the department.

ix. Also, if there is any discrepancy found in the NHTS (data entered in NHTS Vs actual beneficiaries) data during the field visit for the data validation, serious action will be taken by the department.

**Online Application**

10. All beneficiaries have to be registered in the first instance and new registrations in each month. Thereafter all services provided to each beneficiary, like provision of ANC & SNP, PNCs & SNP, Immunization & Feeding, Supervised Feeding have to be entered in the five input online formats as listed below:

**Registration**

<table>
<thead>
<tr>
<th>Format</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pregnant Woman Registration</td>
</tr>
<tr>
<td>2</td>
<td>Child Registration</td>
</tr>
</tbody>
</table>

**Services**

<table>
<thead>
<tr>
<th>Format</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pregnant and Lactating</td>
</tr>
<tr>
<td>2</td>
<td>Children 0-6 years</td>
</tr>
<tr>
<td></td>
<td>(A separate registration form for mother will be displayed for registrations, in case of mother not registered)</td>
</tr>
<tr>
<td>3</td>
<td>Special Care and Supervised Feeding</td>
</tr>
</tbody>
</table>

**Reports**

11. The Reports are designed to generate lists of beneficiaries, beneficiary wise details, due reports, outcome indicators, performance and ranking report etc.

**Dashboard**

12. The Dash board is a powerful tool to view outcomes/ performance and list of beneficiaries at State/ District / Mandal/ GP Level or alternatively at State/District/Project / Sector /GP/AWC level.

**Implementation of NHTS**

13. For successful implementation of NHTS the following guidelines are to be noted:

i. Data entry starts in the first week of February, 2016 with the data of January, 2016.

ii. It is expected that data entry will take place at Project level between 5th to 10th of every month.
iii. One person identified as IT Anchor for each District and trained accordingly, they will identify 1 IT Anchor at each Project Office and train accordingly.

iv. A team to handle NHTS has been constituted at State headquarters and will be supported with technical staff.

v. To enable easy monthly data entry/ updation, the department also intends to provide Personal Computers (PCs) one for each Project, it is additional to the existing to enable easier monthly and even real-time data entry/ updation.

vi. Rationalization of DEOs/Typists/Jr. Assts / Sr. Assts in all districts, additional sanction of DEO wherever required, after rationalization.

vii. Data entry charges are provided under ICT and M&E head @ Rs. 600 per AWW as lump sum amount for the first time registration and Jan-Mar 2016 services data entry of all beneficiaries in NHTS. The budget will be released to CDPO based on number AWWs in the Project. From April, 2016, Rs.50 per AWW per month will be released to CDPOs for the NHTS data update every month and any other ICT related expenditure as per need.

Expected Outcomes

14. The regular use of NHTS will enable desired impact in reducing IMR, MMR and Malnutrition. The reports generated from NHTS will help to have close follow-up of all target beneficiaries, to follow-up high risk pregnant women as well as due deliveries next month, achieve full immunization and provide SNP and implementation of Supervisory Feeding effectively. It will also enable more accurate reconciliation with data of health and the community during convergence committees. Hence, it is expected that all AWWs, Supervisors, CDPOs, PDs & RJDs will ensure long term sustainability of the Name Based Tracking System.

Sd/- Viziendira Boyi,
Director

For Director

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