



# Mission Directorate

National Health Mission, Odisha  
Department of Health & Family Welfare,  
Government of Odisha.

Letter No. OSH&FWS/11665

Date: 03.10.16

From

Shalini Pandit, IAS  
Mission Director,

To,

All collectors & District Magistrate  
Odisha

Sub: Roll out of Pradhan Mantri Surakshit Matritwa Abhiyan across the state.

Madam/Sir,

As you aware that reduction of Maternal Mortality is one of the prime objectives of the Health & FW Department. With the implementation of schemes like JSY & JSSK considerable progress has been made in the state for reduction of MMR. In addition with the successful implementation of Odisha State strategy for accelerated decline of Infant & maternal mortality it is expected that there will be satisfactory decline in regard to MMR.

However in spite of increase in the number of institutional delivery it is observed that the quality of ANC services is still a big concern for the entire state as well as for the country. In view of this the Gol has decided to provide at least one antenatal checkup of pregnant woman by a trained doctor/gynecologist during the 2<sup>nd</sup> or 3<sup>rd</sup> trimester of the pregnancy on the 9<sup>th</sup> day of every month. This initiative has been christened Pradhan Mantri Surakshit Matritwa Abhiyan (PMSMA) and aims at reaching all the high risk pregnant women of the state. The basic objective of this ANC by a doctor is to ensure that no high risk pregnancy goes undetected.


Considering the available resources, the PMSMA guideline has been modified for the state and the revised guideline is attached in annexure-1. It has been planned to roll out the scheme from the month of November 2016.

Major Highlights of the scheme are:

1. This scheme will be operation in all the facilities above the PHC level to DHH level on 9<sup>th</sup> of every month
2. All the high-risk pregnant women in the 2<sup>nd</sup> or 3<sup>rd</sup> trimester of their pregnancy will be provided one ANC by a trained doctor/Gynecologist.
3. A package of ANC services will be provided to the pregnant women at facility level
4. All the private facilities & institutions volunteering to provide the services under PMSMA should be encouraged to do so.
5. Extensive IEC will be done to promote institutional delivery through the scheme.

I would like to request you to kindly ensure the implementation of the scheme on a missionary zeal and make it a success in your respective districts.

Yours faithfully,

  
Mission Director  
NHM, Odisha.




# Mission Directorate

National Health Mission, Odisha  
Department of Health & Family Welfare,  
Government of Odisha.

Memo No. 11666

Copy Submitted to the Principal Secretary H&FW Deptt., Odisha for kind information.


Date 03.10.16

  
20/10/16  
Mission Director  
NHM, Odisha

Memo No. 11667

Copy forwarded to Director, FW/ SIHFW, Odisha for information & necessary action.


Date 03.10.16

  
20/10/16  
Mission Director  
NHM, Odisha

Memo No. 11668

Copy forwarded to all CDMO-cum-District Mission Directors for information & necessary action.


Date 03.10.16

  
20/10/16  
Mission Director  
NHM, Odisha

Memo No. 11669

Copy forwarded to all DPM for information & necessary action.

Date 03.10.16

  
20/10/16  
Mission Director  
NHM, Odisha

**Implementation  
Guideline:  
Pradhan Mantri  
Surakshit Matritva  
Abhiyan(PMSMA)**

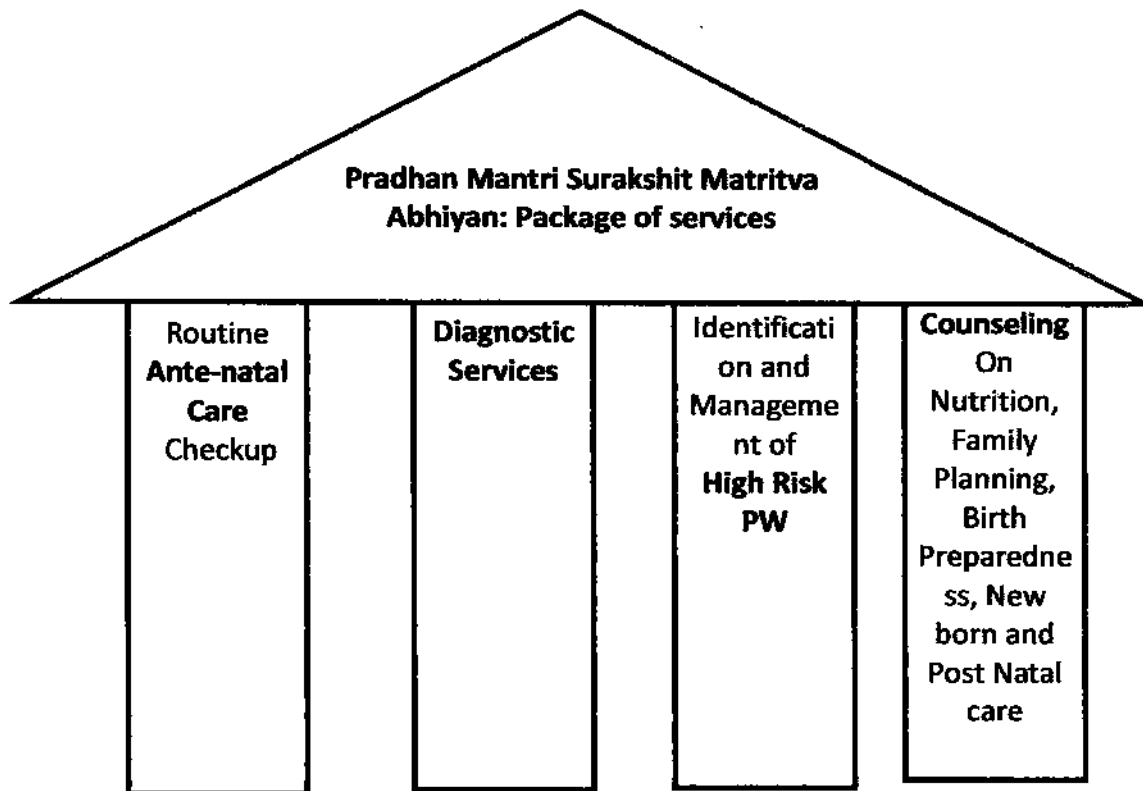


### **About Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)**

Pradhan Mantri Surakshit Matritva Abhiyan envisages to improve the quality and coverage of Antenatal Care (ANC), Diagnostics and Counselling services as part of the Reproductive Maternal Neonatal Child and Adolescent Health (RMNCH+A) Strategy. After extensive deliberations with National experts, it has been suggested that PMSMA will be held on **9th of every month**, wherein all the essential maternal health services will be provided at identified public health facilities (as per the level of facility and guidelines mentioned in MNH Toolkit) as well as accredited private clinics and institutions volunteering for the Pradhan Mantri Surakshit Matritva Abhiyan. Essentially, these services will be provided by the Medical Officer and /OBGY specialist. Facilities where such trained manpower is not available, services from Private Practitioners (OBGY) on voluntary basis are to be arranged. PMSMA will help in providing quality ANC& also detection, referral, treatment and follow-up of high risk pregnancies and women having complications.

During this campaign, trained service providers and ASHA will focus their efforts to identify and reach out to pregnant women who have not registered for ANC (left out/missed ANC) and also those who have registered but not availed ANC services (dropout) as well as High Risk pregnant women. It will also be ensured that not only all pregnant women complete their scheduled ANC visits but also undertake all essential investigation. While 9<sup>th</sup> of every month will be organized as a special day, it is reiterated that the existing, routine and planned services such as ANC, PNC etc. will continue to be delivered at all the facilities as scheduled in their respective micro-plans.

One of the key focus areas during Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is to generate demand through Information Education & Communication (IEC), Inter-personal Communication (IPC) and Behavior Change Communication (BCC) activities. Extensive use of audio-visual and print media in raising mass awareness will be an integral part of IEC/BCC campaign. Auxiliary Nurse Midwife (ANM), ASHA and Anganwadi Worker (AWW) would play a pivotal role in mobilization of the community and potential beneficiaries in both rural and urban areas for availing of services during the PMSMA.



**Communication for Behavior Change**

**Health System Strengthening (availability of trained HR, infra-structure and logistics etc.) for providing Quality services**

**Referral Transport**

**Target Beneficiaries:** The program aims to reach out to all Pregnant Women who are in the 2nd & 3rd Trimesters of pregnancy. However in the first phase, the high risk pregnancies will be targeted wherein all pregnant woman provided with Red Card are to be covered under the programme irrespective of clinical and geographical condition.

**Strategies for Operationalization**

**A) Planning for implementation of Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)**

**A.1 Implementation planning and program management**

The need and criteria for establishment of State and District level PMSMA Committees have been highlighted in the PMSMA Guidelines and several States/ UTs have already established these committees. It is critical that these committees meet regularly to spearhead the programme in the right direction.

### **PMSMA State level Committee (PSC)**

In view of the emerging need for involvement of multiple stakeholders, PMSMA State Level Committee should be formulated under the Chairpersonship of Principal Secretary (Health & Family Welfare) and actively led by the Mission Director. It is suggested that Director-ICDS, Urban Local Bodies (including corporations and large municipalities), representatives from SIHFW, FOGSI, IMA, State PMSMA Nodal Officer, Nodal Officers for Maternal health, IEC Division, ASHA Program, Training Division, Procurement Wing, representatives from departments of OBGY & PSM in Medical Colleges and development partners working in the field of maternal health may be nominated as members. The PSC will monitor the progress of PMSMA activities and resolve program related issues at the State level and provide guidance to Districts for effective implementation. The committee is expected to meet quarterly to monitor the effective implementation of the programme. States are encouraged to bring in innovation to further improve the program and communicate the same with the National Level PMSMA programme officers on a regular basis.

#### **The Committee will be responsible for the following:**

- Ensure that necessary budgetary provisions for the PMSMA are made under JSSK in the State PIPs and supplementary PIPs every year.
- Assess the HR situation especially the availability of OBGY specialist at District hospital and FRUs. Mapping of private providers based on the volunteers who have registered on the PMSMA portal and with support of FOGSI, IMA, Rotary etc. and prepare a plan of action linking private providers to identified PMSMA facilities. Committees could also try to mobilize support from Medical colleges including private medical colleges. Support Districts in translation of operational guidelines to local language and transportation of IEC material, reporting forms, and ready reckoners to sub district /Block level trainings as appropriate.
- Conduct a sensitization meeting for all districts.
- Ensure timely allocation of resources for procurement of drugs & Ensure timely allocation of resources for procurement of drugs & diagnostics.
- Monitor status of implementation of PMSMA through field monitoring visits by State teams/officials.
- Follow up with Districts and sub district/ Blocks for timely submission of reports and coverage data.

### **PMSMA District level Committee (PDC)**

In view of the emerging need for involvement of multiple stakeholders, PMSMA District Level Committee should be formulated under the Chairpersonship of District Magistrate and actively led by the Civil Surgeon/Chief Medical Officer. It is suggested that District PMSMA Nodal Officer, Nodal officer Maternal health, District ICDS Program Manager (PO-ICDS), representatives from FOGSI, IMA and representatives from medical colleges ,development partners may be nominated as members of the committee. The function of the committee will be to implement and monitor the progress of PMSMA and resolve programmatic issues at District level and provide guidelines to PMSMA sites for effective implementation. The committee is expected to meet quarterly to monitor the effective implementation of the programme

### **The committee will undertake following responsibilities:**

- Organize a sensitization meeting for members of FOGSI/ IMA/Rotary/ Lions club, private nursing homes, development partner, NGOs and CSOs on PMSMA. Inform them about the online portal for registration, opportunities for rewards/recognitions and that reimbursement can be provided to private practitioners for transport as per State transport norms if required.
- Prepare the micro-plan for PMSMA at least two weeks prior to the roll out which will include the sites, HR (Doctors, SNs, ANMs, Lab technicians), IEC, Logistics, M&E etc
- Orientation and capacity building of stakeholders and providers at PMSMA sites
- Chief Medical Officers under the overall guidance and support of District Magistrates can undertake special meetings with private providers to motivate private OBGY specialists/ medical officers to provide voluntary services/ consultation for PMSMA. District Committees should also prepare a plan of action linking private providers to identified PMSMA facilities. Committees could also try to mobilize support from Medical colleges including private medical colleges.
- Timely printing and transportation of IEC material, reporting forms Facilitate inter-departmental convergence and ensure use of community based platforms like VHNDs, VHSNC meetings, Gram Panchayats for community mobilization and mass awareness.
- Orientation of ASHAs & ANMs regarding their roles and responsibilities. ASHAs/ ANMs must prepare a line list of all the pregnant women (Trimester wise: I, II, III). Pregnant Women in II nd & III rd trimester should be mobilized to PMSMA. ASHA & ANM should take the responsibility of mobilizing pregnant women to PMSMA site by using IEC, effective IPC by convincing the clients about the importance of this ANC visit at PMSMA site by OBGY specialist/ physician with all essential diagnostics.
- Assess implementation status of the PMSMA through monitoring visits by District teams.
- Ensure timely submission of reports and collation of coverage data.
- The district committee should alongside also monitor the readiness of the FRUs and the district hospitals to ensure that they are well prepared/ strengthened in-order-to provide EmOC/CEmOC care to the PW detected with high risk factors. If required, linkages could also be created with private accredited hospitals under insurance schemes such as RSBY, National Health Protection Scheme, State Insurance Schemes and facilities accredited under JSY for referral and follow up of pregnant women detected with high risk factors.

**A.2) Identification and mapping of Facilities/ clinics (both Public and Private Sector) where Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) will be implemented.**

Keeping in view the above considerations, PMSMA services could initially be operationalized at DHH, SDH, and CHCs. The designated facilities for PMSMA could be gradually increased in a phased manner once the district is in a position to provide the desired set of services at PHC level facilities.

**A.2.1 Public Health Facilities to be implementing this campaign**

<b>Rural Areas</b>	<b>Urban Areas</b>
-Primary Health Centers, (To be considered in later phase)	-Urban PHC
-Community Health Centers	-Urban CHC/Hospitals
-Other	
-Sub District Hospital	
-District Hospital	
Medical College Hospital (To be considered in later phase)	

**A.2.2 Private Institutions and clinics**

- All the private facilities and institutions volunteering to provide the services for the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) should be identified.
- These facilities need to be mapped, empanelled and line listed.
- Any private doctor especially Obstetrician and Gynecologist willing to volunteer their services at the public health facilities should also be identified and empanelled.
- State/ District should maintain the line list of all the institutions and individual practitioners empanelled for the program.

The above mentioned facilities should fulfill the below listed essential and desirable pre-requisites to provide quality maternal health services during Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA).

**Pre -requisites for Facilities organizing Pradhan Mantri Surakshit Matritva Abhiyan**

**The suggested manpower norm for PMSMA clinic:**

- 1 Gynaecologist or BEmOC trained Medical Officer and 1 Medical Officer
- 2 SNs
- 3-4 ANM ( based on requirement)
- 2 Lab Technician ( based on requirement)
- 1-2 Counsellors (RMNCH+A Counsellor is must in case of DHH)

**Lab Investigations (Essential)**

- Hemoglobin
- Urine Albumin and Sugar Blood Sugar (Dipstick)
- Malaria
- VDRL, HIV, Blood Sugar
- Blood Grouping

**Lab investigations (Desirable)**

- Fasting and Post Prandial Blood Sugar
- HIV (Pre and Post)
- Rh incompatibility

**USG:** Sonologist/Radiologist for USG (In house or from private sector)



Apart from ensuring adequate supply of drugs, diagnostics and reagents, facility In-charge should ensure that examination room, waiting area, laboratory area etc is earmarked before women start arriving to the designated health facility. Arrangements for food (from JSSK funds @ Rs. 50/- per beneficiary), drinking water and toilets should also be made for the pregnant women as the women would be spending more than half a day in the facility at times

### **A.3) Communication Programme Description**

To provide quality ANC services to every pregnant woman the Government of India has launched the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), on 9<sup>th</sup> of every month i.e. on a fixed day ANCs will be given every month across the country. This is to be given in addition of the routine ANC at the health facilities.

The Government of India is focusing dissemination of message through different mass media channels, so state will adopt an integrated approach to disseminate the messages thorough mass media and different exclusive mid media as well as IPC activities at community as well as facility level.

#### **A.3.1 Message to be disseminated at all level:**

- A minimum package of antenatal care services is to be provided to the beneficiaries on the 9<sup>th</sup> day of every month, If the 9<sup>th</sup> day of the month is a Sunday / a holiday, then it should be organized on the next working day.
- All kind of medical examination & Checkup will be done at free of cost by a doctor only at facility level.
- It should ensure that every pregnant woman receives at least one checkup in the 2<sup>nd</sup>/ 3<sup>rd</sup> trimester of pregnancy.
- Provide referral transport services to the PW by 102 & 108 in place.
- Counseling to the Pregnant Woman in groups, on nutrition, rest, birth, preparedness, identification of danger signs, institutional delivery and Post - partum Family Planning ( PPFPP ).

#### **A.3.2 Activities to be under taken**

##### **A.3.2.1 Mass Media**

- Airing of Radio jingle/spot through All India Radio in different Radio Stations & through FM channels.
- Production of TV spots under the package of entitlement promotion for Pregnant Woman with other schemes will be done & Dissemination of Message through TV channels under package of Entitlement promotion of PW

### **A.3.3 Mid Media:**

#### **A.3.3.1 Facility Level:**

- **Display of Signage:** In order to manage the crowd & facilitate the community especially pregnant mother to the signage to the following point will be displayed
  - Registration point
  - ODP
  - Counselling session

#### **Specification of signage:**

Size: 1.5 feet X 1 feet = 1.5 sq.feet

The signage will be placed at the all Community Health Centers. The expenditure will be booked out of RKS untied fund allotted to the CHC.

- **Display of Message at Counselling point:**
  - Two sets of Movable Standee will be placed at the counselling point.
    - One will be on the service availability under PMSMA
    - Day Branding
- **Specification:**
  - Standee
  - Width: 3 feet with Aluminum Base
  - Height: Flexible aluminum rod extendable maximum up to 6 feet height.
  - Flex: 3 feet x 5 feet (two set)

The cost will be met out of RKS untied fund.

- **Organizing Video Shows at Counselling point** by utilization of available projector with BPMU unit. In case of non-availability of the projector locally available video set can be hired, the expenditure will be met out of JSY Administrative cost @ maximum up to Rs.500/-.

#### **A.3.3.2 Community Level:**

- **Health Exhibition:** This activity will be integrated with the State's activity conducted to have specific approach Dissemination of message through conducting exhibitions at 15 low performing villages of lowest performing block of the District is a predesigned program to achieve accelerated reduction of Maternal Mortality Ratio, during this exhibition fix day service Provided by PMSMA will be highlighted .
- **Sensitization through FFL Video Show:** video demonstration of different health issues related to Care During Pregnancy, Rest , proper diet etc ..will be viewed during the health campaign period. This exhibition will be conducted in the 15 Identified districts where maternal mortality ratio is more than in comparison to the rest 15 districts of the State.

### **A.3.4 IPC & Counseling**

#### **A.3.4.1 At Facility Level:**

- ASHA worker will be orientated during the Monthly ASHA meeting how to use the flip book during counselling of community members.
- Counselling will be conducted at the CHC level by Health Worker Female & Staff Nurse and Gynecologist.

#### **A.3.4 .2 At community Level:**

- During home visit The Health worker Female will counsel the Pregnant Woman especially who are at 3rd & 4th week of pregnancy to have at least one PNC checkup at facility absolutely free.
- Counseling by Front line workers using Flip book both at VHND sessions will be conducted to create awareness among the community to avail the Service.

### **A.4) Estimation of the logistic requirement**

Availability of following logistics needs to be ensured at all the facilities

- Separate OPD ANC register of PMSMA day
- MCP cards and Red Cards
- Referral Slips, Counseling cum Training Tool for health workers and counselors (Nirapada Matrutva Pustika), High risk pregnancy listing registers, Prescription slips with special mention of PMSMA seal
- Drugs like, IFA Tab, Calcium Tab, Inj. T.T, de worming tablets, Antibiotics, Mag Sulf inj etc.
- Diagnostic kits for testing of Hemoglobin, urine for sugar and protein, blood sugar, blood grouping, RH incompatibility as well as Malaria kit, VDRL kit etc.
- Instruments like functional weighing machine, Thermometer, BP apparatus, stethoscope etc.

### **A.5) Capacity building of the health care providers on the service package to be provided during the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA).**

Training and orientation of all the staff involved in the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is essential and an important component of the program. The one day training program should focus on details of the service package to be provided, planning, logistic arrangements, and implementation of the PMSMA. The training program should essentially cover the following topics:

- Operational guidelines on PMSMA
- Roles and Responsibilities
- Micro-planning

- Services to be rendered during ANC
- Counseling- to focus on skills of counseling as well as counseling on danger signs, nutrition, birth preparedness, early and exclusive breastfeeding, complementary feeding etc.

Apart from government health staff, officials from concerned departments, other stakeholders and development partners as well as professional associations could also be involved in the training program.

**A.6) Awards:** Awards will be provided to volunteers who have served maximum patients, volunteers & doctors who have continuously provided services for more than 6 months / 1 year. Volunteer who have serves in remote and inaccessible areas.

#### **A.7) Budget**

All pregnant women are entitled to free ANC check-ups under the JSSK and there would thus be no additional financial implication for this activity. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) would be organized from the existing budget sanctioned under NHM since budget for carrying safe motherhood activities have already been sanctioned under JSSK. If needed, funds could be mobilized from Rogi Kalyan Samities and untied funds for any add on activity or for ensuring availability of drugs, consumables etc. in case of stock- out at the facility level. States will use funds from IEC budget sanctioned under NHM for IEC campaigns.

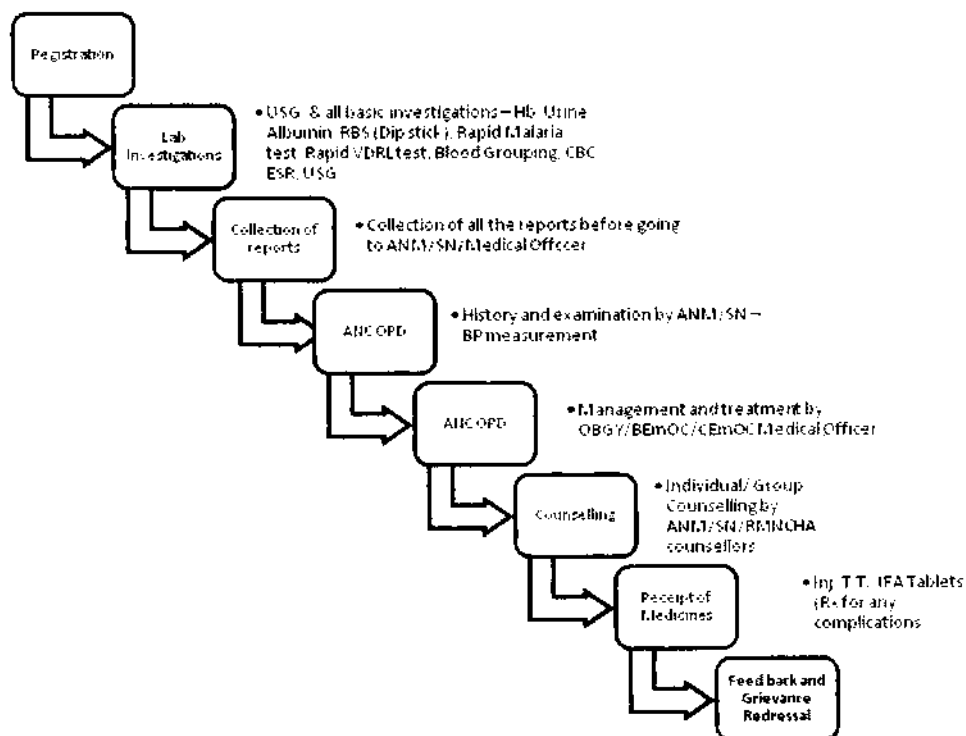
### **B) Implementation of Pradhan Mantri Surakshit Matritva Abhiyan(PMSMA)in Public Health Facilities:**

#### **B.1) Preparedness of the facilities to provide services during PMSMA:**

- Medical Officers / Facility In- charge to ensure that all the logistics required are in place and available at the facilities in adequate quantity.
- Roles & responsibilities to be fixed for the Medical Officer, Lady Health Visitor, Auxiliary Nurse Midwife, Staff Nurse and ASHA for this campaign
- All the health staff to be present in the facility
- Prescription slips<sup>1</sup>
- Cleanliness of the facilities including in the toilets to be maintained.
- Proper and adequate seating arrangement in the waiting areas to be ensured.
- Provision of clean drinking water to be ensured.
- IEC materials to be displayed in prominent places like at the entrance of the facilities, passages, waiting areas, in the examination rooms, PNC wards etc. Waiting rooms can have televisions running important health messages.
- Dedicated rooms for different activities need to be identified & labeled for checkup, counseling, investigations and dispensing of medicines at each of the health facilities.
- Adequate privacy to be maintained in the examination room.
- All staff to maintain a polite and supportive behavior with the beneficiaries.

- Any public health facility utilizing the service of Private Practitioner (Gynecologist), should ensure communication to her/him in advance. Empanelment of such voluntary Practitioner should be done prior to the PMSMA and information communicated to district and state level.
- State RMNCH+A lead partners should be involved in implementation of the programme in areas such as developing an IEC campaign, supportive supervision etc.

### B.2 ) Movement of the beneficiaries during the PMSMA:



### B.3) Provision of services during Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

All the beneficiaries visiting the Facility should first be registered in a separate register for Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA). After registration, ANM & SN to ensure that all basic laboratory investigations are done before the beneficiary is examined by the OBGY/Medical Officer. The report of the investigations should ideally be handed over within an hour and before the beneficiaries are meeting the doctors for further checkups. This will ensure identification of High Risk status (like anemia, gestational diabetes, hypertension, infection etc.) at the time of examination and further advice. In certain cases, where additional investigations are required, beneficiaries should be advised to get those investigations done and share the report during next PMSMA or during her routine ANC check-up visit. Following are details of specific services which will be provided during Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):

- A detailed history of all the beneficiaries needs to be taken and then examined and assessed for any danger signs, complications or any high risk status.

- Blood Pressure, per abdominal examination and examination for fetal heart sounds should be done for all the beneficiaries coming for ANC check-up.
- If a woman visiting a public health facility requires a specific investigation, sample should be collected at the facility itself and transported to the appropriate centre for testing. ANM/ MPW should be responsible for transporting the collected sample, conveying the results to the pregnant women and appropriate follow up.
- After examination by ANM/Staff Nurse, Medical Officer to also examine and attend to every beneficiary attending PMSMA.
- All identified high risk pregnancies should be referred to higher facilities and JSSK help desks that have been set up at these facilities should be responsible for guiding the referred women once they reach the facilities. MCP cards to be issued to all beneficiaries.
- All identified High Risk women including those with complications to be managed and treated by OBGY/CEmOC/BEmOC Specialist). If needed, such cases should be referred to higher level facilities and a referral slip with probable diagnosis and treatment given should be mentioned on the slip.
- One ultrasound is recommended for all high risk pregnant women during the 2nd/ 3rd trimester of pregnancy. So, if the services are not available in the same facility, then necessary referral may be made to the nearest facility having ultrasound facility. If required, USG service facilities may be empanelled and expenditure to be booked under JSSK diagnostic cost.
- Before leaving the facility every pregnant women to be counseled, may be individually or in groups, on nutrition ,rest, safe sex, safety, birth preparedness, identification of danger signs, institutional delivery and Post-partum Family Planning (PPFP).
- Filling out the MCP cards and Red cards at these clinics should be mandatory and in case the pregnant woman is not having red card, the facility will issue red card on spot.

#### **B. 4) Referral Transport Mechanism for High risk women:**

The targeted high risk pregnant women will be mobilized to the planned PMSMA venue by ANM and ASHA, and the transportation will be free of cost from village to clinic and drop back. The means of transportation will be as follows:

- 108/102
- State owned ambulances
- JE available for difficult areas under State budget

However, ASHA/ANM to encourage transportation in group in all vehicles to have maximum coverage.

## **B.5) Public Private Partnerships for Implementation of Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)**

- Besides above, any other private health facility who volunteers for giving free services on the designated day can be empanelled and can render the designated basket of ANC/PNC services at their own facilities.
- Private health facility who volunteers for giving free services on the designated day will ensure logistics from their own resources.
- Identified High Risk pregnant women during the ANC shall be referred to government health facilities on a referral slip.
- As outlined in the above section, States can also engage services of Gynaecologists/ Obstetricians for providing PMSMA services at public health facilities.

## **B.6) Reporting system of the activities implemented during the PMSMA**

State will monitor the implementation of PMSMA activities through its existing monitoring teams.

### **B.6.1) *Maintaining of Line listing of beneficiaries –***

ASHAs should be asked to maintain a line list of beneficiaries who would utilize the services during the PMSMA. Compilation of the information from this format will be of use to Facility In-charge/district nodal persons for estimation of beneficiaries and logistic requirement.

### **B.6.2) *Reporting and analysis of the services provided during the PMSMA***

ANM to compile the information of the services provided during the PMSMA and submit to facility in-charge who in turn would submit the same to the district authorities. **State to compile the reports submitted by the districts and submit it to MoHFW within 15 days of the conduction of PMSMA.** The information received from the districts will be analyzed intensively at the State.

## **B.7) Roles and Responsibilities of Service Providers**

### **B.7.1) Chief District Medical officers:**

To oversee the overall implementation of the programme

### **B.7.2) District Nodal Officer for PMSMA: ADMO (FW)**

- To ensure that every facility is provides with a medical officer
- To identify the facilities were PMSMA will be organized based on the criteria/pre-requisites as mentioned in the above section.
- To conduct orientation and training of all the staff on the operationalization of PMSMA
- To coordinate with District Program Manager and supply chain management team in providing all the logistics required by the facilities for organizing PMSMA.

- To coordinate with District IEC/BCC nodal person for implementation of mass awareness campaigns in the district.
- To plan and execute supportive supervision activities
- To facilitate empanelment and mapping of private specialist doctors volunteering to offer services during PMSMA. Coordinate with Facility In-charge for their deputation.

**B.7.3) District IEC/BCC nodal person: DPHCO/ADPHCO**

- To plan and execute mass community awareness campaign during every PMSMA
- To ensure distribution of IEC materials to the facilities.

**B.7.4) Facility In-charge:**

- Facility In-charge will be the nodal person for planning and execution of the PMSMA in their facility
- To ensure that all the staff in their facility are oriented and trained on the services to be provided and the operationalization of PMSMA
- To conduct meetings with other departments i.e. ICDS, PRI, Local NGOs to sensitize and create awareness on the PMSMA
- Ensure all the IEC materials are distributed to Sub-centers, ASHA and also displayed at strategic location in the villages, towns and in their facilities.
- Regularly estimate the requirement of logistics (medicines, equipment's, lab reagents, reporting records and registers etc.) and ensure its availability during the PMSMA
- Assign duties and responsibilities to all staff and ensure their presence for smooth organization of the PMSMA
- Plan for mobilizing a Specialist (OBGY/CEmOC/BEmOC) from higher centers or a private Gynecologist (voluntarily) to provide quality services to the high risk women.
- Coordinate with District nodal officer for PMSMA for empanelment of private doctors and their deputation to the facilities.

**B.7.5) ANM:**

**ANMs posted at Sub-centers have a crucial role in creating awareness**

- During outreach Routine Immunization sessions and VHND sessions, ANM to educate the community on the special monthly drive on safe motherhood. She will distribute leaflets and pamphlets on PMSMA.
- She will organize mother's meetings with support from ASHA, Anganwadi Worker (AWW) and local community, 1 week prior to PMSMA
- She will coordinate with ASHA and AWW in identification and motivation of missed out and left out beneficiaries to receive services during PMSMA
- She will estimate and provide the number of expected beneficiaries from her Sub-center area to the Facility In-charge where PMSMA will be organized.

**ANMs/SNs/LHVs posted at the facilities play a key role in providing services during the PMSMA**

- Coordinate with Facility In-charge for implementation of PMSMA in the facility.
- Coordinate for ensuring availability of all the logistics required



- Arrange for collection of the reports
- To conduct ANC clinic on the PMSMA
- To identify and arrange for referral of High Risk Pregnant women
- To conduct counselling sessions for all the beneficiaries attending PMSMA
- To compile all the reports and submit it to district through Facility In- charge.

#### **B.7.4) ASHA:**

- ASHA has a key role in creating awareness among the beneficiaries on the PMSMA
- ASHA will maintain the line listing of all the beneficiaries
- Through her home visits or through meetings with pregnant women, she will create awareness on the importance of regular health checkups during ANC period and also after delivery i.e. during PNC period.
- She will identify the missed out cases i.e. those pregnant women who have not registered and had not received any antenatal care services.
- She will identify left out pregnant women i.e. those pregnant women who after registering or receiving 1st ANC checkup, have not received at least two more ANC checkups.
- Mobilize beneficiaries to facilities to avail services during PMSMA
- She will also ensure that those high risk pregnant women who have been referred to higher level center during the previous PMSMA, visits the higher center for management and treatment of the complications.
- She will also motivate them for institutional deliveries.

\*\*\*\*\*

**Monthly Reporting Format - ANC**

**State:**

**District:**

**Facility:**

**Month & Year:**

**Date of Reporting:**

**Reported By:**

<b>S.No.</b>	<b>Data elements</b>	<b>Numbers in Reporting month</b>
1	Number of pregnant women receiving Antenatal care during a month at facility	
2	Number of pregnant women whose gestational age was established during ANC visit	
3	Number of pregnant women who had their Blood pressure recorded during ANC visit	
4	Number of pregnant women who had their temperature recorded during ANC visit	
5	Number of pregnant women who had Foetal Heart Rate recorded during ANC visit	
6	Number of pregnant women whose are tested for HIV during ANC visit	
7	Number of pregnant women who have been screened for Gestational Diabetes mellitus	
8	Number of pregnant women who are tested for syphilis	
10	Number of pregnant women who have been distributed IFA during ANC visit	
11	Number of pregnant women who have been prescribed Calcium supplementation during ANC visit	
12	Number of pregnant women who have received/completed Tetanus Toxoid dose during ANC visit	
13	Number of pregnant women who have ben counselled on Birth Preparedness and complication readiness	
14	Number of pregnant women who have been counselled on post-partum family planning	
15	Number of pregnant women who have history/present with any complications in current pregnancy	