

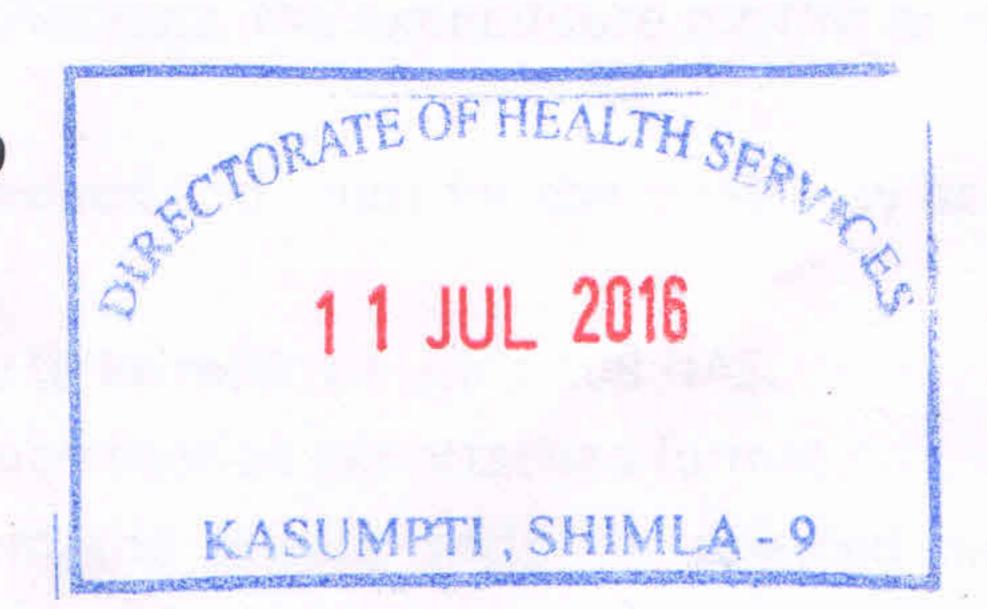
No. HFW-H/PMSMA/2016 NATIONAL HEALTH MISSION HIMACHAL PRADESH, SHIMLA-171009

To,

All the Chief Medical Officers, Himachal Pradesh

Dated

Shimla-9, the



Subject: Urgent- Roll out of Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) from 9<sup>th</sup> August 2016 onwards.

Sir/Madam,

As India strives towards achieving the Sustainable Development Goals, progress in reducing Maternal Mortality becomes an important frontier. With the implementation of schemes such as JSY and JSSK, the institutional delivery rate of Himachal Pradesh has increased to 68.7% (Rapid Survey Of Children 2013-14). In spite of this massive increase in the number of pregnant women coming to institutions for delivery, till date only 57.8% receive 3 ANC, 34.8% receive 4 ANC and the coverage of full ANC (provision of IFA tablets, full immunization and minimum 3 ANC visit) is as low as 26.3%. The desired coverage and quality of maternal health services is still a matter of concern and the Maternal Mortality of the state is still high. Timely detection of high risk pregnancies can prevent deaths due to preventable causes.

With this objective to provide quality ANC to every pregnant women, the state has decided to launch "Pradhan Mantri Surakshit Matritav Abhiyan", a fixed day ANC, given on 9<sup>th</sup> of every month across the state (Softcopy of detailed guidelines attached).

For the successful implementation of this programme, the following needs to be done:

- 1. Notify a District level committee as follows:
  - i. Chief Medical Officer

- Chairman
- ii. District Programme Officer(Maternal Health)
- District Nodal Officer
- iii. MEIO/Health Educator at District level
- District Communication Nodal Officer
- iv. MO In-charge of identified PMSMA clinic
- Facility Nodal Officer

The notified committees may be conveyed to the State Headquarter.

- 2. All government health institutions where one or more Medical Officer is posted, may be identified as PMSMA clinics.
- 3. All essential pre-requisites such as human resource, lab investigations, drugs and logistics should be arranged in the clinics well in advance. The responsibility of the same will be of the concerned BMO and Facility Nodal Officer.
- 4. The ASHAs and ANMs will mobilize pregnant women in 2<sup>nd</sup> and 3<sup>rd</sup> trimester of pregnancy in their area and by the 5<sup>th</sup> of every month would identify and line list such women.

- 5. All the staff involved in PMSMA may be sensitized during the review meetings.
- 6. As all pregnant women are entitled to free ANC checkups, the expenditure for this programme may be booked under JSSK.
- 7. A detailed action plan for IEC activities may be planned and funds for the same may be utilized from the sanctioned NHM IEC funds.
- 8. High risk pregnancies identified during PMSMA are to be referred using 108 NAS.
- 9. A monthly report of the programme needs to be submitted as per attached format.
- 10. Gynaecologist/Obstetrician may be engaged from the private sector in selected high load facilities. A proposal in this regard may be submitted to the State Headquarter.
- 11. Private health facilities who volunteer to give free services on the designated day are to be identified and the proposal may be submitted to the State Headquarter.

I would sincerely request all districts to include this programme as an important component of their overall RMNCH+A service delivery package and undertake all measures to begin the implementation of this very important initiative at the earliest.

Sul

Mission Director
National Health Mission
Himachal Pradesh
Email: md-hp-nrhm@nic.in

Email: mu-hp-minimemic.m Endst.No. HFW-H/PMSMA/2016



dated Shimla-9, the

Copy to:

- 1. The Principal Secretary (health) to the Government of Himachal Pradesh for information please.
- 2. The Deputy Commissioner In-Charge (Maternal Health), Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi-110011.
- 3. All the Deputy Commissioners, Himachal Pradesh for information please.
- 4. The Director Health Services, Himachal Pradesh for information please.
- 5. The Director, Women and Child Development Department for information please.
- 6. The Director, Ayurveda for information please.
- 7. The Director, Health Safety and Regulation Department, Himachal Pradesh for information please.
- 8. The Principal, IGMC, Shimla/ Dr.RPGMC Tanda, Kangra for information please.
- 9. The Medical Superintendents, KNH/IGMC, Shimla/ Dr.RPGMC Tanda district Kangra for information please.
- 10. The Jt. Directors/ Dy. Directors, Himachal Pradesh for information please.
- 11. All the State Programme Officers, NHM for information please.
- 12. The Consultant (MIS), NHM Shimla with a request to upload the same on the website under Maternal Health Guidelines and Reporting Formats.

Mission Director National Health Mission Himachal Pradesh

radhan Mantri Surakshit Matrit

of State/District:

Ö	Data elements (Number of Pregnant Women)	Number of PW who received care in facilities under NHM (except under NUHM)	Number of PW who received care in facilities under NUHM	Number of PW who received care in other govt, health facilities	Number of PW who received are in Private Health Facilities	Total	Remarks
							No. of PW line listed for
	2nd/3rd trimesters of pregnancy Line-listed by ANM/ASHA						A
	Received Antenatal care						al who rec
a)	Received 1st ANC						Out of total who received
	Received 2nd ANC						ئ ان
							al WIIO I CCCIVC
-	Received 3rd ANC						Out of total who received
=	Received 4 or more ANCs						ANC
	-						This is subset of point 2
	Out of total who received ANC, those who						and is not applicable for
	have already received ANC in previous						1st round of PMSMA
	rounds of PMSMA						All PW must be registered
4	Registered on MCTS						on MCTS and issued MCP
5	Issued MCP Card		+ Constant	/ /V/ 0/ nome			
-		Examination	On or Pregnant won	( )			During current round
9	Weight checked						During current round
7	Blood pressure recorded						During current round
8	Abdominal examination						
			Investigations				During current round
6	Haemoglobin checked						During current round
10	Blood Sugar checked						
	Blood Sugar already checked during		<b>€</b>				
11	previous ANC visits						During current round
7	Urine examination						During current round

During current round	During current round	During current round  During current round			Total of a) to h) above		trict in turn must submit this to the State for
		Medicines provided to Pregnant Women	Identification of High Risk factors				format to the district level authorities who must compile this and each district level authorities on to Gol.
	Already been tested for HIV during previous  ANC visits  Tested for syphilis  Tested for syphilis	16 previous ANC visits 17 Ultrasound conducted Ultrasound already conducted during 18 previous ANC visits	19 Distributed IFA during 20 Distributed Calcium supplementation 21 Received/completed Tetanus Toxoid dose	a) Identified with severe anaemia b) Identified with pregnancy induced	c) hypertension d) Identified with diabetes e) Identified with syphilis f) Identified with hypothyroidism g) Identified with hypothyroidism	h) Identified with any other high risk factor  Total Number of high risk pregnancies  identified  22 identified	further treatment  24 PW with high risk factors treated  Counselled on Birth Preparedness and  complication readiness

\* Each and every facility conducting PMSMA must submit this format to the district level authorities wild index