The Mother and Child Tracking System (MCTS), a web based platform was introduced by the Ministry of Health and Family Welfare about four years ago, to track and monitor health services being offered to pregnant women and children under various schemes. The tracking was a parallel step to boost institutionalized deliveries and provide access to health services to pregnant women before and after delivery. The success of the system ensured that it was quickly replicated in many states across the country. Karnataka has led the rest of the country in adopting MCTS and it was only a matter of time that an attempt was made combine UNICEF’s efforts to combat HIV transmission from mother to child, with this system. Though the number of cases has come down, Karnataka still records around 4,000 women who are found HIV positive every year and is therefore considered a high prevalence state. A determined and relentless intervention programme has reduced the Prevention of Parent to Child Transmission (PPTCT) rate from mother to child to under to less than two percent. Earlier, the rate was around 8-10 per cent.

**Innovation:** The HIV tracking system is a pilot project, assisted by UNICEF and implemented by the Karnataka State AIDS Prevention Society (KSAPS) that was implemented in February of this year, has started showing promising results and increased the availability and authenticity of the information pertaining to pregnant women and newborns. This software developed by the National Informatics Centre, provides information across all parameters that a mother and child have been tested for the presence of HIV and integrates with the MCTS programme. The already well established network of Integrated Counselling and Testing Centres (ICTCs) as well as Anti Retroviral Therapy (ART) centres for detection and treatment of HIV in the state will ensure that the information about each pregnant woman, mother and child is entered by the ICTC and ART staff. The details of the mother, stage of pregnancy, date of delivery, results of HIV test, if found positive and the treatment regimen, CD4 count, testing of the newborn and follow up tests till the infant is 18 months old are to be found in this database. This includes the Dried Blood Spot (DBS) test as well as the conclusive Rapid test conducted, when the infant is 18 months of age.

The details of the course of treatment and the regimen allows for a flawless transition if the mother walks into another ART centre in another place, within the state. A woman who enters an ICTC centre needs a **Thayi** (mother) card number issued by the Health Department or in its absence a PID (Patient Identification Digit) is issued at the ICTC centre.

Each counselor accessing this data base is provided a separate id and the pages have restricted access to prevent altering of information by those not authorized to do so. The software also records the id and the phone number of the person entering the details.

**The advantages of the system** are real time entry of the data that can be accessed anywhere in the state at any of the centres. Monitoring and Evaluation officers from District AIDS Prevention and Control Unit (DAPCO) help in coordinating between various stakeholders working at the district level.

**Roll out of pilot phase:** The training of the counselors to enter the data was conducted through a one day training course to the district level counselors who then percolate the information to the others.
A monthly review meeting with various stakeholders like District level supervisors, ICTC and ART counselors, DAPCO officials and KSAPS officers was held to flesh out problems, tweak the software to deal with the unexpected and work out technical solutions. The software has ensured that data is now entered directly and by the concerned person. A strong work ethic will ensure that this data will be entered at the end of the day. The records of 2,579 women are now available on this software.

**The system has undergone some changes** after receiving feedback from entering the data. For instance, there was no provision to include the name of another child, if the mother delivered twins or in rare cases, triplets.

**Challenge:** Some problems exist like delayed entry of data due to access issues. Some ART centres still do not have computers and they have to rely on the district supervisors to make sure the data is entered.

Problems with internet connectivity have delayed the entry of information, making it difficult for the information to be accessed elsewhere.

However, these are teething problems and this programme is expected to redouble the efforts to reduce the rate of infection that is passed from mother to child, during pregnancy, birth and breastfeeding.

Two important factors have also contributed to the success of this programme. No additional personnel have been hired to enter the data as existing staff have done the same. Secondly, the programme is built in to utilize existing programmes like Yeshashwini health insurance, which is cashless service delivery system.

**No additional forms** or registration is required by the women who come in for screening.

**Phase II:** As of now, there is no exchange of data with the MCTS being used by Health Department. But once the system stabilizes, it is only a matter of time for the data collected on these two fronts to be integrated. This will ensure a comprehensive delivery of health systems and make it more robust.

**Way forward:** In addition, the system will also be crucial to help link up with similar system in other states. This will enable access to patient information across states, when patients migrate. The follow ups for tests and treatment will also become easier and will help take a large step closer to the elimination of HIV to child from the parent.

Scope for scale up: As MCTS is a national system, the learning from Karnataka and the system can be scaled up across the country. As the systems are in place, there is no major cost.