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NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Pradhan Mantri Surakshit Matritva Abhiyan

Operational Framework

Maternal Health Division
Ministry of Health and Family Welfare
Government of India

सी.के. मिश्रा
सचिव
C.K. Mishra
Secretary

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भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
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Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

MESSAGE

Hon'ble Prime Minister of India highlighted the aim and purpose of introduction of the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) in the recent episode of 'Mann Ki Baat'. The Abhiyan has been formulated with the intention of ensuring quality antenatal care to pregnant women and I must compliment States/UTs for recognizing this need and proactively rolling out the recently introduced PMSMA in their jurisdiction.

States/UTs have initiated the implementation of the programme as per the guidelines for the Pradhan Mantri Surakshit Matritva Abhiyan which outline the critical elements and facets of this initiative. Interactions with programme officers and observations from field visits have however highlighted the need for a detailed operational framework especially for complex elements such as engagement with the private sector. This booklet has thus been formulated to outline the implementation approach for operationalizing PMSMA and the contours for collaborations with private providers.

The PMSMA has the potential to deliver comprehensive and quality antenatal care services to each and every pregnant women of our country. I am sure that this framework will provide clarity to States/UTs on operational aspects of the programme and contribute to the realization of this potential.

As defined in this operational framework, I look forward to felicitating State/UT teams as well as volunteers from private sector for their contribution to PMSMA. All stakeholders must resolve to work together in this effort.

(C.K. Mishra)

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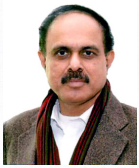

PREFACE

The Pradhan Mantri Surakshit Matritva Abhiyan has been recently introduced to provide fixed day antenatal care services across India on the 9th of every month. The initiative is anchored on the tenets of assured, comprehensive and quality antenatal care services and focuses on identification and appropriate management of high risk pregnancies for reduction of maternal deaths in the country.

It is heartening to note that most States/ UTs have initiated the Abhiyan with enthusiasm and commitment, and others are in the process of implementing the Abhiyan in the coming months. The programme must now aim to reach out to each and every pregnant woman in the country. This operational guidelines have been formulated to provide clarity on the operational aspects of the programme and facilitate scaling up of the initiative.

One of the critical components of the initiative is that every pregnant woman must be examined by a doctor. To supplement the efforts of the government functionaries, the programme advocates for engagement with obstetricians and physicians from the private sector and invites active participation from private practitioners on a voluntary basis. Hon'ble Prime Minister of India has appealed to doctors across India to contribute twelve days in a year to this initiative during his recent interaction with the citizens of our country. I urge States/ UTs to focus on facilitating participation from private sector and also put in place systems for recognizing the efforts of the volunteers as well as government functionaries.

I am confident that States/ UTs will concentrate on this initiative with complete determination and take it forward with a passion that will help save lives of several pregnant women and newborns in our country.

(Arun Kumar Panda)

New Delhi
24th August, 2016

Healthy Village, Healthy Nation

एड्स - जानकारी ही बचाव है
Talking about AIDS is taking care of each other

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Foreword

The survival and well-being of mothers and children are not only important in their own right, but are also central to solving much broader economic, social and developmental challenges. Improving the health of mother and children is vital to increasing equity and reducing poverty.

With this in mind, Government of India has decided to launch the Pradhan Mantri Surkshit Matritva Abhiyan as a fixed day strategy during which a range of quality antenatal care services are envisaged to be provided to women in their 2nd/3rd trimester of pregnancy by a doctor/ obstetrician for bringing safe motherhood initiatives to fore-front.

The guidelines for Pradhan Mantri Surakshit Matritva Abhiyan have been shared with States/ UTs and most States/ UTs have started implementing this initiative. The current operational framework seeks to provide clarity to programme officers on the modalities for implementation, operational considerations and budgetary overview and aims to serve as a ready reckoner for programme officers implementing the Abhiyan. The operational guideline also provides the broad contours for private sector engagement considering that this is a critical and complex facet of the program

I compliment the maternal health division for formulating this operational framework within the challenging timelines and sincerely hope that the framework will support the program officers and service providers in implementing the Pradhan Mantri Surakshit Matritva Abhiyan and bringing in desired health outcomes in the coming times.

(Vandana Gurnani)

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Program Officers Message

Across the world, nations are striving to achieve health goals and remove social inequities in health-care. Maternal and Infant morbidities and mortalities are the key indicators of a progressive society.

In India, over the last decade there has been a considerable decline in MMR and the current MMR as per the SRS 2011-13 is 167 per 100,000 live-births. However, there is need to accelerate the pace of decline to achieve the sustainable development goal of 70 per 100,000 live births by 2030.

In view of above, the Ministry of Health & Family Welfare has decided to launch the Pradhan Mantri Surkshit Matritva Abhiyan as a fixed day strategy for provision of quality antenatal care services on 9th of every month by an obstetrician/ physician to accelerate the pace of decline in maternal mortality and morbidity.

The guidelines for Pradhan Mantri Surakshit Matritva Abhiyan have been shared with States/ UTs and the current operational framework gives the broad operational modalities on engaging with the private sector, strategies for generating the awareness, monitoring mechanism and financial aspects of the program.

The framework is a result of series of deliberations, observations from field visits and is the result of the efforts of several stakeholders such as Dr. Sumita Ghosh and Dr. Veena Dhawan from Maternal health Division, Dr, Himanshu Bhushan from NHSRC, Dr. Sanjay Kapur and Dr. Sudhir Maknikar from JSI, Dr. Asheber Gaym and Dr. Sudha Balakrishnan from UNICEF, Dr. Ajitkumar Sudke from BMGF and Dr. Rajeev Gera, Dr. Gunjan Taneja and Dr. Devina Bajpayee from IPE Global. Last but not the least I must acknowledge the contributions of my consultants Dr. Salima Bhatia, Dr, Rajeev Agrawal, Dr. Tarun Singh Sodha, Ms. Jenita Khwairakpam and Dr. Narender Goswami for compiling the various inputs.

I sincerely hope that these operational guidelines will facilitate the successful implementation of the program at the district and block level for effective planning and organization of the campaigns

Baswal

(Dr Dinesh Baswal)

Healthy Village, Healthy Nation

एड्स - जानकारी ही बचाव है
Talking about AIDS is taking care of each other

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Introduction

The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been recently introduced to provide fixed day quality antenatal care services to women in their 2nd/ 3rd trimesters of pregnancy on the 9th day of every month. The initiative aims to ensure that assured and comprehensive antenatal services are provided to pregnant women at designated health facilities by Obstetricians/ medical officers. The programme also invites active participation from private practitioners on a voluntary basis and in the 31st July 2016 episode of 'Mann Ki Baat', Hon'ble Prime Minister of India has appealed to doctors across India to contribute twelve days in a year to this initiative.

The guidelines for Pradhan Mantri Surakshit Matritva Abhiyan have been shared with States/ UTs and most States/ UTs have started implementing this initiative. In view of the above, the current operational framework has been formulated with the following objective:

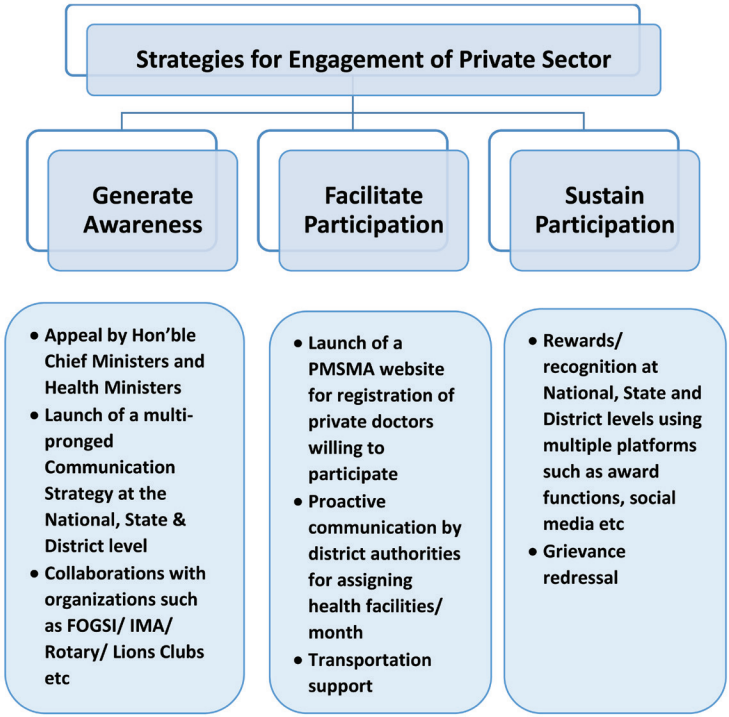
1. Outline the implementation approach for operationalizing PMSMA.
2. Outline the contours for private sector engagement for PMSMA

Overall, the framework seeks to provide clarity on operational aspects and budgetary considerations and aims to serve as a ready reckoner for programme officers implementing the Abhiyan.

Contours for Private Sector Engagement for PMSMA

Considering that private sector engagement under PMSMA is a critical and complex facet of the programme, the operational framework outlines the contours for private sector engagement at the outset. Under PMSMA, obstetricians/ physicians from private sector and retired OBGY specialists are to be encouraged to provide voluntary services at designated public health facilities on the 9th of every month. This can only be achieved if a systematic approach for engagement with private sector is developed and implemented.

The systematic approach would encompass strategies for generating awareness and appealing to the private sector to participate in the abhiyan at government health facilities, strategies for facilitating the participation of private sector and strategies for sustaining participation of private sector.



Generate Awareness

- Appeals from Hon'ble Chief Ministers and Health Ministers of States/ UTs through TV/ radio/ print media would be significantly beneficial in generating awareness about PMSMA and mobilizing participation from a large number of private practitioners. States/ UTs must thus plan for this on priority.
- A National level communication strategy would be developed and implemented to generate awareness about the PMSMA among private practitioners as well as beneficiaries and their families. States/UTs can

adapt the communication strategies to local contexts (if required) and run similar IEC campaigns at the State/district levels. The IEC campaigns would focus on projecting the obstetrician/ medical officer as celebrities for the campaign.

- States /UTs should collaborate with organizations such as FOGSI, IMA, Rotary International and Lions Clubs to facilitate the participation of private doctors in the initiative The State and district FOGSI and IMA chapters could be requested to hold CMEs on PMSMA across its district units and actively promote the Abhiyan through their newsletters or other regular communication modalities and issue directives on PMSMA to its members, Partnerships could also be established with NGOs for seeking their support in generating awareness about the initiative.

Facilitate Participation

- A portal for registration of doctors willing to volunteer for the PMSMA would be created at the National level. The link to the PMSMA portal will be shared with FOGSI and IMA with an appeal to private providers to volunteer in PMSMA. The portal will be used to create awareness on the PMSMA including the message from honorable Prime Minister, and Health Minister.
- The portal would enable private doctors to register following which a communication would be sent to State and district authorities with the contact details of the volunteer.
- District PMSMA nodal officers would proactively establish contact with the volunteers and assign a public health facility where the private Obstetrician/ physician can volunteer services. It is essential that volunteers are assigned health care facilities as per the mutual convenience of the district authorities and the volunteer (keeping in view the overall requirement under PMSMA) as per the convenience of the volunteer keeping in view the overall requirement under PMSMA) so that volunteers are willing to travel to the facility.
- Volunteers who require transportation can be provided transportation or paid TA as per State government norms.
- The nodal officer would also issue necessary instructions to the facilities and make necessary arrangements to ensure that volunteers feel comfortable and valued at the public health facilities

- Once the volunteer has provided services, the PMSMA nodal officer would be responsible for collecting information about the facility where the volunteer provided services, number of beneficiaries examined by the volunteer, number of hours dedicated to PMSMA clinics, etc from health care facilities and updating the information on the PMSMA portal. This information would serve as the base for recognition of efforts of the volunteers.

Sustain Participation

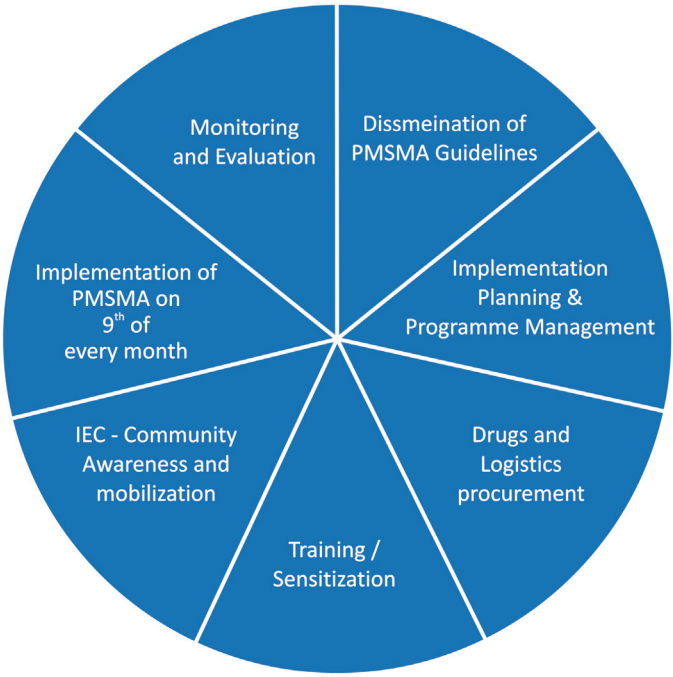
- In order to sustain the participation by volunteers, it is essential that the volunteers are made comfortable during their visit and services provided by the private sector are adequately acknowledged and recognized.
- Multiple platforms would be utilized to acknowledge the services such as award functions at National/ State and district level, recognition by District Magistrates, State Health Ministers etc, recognition in print media/ radio/ television and most importantly social media.
- **Criteria for Awards:** While the State PMSMA Committee would decide the criteria for awards, it is suggested that 3-4 categories of awards could be provided to volunteers at the State and district levels namely:
  - Awards for volunteers who have served maximum number of patients
  - Awards for volunteers who have consistently provided services on all PMSMA days (for 6 months/ one year). All doctors who have consistently provided services can be felicitated with a certificate by the District Magistrate at the district level.
  - Awards for volunteers who have served in remote/ inaccessible areas
  - Any other criteria deemed fit by the district/ State authority (if required).

  Doctors providing exemplary services would be nominated by the State for National level recognitions. Criteria for recognition of efforts of government functionaries are outlined later in the document. Considering the importance of this facet, State PMSMA committees must actively formulate the strategy for recognition of efforts of volunteers and functionaries at the earliest.
- The PMSMA portal would also be utilized for recognizing the work of doctors and the communication team would highlight contributions from the doctors including stories from the providers as well as beneficiaries.

- Utilization of social media for recognizing the work of volunteers should be a core strategy of the initiative. Bronze/ Silver and Gold medals could be created to felicitate the doctors for their contributions. A virtual 'Hall of Fame' could be created for recognition of doctors who have consistently performed and achieved the desired benchmarks. Platforms such as Twitter/ facebook should be actively utilized for sharing success stories and contributions of volunteers to sustain the commitment of volunteers.
- Organizations such as FOGSI & IMA could also be requested to recognize the private sector providers who volunteer for PMSMA,
- Setting up a mechanism to address feedback / grievances from volunteers would also be critical to sustaining the momentum of the campaign.

Implementation Approach

Critical Components of PMSMA



Preparatory activities

- Establishment of National level, State level and District Level Coordination Committees.
- Sensitization meeting under the chairmanship of the Principal Secretary Health & HW at the state level and District Magistrate at the district level.
- Line listing of facilities for conducting PMSMA and line listing of private providers willing to support the initiative.
- Orientation and capacity building of stakeholders and service providers.
- Planning for logistics, like HR, space, availability of drugs, diagnostics for target beneficiaries
- Adaptation of the IEC materials shared by Government of India and contextualize as per local needs.
- Printing of monitoring and reporting formats.
- Community mobilization and awareness activities
- Planning for monitoring and evaluation activities

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.

1. 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 & 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.

2. 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.

At PMSMA Site: Ground rules

1. Estimation of the PMSMA Clinic load

The probable number of pregnancies that may occur in selected district/ area can be estimated by the following formula:

Probable number of pregnancies/ district = Population of the district X Birth rate of the district, for example;

- Probable number of pregnancies per year for Guntur district of 49 lakh population = 49,00,000 X 21.48/1000 Pregnancies (Birth Rate of Guntur) = 1,05,252 Pregnancies/ year
- Probable Number of Pregnancies per month = 8771 pregnancies/ month
- As per RSOC 2013-14, 65.7 % pregnant women availed ANC services at AWCs/ government health facilities. Considering this it is estimated that 65.7% of the estimated pregnant women would attended PMSMA clinics every month at government health facilities. i.e.

Approximately 5,762 PW would attend PMSMA clinics in Govt. health facilities/ month for a district with population of 49 lakhs.

(Districts should calculate the estimated load based on their birth rate and ANC coverage rate)

2. Identification of PMSMA Facilities and Planning for HR, Drugs, Diagnostics

a. **Identification of Facilities:** Ascertain how many health facilities in the district have the requisite infrastructure and equipment's for organizing the Pradhan Mantri Surakshit Matritva Abhiyaan eg: how many facilities have well equipped laboratories, OPD rooms, adequate seating arrangements for the PW, their relative and ASHAs.

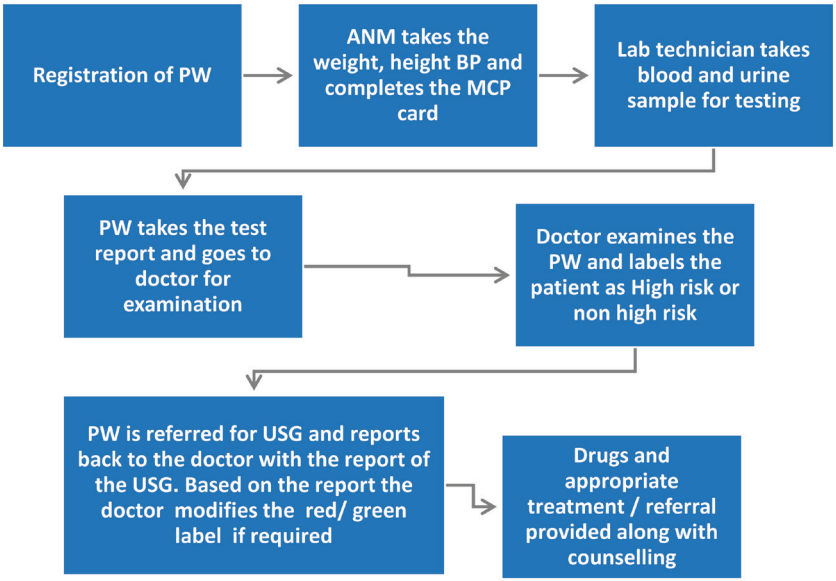
b. Ascertaining Requirement for Human Resources

- Ascertain how many of these facilities have the requisite Human Resources eg: Gynecologists, Medical Officers, Ultra-sonologists, lab technicians etc. For long term planning also ascertain the work load of existing HR and estimate whether the existing manpower would be in a position to cater to the extra workload in view of the PMSMA campaign every month (Refer annexure 2 for tool to help States assess HR requirements as per workloads)
- Desirable manpower for a PMSMA clinic can be calculated based on the premise that two medical officers (Preferably one Obstetrician, and one medical officer), 2 staff nurses, 2 lab technicians and 3-4 ANMs and 2 counsellors (for providing group counselling) would be required for every 100 pregnant women attending the PMSMA clinics. If obstetricians are not available at PMSMA facilities, medical officers should be assigned to conduct antenatal checkups at PMSMA clinics. Doctors from private sector should be mobilized at PMSMA clinics having shortage of doctors.
- Human resources could be pooled for that day from neighboring facilities that are not conducting PMSMA provided it does not disturb the existing services provided by the neighboring facilities. Lab technicians working under different government health programs could be pooled to work for PMSMA on the 9th of every month.
- Availability of volunteers from private sector should also be taken into consideration while planning for PMSMA activities. Efforts could also be made to rope in Senior residents, faculty from both Govt and private medical colleges to help in covering the HR gap.

c. Ascertaining requirement of Drugs and Diagnostics: Ensuring availability of drugs and reagents / point of care diagnostic kits or any other necessary supply by advance planning and utilizing GOI/State supply or JSSK funds is critical. List of drugs and diagnostics as indicated in the guideline can be referred.

d. Keeping in view the above considerations, PMSMA services could initially be operationalized at **DH, SDH, CHC- FRUs and non CHC FRUs** (if requisite diagnostic services with or without USG services can be organized at the non- CHC FRU). 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. Progressive States that can operationalize full package of PMSMA services at lower levels and can conduct PMSMA clinics at PHC levels.

3. Flow of beneficiaries on the 9th of every month i.e. on the day of PMSMA



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), 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. Facilities should be clean and well maintained and infection prevention practices should be followed to avoid nosocomial infections. The given flow for PW must be followed to ensure delivery of complete ANC services. Crowd management with extra registration counters will be important especially in facilities receiving a large load. Groups of PW can be given counselling on diet, rest and danger signs, breast feeding, post-partum family planning etc during the waiting period. Audio Visual aids could be utilized for educating women while the women are stationed in the waiting area. Arrangements should be made to ensure that all pregnant women follow the below mentioned protocol on the PMSMA day:

a. **Registration:** The ANM/ Staff nurse would register the pregnant woman coming to the PMSMA Center and provide her a MCP card and safe motherhood booklet.

b. **Examination:** The Staff Nurse/ANM will take the height and weight of the PW, check her pulse and BP and record the findings on the case sheet and send the mother to the laboratory for diagnostics.

c. **Diagnostics:** Following the registration, the woman should be provided with a printed list of investigations. All tests should be done by the Laboratory technician before the doctor's (OBGY specialist or Medical officer) examines the pregnant woman. If all tests are not available in the public facility the technician from the outsourced laboratory should be present in the facility along with the facility LT to collect the sample. Blood sample should be collected at one go for all tests to be done irrespective of the place of testing. Once the samples are drawn, the pregnant woman should be conveyed the time when the report is to be collected. Women should not be called the next day for results of the lab investigations. The reports should be handed over on the same day to the beneficiaries to ensure that the doctor is able to see the reports during the examination of the PW and is able to categorize the PW into a high risk / non high risk category and initiate appropriate treatment. (Refer annexure one for list of diagnostics)

d. **Examination by Obstetrician/ Medical Officer:** All PMSMA beneficiaries who registered would visit the Obstetrician/ medical officer with the report of their investigations. Examination by ANM/ staff nurses and lab investigations of beneficiaries should be started at least an hour before the Obstetrician/ medical officers starts examining the beneficiaries. The doctor would reconfirm the findings noted down by the nurses, by systemic (especially BP checkups) and obstetric examination, followed by prescription of necessary drugs. The doctor would then refer the woman for USG and ask her to report again with USG findings. Based on the examination of the PW and reports of investigations & USG reports a red sticker / stamp would be put on to the MCP card of women who are found to be high risk. If not, a green sticker should be put on the MCP card. It is critical that a red sticker or stamp is affixed on all identified high risk cases.

Ultrasonography (USG): PMSMA centers should ensure that the PW get their USG done in time on 9th. Conducting at least one USG during each pregnancy is one of the most critical component of the Abhiyan. Thus every facility needs to assess the following and then plan accordingly;

- Availability of in house USG, both in terms of equipment and manpower
- Assess whether either one of them is available and then plan for the missing components i.e, equipment and manpower. While assessing the requirement it should be remembered that normally one sonologist/ obstetrician will not be able to perform more than 40 USG per day
- Facility must also explore possibility of private providers coming to public health facility for conducting USG (in such a situation, they need to be registered under PCPNDT act)
- Public private partnerships with nearby radiology centres

It is expected that majority of the identified PMSMA centers at the sub district level would not have a USG facility and hence PW coming to these PMSMA centers would have to get their USG done from identified public or private USG centers. The PMSMA District Committee should enlist the USG centers both in the public and private sector and develop a plan to link PMSMA centers to the USG centers in the public sector and through PPP with centers in the private sector. The PMSMA District Committee, based on the line listing of the PW should develop a micro plan (Linking public and private USG facilities to PMSMA sites) for conducting USG of PW. In case the report of the USG cannot be provided on the same day, PMSMA district nodal officer should develop a mechanism to deliver reports to ASHAs who would ensure that PW receive the reports and appropriate follow up.

As per guidelines for Free Diagnostic Services under NHM, USG services are approved at DH/ SDH/ CHC level. At DH/ SDH level tests are to be done in house and at CHC level tests could be done using public infrastructure but using private provider. States can thus propose for funds for USG services under the Free Diagnostics Initiative. JSSK funds can also be utilized for providing USG services if required.

e. Providing IFA/ Calcium Supplementation and Drugs

- It should be ensured that all PW receive IFA and calcium supplementation
- PW should also receive any other drugs prescribed by the medical officer

f. Counselling: All pregnant women should receive group counseling (group of 10-12) for diet, sleep, regular ANC check up, institutional delivery, breast feeding, benefits of small family etc with the help of RMNCH+A counsellors/ counsellors under other programmes/ Staff nurses/ ANMs. The danger signs

of pregnancy should be explained to the pregnant women. High risk cases should get additional counseling on 'where to go for regular check up and institutional delivery, whom to contact during emergency', and the contact details for assured transport. All high risk cases should be advised to visit the health facility near term in order to plan her delivery

4. Transportation Facilities

A. For Beneficiaries

- It is expected that the PMSMA IEC strategy, the prospect of being examined by a doctor and comprehensive lab tests including USG services would help in sensitizing the community to avail quality ante natal care services on 9th of every month irrespective of any transportation support. States should however plan to provide transportation facilities to PW residing in difficult / inaccessible areas where public transport is either not available or very poor, PW from vulnerable communities and in blocks with home deliveries >20% under JSSK. This will help improve ANC Coverage as well as institutional deliveries.
- The PMSMA centers to ensure assured referral of high risk pregnant women to appropriate centers for provision of necessary treatment.

B. For Private providers

- Obstetricians/ medical officers who require transportation can be provided transportation or paid TA as per State government norms.

5. Tracking of high risk pregnant women

- The MCP card of every High risk PW should have a red sticker or a red stamp. These women should get sms alerts through the existing MCTS.
- ANMs and ASHAs must maintain a line list of such women and they must be individually tracked for getting their routine medicines, periodic consultation and timely admission for delivery in identified health facilities.
- These high risk women must be checked at regular intervals by OBGY specialist at District hospitals or at FRU and it should be ensured that she delivers in a facility that provides assured emergency obstetric care services (FRU – SDH, CHC, DH / Medical College Hospital). It is mandatory that all identified high risk cases must be linked with such facilities for their routine /periodic care and delivery in the third trimester.

- To enable such linking, districts must convey the list of facilities providing emergency obstetric care to health care providers, ASHAs and pregnant women with high risk pregnancies along with the emergency contact numbers of district nodal officers and emergency transport. The telephone number of the facility where the high risk PW may deliver should be mentioned on her card so that she may be able to communicate in case of emergency. All delivery points identified for managing high risk cases should to be strengthened as per MNH toolkit so that they are ready round the clock for responding to any emergencies. State programme managers and CMOs should allocate funds for strengthening of such identified delivery points. District and Block programme managers should be made accountable if identified high risk women do not get the desired services at linked public health facilities
- High risk pregnant women should get ASSURED REFFERAL to appropriate center during emergencies. 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.
- Both the nodal officer and drivers of ambulance / vehicle should be oriented for quick response in case of receiving call from such beneficiaries. JSSK helpdesks need to be activated if at present non functional
- Development partners are encouraged to pilot innovations (ICT/ non ICT) for improving the tracking of HRPs and prompt treatment resulting in improved survival.

6. Completing the Loop

The main objective of the campaign is to ensure that all high risk pregnant women are detected early and provided timely and quality treatment ensure a health mother and a baby. Linking PMSMA centers with CEmONC facilities is of utmost importance. The PMSMA centers need to ensure assured referral of all High risk pregnant women to appropriate facilities (FRUs) and follow up on the outcomes. The first referral units should ensure that all HRPs are provided appropriate treatment.

7. Community awareness and mobilization

a. Awareness Activities

The role of awareness generation, community sensitization and mobilization efforts is very crucial for achieving high ANC coverage at PMSMA sites. With PMSMA occurring on the same day (9th) across the country, the State Government will implement locally relevant and contextualized versions of the IEC materials and messages from the national campaign materials shared by the MoHFW, Government of India. States could also print/ stamp PMSMA messages on all official communication being sent out by them and even OPD slips could have the messages imprinted as was being done for Routine Immunization.

b. Key messages

The State should ensure that all IEC activities include simple and easy to understand information focusing on the need for at least one comprehensive ANC by a medical officer and the need for investigations. Awareness activities should be conducted to motivate gatekeepers & decision makers of family to get pregnant women at the nearest PMSMA site.

c. Media mix

The State will select the most appropriate or all media from the National Government's recommended media mix as fits the local context. State Governments should use a mix of media, including mass media with a combination of print, audio, video channels of communication and need-based community strategies like leaflets, wall writings and community talks with targeted messages. The recommended activities are newspaper appeals, radio jingles through AIR and FM channels, TV scrolls and local cable channels. ASHA workers will mobilize community members through gram panchayats and VHSNC meetings to ensure greater coverage.

d. Health Helpline

State/UT health department may utilize the existing health helpline numbers eg 104 helpline to resolve and address queries identified by program functionaries at different levels and queries of beneficiaries..

e. Interpersonal Communication/ Village Level Mobilization

IPC involving ANM, ASHA, AWW and such grass root workers is most effective tool for convincing beneficiaries for utilizing the services under PMSMA. This also does not incur any direct cost, but only sensitization and materials to be used for IPC. ASHAs will conduct village meetings with Panchayats, VHSNC members, MAS in urban areas and self-help groups, & pregnant women including their husbands and mother-in- laws and disseminate information about importance ANC check up by Medical officers with essential diagnostic & treatment at PMSMA sites. Other village based functionaries such as Anganwadi Workers, PRI workers will also be engaged for community mobilization.

Monitoring and Supervision Plan

Monitoring and supervision are essential management tools that can ensure that the PMSMA is being implemented as planned and assess whether desired results are being achieved. Specific monitoring and supervision guidelines are as follows:

- Designated teams from the MoHFW, GoI will monitor PMSMA activities by randomly visiting PMSMA sites across States / UTs.
- Similarly, States/UTs, Districts and Blocks will also designate teams/officials for field monitoring on the PMSMA.
- All monitoring teams and personnel from National, State, District or Block levels, including Development Partners, FOGSI, IMA will use a standardized common format recommended by GoI for field-level monitoring of PMSMA (refer Annexure III).
- The nodal officer for PMSMA at the District level will coordinate all monitoring and supervision activities in their respective Districts.
- At all State/UTs, District and Block levels, supervisory visits should be based on micro-plans developed.
- The RMNCH+A lead and partner agencies/ National/ State/ District RMNCH+A Units along with providing complete support for planning and implementation, will monitor the implementation of the PMSMA efforts through State RMNCH+A units and District level monitors in the 184 High Priority Districts.
- Preventive and Social Medicine Departments of Medical Colleges could also be involved for supportive supervision after sensitizing the departments on PMSMA.
- States, Districts and Blocks will use existing mobility mechanisms for monitoring purposes.
- All monitoring formats used by officials/teams will be submitted to the PMSMA nodal officer at the District level/ State level for further compilation, data entry and analysis. State/ District level RMNCH+ A Units would help nodal officers in compiling and analysis of the monitoring reports.
- Moving forward the PMSMA centers / districts will be able to enter the PMSMA data online replacing the manual paper based reporting system.

Budgetary Considerations

PMSMA has been introduced to provide fixed day ANC services with a focus on quality ANC. Funds for providing ANC services are regularly approved under NHM under budget heads such as JSSK, Free Drugs and Diagnostics, IEC, referral transport etc. JSSK funds/ funds under free diagnostic initiative are to be utilized for mobilizing drugs, diagnostics, referral transport and food for pregnant women attending the PMSMA clinics. However, if required, States/ Districts can reflect additional amounts for conducting PMSMA activities in their State/ District Programme Implementation Plans. Districts can propose Rs. 50000- Rs. 200000 (depending on population)/ year for undertaking activities such as sensitization of stakeholders, meetings of committees, IEC campaigns etc. Similarly States can propose Rs. 300000- Rs. 500000 (depending on population)/ year for State level sensitization of stakeholders, meetings of committees, IEC campaigns etc.

Recognition Efforts of States/ Districts

Criteria for recognition of efforts of the private providers Government functionaries are the foundation on which the implementation of PMSMA rests and it is thus critical that the efforts of government functionaries in implementing the PMSMA are recognized and acknowledged. Awards for the district teams should be based on the percentage coverage against the target of estimated 2nd/3rd trimester pregnant women in the district/state and the percentage coverage of beneficiaries receiving the complete set of drugs/ diagnostic services. The number of awards will be 3 best blocks per district and 3 best districts per state. Government doctors providing exemplary services under PMSMA must also be felicitated at district and State levels and also recognized on social media. State PMSMA committees would develop the detailed criteria based on the above parameters. In subsequent years, the improvement in coverage viz a viz the previous year could also be taken into consideration. Achievements of three best performing states would also be recognized at national level.

Annexure I

Pre-requisites for Facilities organizing Pradhan Mantri Surakshit Matritva Abhiyan	
• Essential ▪ Human Resources ◆ ANM/GNM ◆ BEmOC trained Medical Officer ◆ Lab Technician ◆ Pharmacist ◆ ANM/SN/ trained in counselling • USG: Sonologist/Radiologist for USG (In house or from private sector) • Lab Investigations ▪ Hemoglobin ▪ Urine Albumin and Sugar ▪ Malaria ▪ VDRL, HIV, Blood Sugar ▪ Blood Grouping ▪ Screening for GDM using OGTT • Drugs ▪ Inj. T.T. ▪ Tab Iron Folic Acid ▪ Tab Folic Acid (400 micro gram) ▪ Antibiotics: Ampicillin, Gentamicin, Metronidazole, Amoxicillin, Trimethoprim & Sulphamethoxazole, Inj Dexamethasone ▪ Tab Paracetamol ▪ Tab Cal 500 mg & Vit D3 ▪ Tab Albendazole ▪ Tab Methyldopa ▪ Capsule & Tab-Nifedipine ▪ Tab Digoxin IP ▪ Tab & Inj Labetalol ▪ Uterotonics (Inj. Oxytocin & Tab Misoprostol) ▪ Inj. MgSO4 ▪ Erythromycin ▪ Chloroquine/Quinine/ACT	• Desirable ▪ Human Resources ◆ SBA Trained ANM/ GNM ◆ Obstetrician and Gynecologist (In house or from private sector)/ CEmOC trained Medical Officer ◆ RMNCHA counsellor ▪ Lab investigations ◆ Rh incompatibility 

Annexure II

Estimating HR

- Functional health facilities need to be identified in the district (Delivery points can be taken as default criteria)
- Distribute the women in different facilities as per the line-listing & location of beneficiaries
- Total expected no. of beneficiaries for the health facility needs to be estimated
- Since such facilities might already have patients/expectant mothers, their routine services cannot be compromised
- Asses the workload of the existing HR as per the table below

	Staff	Minimum performance
1.	Specialist	60 OPD/day
2.	Medical officer	75 OPD/day
3.	Staff nurse	As per MNH tool kit
4.	Lab technician	100 tests/day
5.	Sonologist	40 tests/day

- If the load of existing facility is more than that indicated in the table then additional HR should be placed from other health facilities/ enrolled private doctors
- So for 100 ANC cases, the requirement would be – 1 specialist/ medical officer + 1 medical officer + 1 sonologist + 1 lab technician + 2 staff nurse + cleaning/support staff
- If all the examination and tests are to done on the same day then 2 sonlogists/OBGYN are required

Annexure III

3.1: Pradhan Mantri Surakshit Matritva Abhiyan Onsite Monitoring Format

State: ..... District: ..... Block: ..... Urban/Rural: .....

Date: ..../...../..... Time of visit: .....: ..... Name of health facility: ..... Type of facility: DH/SDH/CHC/PHC/Private

Name of monitor: .....Designation: .....Organization: .....

Availability of HR/ Equipments/ Drugs/ Diagnostics

Section – A: Service Provider Information:							
Sr. No.	Category	Available (Yes/No)	No. (s)	Sr. No.	Category	Available (Yes/No)	No. (s)
A1	Obs & Gynae Specialist			A4	Staff Nurses (SN)		
A2	Medical Officer (MO)			A.4.1	Staff Nurses (Trained in SBA/ Dakshata)		
A2.1	CEmOc trained			A5	Auxiliary Nurse Midwife (ANM)		
A2.2	BEmOC trained			A.5.1	ANM (Trained in SBA/ Dakshata)		
A3	Private provider (O & G/ MO)			A6	Counsellor (RMNCH+A/SN/ANM)		

Section – B: Essential Equipment (Verify physically for availability and functionality)								
S. No.	Equipment's & Instruments	Yes/ No	No.	Equipment's & Instruments	Yes/ No	S. No.	Equipment's & Instruments	Yes/ No
B1	BP Apparatus		B2	Adult stethoscope		B3	Weighing machine	
B4	Height scale		B5	Measuring tape		B6	Torch	
B7	Thermometer		B8	Fetoscope/Doppler for FHS		B9	Sterile Gloves	

Section – C: Diagnostic Services (Confirm the availability of lab tests for following: Write yes for each laboratory service available in house.)					
S. No.	Diagnostic Services	Yes/ No	No.	Diagnostic Services	Yes/ No
C1	Hemoglobin		C5	Point of Care Test for Syphilis/ VDRL/ RPR	
C2	Urine Albumin & Sugar		C6	Whole Blood Finger Prick Test	
C3	Screening for Gestational Diabetes Mellitus (OGTT)		C7	Blood Grouping	
C4	Malaria through RDK (in endemic areas)		C8	Ultrasound In-house Outsourced	

Section – D: Drugs Available (check the availability of each drug at the PMSMA Clinic or pharmacy. Write yes/no accordingly. If adequate stock not available mention in your remarks)								
S. No.	Equipment's & Instruments	Yes/ No	No.	Equipment's & Instruments	Yes/ No	S. No.	Equipment's & Instruments	Yes/ No
D1	IFA Tablets		D7	Inj. Dexamethasone		D13	Tab. Labetalol	
D2	Tab Folic Acid		D8	Inj Tetanus toxoid		D14	Tab Paracetamol	
D3	Cap Ampicillin		D9	Tab. Calcium 500 mg & Vit D3		D15	Tab Chloroquine	
D4	Cap Amoxicillin		D10	Tab. Albendazole		D16	Tab Nifedipine	
D5	Tab Metronidazole		D11	Tab. Methyldopa		D17	Erythromycin	
D6	Gentamicin		D12	Inj. Labetalol		D18	Tab Paracetamol	

Section E: Infrastructure (Confirm the availability of following basic infrastructure)		
Sr. No.	**Infrastructure**	**Yes/No**
E1	Clean Toilet for PW	
E2	Adequate waiting space for women	
E3	Provision of drinking water	
E4	Examination tables in ANC clinic	
E5	Adequate Sign posting for ANC services	
E6	IEC Material on PMSMA	

Service Delivery (Check if women are receiving the following services)

Section F: Identification and Management of High Risk Pregnancies					
Sr. No.	**Infrastructure**	**Yes/No**			**Yes/No**
F1	Women identified with anaemia		F5	Women identified as Seropositive for HIV	
F2	Adequate waiting space for women		F6	Women identified Seropositive for syphilis	
F3	Provision of drinking water		F7	Women identified with hypothyroidism	
F4	Examination tables in ANC clinic		F9	Women identified with any other high risk factor	
F10	IFA distribution		F13	Treatment for Diabetes	
F11	Calcium supplementation		F14	Treatment for other high risk factors	
F12	Treatment for Hypertension		F15	P.W with high risk factors referred for further treatment	

Section G: Counselling Services		
G1	**Counselling Services being provided (Y/N)**	
G2	Cadre Providing Counselling **(Please specify if RMNCH+A counsellor/SN/ANM providing counselling)**	
G3	Is Group Counselling being done (Y/N)	
G4	Is One on One Counselling being done (Y/N)	
G5	Is a Counselling tool available (Y/N) eg flipbook/ safe motherhood booklet	
G6	Are women counselled for Birth Preparedness and Complication Readiness	
G7	Are women counselled for post-partum family planning	
G8	Are women counselled on Nutrition during pregnancy	

Documentation:
(Please verify physically if the following records are available and being maintained)

Sr. No.	Record	Yes/No
H1	**ANC Register**	
H2	**Line list of HRP**	
H3	MCP Cards	
H4	PMSMA reporting Formats	

Section I: Check MCP Cards of 5 women who have completed their ANC during the PMSMA Write Yes, if the parameter has been recorded								
	Gestational Age	Hemoglobin	Weight	BP	FHS	Abdominal Examination	USG	Appropriate Color sticker
Case 1								
Case 2								
Case 3								
Case 4								
Case 5								

3.2: District Assessment Checklist Pradhan Mantri Surakshit Matritva Abhiyan

State: ..... District: .....Name of monitor: ..... **Organization: ..... Date/s of visit: .....**			
Monitors should meet Programme Officer – PMSMA and other district-level officers for advocacy of PMSMA and also to debrief them about their observations with suggested corrective actions.			
1.	Is the initiative being implemented in all blocks? If not, provide details (if implemented in all districts just write all). Also provide number of facilities in urban areas corporations where PMSMA is being implemented	..... out of .....blocks .....number of facilities in urban areas	
2.	Status of Quarterly District level PMSMA Meeting: ☐ held ☐ not held If held, minutes available? ☐ Yes ☐ No		
3.a	Have the district officials attended any State level orientation? ☐ Yes ☐ No If yes, when was it held?		
3.b	Has the district organized an orientation of block level officials? ☐ Yes ☐ No If yes, when was it held?		
4.	Number of health facilities where current round of PMSMA is planned to be conducted in	Average of Current Quarter	Average of Previous Quarter
4.a	Medical Colleges		
4.b	DH		
4.c	SDH		
4.d	CHC/ UCHC/ maternity homes		
4.e	PHC/ UPHC		
4.f	Other facilities such as railway hospitals etc (not funded by NHM but voluntarily conducting PMSMA)		

State: ..... District: .....Name of monitor: ..... **Organization: ..... Date/s of visit: .....**			
Monitors should meet Programme Officer – PMSMA and other district-level officers for advocacy of PMSMA and also to debrief them about their observations with suggested corrective actions.			
5.	Has the District planned to involve Private Sector in the PMSMA? ☐ Yes ☐ No If yes, number of private providers that have been involved in PMSMA ..... Have IMA/ FOGSI/ Rotary/ Lions Club etc been involved in PMSMA. If yes, provide details..... (attach comments in separate sheet if required)		
6.	Has the district organized a launch of PMSMA?	☐ Yes	☐ No
7.	If yes, who launched the PMSMA?		
8.	How many state level officers have been sent as state observers to districts in the current round/ previous quarter (Specify)		
9.	Have the monthly reporting format for PMSMA been communicated to blocks?	☐ Yes	☐ No
10.	Has the district prepared an IEC plan for PMSMA? If yes, kindly provide details	☐ Yes	☐ No
11.	Have RMNCH+A partners been involved in the implementation of PMSMA? If yes, kindly provide details	☐ Yes	☐ No
12.	**Remarks/Comments (4-5 points, which, according to you can play a significant role in improving the implementation of PMSMA in the district. Also comment if district has introduced any innovative strategy for implementing PMSMA.**		

3.3: State Assessment Checklist Pradhan Mantri Surakshit Matritva Abhiyan

State: ..... District: .....Name of monitor: ..... **Organization: ..... Date/s of visit: .....**			
Monitors should meet Programme Officer – PMSMA and other state-level officers for advocacy of PMSMA and also to debrief them about their observations with suggested corrective actions.			
1.	Number of Districts out of total districts where PMSMA is implemented (if implemented in all districts just write all)	..... out of	
2.	Status of Quarterly District level PMSMA Meeting: ☐ held ☐ not held If held, minutes available? ☐ Yes ☐ No		
3.	Has a State level orientation of all Districts been organized? ☐ Yes ☐ No If yes, when was it held?		
4.	Number of health facilities where current round of PMSMA are conducted	Average of Current Quarter	Average of Previous Quarter
4.a	Medical Colleges		
4.b	DH		
4.c	SDH		
4.d	CHC/ UCHC/ maternity homes		
4.e	PHC/ UPHC		
4.f	Other facilities (not funded by NHM but voluntarily conducting PMSMA)		

State: ..... District: .....Name of monitor: .....Organization: ..... Date/s of visit:		
Monitors should meet Programme Officer – PMSMA and other state-level officers for advocacy of PMSMA and also to debrief them about their observations with suggested corrective actions.		
5.	Has the District planned to involve Private Sector in the PMSMA? ☐ Yes ☐ No If yes, number of private providers that have been involved in PMSMA ..... Have IMA/ FOGSI/ Rotary/ Lions Club etc been involved in PMSMA. If yes, provide details..... (attach comments in separate sheet if required)	
6.	Has the district organized a launch of PMSMA?	☐ Yes ☐ No
7.	If yes, who launched the PMSMA?	☐ Chief Minister ☐ Health Minister ☐ Other (specify)
8.	How many state level officers have been sent as state observers to districts? If yes, to how many districts.	
9.	Have the monthly reporting format for PMSMA been communicated to districts?	☐ Yes ☐ No
10.	Has the state prepared an IEC plan for PMSMA? If yes, kindly provide details	☐ Yes ☐ No .....
11.	Have State RMNCH+A partners been involved in the implementation of PMSMA? If yes, kindly provide details	☐ Yes ☐ No ..... (attach comments in separatesheet if required)
12.	**Remarks/Comments (4-5 points, which, according to you can play a significant role in improving the implementation of PMSMA in the state). Also comment if State has introduced any innovative strategy for implementing PMSMA.**	

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