NHMHP-MTH0PMSM/1/2019-MH-Section-NATIONAL HEALTH MISSION-HP

I/222509/2023

No. NHMHP-MTH0PMSM/1/2019-MH-Section-NHM /0398
National Health Mission
Himachal Pradesh

To,

All the Chief Medical Officers,
Himachal Pradesh

MISSION DIRECTOR (NHM)
01 AUG 2023
Shimla-9 (H.P.)

The Medical Superintendents,
RH Bilaspur/ RH Chamba/ RH Hamirpur/
ZH Dharamshala/ RH Kullu/ ZH Mandi/
ZH Shimla/ RH Nahan/ RH Solan/ RH Una/
CH Rohru/ MGMSC Khaneri, Shimla

The Medical Superintendent,
KNH/IGMC, Shimla / Dr. YS Parmar Med. College, Nahan/
Dr.RPGMC, Tanda/RGRAH, Paprola, Kangra/
Dr. Radha Krishanan Govt. Medical College, Hamirpur/
Pt. Jawahar Lal Nehru Govt.Med. College, Chamba/
Sh. Lal Bahadur Shastri Govt. Med. College, Mandi

Dated Shimla-9, the

Subject: Extended PMSMA guidelines

Sir/Madam,

Background:

Screening, identification, line listing and appropriate management of high-risk pregnancies by OBGY/ CEmOC/ BEmOC specialist and referral to appropriate higher facilities are some of the fundamental elements of PMSMA.

As per literature, about **20-30%pregnancies belong to high risk category**, which is responsible for 75% of perinatal morbidity and mortality in India. However, only 10% of the pregnancies are currently being classified as 'High Risk' on the PMSMA reporting platform, varying from State to State.

With 30,000 estimated maternal deaths in a year across the country, high MMR remains a matter of grave concern, and thus it is paramount to ensure quality ANC to each pregnant woman, identify the 'high risk pregnancies' (HRPs) and track these for counselling, management birth preparedness and referral till the outcome to close the loop.

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Reasons for poor HRP tracking:

Low footfall in PMSMA sessions due to the following reasons:

a. **Low uptake of ASHA incentives by State/UTs-** Under PMSMA, ASHAs are entitled to Rs 100 per PMSMA session for mobilizing pregnant women to attend PMSMA clinics. However, presently only 5-6 states have made provision for this ASHA incentive for beneficiary mobilization.
b. **Limited support for free transport facility** for pick up and drop back of pregnant women to PMSMA sessions

Lack of name-based database and tracking from service provision till outcome for the identified & reported HRPs in existing PMSMA portal.

Rationale:

1. To meet the SDGs, it is paramount to ensure quality ANC to pregnant women, especially those with high -risk factors, and **individual HRP tracking till its outcome to close the loop.**
2. Although HRPs are detected, managed, and followed up during PMSMA sessions, beneficiary-specific databases, tracking, and outcomes for each high-risk case are not readily available due to the **lack of a name based IT-based infrastructure.**
3. The regular follow-up actions are getting hampered because **ASHAs are not rewarded for mobilizing HRP beneficiaries** for follow-up visits to the nearest PMSMA clinics/healthcare facilities.
4. Further, support for **free transport available for beneficiaries shall increase service uptake** under PMSMA sessions.

Salient features of the Scheme:

1. **Mapping of PMSMA Clinics:**

- An ideal PMSMA clinic should have space, man power and diagnostic services as per operational framework of PMSMA (softcopy enclosed). Therefore, to assess the completeness and quality of services being provided to pregnant women under PMSMA, the checklist for the assessment has to be filled and

uploaded regularly on PMSMA portal. The Checklist for Quarterly self-assessment of the PMSMA facilities is placed at**"Annexure-1".**

- For facilities in which Medical Officers (in service/volunteers) is available but diagnostic services and ultrasonography are not available. The district must explore the scope of tie up with private providers on volunteer basis having these facilities and submit the proposal to the State for approval.
- The volunteers who opt to serve in identified PMSMA facilities situated in difficulty hard to reach areas will be provided transport expenditure to the facility and back. The expenditure for this can be booked under JSSK after the approval from the State. **(*Approved State Government rates)**
- If the district finds that some PMSMA clinics are not having the adequate services available based on the self assessment conducted such PMSMA clinics should be immediately de-notified. However, the district must conduct a self-assessment of these de-notified facilities in next 6 months to check for the service availability so that they can be upgraded and notified as PMSMA clinics again.

2. **Identification of High Risk Pregnancy(HRP):**

- PMSMA sessions are conducted at designated PMSMA clinics throughout the State on 9th of every month. In case 9th is an official holiday, the PMSMA may be organized on the next working day.
- All the pregnant in **2nd and 3rd** trimester should be mobilized to PMSMA clinic.
- At least 16% of OPD in PMSMA clinic are HRPs. The medical officer of the PMSMA facility has to ensure that HRP are identified, reported and screened.
- It is the responsibility of the village ASHA and ANM to mobilize all the pregnant women in her village to attend the nearest PMSMA clinic and undergo high risk screening by a Medical Officer/ obstetrician.
- Once a HRP is identified by the medical officer, the PW will be referred to the CHO posted at sub centre of the concerned area for being registered as HRP at HSC level. The Community Health Officer will keep record of all identified HRP of her area.
- All identified high risk pregnancies should have a sticker on the MCP card and get SMS alert through RCH portal. (*The Health Worker (ASHA/ANM) must ensure that the correct personal mobile/contact number is uploaded on the RCH portal for all pregnant women of their respective areas).
- Further once a PW is categorized as an HRP, it will the responsibility of the

respective
ASHA/ANM to ensure that 3 additional ANC visits to Medical officer for all identified HRP.

- These follow up visits may be conducted either in the subsequent PMSMA session or the nearest healthcare facility suggested by the treating doctor
- The Medical Officer should ensure that all high-risk pregnancies detected in PMSMA clinics must be regularly followed up by the respective CHOs and the same is reported the concerned medical officer in-charge of PMSMA clinic.
- The HRP line list should be regularly shared and updated with respective BMOs. It is mandatory that **all identified high risk pregnancies must be linked with nearest First Referral Units (FRU)** for ensuring a safe delivery after completion of pregnancy and prompt management of complications, if any.
- Free transport for referral to the FRU at the time of delivery is to be ensured by the ASHA and ANM.

3. **Additional day for PMSMA clinics:**

District may choose to organize **an additional day for PMSMA clinics (over and above the existing 9th day of every month)** and subject to the existing footfall on PMSMA days, to make up for the missed HRP cases and regular follow ups of the HRPs.

In case the district opts for an additional PMSMA day it should be organized on **27th of every month**. The information of the same should be shared with State Headquarter.

4. **Strengthen the provision of qualified service providers for PMSMA:**

In order to strengthen the provision of qualified service providers at the PMSMA facilities, following strategies can be adopted:

- **BEmONC Training to Medical Officers:** All medical Officers of PMSMA facilities should be trained in BEmONC (Basic Emergency Obstetric and Newborn Care) to provide quality maternal health services during PMSMA. Therefore districts must identify and share the list of Medical officers of their PMSMA facilities for these trainings with the State.
- In addition, **Block Head Quarters OBGY specialists doctors may be deputed to lower level facilities once a month** to conduct PMSMA clinics where a trained

doctor is unavailable.

- Teleconsultation from PHC to a specialist at a hub could be a viable option/alternative. HWC infrastructure can be leveraged for this.

5. **Flow of beneficiary in the PMSMA clinic:**

All the beneficiaries of PMSMA should be registered in the PMSMA clinic by the Nodal Health Worker and a PMSMA OPD Slip should be issued to them. In case the patient gets registered in the general registration of the health facility, the PMSMA OPD slip should be attached with the general OPD slip after filling all the details. The beneficiaries should be seated comfortably and provision for safe drinking water should be made. Based upon the registration in the PMSMA clinic, the Nodal Health Worker will send the beneficiary one by one to the doctor. The Medical Officer/ OBG specialist would conduct the 2nd/3rd ANC as per the prescribed guidelines. The doctor should ensure that the complete examination of the patient including measuring of BP is done personally by him/her. The findings of the examination and other relevant record should be noted on the PMSMA OPD slip.

The doctor may prescribe diagnostics on the beneficiary as per availability of the same in the PMSMA clinic. In case, a laboratory technician is not available, the basic Point of Care (POC) tests should be conducted by the PMSMA Nodal Health Worker. In case the load of beneficiaries is high, the facility In-charge may requisition for additional MPWs. The Haemoglobin estimation of the pregnant woman should be mandatorily performed at the PMSMA clinic during third trimester visit and the results of the same shall be corroborated with the clinical findings by the concerned doctor.

If the doctor feels the need of additional diagnostics which not available in the PMSMA clinic, he/she may ask the beneficiary to get the same done at the nearest available facility, where the same can be performed. It needs to be ensured that the beneficiary does not incur any out of pocket expenditure (OOPE) on availing the services in the PMSMA clinic.

In case, a beneficiary is categorized as High Risk Pregnancy, the doctor would make a note of the same in red ink on the PMSMA OPD slip.

The PMSMA Nodal health supervisor would fill the PMSMA register and the MCP card based upon the PMSMA OPD slip. In case, the beneficiary is marked as a

HRP, the nodal worker will fill the 2nd part of the PMSMA register which is High Risk Pregnancy Line list. He/she will also affix the HRP sticker on the MCP Card and prepare the **Red HRP card** where the details of next 4 ANCs will be recorded. This Red HRP Card should be kept with the ASHA that brought the mother to PMSMA clinic and she will ensure that it is carried in the additional 4 ANC visit with pregnant women.

In this portion of the register, each original page has two extra corrugated duplicate pages one for the nominated ASHA worker coming from a HWC-HSC. In case, more than one ASHA is attending the PMSMA clinic then they may make a note of the HRP case or take a photocopy of the duplicate page. The ASHA will submit the details of the HRP as recorded on the duplicate page to the respective MPW of the HWC-HSC who in turn would be responsible for maintaining a HRP Line list of their area in the prescribed register and ensure their appropriate treatment and follow up. The 2nd duplicate sheet has to be handed by the facility Nodal Worker to the concerned HMIS operator for purpose of reporting.

6. **Role and Responsibilities:**

The facility In-charge of PMSMA clinic would be the Nodal Officer of the PMSMA clinic and would be responsible for all the services which are to be rendered to beneficiaries of PMSMA.

A Health supervisor from the facility or from a nearby Health facility should be designated as the Nodal Health Supervisor for these PMSMA clinics.

7. **Reporting:**

Till the time RCH Portal is integrated with PMSMA Portal from GoI level, the PMSMA portal and physical mode of reporting and verification of services and payment through PMSMA Registers at the facility level may be utilized on a regular basis.

All Districts must maintain a line list of all identified HRP on monthly basis and share the same with state.

8. **Review:**

The Block and District will track the progress on PMSMA portal and reporting

format till PMSMA portal is intrigrated RCH portal as a part of their monthly review meeting and ensure optimal services are being rendered in the PMSMA clinics.

- **Block Medical Officers:** All Block Medical Officers must review the PMSMA on monthly basis and should ensure the line list of HRP's is maintained and followed up.
- **Chief Medical Officer:** All Chief Medical Officers must review the data PMSMA on monthly basis at District level and ensure that the percentage of HRP's detected in their PMSMA clinics is not less than 16 percent.

9. **Expected Outputs:**

- Increase HRP detection and Tracking
- Additional 4 ANC checkups for HRPs
- Increased Institutional Deliveries

10. **Expected Outcome:**

- Decrease Maternal Mortality Ratio (MMR)

11. **Financial Provision:**

Case-based incentives to ASHA:

- **Rs.100 for each pregnant woman mobilized** to a PMSMA clinic **in 3rd trimester** will be provided to ASHA. This would motivate the ASHA to bring all the pregnant women whose first 3rd ANC is due to a PMSMA clinic.
- **Rs. 100/- per HRP** will be provided to ASHA for **mobilization of HRPs** for a **maximum of three follow up ANC visits** to PMSMA clinics/nearest facility for check up by a doctor/Obstetrician.
- **Rs. 500/- per HRP** may be provided to ASHA on **achieving a healthy outcome for both mother and baby** at 45th day after delivery after due verification by concerned ANM and MO.

12. **Source of Funds:**

The required additional budget for current financial year has been allocated to the

district under the FMR code RCH 1-6 PMSMA head.

13. **Monitoring Mechanism:**

To ensure quality service provision at every designated PMSMA facility, strict adherence to monitoring and supportive supervision mechanism as per the PMSMA quality assurance framework has to be followed as documented in PMSMA quality assurance framework guidance note:

- **Onsite monitoring by the District Quality Assurance Committee (DQAC):** The District Quality Assurance Committee (DQAC) shall visit at least one facility on 9th of every month for District Level Supportive Supervision. They will fill the observations in the onsite monitoring check list and submit the same to district nodal officer, PMSMA who will then maintain the record and assure the filling of the gaps identified in the facility. The same checklist shall be uploaded on the PMSMA portal by the DQAC. The same shall be reviewed by 12th of every month for at the State level. The Checklist for Quarterly self-assessment of the PMSMA facilities is attached as **"Annexure-1"**.

- **Quarterly self-assessment of the PMSMA facilities:** To assess the completeness and quality of services being provided to pregnant women under PMSMA, the checklist for the self-assessment of the PMSMA facilities has to be filled by the facility nodal officer (FNO) on quarterly basis. The same checklist should be uploaded by the FNO on PMSMA portal. The Checklist for Quarterly self-assessment of the PMSMA facilities is attached as "**Annexure-2**".

14. Red HRP Card:

In case a pregnant women is identified as High Risk in a PMSMA facility during her 2nd/3rd ANC visit. It would be mandatory for the facility nodal officer to ensure that her "**The Red HRP card**" is prepared by the facility Nodal health supervisor. The Red HRP card will contain her personal details, medical details, the details of the investigation and the outcome of delivery at 45th day after delivery to be filled and recorded on High Risk Pregnancy Register. The ASHA accompanying the pregnant mother will keep this card with her and will ensure that during her additional ANC visits the details and findings of all the investigations are recorded in this card.

During the institutional delivery of this high risk pregnant mother the ASHA must carry this Red HRP card to the delivery institution. In case if ASHA is not accompanying pregnant women to the delivery institution she must ensure to

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hand it over to the family member accompanying her for the delivery so that same can be shown to the institution.

15. **Indicators to be monitored:**

- Not less than 16% of OPD of pw diagnosed as HRP
- Percentage of HRP completed 4 additional ANC Checkups
- Percentage of HRPs with satisfactory maternal and infant outcomes after 45 days after birth

MISSION DIRECTOR (NHM)
01 AUG 2023
Shimla-9 (H.P.)

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

Endst.No. NHMHP-MTH0PMSM/1/2019-MH-Section Dated Shimla-9, the

Copy to:

1. The Secretary (Health) to the Government of Himachal Pradesh for information please.
2. The Director Health Services, Himachal Pradesh for information please.
3. All the Deputy Commissioners, Himachal Pradesh for information please.
4. The Principal, IGMC, Shimla/ Dr.RPGMC Tanda, Kangra/ RGRAH, Paprola, Kangra/ Dr. Y.S.Parmar Medical College, Nahan/ Pt. Jawahar Lal Nehru Govt. Medical College, Chamba/ Sh. Lal Bahadur Shastri Govt. Medical College, Mandi/ Dr. Radhakrishanan Govt. Medical College, Hamirpur for information please.
5. All the State Programme Officers, National Health Mission, Himachal Pradesh for information please.
6. The Joint Controller (F&A), National Health Mission, Himachal Pradesh for information please.
7. The Consultant (HMIS), NHM with the direction to upload the guidelines on NHM portal.

Mission Director
National Health Mission
Himachal Pradesh

Annexure-1

PradhanMantriSurakshitMatritvaAbhiyan (PMSMA)
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)

No.	Equipment's & Instruments	Yes/ No	No.	Equipment's & Instruments	Yes/ No	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	
B.10	Plasma Standardized Glucometer							

Section – C: Diagnostic Services (Confirm the availability of lab tests for following: Write yes for each laboratory service available in house.**)**

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	
C9	Are reports of all blood investigations made available to PW on the same day?		C10	Are USG reports made available to PW on the same day?	

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)

Sr. No.	Drugs	Yes/ No	Sr. No.	Drugs	Yes/ No	Sr. No.	Drugs	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	**Availability of drinking water**	
E4	**Availability of refreshments/ food**	
E5	**Privacy maintained/ ensured**	
E6	Examination tables in ANC clinic	
E7	Adequate Sign posting for ANC services	
E8	IEC Material on PMSMA	

E9: Cordial Behavior (Satisfactory/ Scope for Improvement/ Lack of respectful maternity care)

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

Section – F: Identification and Management of High Risk Pregnancies

		Yes/ No			Yes/ No
F1	Women identified with anaemia		F5	Women identified as Seropositive for HIV	
F2	Women identified with severe anaemia		F6	Women identified Seropositive for syphilis	
F3	Women identified with pregnancy induced hypertension		F7	Women identified with hypothyroidism	
F4	Women identified with diabetes		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)**	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? This includes: • Counseling on facility to be visited for normal delivery	
	• Counseling on JSSK benefits and 102/ 108 services	
	• Counseling on danger signs during pregnancy	
	• Counseling on nearest facility to visit in case of complications	
G7	Are women counseled for post-partum family planning	
G8	Are women counseled on Nutrition during pregnancy	

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

Sr. N.	Record	Yes/No
H1	ANC Register	
H2	Line list of HRP (including place of referral and deliveries)	
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

	Gestatio	H	Weigh	BP	FHS	Abdomina	USG	Appropria	Waiting time

	nal Age	b	t			l Exmn		te Color sticker		
									To meet physician	To get lab tests
Case 1										
Case 2										
Case 3										
Case 4										
Case 5										

Section – J: Follow up of High Risk Pregnancies: Identify 5 high risk pregnant women from the PMSMA register and check for the following by calling/ contacting the high risk pregnant woman (contact details of the HRP to be obtained from the RCH portal/ locally):

J1	Has information of HRP been entered on RCH portal?	**Y/N**
J2	Was HRP appropriately referred/ provided treatment at PMSMA site?	**Y/N**
J3	Did HRP follow the advice/ visit the facility that she was referred to?	**Y/N**
J4	Was birth planning done?	**Y/N**
J5	Was the HRP counseled on the place of delivery?	**Y/N**
J6	Was the HRP counseled on danger signs during pregnancy?	**Y/N**
J7	Was the HRP counseled on JSSK benefits and 102/ 108 services?	**Y/N**
J8	If delivered, did the HRP go to the appropriate facility/ FRU for delivery?	**Y/N/ Not applicable**
J9	If delivered, did the HRP have a safe delivery?	**Y/N/ Not applicable**
J10	If delivered, was the neonate healthy?	**Y/N/ Not applicable**
J11	In your overall opinion, was the HRP appropriately managed?	**Y/ N**

Annexure-2

Self Assessment Checklist

Name of the Facility: **Date:** **Time of Visit:**

Name of Monitor: **Designation:** **Organisation:**

Mobile: **Email:**

Availability of HR/Equipments/Drugs/Diagnostic

Section A : Service Provider information*

S.no	Category	Avalilable	Nos	S.no	Category	Avalilable	Nos
A1	Obs&Gyane Specialist			A4	Staff Nurse(SN)		
A2	Medical Officer(MO)			A4.1	Staff Nurse(Trained in SBA/Dakshata)SN		
A2.1	CEmOcTrained			A5	Auxiliary Nurse Midwife(ANM)(SM)		
A2.2	BEmOcTrained			A5.1	ANM(Trained in SBA/Dakshata)		
A3	Private provider(O&G/MO)			A6	Conseller(RMNCH+A/SN/ANM)		

Section B : Essential Equipments (Verify physically for availability and functionally)*

	Equipments& Instruments	Yes/No	No	Equipments& Instruments	Yes/No	No	Equipments& 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	
B10	Plasma Standardized Glucometer							

SectionC:DiagnosticServices(Confirmthe availability of lab tests forfollowing:writeyesforeachlaboratory service available in-house*

S.no	Dignostic Services	Yes/No	S.no	Dignostic Services	Yes/ No
C1	Hemoglobin		C6	HIV Testing	
C2	Urine Albumin & Sugar		C7	Blood Grouping	
C3	Screening for Gestational Diabetes Mellitus (OGTT)		C8	Ultrasound In-house Outsourced	
C4	Malaria (in endemic areas)		C9	Are reports of all blood investigations made available to PW on the same day	
C5	Test for Syphilis/VDRL/RPR		C10	Are USG reports made available to PW on the same day	

Section–D:DrugsAvailable(checktheavailabilityofeachdrugatthePMSMAClinicorpharmacy.Writeyes/no accordingly.Ifadequatestocknotavailablementioninyourremarks)*

S.no	Drugs	Yes/No	S.no	Drugs	Yes/ No	S.no	Drugs	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)*

S.no	Infrastructure	Yes/ No
E1	Clean Toilet for PW	
E2	Adequate waiting space for women	
E3	Provision of drinking water	
E4	Privacy maintained/ ensured	
E5	Examination tables in ANC clinic	
E6	Adequate Sign posting for ANC services	
E7	IEC Material on PMSMA	
E8	Seating arrangements	

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

Section – F: Identification and Management of High Risk Pregnancies*

		Yes/ No			Yes/ No

F1	Women identified with anaemia		F5	Women identified as Seropositive for HIV	
F2	Women identified with severe anaemia		F6	Women identified Seropositive for syphilis	
F3	Womenidentifiedwithpregnancy inducedhypertension		F7	Women identified with hypothyroidism	
F4	Women identified with diabetes		F8	Womenidentifiedwithanyother high riskfactor	
F9	IFA distribution		F12	Treatment for Diabetes	
F10	Calcium supplementation		F13	Treatment for other high risk factors	
F11	Treatment for Hypertension		F14	P.Wwith 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)

S.no	Record	Yes/ No
H1	ANC Register	
H2	Line list of HRP (including place of referral and deliveries)	
H3	MCP Cards	
H4	PMSMA reporting Formats	

Section–I:CheckMCPCardsof5womenwhohavecompletedtheirANCduringthePMSMA: WriteYes,ifthe parameterhasbeenrecorded*

	Gestational Age	Hemoglobin	Weight	BP	FHS	Abdominal Examination	USG	Appropriate Color sticker
Case 1								
Case 2								
Case 3								
Case 4								
Case 5								

Section–J:FollowupofHighRiskPregnancies: Identify 5 HRP women from the PMSMA register andcheckforthefollowingbycalling/contactingthehighriskpregnantwoman(contactdetailsoftheHRPtobe obtainedfromtheRCHportal/locally):*

S.no	Record	Yes/ No
J1	Has information of HRP been entered on RCH portal?	

J2	Did HRP follow the advice/ visit the facility that she was referred to?	
J3	Was HRP appropriately referred/ provided treatment at PMSMA site?	
J4	Was birth planning done?	
J5	Was the HRP counseled on the place of delivery?	
J6	Was the HRP counseled on danger signs during pregnancy?	
J7	Was the HRP counseled on JSSK benefits and 102/ 108 services?	
J8	If delivered, did the HRP go to the appropriate facility/ FRU for delivery?	
J9	If delivered, did the HRP have a safe delivery?	
J10	If delivered, was the neonate healthy?	
J11	In your overall opinion, was the HRP appropriately managed?	