



Government of West Bengal
Women & Child Development & Social Welfare Department
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ORDER

The State Government has always prioritized improving the health and nutritional profile of young children, adolescents and mothers. The primary Departments tasked with this responsibility are Health & Family Welfare and Women & Child Development and Social Welfare. The National Health Mission under the purview of Health & Family Welfare Department, and the Anganwadi Services under the purview of Women & Child Development and Social Welfare Department, are the main programmes which target maternal and child nutrition and health through their frontline workers.

The Anganwadi Services and National Health Mission have overlapping goals, and convergence of the two programmes is essential for the success of both. At the operational level, informal collaboration does exist between the Front Level Workers and supervisory officials of both Departments. It is felt, however, that the synergies of the two Departments need to be harnessed in a more result-oriented manner and mechanisms should be put in place for timely service delivery, robust monitoring and effective intervention.

The objective is

- to minimize maternal deaths
- to ensure that High Risk Pregnant women smoothly transit through pregnancy to safe delivery of a healthy baby
- prevention, early detection and management of malnutrition in children.

In order to achieve this, it is necessary to build an enabling environment of convergence and synergy, and facilitate leveraging of existing resources. The Women & Child Development and Social Welfare and Health & Family Welfare Departments have a

strong grassroots presence, with approximately 20,000 ANMs, 50,000 ASHAs and 100,000 AWWs serving on the frontlines. Anganwadi Centres, which cater to a population of about 1000, take government presence to the last mile, deep into the community where no other Department operates. Health Sub-centres, serving a population of around 10,000, are being re-positioned as "Suswasthya Kendras" (Health & Wellness Centres), offering services for holistic well-being. Now, a framework for integration as described below is hereby established for the purpose of streamlining and better targeting of some of the services and activities, for the Departments of Women & Child Development and Health & Family Welfare to follow.

Structural Convergence:

- The catchment areas of the Health Sub-centre with Anganwadi Centres have to be synchronized, so that no Anganwadi Centre has a part of its population under one Sub-centre area, and part under another Sub-centre area.
- Anganwadi Centres are to be tagged to Sub-centres in a hub-and-spoke formation, with 8-10 Anganwadi Centres being mapped to one Sub-centre, as per their catchment areas.
- A joint team is to be constituted at the Sub-centre level (the hub) comprising the Community Health Officer, ANMs, ASHAs and AWWs, for analysis of the data generated by the Front Level Workers and for planning and executing interventions based on this analysis. A detailed job responsibility and reporting line will have to be drawn up to maintain clarity about the role of each member of this team.
- At the Sub-centre level, the Annual Household Survey will be held jointly by the AWW and the ASHA, for identifying the population of eligible couples, pregnant women and children, so that they are aware about their common target beneficiaries.
- Such joint reviews will have to be conducted also at block and district levels to take stock of outliers and monitor progress.

Data and Reporting Convergence

- The Annual Household Survey conducted by the Anganwadi Worker (and to be conducted jointly with the ASHA henceforth on the basis of this order) will be the single source of information about the total population and eligible couples in the area served by the Anganwadi Centre / Sub-Centre, and will be used by the Front Level

Workers of both the Departments for the purpose of their programmes. This unity of the basic data must be maintained in order to ensure that no beneficiary is missed out on in the course of service delivery.

- The “Supushti” Mobile App of the Women & Child Development and Social Welfare Department, and the “Matrima” portal of the Health & Family Welfare Department will be the digital platform on which the relevant health and nutrition data of the common target population will be made available by name on a real-time basis. The cohort data from “Supushti” and “Matrima” will have to be linked through a software.
- The focus will be to ensure that all beneficiaries receive all essential services, and on early identification of pregnant women and children with higher risk / complications / sickness, so that they can be tracked, and appropriate management can be initiated early.
- While the reporting of health services performance through HMIS/ “Matrima”, and of Anganwadi services performance through “Supushti” will continue as usual as per the respective programme requirements, the data for the cohort tracking needs to be linked and common. A detailed SoP and mechanism will have to be developed, including indicators, data source, means of verification etc. to aid the Sub-centre level team analyze the information thrown up by “Supushti” and “Matrima”.
- A digital platform will be developed for tracking the beneficiary cohort, which will necessarily consist of the at-risk mothers and children. This platform will help to record and monitor the interventions planned and executed for each beneficiary. The platform will be accessed by the 2 stakeholder departments at appropriate levels, essentially to monitor the performance of the core grassroots Sub-centre team in managing at-risk beneficiaries.

Activity Convergence:

- The core team of CHO, ANM, ASHA and AWW will meet at specified periodicities least once a month at the Sub-centre to review and analyze data collected from the field. They will identify the “Red cohort” of high risk pregnant women and malnourished children. They will determine actionable points for such women and children, like further investigations, counseling, closer follow-up, referrals etc. Accordingly, tasks will be assigned to ANM/ASHA/AWW: the outcome of which

will be discussed at subsequent meetings. A mechanism will be developed to capture and reflect such interventions and their outcomes on a digital platform.

- The core team shall follow up on pregnant and postpartum women, to monitor their Calcium/IFA intake, weight gain, Hb level, complication readiness, birth preparedness etc., and also on malnourished children for their dietary intakes, immunization and growth parameters like height and weight. An SoP for this review at the Sub-centre will have to be drawn up.
- Joint communication activities and campaign on specific thematic areas must be organized and strategized in a manner so that the messages given out reinforce one another.
- Programme managers at block/district levels will offer supportive supervision to the core Sub-centre team.

Outcomes:

The outcomes expected from their convergence initiative are:

- Generating real-time and accurate beneficiary data on nutrition and health related parameters.
- Identifying at-risk mothers and children for focused intervention.
- Synergising resources of different government departments.
- Keeping track of the progress towards meeting targets for reducing maternal deaths, stunting, wasting and anaemia.

The Departments of Women & Child Development and Social Welfare and Health & Family Welfare will jointly draw up and disseminate the guidelines, SoP and digital platforms necessary for rolling out this convergent activity.



Chief Secretary