

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 Vatslyya 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 Vatslyya program and as and when required	DHO/MOH/DD
HB%, CBC, PS, VDRL, Sickle 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 Vatslyya 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, CHOs & MOs	VHSND /Camps/ Manava vikas camps	Medical officer, THO and DHO, MOH	At the time of registration in the Vatslyya 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	<input type="checkbox"/> Nutrition counselling, <input type="checkbox"/> Follow-up weight monitoring, Convergence with any nutrition program in ICDS/WCD, <input type="checkbox"/> MMN supplementation <input type="checkbox"/> 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)	<input type="checkbox"/> Family Welfare counselling for delay in 1st pregnancy and spacing <input type="checkbox"/> Look for Prematurity	Monthly	ASHA/AWW/ANM	MO/THO	
	Multiple pregnancies	<input type="checkbox"/> Family Welfare counselling for spacing and limiting <input type="checkbox"/> Look for PPH <input type="checkbox"/> Precipitous labour & injury	Monthly	ASHA/AWW/ANM	MO/THO	

	Migration prone population	<input type="checkbox"/> Mapping of migration pattern, place, duration, frequency and timing <input type="checkbox"/> Camps in migrated areas <input type="checkbox"/> Camps at migration sites <input type="checkbox"/> Follow up on migrated eligible couples and children <input type="checkbox"/> Inter-district coordination and information sharing in June <input type="checkbox"/> 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	<input type="checkbox"/> IFA supplementation <input type="checkbox"/> Regular Hb estimation <input type="checkbox"/> Treatment of severe anaemia as per AMB protocols <input type="checkbox"/> Vit C, MMN supplementation, <input type="checkbox"/> Nutrition counselling for iron-rich foods <input type="checkbox"/> Deworming <input type="checkbox"/> Advocating pills for spacing <input type="checkbox"/> 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	<input type="checkbox"/> 400 µg Folic Acid supplementation from 3 months before expected pregnancy to the first three months of pregnancy <input type="checkbox"/> 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	<input type="checkbox"/> Educating eligible women about symptoms of RTI and STI <input type="checkbox"/> Counselling about the prevention and treatment of RTI and STI <input type="checkbox"/> Treatment of RTI and STI at PHCs or higher centres	Monthly	CHO & MOs	Medical officer, THO and DHO, MOH	DHO/MOH/DD

		<input type="checkbox"/> Follow up and counselling to avoid pregnancy till infection subsides				
11.	Tobacco/ Alcohol addiction	<input type="checkbox"/> Counselling at VHSND and through home visits <input type="checkbox"/> 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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