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25th March, 2010

Dear Sir/Madam

As you may be aware that the Ministries of Health Family Welfare and the Women and Child Development have been taking initiatives through the National Rural Health Mission and ICDS with an idea for accelerating reduction in maternal, neonatal and infant mortality and child undernutrition. The ICDS currently provides the crucial community based outreach system with an outreach of 10.79 lakh AWCs to 150 lakh pregnant and lactating mothers and 688 lakh young children under 6 years, it links them with over 7.31 lakh ASHAs (Accredited Social Health Activists), around 1.46 Lakh Health sub centres, 23, 458 primary health centres and 4276 community health centres, FRUs and hospital facilities at different levels. With the universalisation, ICDS would reach out to 14 lakh habitations in 7076 projects in the country.

2. One major joint initiative in fact has been the adoption of WHO Child Growth Standards, with effect from 15 August 2008 in both ICDS and NRHM, through a joint circular dated 6 August 2008, issued by both the Secretaries of Women and Child Development and Health and Family Welfare, Government of India. This was based on the recommendations of a joint National Workshop in 2007. This initiative is being enriched and complemented by another decision of both the ministries to introduce a common Mother and Child Protection Card for both ICDS and NRHM, to strengthen the continuum of care for pregnant mothers and children under three years of age, incorporating the new WHO child growth and development standards. A copy of the Card is annexed.

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3. The Mother and Child Protection Card is a maternal and child care entitlement card, a counseling and family empowerment tool which would ensure tracking of mother child cohort for health purposes. It is unique in linking maternal, newborn and child care, and focuses on the child holistically by integrating health, nutrition and development. It links critical contact points for strengthening the continuum of care and improving utilization of key ICDS, NRHM services, including immunization and Janani Suraksha Yojna. Besides, it is meant to promote key family care behaviours, highlights danger signs, and links families to the health referral system. The card would enable gender disaggregated tracking, to ensure optimal care for the girl child. The card includes the JSY and birth registration numbers.

4. With the increase in the outreach of ICDS as well as NRHM under which there are monthly fixed Village Health and Nutrition Days, and more than 4.28 lakh Village Health and Sanitation Committees, the common card would enable the large network of ASHAs, AWWs and ANMs to converge their efforts and utilize the critical contact opportunities more effectively. Being an entitlement card, it would ensure greater inclusion of unreached groups to demand and universalize access to key maternal and child care and health services.

5. We propose that the common Mother and Child Protection Card will be introduced both in ICDS and NRHM with effect from 1st April 2010. The sample copies of the card in Hindi and English will be shared with you by 25th March 2010, along with the Camera Ready Copy (CRC) on CDs for printing the same locally by the States. The States shall undertake a transliteration of the text into state official language and make only such adaptation as are essentially required. While doing so, the States shall ensure that the card does not alter in size and the font size is such that entries in each row and columns are easily readable. ICDS Mother Child Protection Card having state specific adaptations and transliterations were previously available in Urdu, Oriya, Bengali, Assamese, Gujarati, Marathi, Tamil, Teulgu and Kannada. This can be made use of. Financial resources for printing and dissemination of the cards will be provided from the State NRHM PIPs and/or ICDS. From 1st April 2010 onwards, the common Mother and Child Protection Card will progressively replace the earlier MHFW Jachcha Bachcha Card and the earlier ICDS mother child card.

6. Comprehensive training is proposed to be undertaken jointly by both the ministries for disseminating the card, using resource teams from NIHFW, NIPCCD, NIN, UNICEF and WHO. This training would be suitably integrated with regular training under ICDS and NRHM. A network of more than 800 national/state core trainers developed on the new WHO child growth standards and the Mother Child Protection Card would be roped in for this endeavour. Separate budget for the training would be provided through NRHM PIPs and ICDS.

7 We are confident that our shared commitment and synergistic action will help enhance maternal and child survival, their nutrition and development and thus assure the young children a good start to life.

With best wishes,

Yours sincerely



(D.K. Sikri)



(K. Sujatha Rao)