2013

MCTS Field Visit Report

Districts- Hyderabad and Nalgonda (Andhra Pradesh)

9th -11th Dec' 2013

MCTS Team
NIHFW

Introduction

To improve the efficiency of maternal and child health services and to facilitate the monitoring of universal access of these services by all the beneficiaries i.e. pregnant women and children, Ministry of Health and Family Welfare jointly with National Informatics Centre, launched a web enabled application , Mother and Child Tracking System (MCTS) (http://nrhm-mcts.nic.in) in December 2009.

The broad objectives of the programme are to ensure that full range of services (ANC, PNC, Immunization etc.) are provided to pregnant women and children. This is aimed to reduce Infant Mortality Rate (IMR), improve the nutritional level of the child, reduce Maternal Mortality Ratio (MMR) and reduce Total Fertility Rate (TFR) and improve birth registration and death registration of mother and children.

Mother and Child Tracking System aims at facilitating name-based tracking for pregnant women and children. It captures and tracks information related to pregnant women right from conception, up to 42 days post partum and all new born up to five years of age, to ensure that the pregnant women and children receive 'full' range of medical services.

Ministry in coordination with NIHFW is taking necessary steps for effective implementation of MCTS in States. Continuous efforts in this direction shall result in achieving a paradigm shift in monitoring of health services status and micro planning at different levels enabling prompt action. To achieve this, it is imperative to understand the process flow involved in good performing and bad performing districts regarding services delivery, data collection with an objective to attain real time information flow.

The inception of this exercise began with the state of Haryana. Similar type of exercises were held in Madhya Pradesh and Gujarat and in continuation Andhra Pradesh was chosen, as it is one of the states having its own call centre.

Objective of the study:

The objective of the Visit is:

i) To get an overview of the MCTS Implementation flow and to monitor the MCTS data
ii) To observe the good practices of the state for replication in other states
iii) To identify the gaps in data reporting and porting on the state and central server
iv) To observe the implementation, reporting in **urban, rural set-up**
v) To observe the functioning of call centre at Andhra Pradesh

As the study involved observation of the Subcentres, PHC/ CHC, data entry point and call centre so two consultants, Dr. Parul Arora, Mohd. Kamil, and nodal officer

Dr. Pushpanjali Swain visited two districts Hyderabad and Nalgonda in Andhra Pradesh for three days i.e. 9-11th December '2013.

First day (9th Dec' 2013)

On the first day of our visit at Hyderabad (9th Dec), we went to the office of the Commissionerate of Health and Family Welfare and elaborated the purpose of our visit to Dr. Veerbhadraiah, Deputy Director (Demography) and Chief Information Officer. He briefed us on the current status of MCTS at Andhra Pradesh as follows:

In Andhra Pradesh the data of the MCTS is being utilised in another programme i.e. Bangarutalli, i.e golden girl. Some of the 14 indicators are being used to formulate a grade wise report.

A state health information statistical commission was developed to integrate all different programmes together.

The data is not continuous due to time lag in data update. The ANMs have to move upto the Block level (cluster), once or twice a month for getting the data entered in the portal.

New integrated RCH registers would be given to the ANMs by April 2014.

40% of the migrated pregnant women do not carry the MCP Card with them, so there is a need for the broadcast of Information Education Communication material among the beneficiaries and the importance of the MCP card.

In the office of the commissionerate there was a call centre set up for MCTS. Here we met with the officials of the call centre and the Monitoring and Information Officers. Two officials are appointed to work in shifts on an average a person makes 100 calls a day.

In the afternoon we went to the Urban Health Post Municipal Corporation under block Dabilpura, Hyderabad, and interacted with Data entry operator, ANM, ASHA and Medical Officer. They were asked questions according to the checklist developed. It was found that all the staff members are well versed with the MCTS Programme guidelines but the data is not continuous as there is a time lag between service delivery and data updation.

Also it was noticed that haemoglobinometer is not available at most of the sub centres.

Second day (10th Dec' 2013)

Visited C.H.N.C, Choutuppal, Dist Nalgonda

Here we interviewed the medical Officer, ANM and data entry operator.

Third day (11th Dec' 2013)

We participated in the capacity building training of the HMIS so as to interact with the all the officials at the district level.

They discussed the field level issues of migration, multiple registration issues along with the infrastructural, internet connectivity and human resource issues.

Methodology:

Observation, Interview schedule

The study objectives were told to all the stakeholders and they were asked to share their field level knowledge with us.

The Information about following processes under MCTS was probed from ANM/ASHA, data entry operator, Public health assistant at PHC and Call centre officials using Interview scheduled (Annexure 1: Interview Schedule)

1) Identification of beneficiaries
2) Registration of pregnant woman and children
3) Immunization of children
4) Service delivery to pregnant woman and children
5) Data recording in register by ANM/ASHA
6) Validation of ANM/ASHA
7) Data entry/ updation on portal
8) Work plan generation and its distribution
9) Roles of ANM/ASHA
10) Village Health and Nutrition Day

Findings:

MCTS Implementation flow

Eligible couple Survey

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Identification of pregnant women and new born

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Delivery of maternal and child health services according to the work plan

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Reporting of data after checking by the Medical Officer

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Monitoring and evaluation

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Action taken based on Monitoring

Monitoring Process:

1. The data entry operator calls the ANM/ASHA for information on drop-out beneficiaries

2. Weekly meeting of ANM/ASHA is held at the block level every Saturday, to review the status of the programme, achievement with respect to the estimated target

3. Work–plan is generated once at the beginning of the month and ANM updates it on hard copy throughout the month

4. The beneficiary must carry the MCP card, for rendering health services, which facilitates registration and tracking

5. The quality of services given to the beneficiaries is being monitored through calling the beneficiaries. Around 100 beneficiaries are called per day by two officials

6. Monitoring report is being formulated at the district level every month

Gaps in reporting and porting

We have found that rate of registration of children is 66% on pro-rata basis. Also 23% ANM and 7% ASHA are registered with validated phone numbers. The ANM/ASHA are not being validated here through the verification module.

Good Practices of the state

Call centre:

Call centre has been established to verify the data related to beneficiaries (pregnant women and children) registered in MCTS

Urban Hospital:

To observe the implementation, reporting in **urban set-up,** the urban centre was visited, here we enquired about the mapping, reporting

1) The rural health structure is followed here, as the ANM and ASHA could be seen in the urban post.

Innovations of the State

It was found that all the guidelines and protocol are being followed as per the mandate of the Ministry of Health and Family Welfare and the state has developed a monitoring report, which is prepared every month to review and monitor the programme. This report is prepared every month by all the districts

Concern and Suggested for Improvements

1) There is lack of understanding of migration and verification module among the officials

2) The registration status of the children on MCTS portal is 66%, which is not up to the mark. State needs to improve its registration to 100%

Annexure -1

National Institute of Health & Family Welfare

(*Centre for MCTS*)

Interview Schedule
For MCTS Implementation flow

General Information

1. State: 2. District:

3. Block: 4. Facility:

5. Name/ designation /contact number of the Person in charge of the facility visited:

ANM's / ASHA's responsibility:

1) Who conducts the eligible couple survey in the village and how?

2) Is the eligible couple survey register updated? What is the frequency of its updation?

3) Enumerate the population catered by ANM and ASHA.

ANM

1) How is the pregnant woman/children identified, Do you visit every household each month?

2) Who registers the pregnant woman/ children in the field and how?

3) How the pregnant woman/ children followed?

4) What details are captured by ANM during registration of pregnant woman/ children?

5) How and when is the 18 digit registration ID given to the beneficiary (Pregnant women and children)?

6) Is the MCH Card also prepared for the migrated beneficiary (pregnant women / child) who receives only one or few services from the area?

7) Do you register such beneficiary on portal?

8) Is the practice of generating work plan through portal is followed here, if yes, how is it being implemented in field?

9) Who makes the work plan, if not generated through portal and how is it made?

10) Is the vaccine carrier available here, if no then who carries the vaccines to the sub centre?

11) What are the activities of VHND, who conducts it and what is your role?

12) What are other responsibilities/duties of the ANM? Does ANM give medicine for general illnesses when she comes for home visits?

13) Is the immunization card prepared for the migrated child who receives only one or few services from the area?

14) How and when is the immunization card prepared and given to the beneficiary?

15) Do you write the MCTS ID on the immunization card of children, when is it done?

16) List the record /registers being maintained by the ANM?

17) When ANM does contacts the pregnant women/ children reported by ASHA?

18) How are the services being delivered to them?

Tick mark [√] the appropriate

19) How do you diagnose anaemia?

☐ 1) Checking pallor in conjunctiva, skin & nail bed

☐ 2) Estimation of Hemoglobin by Haemoglobin-meter

20) How do you diagnose the weight of the pregnant woman?

☐ 1) Weighing machine

☐ 2) By guessing

21) How do you diagnose the weight of the new born?

☐ 1) Weighing machine

☐ 2) By guessing

22) How do you diagnose the BP of the pregnant woman?

☐ 1) BP machine

☐ 2) By guessing

23) When will you refer the Pregnant Woman / Children, enumerate some of the signs and symptoms?

ASHA

1) Which data elements being captured in the ASHA diary.

2) Is there any other register/record being maintained apart from the mandate?

3) How is the outreach planned by the ASHA?

4) When and how the information gathered by ASHA reaches to ANM?

5) What is your role in VHND?

6) How are the left –out beneficiaries given services, who do not come on VHND?

7) How is the data recorded in the VHND?

8) What are the responsibilities/duties of the ASHA other than MCTS work?
Does ANM/ASHA gives medicine for general illnesses when she comes for home visit?

PHC

1) Is the LHV available?

2) How often do you monitor and review the performance of MCTS?

3) Whether MCTS data is being used to review the status of services and indentify the gaps.

DATA ENTRY OPERATOR

1) How and when the data entry operator receives the information to enter in the portal?

2) How the error in the data gathered is rectified?

STATE COORDINATOR

1. Which reports are being generated to monitor the MCTS implementation in the districts?

2. How do you plan and at what interval do you conduct the monitoring visit?

3. How is the data quality maintained?

4. Are state level monthly meeting being conducted to review the implementation of MCTS at the district level and identify and address bottlenecks and constraints in implementing MCTS.
   (Please show the meeting minutes of last four months)
5. How do you make sure to fill up the gaps in the health care delivery institutions within the state/UT in the context of delivering 'full' services to all pregnant women and all new born.

6. Is there any micro-level planning done prior to field visit by ANM/ ASHA?

7. Is there a feedback system in place for all levels: ANM/ASHA, Data entry operator, Medical officer, State data officer

DISTRICT HOSPITAL

1) In the absence of ANM/ASHA at District Hospital, how do you register the beneficiary, as it is mandatory to attach the beneficiary with the health provider?

2) What process is being followed for registration at District Hospital? Do you search for prior registration in the portal?

3) How to register a lady, who is not registered earlier in MCTS?

4) Do you register the migrants, or those who do not have their home addresses?

5) Do you register a lady coming during her delivery on portal or not?

URBAN FACILITY

1) How is the mapping done in the urban area?

2) Who are the health workers?

3) How are the pregnant women and children registered in the area?

4) How is the reporting done and which are the data entry points?

MONITORING IN THE FIELD: BENEFICARY

1) Have you met with this ASHA / ANM before? Yes No

2) Are you aware of the Mother and Child Tracking System? Yes No

3) Have you got registered with MCTS and entitled the 18 digit number, if yes, then what is your MCTS registration ID?

4) When was the first contact with the ANM made?

5) What reproductive health services are being rendered to you till now by the ANM/ASHA?

6) What is your frequency to avail services from Sub centre/ PHC/ any other health facility?

7) What is the Frequency of home visits by health worker

Daily, Weekly, Monthly, Occasionally, 15 days, No visit

CALL CENTRE:

1) Which data are being verified, pregnant women / children and ANM/ ASHA?

2) What action is taken on the verified data?

3) Is there any priority set on the data to be verified, what is that?

4) How many records of Health workers are verified?

5) How the record once verified is monitored and followed up?

6) Where do you send the error found in data to be corrected, or who corrects the error found in the data?

7) What action is being taken on the discrepancy found in the data?

8) How is the data quality maintained through the call centre?

9) How many verifiers are there to verify the data?

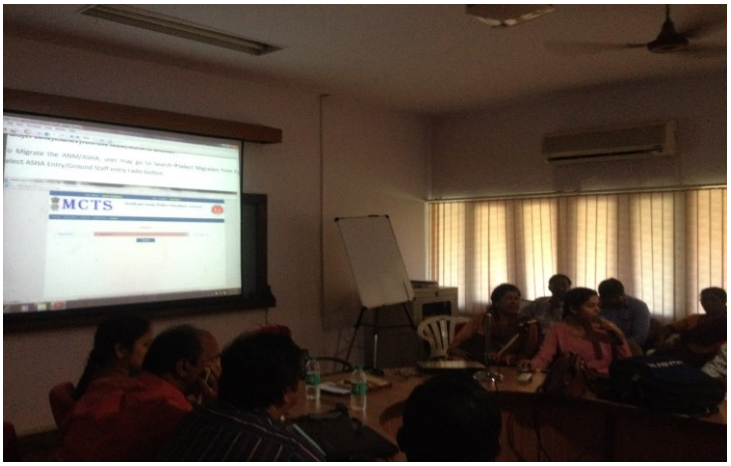
10) How much data is being verified daily and per month?

11) What percentage of total data is being verified through the call centre?

Annexure – 2

Pictures

Urban health post



Interaction with district officials at the HMIS Training