

Government of West Bengal
Department of Health & Family Welfare
State Family Welfare Bureau
Swasthya Bhawan
GN 29, Sector V, Salt Lake, Kolkata- 700091

No. H/SFWB/11M-03-2013/2122(26)

Date 19/12/2013, 2013

To

- 1-25) The Chief Medical Officer of Health, All Health Districts,
26) The D.F.W.O., Kolkata,

Subject: Pregnancy Testing Kits (PTK)

Enclosed herewith please find the following attachments in connection with Pregnancy Testing Kits (PTK) :-

1. Guideline on utilization of Pregnancy Testing Kits (PTK) at Sub Centre and below and Monitoring Modalities to review the stock position of Pregnancy Testing Kits (PTK) – Annexure –I
2. What is Pregnancy Testing Kits (PTK) – Annexure –II
3. Reporting format on Monitoring of Pregnancy Testing Kits (PTK) – Annexure –III

You are requested to implement the above Guideline and Monitoring Modalities in your district with immediate effect and send monthly report from December, 2013 to the ADHS (Maternal Health) through email by 10th of next month (adhsmh@gmail.com).



Commissioner, Family Welfare &
Secretary to Govt. of West Bengal,

No. H/SFWB/11M-03-2013/2122(26)/1(15)

Date 19/12/2013, 2013

Copy Forwarded for kind information to:-

1. The DHS & e.o secretary, Govt. of West Bengal
2. The State Mission Director, NRHM, West Bengal
3. The SFWO, West Bengal
4. The Jt. DHS (FW), West Bengal
5. The DDHS (MCH), West Bengal
6. Dr. Sikha Adhikary, DDHS, West Bengal
7. Dr. S. Sil, Consultant, PCP, West Bengal
8. The ADHS (Maternal Health), West Bengal
9. The ADHS (Training), West Bengal
10. The DADHS (Child Health), West Bengal
11. The Dy. CMOH III (All Health Districts)
12. The DMCHO (All Health Districts)
13. The Programme Officer-I, NRHM, West Bengal
14. Dr. Suman Biswas, TO, SPSRC & Spoke Person of the department
15. The System Coordinator, IT Cell with a request to post a copy of this memorandum in the departmental Web Site


Commissioner, Family Welfare &
Secretary to Govt. of West Bengal,

Guideline on utilization of Pregnancy Testing Kits (PTK) at sub-center and below and Monitoring Modalities to review the stock position of Pregnancy Testing Kits (PTK)

General Guideline :

1. Govt. of India will directly supply PTKs to the state. The State should ensure that 5% of total stock of PTKs is kept as buffer stock and rest will be supplied to the district based on its projected requirement.
2. The district should ensure that 5% of total stock of PTKs is kept as buffer stock and rest will be supplied to the block based on its projected requirement.
3. The block should ensure that 5% of total stock of PTKs is kept as buffer stock and rest will be supplied to the sub-center based on its projected requirement, but not exceeding 150 kits per year.
4. The Sub-center should ensure that 50% of the received stocks of PTKs are distributed equally among the ASHAs attached to the Sub-centers and the rest should be utilized by the Sub-centers itself. The sub-center should replenish their PTKs stock strictly on the basis of their performance and not on normative basis.
5. 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. 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. The ASHA shall replenish her stock every month from the Sub-center.

Monitoring Mechanism and Roles and Responsibility at different level:

A. ASHA (At village level) :

1. ASHA will regularly collect PTKs stock from Sub- centers, inform the clients /women in reproductive age group in her area regarding availability of PTK.
2. ASHA will inform the potential clients (women in reproductive age group) regarding advantages of early detection of pregnancy with PTK.
3. ASHA will deliver PTK to the client as per perceived need and tell her the correct method of usage (Refer Annexure II)
4. ASHA will help in interpretation of result, if required.
5. ASHA will refer the women 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)
6. ASHA will report monthly progress on utilization of PTKs to Sub-centre in the Format A.

I বাংলা ভাষায়

A. আশা (গ্রামস্তরে)

১. আশা নিয়মিত ভাবে সাব-সেন্টার থেকে PTK সংগ্রহ করবে, এবং প্রজনন বয়সসীমা ভুক্ত মহিলাদের PTK কোথায় পাওয়া যাবে সে সম্পর্কে জানাবে।
২. আশা প্রজনন বয়সসীমা ভুক্ত মহিলাদের দ্রুত গর্ভসঞ্চার নির্ণয় করার ক্ষেত্রে PTK ব্যবহারের সুবিধাগুলি জানাবে।

৩. আশা প্রয়োজন অনুযায়ী প্রজনন বয়সসীমা ভুক্ত মহিলাদের PTK সরবরাহ করবে এবং তার সঠিক ব্যবহার পদ্ধতি সম্পর্কে জানাবে।

৪. আশা প্রজনন বয়সসীমা ভুক্ত মহিলাদের PTK পরীক্ষার ফল ব্যাখ্যা করে তাহা বুঝতে সাহায্য করবে।

৫. আশা PTK পরীক্ষার ফল অনুযায়ী মহিলাদের যথাযথ পরিচর্যার জন্য নিম্নলিখিতভাবে রেফার করবে :-

অ. যদি পরীক্ষার ফল “পজিটিভ” হয় -

➤ যদি মহিলা তার গর্ভাবস্থায় চালাতে চান - তাহলে মহিলাকে প্রাক-প্রসব নথিভুক্তকরণ এবং পরিচর্যার জন্য রেফার করবে।

➤ যদি মহিলা তার গর্ভাবস্থায় চালাতে না চান - তাহলে মহিলাকে গর্ভপাতের জন্য উপযুক্ত স্বাস্থ্যকেন্দ্রে রেফার করবে।

আ. যদি পরীক্ষার ফল নেগেটিভ হয় -

➤ যদি মহিলা এখনই গর্ভবতী হতে না চান - তাহলে মহিলাকে পরিবার পরিকল্পনা পদ্ধতি সম্পর্কে উপদেশ দেবে, ওরাল পিল / কন্ডোম সরবরাহ করবে অথবা অন্যান্য পদ্ধতি যেমন আই . ইউ . সি . ডি, বন্ধ্যাকরণ অপারেশনের জন্য রেফার করবে।

➤ যদি মহিলা এখনই গর্ভবতী না চান - তাহলে মহিলাকে আর . টি . আই / এস . টি . আই রোগের পরীক্ষার জন্য অথবা বন্ধ্যাকরণ চিকিৎসার জন্য উপযুক্ত কেন্দ্রে রেফার করবে।

৬. আশা প্রত্যেক মাসে PTK ব্যবহারের পরিমাণ সম্পর্কে সাব-সেন্টারে ফরম্যাট A তে রিপোর্ট জমা দেবে।

B. 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 and utilization of PTKs in Format C.
3. Additionally ANM would also maintain record of total supply receipt at the Sub-center and its utilization in Format D.
4. ANM will ensure all ASHAs collect PTK supply from Sub-center and verify ASHAs' performance on monthly basis
5. ANM will ensure that ASHAs are giving correct information to clients regarding the method of use of PTKs and orient them in their monthly meeting.

C. BMOH (At Block level) :

1. BMOH would provide supportive supervision to ASHAs & ANMs and ensure that the PTKs are being used correctly
2. BMOH would keep a monthly record in prescribed format which would provide information on stock and utilization of PTKs in Format E.
3. BMOH will submit a monthly report on utilization PTKs to the district every month by 10th day of next month in Format E.
4. BMOH would ensure all ASHAs collect PTK supply from Sub-center and verify AHAs' performance on monthly basis.
5. BMOH would ensure that ASHAs are giving correct information to clients regarding the method of use of PTKs and orient them in their monthly meeting.

D. District Nodal Officer/ Dy CMOH-III (At district level) :

1. District Nodal Officer/ Dy CMOH-III would orient all the BMOH/MO, ANMs & ASHAs regarding the utilization of PTKs.
2. District Nodal Officer/ Dy CMOH-III would help in calculating the projected requirement of PTKs in a given financial year (well within 150 PTKs per sub center and maintaining the buffer stocks)
3. District Nodal Officer/ Dy CMOH-III would ensure timely supply of PTKs to sub center & ASHAs.
4. District Nodal Officer/ Dy CMOH-III would monitor the usage of PTKs through the Format D prepared for sub center.
5. District Nodal Officer/ Dy CMOH-III would send monthly report to state in Format F.

E. State Nodal Officer/ Dy DHS (MCH) (At State level) :

1. State Nodal Officer/ Dy DHS (MCH) would have the overall responsibility for smooth supply of PTKs up to the ASHA level along with its proper utilization.
2. State Nodal Officer/ Dy DHS (MCH) would orient CMOH & District Nodal Officer on the details of the scheme.
3. State Nodal Officer/ Dy DHS (MCH) would ensure proper distribution of PTKs (received at the State level) to district and in turn to block, sub center and ASHAs
4. State Nodal Officer/ Dy DHS (MCH) would ensure that 5% of the stock received from GOI is kept as buffer at the state level.
5. State Nodal Officer/ Dy DHS (MCH) would prepare a district wise list of sub center and make a tentative calculation of yearly demand.
6. State Nodal Officer/ Dy DHS (MCH) would collect and compile monthly usage of PTKs from the district and send a quarterly report to GOI as per attached Format B.

