



Department of Public Health and Family Welfare,
Maharashtra State



Vatsalya

Strengthening the continuum of care from the pre-pregnancy
period till 1000 days of life

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Maharashtra has achieved remarkable progress in the reduction of maternal and child death rates in recent times. However, we need to ensure we reach goal of zero preventable maternal and child deaths to achieve better health.

Vatsalya is a program which follows life cycle approach to provide quality services to married and pregnant women along with young children. This program will strengthen the efforts to improve pregnancy outcome along with child survival and development in the state of Maharashtra. I am sure that this initiative will be able to provide dignified, respectful and quality health care services to the mothers and infants.

I believe this document would be used effectively at the district and corporation levels to provide quality services to beneficiaries and fill in the gaps at various life stages leading to reduced maternal and child mortality.



Milind Mhaikar, I.A.S.
Additional Chief Secretary, Public Health Department
Government of Maharashtra

The state has made good progress in reducing maternal and child death rates in recent times. For instance, the Infant mortality rates have declined to 16 per 1000 live births. Similarly Maternal Mortality Ratio has come down to 33 per 100,000 live births during 2018-20. State has already achieved SDG targets for neonatal and maternal mortality.

But Sustainable Developmental Goals lays emphasis on not only on improving survival but also on promotion of overall health and wellbeing of children. Evidence suggest that the first 1000 days of life are critical for optimal development of child. One of the main strategies for further reduction of maternal and child mortality is to integrate the most recent evidence into routine practice. Vatsalya is a program which aims at reducing low birth babies and congenital anomalies by preparing women for pregnancy and improving perinatal outcomes through incorporation of antenatal care, postnatal care, HBNC & HBYC which will further contribute to reduction of maternal and child mortality in the state.

I am happy that Public Health Department of Government of Maharashtra has rolled out Vatsalya program to improve pregnancy and child health outcome which will go a long way in generating evidence for reducing maternal and child mortality in the state.

Forward



Dheeraj Kumar, I.A.S.
Commissioner Health Services, MD (NHM)
Government of Maharashtra

Maharashtra has one of the most resilient health systems in India. National Health Mission and Public Health Department of Government of Maharashtra are committed to providing quality health services to the population of the state.

India has the largest number of low-birth-weight babies in the world. Low birth weight is defined as newborn with birth weight less than 2500 gram. These babies are at increased risk of under-five mortality, stunting and poor cognitive development, and of chronic disease in the adult life. Innovative strategies need to be implemented for reduction of the maternal and under five mortality and for preventing low birth weight in the state.

Protecting and promoting woman's reproductive health can advance the health not only the woman but also of the newborn and child in a major way. It is said that teach a man, you teach an individual, teach a woman and you teach whole generations. Promoting health of girls and women is the most effective way for promoting the health of entire family.

I am happy that Vatslya Initiative is being implemented in Maharashtra State which aims at promoting health of women during pre-conception and antenatal period for preventing maternal and child deaths and for preventing low birth weight. I am sure that the Vatslya interventions will help in further prevention of maternal and child deaths.

Forward



Dr Nitin Ambadekar, MD, PHD
Additional Director Health Services Pune,
Public Health Department

Maharashtra is one of the better performing states with second lowest maternal mortality ratio among large states in India as per SRS Bulletin 2018-20. However, as compared to the developed countries, this rate is still high. It is critical to scale up the coverage and quality of reproductive, maternal, neonatal, child health and adolescent (RMNCH-AH) services across all health facilities. Further, following the principle of continuum of care, services and healthy behaviors must be promoted across home and community, outreach, and facility levels as well as along the life cycle. Emerging evidence in the areas of RMNCH-AH warrant continuous adaptation of these evidence into routine practice for further reduction of maternal and child and morbidity and mortality in the state.

Healthy outcomes of the pregnancy need an optimal environment and good nutrition for conception and fetal growth during pregnancy. Worldwide, about 40% of pregnancies are unplanned, resulting in missed opportunities for vital interventions before and during pregnancy. The gap in the continuum of services after adolescence till the antenatal period needs to be addressed. Current programmes do not guarantee that women enter pregnancy in good health. “Vatsalya” as a strategic intervention package ranging from preconception care to child care till the first 2 years of life. The “Vatsalya” program is designed to improve pregnancy and child health outcomes through a set of interventions.

Vatslya is a Comprehensive Program to improve pre-pregnancy health of women and follow up through ANC and growth monitoring of children up to 2 years of age to improve perinatal and postnatal outcomes. It is a comprehensive program to cover Pre-preganancy – Pregnancy – Post pregnancy up to 1000 days with emphasis on some key indicators. It aims at reducing low birth babies, congenital anomalies, and utilization of the pre pregnancy window by preparing women for pregnancy and improving peri-natal outcomes.

This document contains Vatslya program objectives, activities, healthcare packages, convergence, process, and outcome indicators for monitoring of the program. I hope this document will help for implementation of Vatslya program for reducing future maternal and child deaths.

Contents

S N	Topic
1.	Introduction
2.	Rationale
3.	Objectives
4.	Target beneficiaries
5.	Vatsalya Health Care Package
5.1.	Pre-pregnancy care services
5.1.1	Achieving Normal BMI Prior to Pregnancy
5.1.2.	Pregnancy (ANC) & Postnatal care services
5.1.3.	Child growth monitoring for 1000 days
6.1	Priority activities in “Vatsalya”
6.1.1	Achieving Normal BMI Prior to Pregnancy
6.1.2	Preventing and Treating Anemia with Iron and Folic Acid or MMS
6.1.3	Periconceptional Folic Acid/MMS Supplementation
6.1.4	Quitting Tobacco and Alcohol
6.1.5	Preventing pregnancy in Adolescents and promoting optimal inter pregnancy interval
6.1.6.	Preventing Reproductive Tract Infections (RTIs) and HIV Infection
7	Detecting & Managing Chronic Diseases before Pregnancy
8	Identification and management of high-risk pregnancies
9	Strengthening of Newborn and Child follow up through HBNC and HBYC program
10	Special health care plan for low birth weight and preterm babies
11	Early childhood development interventions during HBYC visits
12.	Flow Chart of Vatsalya activities
	Activities
A	Training
B	Survey and enumeration
C	Screening and health check up
D	Camps & Referrals
E	Examination and Investigation
F	High risk factors identification before pregnancy and management Package
G	Follow-up
H	Monitoring and evaluation
13	Availability of Logistics up to HWCs in rural as well as urban areas.
	Annexure: Reporting Formats

Vatsalya

Strengthening the continuum of care from the pre-pregnancy period to the post-natal period till 1000 days to improve the maternal and child health outcomes

1. Introduction

"Vatsalya" is a comprehensive health promotion program to enhance and focus on implementing existing MCH services from Pre-Pregnancy to postnatal. It is designed to ensure an optimal environment for conception and support healthy foetal growth during pregnancy and perinatal outcome by continuously tracking important pre- and Postnatal indicators. This program contributes to existing maternal and child health initiatives to intensify the efforts to reduce maternal and child mortality by reducing the prevalence of Low Birth Weight.

"Vatsalya" emphasises the Pre-pregnancy period of the life course continuum, which will be extended to healthy pregnancies and healthy Childbirths. Vatsalya is intended to improve pregnancy and child health outcomes through a set of interventions. The primary focus is restoring maternal health in the pre-pregnancy period and adequate maternal weight gain in the pre-pregnancy and ANC period. To reduce low birth weight babies. It also promotes the health and well-being of women and couples.

There will be a convergence of various health care and nutrition programs during this period and a comprehensive package of preventive, promotive and curative care for creating a safe environment for conception and child growth during the antenatal period.

2. Rationale

About 40% of pregnancies worldwide are unplanned (WHO, 2013). These unexpected pregnancies often result in missed opportunities for vital interventions before and during pregnancy to ensure a safe pregnancy for healthy outcomes. This highlights the significance of screening and initiating health care from the Pre-pregnancy period to ensure beneficial pregnancy outcomes and its overall impact on child growth and development.

The pre-pregnancy phase is envisaged as an integral part of the life course continuum. Although most of the services intended for preconception care are covered in the RMNCHA matrix, a specific programme addressing the preconception period is missing. After adolescence, when women enter their marital life, there is a gap in the continuum of services till the antenatal period. Even where vital public health programmes are in place following the life course, they do not guarantee that women enter pregnancy in good health.

In 2013, the WHO advocated building regional and national capacity to implement preconception programmes in its policy brief. Further, INAP identifies preconception care as one of the six pillars of interventions across the life stages to impact stillbirths and newborn health. Hence, a comprehensive health programme is required to address the issues during the preconception period and extend its targeted interventions until the baby turns two.

According to SDGs and INAP, Maharashtra is committed to achieving single-digit neonatal mortality by 2030. This emphasises the need for targeted interventions from the pre-pregnancy period to the first 1000 days of life to ensure safe pregnancy outcomes and to achieve proper growth and development of the child.

As a part of the state strategy to prevent maternal and child mortality and morbidity, the "Vatsalya" programme is envisaged to provide a package of promotive, preventive and curative services by addressing the existing gaps in the continuum of care.

3. Objectives

The Vatsalya programme is intended to reduce all-preventable morbidity and mortalities among mothers and children by preparing for conception and growth monitoring. It will ensure quality health care from pre-pregnancy to a child's first 1000 days of life. The main objectives of the programme are given as follows;

- ☐ Reduce the prevalence of LBW and premature babies
- ☐ Reduce the prevalence of congenital birth defects

- ☐ Reduce the stillbirth rate
- ☐ Improve the birth preparedness
- ☐ Improve the intake of ANC services
- ☐ Improved identification and follow-up of high risk from pre-pregnancy period
- ☐ Ensure proper child growth through growth monitoring in his first 1000 days

4. Target beneficiaries

As health care services will be given from the pre-pregnancy phase of life, primary beneficiaries of the programme will be unprotected eligible couples who are willing to have a baby. In addition, to follow the life course approach, all pregnant women, lactating mothers, and children under two years of age will be catered to for the health care services under the integrated package of Vatsalya. The target beneficiaries of the programme are listed as follows.

- ☐ Unprotected eligible couples
- ☐ Pregnant women
- ☐ Birth companion
- ☐ Children under two years of age

5. Vatsalya Health Care Package

Vatsalya's service package includes comprehensive health services for pre-pregnancy care. Also, it will be integrated with existing health programmes for high-risk pregnant women, safe delivery and children under two years of age. This will include the following components;

- ☐ Pre-pregnancy care package for unprotected EC
- ☐ Identification and management of high risks during pre-pregnancy and antenatal period
- ☐ Strengthening of Mothers' weight monitoring and IFA compliance in the ANC period
- ☐ Ensuring appropriate Breastfeeding & Complementary feeding practices
- ☐ Growth monitoring of Children
- ☐ Integrating MAA, DAKSHATA, HBNC, HBYC, PMSMA, RKSK

5.1.1. Pre-pregnancy care services

Pre-pregnancy Period			
High-Risk Identification in Eligible Couples	Investigation Package	Treatment Package	Counselling Package
History: 1. H/o Premature delivery, 2. Stillbirth, 3. Home delivery 4. Previous LBW, 5. H/o Any pregnancy complications 6. Addiction 7. Underage, 8. Multipara, 9. H/o Infections Examination: As mentioned in ANC services, as relevant	1. Anemia-Hb% 2. Thyroid 3. RTI/STI-VDRL, Vaginal swab micro if required, PH test 4. BMI 5. DM-RS, FS, HB1AC 6. HT, 7. Vita D, 8. B12 9. Blood Group, 10. Sick cell 11. Thalassemia, 12. Hep B & C, 13. heart disease 14. CBC & PS 15. Urine exam- R & M 16. Any other 17. Height & Weight	1. IFA /FA supplementation 3. MMN supplementation 4. Disease management 5. Nutrition supplementation if ICDS agreed 6. Vita D supplementation 7. HT & DM management 8. Immunization 9. RTI/STI/UTI mgt 10. Partner screening as relevant	1. Nutrition counselling 2. FP counselling 3. Counselling of companion for RTI/STI 4. Health education for birth preparedness 5. training of birth companion 6. Breastfeeding and complementary feeding education 7. Deaddiction counselling

5.1.2. Pregnancy (ANC) & Postnatal care services

Antenatal & Postnatal Period Services			
High-Risk Identification in ANC	Investigation Package	Treatment Package	Counselling Package
1. BOR 2. Previous LSCS 3. HT/DM/Sickle cell 4. Less maternal weight gain 5. H/o Any pregnancy complications 6. Addiction 7. Underage, 8. Multipara, 9. Infections/TORCH 10. Anemia/Sever Anemia 11. Non-compliant ANC to IFA 12. Anthropometry 13. Migrant 14. Residing in a Difficult to reach area 15. Refusal of family for health services	1. Anemia-Hb% 2. Thyroid 3. RTI/STI-VDRL, Vaginal swab micro if required, PH test 4. BMI 5. DM-RS, FS, HB1AC, GTT 6. HT, 7. Vita D, 8. B12 9. Blood Group, 10. Sickle cell 11. Thalassemia, 12. Hep B & C, 13. heart disease 14. CBC 15. PS 16. Urine exam 17. Any other 18. Height & Weight	1. Maternal Weight Monitoring 2. IFA/Iron Sucrose 3. FA 4. Disease management 5. ICDS Diet monitoring 6. Vita D supplementation 7. HT & DM management 8. Treatment of Infections 9. Management of PIH 10. Inj Dexamethasone while referring 11. Magnesium sulphate while referring 12. APH/PPH mgt 13. Active third stage management 14. Active 4th Stage management in HRPs	1. Nutrition counselling 2. FP counselling 3. Counselling of companion for RTI/STI 4. Health education for newborn care 5. Training of birth companion 6. Breastfeeding and complementary feeding education 7. Deaddiction counselling 8. Visit by VHNSC members, as required 9. Visit by NGO members, as required

5.1.3. Child growth monitoring for 1000 days

Child growth monitoring in the postnatal period			
Postnatal Mothers	Child	Counselling Package	Monitoring
1. PNC visit by ANM 2. IFA 3. Calcium & Vita D 4. High-risk identification and referral 5. Health Check up by CHOs 6. Nutrition supplementation monitoring	1. Immunization 2. Home KMC 3. High-risk identification and referral 4. Breastfeeding and weaning 5. Complimentary feeding 6. Growth monitoring 7. Care of LBWs- monitoring Iron, Calcium & Vita D supplementation	1. Nutrition counselling 2. FP counselling 3. Breastfeeding and complementary feeding education & follow-up 5. Continued engagement of birth companion	Growth monitoring Monitoring of High Risk in the Postnatal period and Infants

6. Priority activities in “Vatsalya “

6.1.1 Achieving Normal BMI Before Pregnancy

Body Mass Index (BMI) is a good indicator for assessing the nutrition status during preconception. BMI should be calculated for nutritional evaluation of women before pregnancy by the following formula.

$$\text{Body mass index} = \frac{\text{Weight in Kg}}{(\text{Height in M})^2}$$

- ☐ Record the height in meters and weight in kilograms accurately of all eligible women (Non-Protected Eligible Couple) at the time of registration.
- ☐ Low BMI, i.e. below 18.5, suggestive of maternal undernutrition, is the risk factor for preterm birth, LBW babies and perinatal deaths.
- ☐ BMI should be corrected to an average level, i.e. 18.5 to 23 in the pre-pregnancy period.
- ☐ Nutritional counselling of all eligible women should be done to promote desired dietary changes along with physical activity for correction of BMI in the pre-pregnancy period
- ☐ A diet audit can be done to assess the frequency and adequacy of nutrition intake.
- ☐ Explain to the couple the need to postpone the pregnancy until the recommended BMI is achieved.
- ☐ Check weight every month to monitor BMI and also improve dietary habits
- ☐ Coordinate with ICDS/TD for diet extension under “Amrut Aahaar” to women with BMI <18.5

6.1.2 Preventing and Treating Anemia with Iron & Folic Acid or MMS

Anaemia during pregnancy has detrimental effects on maternal health and pregnancy outcomes. Anaemia is the leading underlying cause of maternal deaths due to postpartum haemorrhage. It leads to prematurity and low birth weight babies.

- ☐ Each of the eligible woman (Non-Protected EC) should be screened for anaemia by conducting a clinical examination and blood investigation
- ☐ All non-anaemic women should be given a prophylaxis dose of IFA/MMS.
- ☐ Start the treatment according to the severity of anaemia, i.e. mild, moderate and severe, as per AMB guidelines. MMS may be used based on availability.
- ☐ Girls/women who have Hb below 8 gm/dl should be urgently referred to DH/FRU for evaluation and treatment.
- ☐ Follow up every month to check compliance.
- ☐ Repeat Hb estimation after three months. If haemoglobin levels have improved to normal, discontinue daily treatment but continue with the prophylactic IFA dose once a week. If the haemoglobin fails to rise, refer her to FRU/DH.
- ☐ Counsel for a nutritious and balanced diet containing foods rich in iron, vitamins, proteins and other nutrients
- ☐ Deworming should be done by giving a single dose of tablet Albendazole, 400 mg orally, every six months, along with promotion of hand washing and wearing outside.
- ☐ Explain to the couple the need to postpone the pregnancy until her haemoglobin level reaches 12 g/dl.
- ☐ Discuss the various contraception options available and provide contraception of the couple's choice.

6.1.3 Periconceptional Folic Acid/MMS Supplementation

Folic acid is one of the most essential B-complex vitamins to reduce the neural tube defects that develop during the first three months of gestation. Previous history of delivery of neural tube defect baby, anti-epileptic drugs, diabetes, obesity, and hemoglobinopathies are the risk factors for neural tube defects in babies.

- ☐ Administer folic acid 400 µg/day orally from three months before pregnancy to three months of pregnancy.
- ☐ In addition, advise women to consume vegetables and seasonal fruits rich in folic acids.
- ☐ Explain the benefits of starting folic acid tablets to all eligible women and provide folic acid tablets.

6.1.4 Quitting Tobacco and Alcohol

Tobacco smoke contains toxic substances like nicotine and carbon monoxide, which affect foetal development by producing foetal hypoxia and affects foetal development. Consumption or exposure to tobacco during pregnancy is associated with miscarriage, stillbirth, LBW babies, congenital disabilities and perinatal death. Tobacco in any form, including passive smoking, is hazardous to the health of the mother as well as to the development of the foetus.

Alcoholism during pregnancy suffers from incurable foetal alcohol syndrome in which poor growth, congenital disabilities, and microcephaly. Low IQ, behavioural abnormalities and developmental delays are observed. Alcohol can harm a baby at any stage during pregnancy.

- ☐ Screen every eligible woman for tobacco exposure and alcohol intake.
- ☐ Encourage her to stop smoking and alcohol by counselling the adverse effects of tobacco and alcohol on the baby.
- ☐ Those who find quitting challenging should be referred to a medical officer to guide them to a specialised centre for help.
- ☐ Also, counsel for quitting tobacco by a spouse.

6.1.5 Preventing pregnancy in Adolescents and promoting optimal interpregnancy interval

Pregnancy in adolescence: Due to early age marriage and premarital pregnancies

- ☐ Pregnancy in adolescents can affect height gain and bone development as adolescents are still in their growing age. Adolescents are prone to prolonged and difficult labour as pelvic bones are not yet fully developed.
- ☐ Pregnancy complications like anaemia, hypertensive disease, pre-term labour and LBW babies are more likely.
- ☐ Counselling for appropriate choice of family planning methods to be made available to younger age EC to ensure pregnancy after 19 years.
- ☐ Premarital pregnancy: Premarital pregnancy is often due to a lack of awareness about reproductive and sexual issues. This can lead to domestic violence, deficient antenatal care and unsafe abortion due to neglect.
- ☐ The RKSK platform should be integrated with Vatsalya to provide counselling and health education to adolescent girls
- ☐ Counselling of parents should be done to prevent early marriages, especially in areas with a high prevalence of early marriages
- ☐ Counsel adolescent married women regarding safe age for first pregnancy, available methods to postpone pregnancy, provide method-specific counselling and contraceptive of choice
- ☐ Counselling the couple to use contraceptives to postpone first pregnancy
- ☐ Creating awareness regarding risks associated with and methods for preventing unwanted pregnancy during monthly adolescent girls meetings and through the RKSK programme is necessary.
- ☐ Encourage girls and their parents to continue school education of girls

Post-abortion pregnancy:

As pregnancy within six months of abortion can be associated with an increased risk of obstetric complications, women should be counselled to postpone pregnancy for at least six months.

Planning Pregnancy after childbirth:

- Interval between two childbirths should be at least three years to improve maternal and child health outcomes.
- All mothers should be counselled to start using contraception methods by six weeks after childbirth.
- Contraceptive counselling should include information about all available methods, their benefits,
- limitations and side effects.

6.1.6 Preventing Reproductive Tract Infections (RTIs) and HIV Infection

Women often get Reproductive tract infections (RTI) in their reproductive organs or sexually transmitted infections (STIs) from unsafe sex with an infected partner.

STIs like Syphilis, Gonorrhoea, and Genital herpes in a pregnant woman can be transmitted to the foetus. They can cause stillbirths, preterm births, LBW, and premature rupture of membranes, leading to neonatal infections and neonatal deaths. HIV-infected women can transmit the infection to their babies during pregnancy, labour, and through breastfeeding.

- Eligible women should be counselled about the symptoms of the RTI and STI, report to the health centre, and seek medical help to get cured of the infection.
- All eligible women should be counselled about the prevention of RTIs by proper menstrual hygiene, avoiding unsafe abortion and delivering in a hospital by skilled birth attendant (SBA).
- Similarly, all women should be educated about safe sex practices and avoiding risky sexual behaviour to avoid STIs.
- Provide treatment for STI: CHOs/MO
- Counsel for voluntary HIV testing

7. Detecting & Managing Chronic Diseases Before Pregnancy

Detecting and treating diseases before pregnancy, which are known to have adverse effects on maternal and pregnancy outcomes, can improve the chances of successful pregnancy. Some of these diseases that should be screened and investigated during visits to HWCs/PHCs are -

- Diabetes mellitus
- Heart disease
- Hypertension,
- Kidney disease
- Epilepsy
- Thyroid disorders
- Hemoglobinopathies

Health condition/ Disease	Complications	Investigation to be done	Recommendation for preconception
Diabetes mellitus	Congenital disabilities Macrosomia (large for dates) babies	HbA1C, Fasting and post prandial blood sugar	Folic Acid supplementation
Heart Disease	Intolerance of additional strain on health put on by pregnancy; Worsening of heart diseases during pregnancy; Increased risk of preterm and LBW babies.	Auscultation of the chest for Precordial murmurs, abnormal heart rhythm, and crepitations at lung bases. If suspected, Electrocardiography and 2D Echo	Women with preexisting heart disease should receive counselling regarding maternal and foetal risks during pregnancy. Consult a specialist before planning pregnancy. Correction of anaemia as it

Health condition/ Disease	Complications	Investigation to be done	Recommendation for preconception
			increases the risk of heart failure Investigation for urinary, respiratory and dental issues as it increases the risk of heart failure
Hypertension & Renal Disease	Preeclampsia/Eclampsia in pregnancy	Blood pressure, Urine examination for protein,	Regular check-up/screening by ANM/CHOs. Appropriate treatment and referral if required. Evaluation of women with proteinuria, previous history of kidney disease as chronic renal disease
Epilepsy	Developmental issues in growing foetus and Risk of major congenital malformations due to some antiepileptic medicines like Sodium Valproate, Phenobarbitones	Proper history taking Thorough medical consultation	Physician check-ups and adequate advice Discuss the appropriate time for conception with their physician. Folic acid 5 mg daily should be started three months before conception.
Thyroid disorders	Irregular menstruation, inability to conceive and recurrent abortions, increased risk of preeclampsia, placental abruption and post-partum haemorrhage. Poor mental development of a child with inferior IQ.	Thyroid-stimulating hormone (TSH) levels, Thyroid function tests.	Examine all eligible women for hypothyroidism. Refer to physician for treatment. Women with hypothyroidism should be advised to plan pregnancy when their TSH level is average. Women on treatment should be monitored after the detection of pregnancy to adjust the dose of medicines.
Hemoglobinopathies		Solubility test, HPLC	Screening of all women and counselling. In carrier women, her spouse should be tested for his carrier status. If both are found to be carriers, then the couple should be referred to a specialist for advice before planning pregnancy.

- ☐ Screening is to be done at field camps – MAA camps, VHSND, CHO visits, RBSK team visits, RKSK camps, HWC camps, or in H-t-H visits.
- ☐ Detail history taking, health check-ups, and investigations should be done at HWCs/ PHCs to diagnose these conditions.
- ☐ Any health problem that requires special treatment before pregnancy should be discussed, and necessary measures should be taken.
- ☐ Ongoing medicines for any disease need to be reviewed before pregnancy to check whether they are safe to continue during pregnancy.
- ☐ They must also discuss their intentions to get pregnant and learn about their fitness before planning pregnancy.

8. Identification and management of high-risk pregnancies

Identifying high-risk factors and follow-up are paramount during the pre-pregnancy and antenatal period. Screening is to be done in monthly meetings of mothers and ECs, Home visits, VHSND, ANC clinic and PMSMA. It can be achieved through the following interventions.

- Under the MAA campaign Mothers meeting and EC meeting to be conducted by ASHA, ANM shall attend such meetings for check-ups and identification of HR
- Strengthening of VHSNDs by making regular supportive supervision visits. CHO to remain present in VHSNDs.
- Strengthening of PMSMA through regular monitoring and improving collaboration with private specialists
- Also, in PMSMA, if private specialists are not available, explore sending a paediatrician & gynaecologist in the district in the tribal and complex area on 9th
- Health checks in Manav Vikas Camps and other camps organised to provide specialist care
- Regular capacity building of ANM and ASHA for early identification of high risks.
- Screening of all pre-pregnant and pregnant women for high-risk identification
- Maintaining and updating the line list of high-risk pregnancies
- Home visits to high-risk pregnant women by CHOs, ANMs and ASHAs
- Monitoring of every high-risk pregnancy by a Medical Officer at the PHC level
- High-risk pregnancies are to be identified on MCH day in all hospitals and specifically communicated back to DHO/THO/UPHCs for follow-up
- Wherever the Gynaecologist is available on MCH day, the examination will be done by the Gynaecologist and, if not at least Mos.
- Review of services given to high risks at the block and district level

9. Strengthening of Newborn and Child follow up through HBNC and HBYC program

Home-based neonatal care (HBNC) and Home-based young child care (HBYC) programmes must be strengthened to ensure the early identification of danger signs and prompt referral of babies to health facilities. This will also provide complementary feeding at six months follow-up of SAM/MAM, LBW, and SNCU discharged babies. Following interventions should be done to strengthen new-born and child follow-up;

- Regular capacity building of ASHA, ANMs and CHOs for identification and referral of high-risk children
- Exclusive breastfeeding counselling during each home visit
- Advice and ensuring starting complementary feeding at six months of age and then follow-up to ensure adequate quantity and frequency of feeding.
- Home visits of medical officers and CHOs to the high-risk children to ensure the proper service delivery
- Block facilitator and Health supervisors to be involved explicitly for HBNC & HBYC monitoring.
- Child growth monitoring in WHO growth chart- Ensure the growth monitoring by AWW & ANM
- Ensuring complementary feeding at six months of age
- Treating malnutrition under six months of age

10. Special health care plan for low birth weight and preterm babies

Low birth weight babies need special care to ensure survival and proper growth and development compared to their healthy counterparts. The following activities should be done to ensure the management of LBW and pre-term babies.

- Kangaroo mother care should be given to all LBW babies at the health facilities and home.
- Capacity building of all health workers should be done on the provision of kangaroo mother care
- Special training sessions of ASHAs should be taken on the provision of home-based KMC during monthly meetings at PHCs

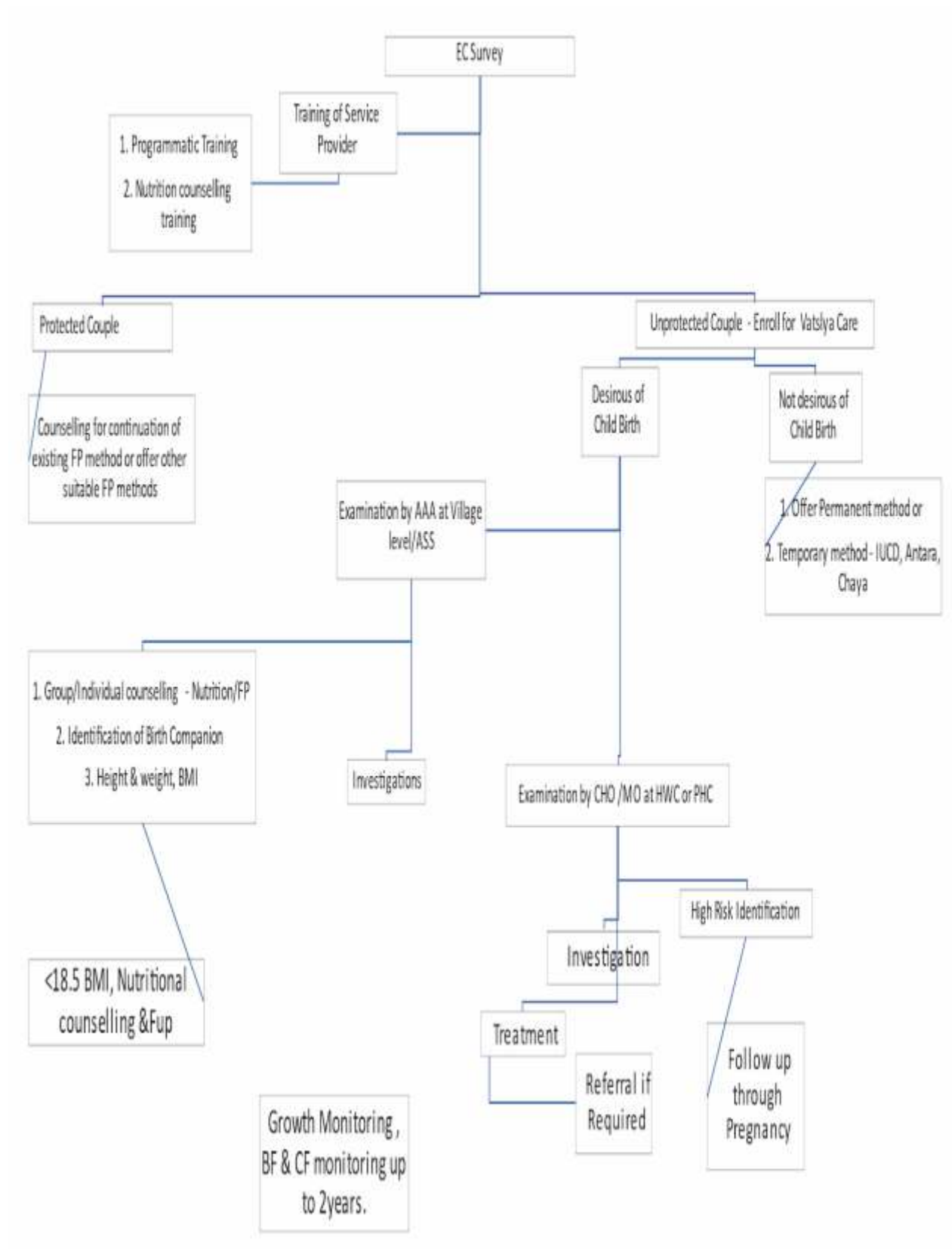
- ☐ Ensuring standard practices for within one hour of initiation of breastfeeding & breast crawl
- ☐ Labour bed in all labour rooms for active management of 4th-stage labour
- ☐ Monitoring from district and block officials
- ☐ Ensure Iron, Calcium, and Vita D supplementation up to 40 weeks after birth

11. Early childhood development interventions during HBYC visits

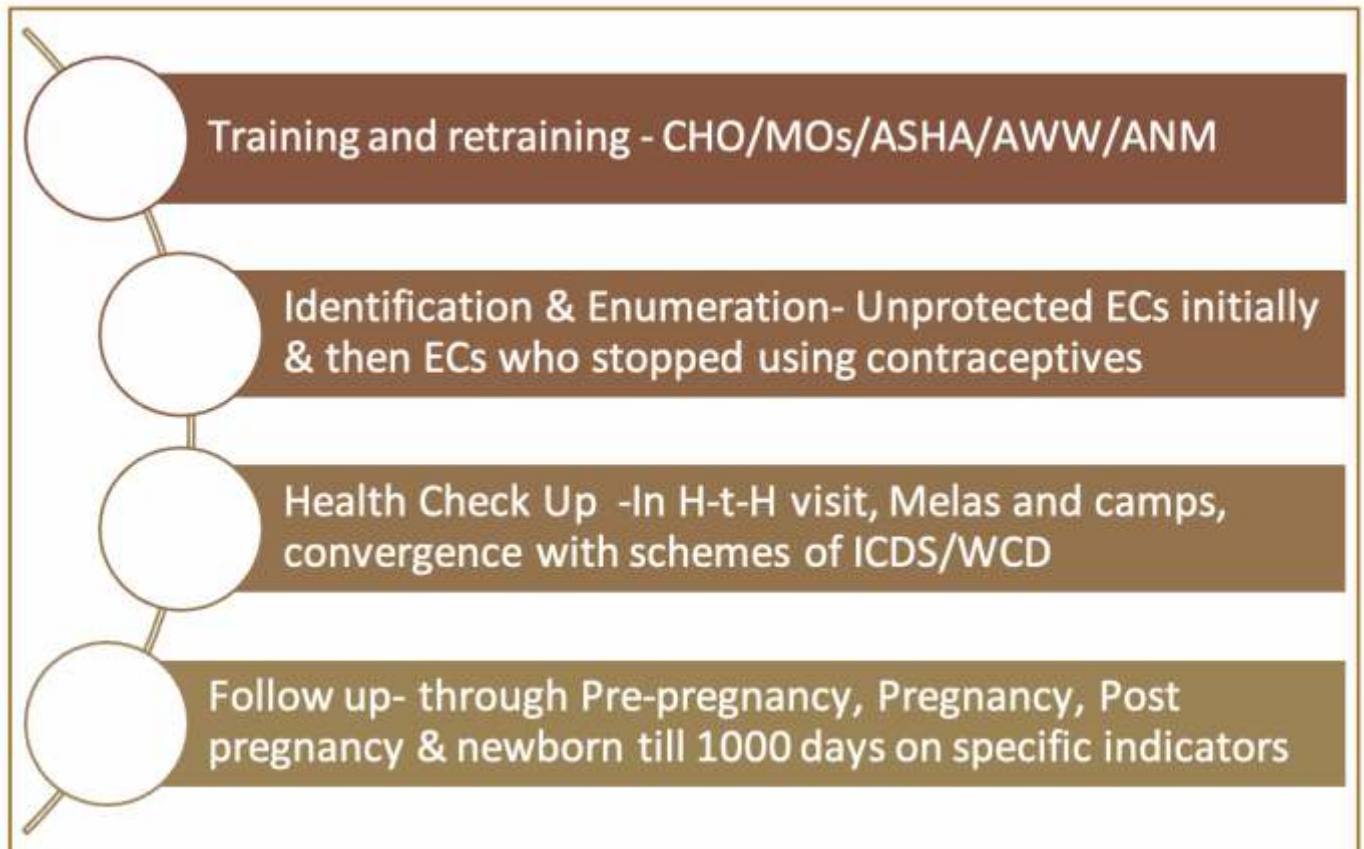
Home visits should be strengthened to empower the parents to provide nurturing care to their growing child. It is required to ensure the proper development of the child so that the child can achieve its full potential. Following interventions should be done to ensure early childhood development.

- ☐ Capacity building of ASHAs, ANMs and CHOs for early childhood development and identification of development delays for early interventions
- ☐ Ensure treatment of SAM and SUVs
- ☐ Ensure adequate complementary feeding.

Flow Chart of “ Vatsalya” Activities



Vatsalya Steps for Implementation



12. Activities:

A. Training

Healthcare staff, including ASHAs, will be trained to cater services to all eligible beneficiaries in the Vatsalya programme. Training on Nutrition counselling and programme implementation will be conducted separately. Details of training are given in the following sections.

S N	Activities	Type/D escription	Participan ts/Immedi ately responsibl e for the execution	Modalities	Responsibi lities	Timeli ne	Monitori ng	Report Submis sion
1	Traini ng	Nutritio n Counsel ling	I/C Nutrition Bureau	Online, Nutrition Bureau to prepare nutrition counselling guidelines. Different nutrition plans for low BMI in rural setup/Indian setup.	Nutrition Bureau Nagpur	May /June Every year	Nutrition Bureau/DD PHI	Every month to state
			Anganwadis, ANMs, CHOs/ASHAs	Monthly meetings and PHI/HFWTC /Nutrition Bureau to organise webinars Training through DTT on the ECHO platform CHO is nodal to gather all team at HWC for training	PHI/HFWTC/Nutrition Bureau	June /July Every year	Nutrition Bureau/DD/PHI	Every month to state
			All counsellors under various programs	HFWTCs by Webinar	PHI/HFWTC/Nutrition Bureau	June /July Every year	Nutrition Bureau/DD/PHI	Every month to state
		Progra mmatic training	DHO/CS/ MOH/DLO s/Dy CEO ICDS/Urban ICDS authorities	Online-RCH bureaus & Nutrition Bureau to take webinars for Programmatic training of Preconception care	RCH Bureau/Nutrition Bureau	May /June Every year	DD/RCH Bureau	Every month to state
			MOs, CHOs, CDPOs, AWW supervisors	Monthly meetings/online Webinars- RCH & Nutrition bureaus, meetings by DHO /MOH	DHO/MOH	May /June year	DD/RCH Bureau	Every month to state
			ASHA, AWW, ANMs	Monthly meetings/online Webinars- RCH & Nutrition bureaus, meetings by DHO/THO /MOH	DHO/MOH	May /June year	DD/RCH Bureau	Every month to state

B. Survey and enumeration

As mentioned in the above sections, the target beneficiary would be an unprotected eligible couple who will be followed for targeted interventions through their intended pregnancy till the baby reaches two years of age. To decide the exact number of Vatsalya beneficiaries, a survey of all eligible couples will be conducted by ASHAs in their working area twice a year. All the unprotected beneficiaries who are planning for their next baby will be included in the list. Also, a unique line list will be prepared at the ASHA level of all high-risk women for preconception and high-risk pregnancy.

The following activities will be conducted to enumerate the beneficiaries of the Vatsalya programme.

- ☐ Updating of Eligible couple register
- ☐ Identification of protected and unprotected couples
- ☐ Identification of target beneficiaries among unprotected couple
- ☐ Continued enumeration of EC who stopped using contraceptives in the program
- ☐ Identification of high-risk pregnant women.

S N	Activities	Type/Description	Participants /Immediate y responsible for the execution	Modalities	Responsibilities	Timeli ne	Monito ring	Repor t Submi ssion
2	Enumeration: Eligible Couple survey Pregnant women with low BMI/Previous LBW/Previous Prematurity/Con sanguineous marriage/Age >35/Previous congenital defect in newborn	Updating of Eligible couple register	ASHA, ANM and Now Urban ANM and ASHAs	House-to- house survey	Medical officer, THO and DHO, MOH	April/ May	DHO/ MOH/ DD	Every month to state
		Identifying protected and unprotected couples	ASHA, ANM and Now Urban ANM and ASHAs	Enlisting after H-t- H survey	Medical officer, THO and DHO, MOH	April/ May	DHO/M OH/DD	Every month to state
		Counselling to unprotected couples to use contraception	ANM & CHOs	Arogya seva satra, H-t- H visit, Special Camps	Medical officer, THO and DHO, MOH	Every Month	DHO/M OH/DD	Every month to state
		After counselling, those who are unprotected become target couples for a health check-up.	ANM & CHOs	Arogya seva satra, H-t- H visit, Special Camps	Medical officer, THO and DHO, MOH	Every Month	DHO/M OH/DD	Every month to state
		Identify Pregnant women with low height/Previous	ASHA, ANM and Now Urban	Arogya seva satra, H-t-	Medical officer, THO and DHO,	Ongoi ng/ at the	DHO/M OH/DD	Every month to state

S N	Activities	Type/Description	Participants /Immediate y responsible for the execution	Modalities	Responsibilities	Timeli ne	Monito ring	Report Submi ssion
		LBW/Previous Prematurity/Conanguous marriage/Age >35/Previous congenital defect in the newborn.	ANM and ASHAs	H visit, Special Camps	MOH	time of ANC registration/ANC visits		
	Continued Enumeration: The EC who stopped using contraceptives are to be enumerated continuously	Identify the ECs who stopped using contraceptives in the monthly survey and register.	ASHA (R & U)/ANMs(R/U), AWW					

C. Screening and health checkup

I. Health Checkup of the unprotected eligible couple on Arogya Sevasatra/VHSND.

- ☐ ASHA will mobilize all eligible women to monthly VHSND/MAA/RKSK/HWC camps/Manav Vikas/PMSMA.
- ☐ ANM will arrange an afternoon session for pre-pregnancy care.
- ☐ Eligible women will be counselled and registered by ANMs
- ☐ ANMs and CHOs will screen eligible women to identify preconceptions of high risks and counsel for appropriate interventions.
- ☐ Especially women who are identified for high-risk factors for preterm and LBW babies will be counselled to delay the pregnancy until the risks are managed.
- ☐ ANM will refer the eligible women to the nearest primary health centre for a preconception health checkup by a medical officer.

II. Health Checkup of unprotected eligible couples in Health Camps at PHC /SC/HWC/Arogya Seva Satra.

- ☐ At PHC/HWC/SC, the medical officer/CHO will conduct health check-ups of eligible women after thorough history taking and clinical examination.
- ☐ The health check will include all physical examinations and laboratory investigations as prescribed in a preconception care package.
- ☐ Risk assessment of the preconception will be done to provide necessary treatment.
- ☐ After counselling, Eligible women with chronic diseases and other risk factors that need physician and gynaecologist consultation will be referred to higher health facilities.

III. Health checkup and nutrition counselling during home visit

- ☐ ASHA, ANM and CHO will make home visits to eligible women for follow-up.
 - ☐ In follow-up visits, ANMs and CHOs will record the necessary information regarding risk factors and compliance with the advised interventions.
- Counselling on nutrition and family planning will be provided during home visits, preferably with their male partner.

S N	Activities	Type/Description	Participant s/Immediately responsible for the execution	Modalities	Responsibilities	Timeline	Monitoring	Report Submission
3	Health Check up	Health Checkup of the unprotected eligible couple on Arogya Seva satra	ANM, CHOs & MOs	Arogya seva satra: All females are to be called by AWW and ASHAs in the afternoon session of Arogya seva satra	Medical officer, THO and DHO, MOH	Every Month	DHO/ MOH /DD	Every month to state
		Health Checkup of unprotected eligible couples in Health Camps at PHC/SC/HWC/ Arogya Seva Satra.	ANM, CHOs & MOs	Special monthly Camps to be organised at HWCs or in Anganwadies for unprotected eligible couples/ANCs/PNCs	Medical officer, THO and DHO, MOH	Every Month	DHO/ MOH /DD	Every month to state
		Health checkup and nutrition counselling during home visit	ANM, CHOs	CHOs, ANM, and ASHAs to take follow up on H-t-H visit	Medical officer, THO and DHO, MOH	Every Month	DHO/ MOH /DD	Every month to state

D. Camps & Referrals

Camps for Health checkups of eligible couples, ANCs and PNCs will be organized monthly in a village.

- ☐ Monthly health check-ups and service provision camps will be organised on fixed days in every village.
- ☐ Monthly camps should be planned considering monthly visits of CHO and VHSNDs. It can be integrated with existing service delivery platforms like Mothers camps in MAA, Adolescent Health Day in the RKSK programme, Manav Vikas camps, PMSMA camps, and HWC camps.
- ☐ All eligible women should be mobilised for the camps to ensure the health check-up and counselling.
- ☐ High-risk pregnant women and low birth weight babies should also be considered to mobilise for the camp.
- ☐ Health checkups and investigations in the “Vatsalya” service package should be given.
- ☐ CHOs will be nodal officers for the organisation of camps along with BCM and RKSK counsellors.
- ☐ RBSK teams should be deployed for the camps to assist in screening children under two years of age for 4Ds.
- ☐ In tribal regions, MMU and Bharari Pathak should be deployed for the camps and further follow-up.
- ☐ Laboratory technicians and phlebotomists from outsourced agencies should be deployed to conduct the investigations and collect samples for the tests, which is not possible in the camps.
- ☐ Organisation of camps should be considered for the performance-based.
- ☐ District authorities should ensure the availability of all required logistics for the investigations.

Activities	Type/Description	Participants/Immediately responsible for the execution	Modalities	Responsibilities	Timeline	Monitoring	Report Submission
Camps & Referrals	Camps for Health checkups of eligible couples, ANCs and PNCs will be organized monthly in a village.	ANM, CHOs & MOs	Every village is fixed one day a month considering CHO visit and arogya seva satra. On that day, all expected mothers/ANCs and PNCs to be called for health checkups	Medical officer, THO and DHO, MOH	Every Month	DHO/MOH/DD/CS	Every month to state
	In camps, health checkups and investigations are to be done.	ANM, CHOs & MOs	All logistics for investigations are to be made available in such camps. For tests that are not possible in the field -referrals are to be made, or blood samples may be collected if phlebo/technician is made available by PHCs.	Medical officer, THO and DHO, MOH	Every Month	DHO/MOH/DD/CS	Every month to state
		MMU/ Bharari Pathak	In tribal areas, all Medical mobile units and Bharari-Pathak are to be involved in health checkups and investigations.	Medical officer, THO and DHO, MOH	Every Month	DHO/MOH/DD/CS	Every month to state

E. Examination and Investigation

The following examinations and investigations are expected in the “Vatsalya” programme. Micro-planning should be done at the PHC level by MO to ensure the availability of health workers and logistics at each service delivery platform.

Type of examination/investigations	Implementing health worker	Service delivery platform	Responsible person	Timeline	Monitoring and supervision
History-Addiction, BOH, unmet need	ANM, ASHA, Anganwadi, MMU	VHSND /Camps	Medical officer, THO and DHO, MOH	At the time of registration in the Vatslya program and as and when required	DHO/MOH/DD
Physical Exam- BMI, BP	ANM, ASHA, Anganwadi, MMU	VHSND/Camps	Medical officer, THO and DHO, MOH	At the time of registration in the Vatslya program and as and when required	DHO/MOH/DD
HB%, CBC, PS, VDRL, Sick Cell, Thalassemia, TFT,	ANM, CHO lab technician	VHSND/ Camps/Manava Vikas camps	Medical officer, THO and DHO, MOH	At the time of registration in the Vatslya program and	DHO/MOH/DD

Type of examination/investigations	Implementing health worker	Service delivery platform	Responsible person	Timeline	Monitoring and supervision
BP, BS, HB ₁ AC, Urine-routine and culture, Vit B12, Vit D, Thyroid deficiency	& MOs			as and when required	
Any other test as per the disease condition	ANM, CHO's & MOs	VHSND /Camps/ Manava vikas camps	Medical officer, THO and DHO, MOH	At the time of registration in the Vatsalya program and as and when required	DHO/MOH/DD
Sonography (for pregnant women)	Radiologist/Gynecologist	Every ANC is to be screened for birth defects. All High-risk ANC will be screened for child growth, and a high alert will be issued.	Medical officer, THO and DHO, MOH	Ongoing and as per need	CS/DHO/MOH/DD

F. High-risk factors identification before pregnancy and management Package

The main objective of screening and health check-ups in the Vatsalya programme is to identify the high-risk factors for conception, as high-risk status in the preconception period may result in high-risk pregnancy and adverse pregnancy outcomes. The following table shows the recommendations for the common high-risk factors in the preconception period. Addressing them before pregnancy is essential in the continuum of care, which will benefit a child's proper growth and development in his first 1000 days of life.

S N	Risk factors	Recommendation	Timeline/Frequency	Implementation by	Responsible authorities	Monitoring and supervision
1.	Less BMI	☐ Nutrition counselling, ☐ Follow-up weight monitoring, Convergence with any nutrition program in ICDS/WCD, ☐ MMN supplementation ☐ Diet through ICDS/Tribal Dept	Monthly	ASHA/AWW/ANM	Medical officer, THO / CDPO/ AWW Supervisor	DHO/MOH/DD/ Dy CEO ICDS/Urban CDPOs
	Early marriage (Marriage age <20 years)	☐ Family Welfare counselling for delay in 1st pregnancy and spacing ☐ Look for Prematurity	Monthly	ASHA/AWW/ANM	MO/THO	
	Multiple pregnancies	☐ Family Welfare counselling for spacing and limiting ☐ Look for PPH ☐ Precipitous labour & injury	Monthly	ASHA/AWW/ANM	MO/THO	

	Migration prone population	☐ Mapping of migration pattern, place, duration, frequency and timing ☐ Camps in migrated areas ☐ Camps at migration sites ☐ Follow up on migrated eligible couples and children ☐ Inter-district coordination and information sharing in June ☐ Inter-departmental convergence with the WCD department	Monthly	ASHA/AWW/ANM	Medical officer/THO/CDPO/AWW supervisor	DHO/MOH/DD/ Dy CEO ICDS/Urban CDPOs
	Anaemia	☐ IFA supplementation ☐ Regular Hb estimation ☐ Treatment of severe anaemia as per AMB protocols ☐ Vit C, MMN supplementation, ☐ Nutrition counselling for iron-rich foods ☐ Deworming ☐ Advocating pills for spacing ☐ HR for PPH death	Monthly	ANM, CHO, MOs	Medical officer, THO and DHO, MOH	DHO/MOH/DD
6.	Micronutrient Deficiency	Multivitamin and B complex/MMN supplementation	Monthly	ANM, CHOs & MOs	Medical officer, THO and DHO, MOH	DHO/MOH/DD
7.	Calcium Deficiency	Prophylactic Calcium supplementation	Monthly	ANM, CHOs & MOs	Medical officer, THO and DHO, MOH	DHO/MOH/DD
8.	Vitamin D deficiency	Vitamin D supplementation	Monthly	ANM, CHOs & MOs	Medical officer, THO and DHO, MOH	
9.	Folic Acid supplementation	☐ 400 µg Folic Acid supplementation from 3 months before expected pregnancy to the first three months of pregnancy ☐ 5 mg folic acid for identified high-risk eligible women	Monthly	ANM, CHOs & MOs	Medical officer, THO and DHO, MOH	DHO/MOH/DD
10.	RTI/ STIs	☐ Educating eligible women about symptoms of RTI and STI ☐ Counselling about the prevention and treatment of RTI and STI ☐ Treatment of RTI and STI at PHCs or higher centres	Monthly	CHO & MOs	Medical officer, THO and DHO, MOH	DHO/MOH/DD

		☐ Follow up and counselling to avoid pregnancy till infection subsides				
11.	Tobacco/Alcohol addiction	☐ Counselling at VHSND and through home visits ☐ Health check-ups at PHCs and referral to higher facilities where deaddiction services are available	Monthly	RH/SDH/DH	Medical officer, THO and DHO, MOH	DHO/MO H/DD
12.	Dietary supplementation	Supplementation of at least 30% of daily calories and other nutrients in Anganwadi Centre	Monthly	Anganwadi Center	CDPO/Anganwadi workers	CDPO/THO
13.	Health education for birth preparedness, training of birth companion, EPD mapping, Breastfeeding counselling	Health education of all pre-pregnant mothers shall be done. AV aids can be used in camps and flip charts by ASHAs/ANM & AWWs.	Monthly	Anganwadi Centre, PHCs, HWCs	Medical officer, THO and CDPO/AWW supervisor	DHO/MO H/DD/Dy CEO ICDS or urban counterpart

G. Follow-up

1. Monthly Follow-up of unprotected couples

All registered beneficiaries will be followed up to monitor their health status and the services given per month. Follow-up should be done through house-to-house visits and during OPD at HWC/PHCs, Health camps, VHSNDs and Manav Vikas camps.

Follow-up should be done to check the adherence to the advice given for pre-pregnancy care. Counselling will continue to plan the pregnancy according to the recommendation from medical officers or specialists.

2. Quarterly follow-up of protected couples who have not completed families

All protected couples who are still to undergo permanent family planning methods should be followed up quarterly. Counselling about preconception care and thorough health check-ups should be continued to identify high-risk factors.

Activities	Type/Description	Participants/Immediately responsible for the execution	Modalities	Responsibilities	Timeline	Monitoring	Report Submission
Follow-up	Monthly Follow-up of unprotected couples	ANM, CHOs & Mos	Arogya sevasatra/Camps/Manava vikas camps/H-t-H visits	Medical officer, THO and DHO, MOH	Every Month	DHO/MOH/DD	Every month to state
	Quarterly follow-up of protected couples who have not completed families	ANM, CHOs & Mos	Arogya sevasatra/Camps/Manava vikas camps/H-t-H visits	Medical officer, THO and DHO, MOH	Every Month	DHO/MOH/DD	Every month to state

H. Monitoring and evaluation

To implement the programme effectively, the activities will be monitored by field visits and monthly reports. The following information will be prepared and submitted to the state to assess the program's progress.

a. Baseline data

Baseline data about the number of eligible couples, high-risk eligible women, high-risk pregnancy, stillbirth, maternal mortality, low birth weight babies, developmental delays, and infant mortality will be taken from the existing reports.

b. Training data

Training the staff involved in the program will be a priority to implement the interventions at community and facility levels. Monthly progress on the number of staff trained district-wise will be monitored through online reporting formats.

c. Number of identified eligible couple

ASHA will do a line listing of eligible couples in her area to have baseline data for the total women of reproductive age

d. Number of unprotected couples

A total number of unprotected couples will be taken as target beneficiaries to reach out for “Vatsalya” interventions.

Activities	Type/Description	Participants/Immediately responsible for the execution	Modalities	Responsibilities	Timeline	Monitoring	Report Submission
Reporting	Baseline: Number of staff trained Number of identified 17- to 19-year-old female Number of identified eligible couple Number of unprotected couples	ASHA, ANM, CHOs & MOs	Through a specified format	Medical officer, THO and DHO, MOH	Every Month		Every month to state
	Follow-up: Number of unmarried females with BMI <18.5 Number of females among unprotected couples with BMI <18.5 Number of females with any disease Number of unprotected couples with unmet need	ASHA, ANM, CHOs & MOs	Through a specified format	Medical officer, THO and DHO, MOH	Every Month		Every month to state

I. Indicators for monitoring program

The following indicators will be taken as performance indicators to monitor the progress and to evaluate the overall outcomes of the Vatsalya programme.

Process indicators:

- ☐ Number of unprotected couples and number registered
- ☐ % age unprotected couples among ECs
- ☐ % of women registered for pre-pregnancy care against an estimated eligible couple
- ☐ Number of couples with unmet need
- ☐ Number of pre-pregnant females with BMI <18.5
- ☐ % of females among unprotected couples with BMI <18.5
- ☐ % of females among unprotected couples with BMI >25.0
- ☐ % of women identified with high-risk factors
- ☐ % of women who are currently below 19 years and received advice for contraception
- ☐ % of women who have received folic acid/MMN/FS/Injectables in the given month
- ☐ % of women who have done Hb estimation
- ☐ % of women who are diagnosed with anaemia
- ☐ % of women who are diagnosed with severe anaemia
- ☐ % of women who are diagnosed with RTI/STI
- ☐ % of women who are diagnosed with hypertension
- ☐ % of women who are diagnosed with DM
- ☐ % of women who have any tobacco/alcohol addiction
- ☐ % of women who are diagnosed with Hyperthyroidism
- ☐ % of women who are diagnosed with Hemoglobinopathies
- ☐ % of women who are diagnosed with any high-risk factors in the pre-pregnancy period
- ☐ Number of women receiving behaviour change counselling for general health and pregnancy
- ☐ Number of EC gatherings/camps that happened in the district in a month
- ☐ Number of EC gatherings/camps that happened in the HWCs in a month
- ☐ Number of EC gatherings/camps that happened in the ASHA areas in a month
- ☐ The number of training/retraining happened in a month, and participants

Outcome indicators:

- ☐ % of lower BMI women achieved normal BMI before pregnancies
- ☐ % of high-risk women who delayed pregnancy by using any contraceptive method
- ☐ % of pregnant women who are currently below 19 years
- ☐ % of anaemic women who are treated in the given month
- ☐ Number of women reporting symptoms suggestive of STI/RTI treated adequately
- ☐ Number of women diagnosed with chronic medical conditions receiving care from a specialist
- ☐ Number of women accepting contraception for postponing pregnancy until the risk is managed
- ☐ Number of women having tobacco and alcohol use reporting cessation before conception
- ☐ % of ANC's gain 10 to 12 kg weight in pregnancies
- ☐ % of registered women who delivered with LBW babies
- ☐ % of registered women who have preterm delivery
- ☐ % of registered women who have stillbirth baby
- ☐ % of registered women who have delivered a baby with any birth defect
- ☐ % Children initiated complementary feeding at 6 months
- ☐ % malnourished children <6 months of age admitted in NRCs
- ☐ % LBW babies received KMC in Hospital and at Home
- ☐ % LBWs received Iron, Calcium, and Vita D up to the 40th week
- ☐ % Children went into SUW and SAM during 1000 days of growth monitoring
- ☐ % High-Risk Children identified in HBNC & HBYC
- ☐ Does weekly reporting of HBNC/HBYC started through BF & HA/LHVs
- ☐ % of EC conceive within three months of registration in the Vatsalya program
- ☐ % Pre-pregnant women received FA supplementation
- ☐ % ANC's identified within eight weeks of gestation

Impact Indicators:

- ☐ Reduction in LBW babies
- ☐ Reduction in stillbirth
- ☐ Reduction in preterm delivery
- ☐ Reduction in babies with a birth defect
- ☐ Reduction in SAM & SUVs in children up to 1000 days
- ☐ Increase in timely initiation of complementary feeding
- ☐ Increased spacing between births

13. Availability of Logistics up to HWCs in rural and urban areas

The logistics mentioned are not exhaustive and are for guidance purposes. The District must provide additional logistics, including medicine and consumables, based on local needs and GAPS.

Training Material (Not Exhaustive):

- ☐ Training Module,
- ☐ Examination Cards,
- ☐ Report Registers,
- ☐ Counseling Charts/flip Charts/audio-visual clips

Diagnostics (Not Exhaustive):

- ☐ Weighing Scale,
- ☐ Measuring tape,
- ☐ Hemoglobinometer (Sahalis/digital)- Two per SC and adequate strips or reagents,
- ☐ Glucometers (One per SC and PHC) & Gluco-strips,
- ☐ Facility and reagents for investigation or availability of point-of-care tests
- ☐ Outsourced lab services where available

Medicines (Not Exhaustive) :

- ☐ IFA/MMS,
- ☐ Iron Sucrose,
- ☐ Calcium,
- ☐ Vita D,
- ☐ B complex,
- ☐ Multivitamin,
- ☐ Vita C,
- ☐ Folic Acid (400mcg),
- ☐ NCD medicines
- ☐ Other Medicines for infections, syndromic management, thyroxine, etc



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राज्य आरोग्य शिक्षण व संपर्क विभाग, पुणे