



Maternal Health Initiatives





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(MATERNAL HEALTH)

Maternal Health Activities



- Janani Surksha Yojana (JSY)
- OJAS (Online JSY, Rajshree Yojna, Shubhlaxmi Yojna)
- Janani Shishu Suraksha Yojna (JSSY)
- Kushal Mangal Karayakram (KMK)
 - Safe Motherhood Day (SMD)-
 - Pradhan mantri surkshit matritav abhiyan (PMSMA)
 - Prashuti Niyojan Diwas (PND)
- Delivery points -2065
- FRUs-first referral units
- Ante-Natal Care and Newer Initiatives in ANC
- MCH Wing & JSY Ward

Maternal Health Activities (Contd.)

- CAC (Comprehensive Abortion Care)
- DAKSHATA (To enhance safe birth practices in labour room)
- Maternal Death Reporting
 - Social Review of Maternal Death (SRMD)
 - 200/-Mobile recharge scheme
- Pre service education



Janani Suraksha Yojana

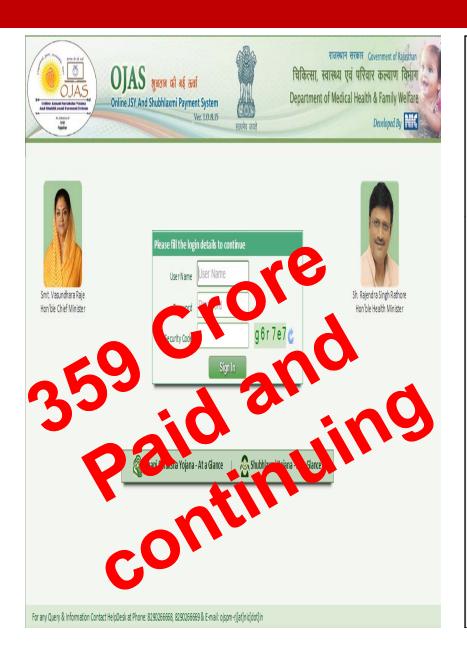
- Cash incentive to beneficiary on institutional delivery in public & accredited pvt hospitals,
- Rs1400 in rural & 1000 in urban area
- Online Payment to beneficiaries started through OJAS software up to CHC.

Shubhlaxmi Yojana/ Rajshree Yojna

- Rs. 2100/- at birth ,Rs. 2100/- after one year on complete immunization.Rs. 3100/- after 5 years of age at the time of admission in school.
- Rajshree Yojana has been implemented from June 2016 in place of Subhlaxmi Yojana as per Hon'ble CM budget announcement 2016.(2500/-,2500/-)

Online JSY Payment by OJAS





- DIRECT BENEFIT TRANSFER (online payment system for JSY, RSY & SLY)
- Started from 1st August 2015 At CHC & Above (CHC, Sat. Hosp., SDH, DH, Med.Col.) now started up to the PHC level from Dec 2016.
- Coverage More than 3000 Govt. Health institutions
- Payment transferring more than 3500 JSY cases, 1500 RSY & 500-700 SLY 2nd cases per day, daily basis FTOs issued without fail
- Online Sanction issued for Payment transfer 1st Aug 15 to May, 2017
 JSY 193.38 Crore for 13.60 Lac cases
 RSY 77.78 Crore for 3.09 Lac cases
 SLY 87.90 Crore for 4.16 Lac cases
- Payment Realization against transfermore than 96 %
- New version of OJAS also started upto city dispensary level from June 2017, with starting RSY 2nd insallment.

Kushal mangal karyakram





caring of high risk pregnancies in Rajasthan



SilfW

Key Components





सुनियोजित गर्भधारण



ट्रेकिंग एवं प्रबंधन



फॉलोअप



निश्चित एम्बुलेन्स उपलब्धता



संस्थागत प्रसव



प्रसव पश्चात देखभाल

FINDINGS OF CALLS THROUGH 104 CALL CENTER

High Risk Pregnant Women line listed in PCTS are contacted through 104 call center. Out of **10018** High Risk Pregnant women **5370** High Risk Pregnant women are contacted out of which 2638 baby delivered & 2676 are responded regarding received health services.

Status of 104 Calling Report (HRP identified in PCTS from April 2016 to March 2017)			
S.No	Response	Total	
1	Baby Delivered	2638	
2	Call after sometime	481	
3	Not Picking	343	
4	Not Reachable	938	
5	Responded	2676	
6	Switched off	1317	
7	Wrong Number	1381	
8	Abortion	56	
9	Blank	0	
10	Number Not available	148	
11	out of station	14	
12	Child death with in 24 hours after delivery	1	
13	Same Number	16	
14	Not Pregnant	4	
15	intra uterin death	1	
16	Female death	4	
	Total	10018	



10018 HRP are line listed in PCTS (16-17) Total 5314 HRPs are contacted. Out of which baby is delivered:-2638 HRP and 2676 responded.

Details of responded are as follows:-

Blood test Not done	39
200 IFA tablet not given	61
Information regarding IV Iron sucrose not given	390
Abortion	56
Information regarding 104/108 Not provided by ANM	1444

IV Iron Sucrose



- Anemia is on of the most common causes of maternal mortality & morbidity.
- Together with multiple pregnancy & severe iron deficiency in third trimester this often leads to fatal outcome.
- To break this vicious cycle 4 doses of Inj Iron Sucrose IV is being given at every government institution from PHC onwards.
- In Rajasthan

Year	3 doses given	4 doses given
2015-16	48555	32526
16-17	92230	66014
April 17 to May 17	17817	13099



Safe Motherhood Day



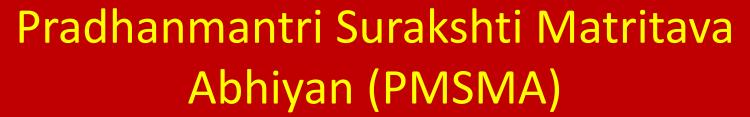
(Started in Oct 2015)

- Quality Ante-Natal Care, early registration and complete ANC, identification and follow up of High Risk Pregnancy, postnatal care for mothers and newborns to be ensured.
- Process: Camp mode for ANC @ CHCs on Fix Friday every month
- Human Resources: Gynaecologists (Govt.) are providing services such as check-up, Counselling specially to High Risk pregnancies.

Year	No. of SMD organized	No. of Beneficiaries	No. of HRP identified
2015-16	1916	58043	9292
2016-17	3214	96067	10442
April 17 – May 17	444	10691	864









- To provide quality ANC to every pregnant woman "Pradhan Mantri Surakshit Matritva Abhiyan" (PMSMA) has been launched from 9th June 2016.
- A fixed day (9th of every month) quality ANC & also detection, referral, treatment and follow-up of high risk pregnancies
- Services being given up to PHC level.



PROGRESS SO FAR:-

Activity	Year 2016-17 June16-Mar17	Year 2017-18 Apr-May17	Total
PMSMA organized	25580	5180	30760
No. of Beneficiaries	563870	100049	663919
TT1 Provided to Pregnant women	90161	11426	101587
TT2 Provided to Pregnant women	80178	10455	90633
IFA tab provided	458144	81720	539864
IV Iron Sucrose provided	77358	14513	91871

Prasuti Niyojan Diwas



- Frequency: every month on 4th Thursday started from 2nd Oct 2015
- **Process:** Camp mode for Birth preparedness only in Sub Centre after June 16.
- **Beneficiaries**: Organized for pregnant women (8th–9th month pregnancy).
- **Purpose** is to encourage mothers for institutional delivery and to help in selection of referral transport (104/108).

PND organized -1.66 lac Beneficiaries - 12.75 lakh

Services provided during PND:-

- Complete ANC by MO/ANM in at Sub center.
- Free investigations by Lab tech of PHC & ANM at Sub Centre.
- o Identification & line listing of HRP.
- Counselling for Nutrition and diet, Rest, Danger Signs during Pregnancy & Labour, Birth preparedness, Referrals system –Providing contact numbers of vehicles for free transport.





Revised DDP's (17-18) DESIGNATED DELIVERY POINTS total--2065

Status of Delivery Points (2017-18)

S.N0	Institute Name	Number of Delivery Point	Level of Facility
1	Medical College associate Hospital	7	L3
2	DH	35	L3
3	SDH	20	L3
4	Satellite Hospital	3	L3
5	CHC (FRU)	108	L3
6	CHC (Non-FRU)	353	L2
7	PHC (24*7)	473	L2
8	PHC (Non 24*7)	88	L1
9	SC	978	L1
	Total	2065	



First Referral Units (Rajasthan)



FRU -First Referral Unit

Ideal requirement for fully functional FRU includes-

- Availability of all three Specialists (Gynecologist, Pediatrician, Anesthetists).
- Availability of Blood Bank/Blood Storage Unit.
- Functional Operation Theatre.
- Essential Laboratory Services.
- Referral (transport) Services.
- Functional Labour room with providing services of Normal, Complicated & Caesarean section deliveries.
- New Born care services.
- Family planning & Safe abortion care services (Both Medical & Surgical).

Map of state with FRUs ملتان Sri Ganganagar श्रीगमानगर UTTARAKHAND !!! MAP LEGEND Mailsi Sirsa सिरसा Jalalpur Bahawalpur Pirwala_o Nainital नैनीताल بهاولبور جلال بور سروالا HARYANA Haldwani हल्द्वानी Moradabado oRampur रामपुर DELHI Rahim Yar Khan New Delhi नई दिल्ली Bareilly बरेली رحيم بار خان Lakhimpur Bikaner बीकानेर Sadigabad लखीमपुर खीरी Aligarh अलीगढ صادق آباد UTTAR Daharki ڏبرکي PRADESH Agra आगरा Jaisalmer Lucknow लखनऊ Bhind भिण्ड Kanpur कानपुर Jodhpur Gwalior म्वालियर Orai उरई Balotra Wildlife Sanctuary Rath /irpur Khās Bhilwara भीलव्यडा مبربور خاص Chitrakoot Khajuraho Guna Satna Rewa सतना Ashoknagar अशोकनगर Mandsaur Palanpur Sagar Damoh Katni Patan Mehsana MADHYA Vidisha Wild Life Ratlam PRADESH Jabalpur Sanctuary जबलपुर Map data @2017 Google Terms 50 km i Bhopal Ahmedabad Narsinghpur



Status of Specialists at 153 FRUs before recruitment/posting as on December 2016-

	where Paediatricians		Number of FRUs conducting C- Sections
91	92	70	67

Status of Specialists at 153 FRUs after recruitment as on may , 2017-

Number of FRUs	Number of FRUs	Number of FRUs	Conducting
where	where	where	C-Sections
Gynaecologists	Paediatricians are	Anaesthetists are	
are Available	Available	Available	
118	121	101	85



ANC (Ante-Natal Care)

S.No	Particulars	Target 2016-17	Achievement	Achievement %
1.	ANC Registration	2009295	1913669	95.24
2.	ANC Registration within 12 weeks	2009295	1163819	57.92
3.	3 ANC check-ups	2009295	1376554	68.50



NEWER INITIATIVES IN ANC

- Deworming during pregnancy
- Calcium Supplementation during Pregnancy and lactation.
- Diagnosis and Management of Gestational Diabetes Mellitus.
- Screening of Hypothyroidism during Pregnancy.
- Community Distribution of Misoprostol for Prevention of Post- partum Haemorrhage.



ANM and ASHA Samvad

- From October 2015, total four rounds of ANM Samvad were conducted to enhance & improve skills of ANM.
- It is first of its kind in entire country where interaction of around 22000 superiors with field staff was organized which innovatively uses technology for teaching ANM's in areas of ANC service, high risk pregnancy identifications & recording data.

- A quality video emphasizing importance of ANC & RCH register with correct methodology of conducting various parameters of ANC like physical(weight, height etc.) and laboratory(haemoglobin estimation, urine analysis etc.) examination was shown.
- After video conferencing, it clearly showed an increased level of confidence & commitment towards duties and responsibilities of ANM's.
- Over 48,000 asha's were also intervene and supported in 8 slots of VCs for RCH and other activities.



MCH Wings



JSY Wards







STATUS OF MCH WING

MCH Wing	Completed	Work in Progress	Total
100 Beded	22	0	22
50 Beded	15	0	15



STATUS OF JSY WARD

JSY Ward	Completed	Total
50 Beded	17	17
20 Beded	97	97

COMPONENTS OF MCH WINGS



- Premises with sufficient waiting area, registration counter and emergency services.
- OPD Services
- Pharmacy
- Clinical Laboratory
- Labour Room with pre-defined criteria & NBCC.
- Operation Theatre.
- Pre and post- observation room.
- Obstetric ICU
- ANC/PNC Wards
- FBNC (NBSU/SNCU)
- Skill Labs (in 22 MCH Wings of 100 beded)

Dakshta Program



- Started from June 2015 four component:-
 - Availability of essential supplies (Drug/ Diagnostic)
 - > Training and hand holding for skill enhancement.
 - Mentoring & Supportive visits.
 - Data collection for monitoring.
- To Make the labour room staff skilled in ideal delivery practices.
- Active intervention in 13 district by training and mentoring supportive visit of high delivery load facilities in district of (Banswara, Bharatpur, Bundi, Dholpur, Karauli, Jaipur II, Jhunjhunu, Jodhpur, Nagaur, Pali, Udaipur, Dungarpur & Rajsamand

(2059 candidates of 174 hospitals were trained & mentoring visit ongoing)

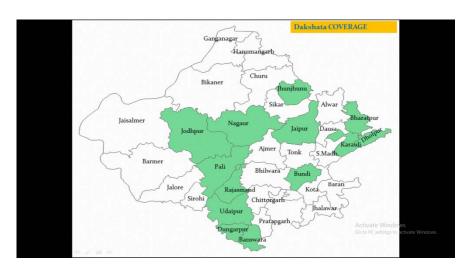
- Training of Master trainer and Rapid assessment before trainings has been completed in 14 districts(Barmer, Chittorgarh, Jaipurl, jaisalmer, Pratapgarh, Sawai Madhopur, Tonk, Alwar, Dausa, Sikar, Churu, Bikaner, Jalore & Sirohi) now trainings are under progress.
- In collaboration with NGO Jhpiego program is being implemented by help of 11 Program Officers & 3 NHM mentors (Banswara, Bundi & Dholpur).
- 4 new districts MOU signed with ASMAAN alliance sp. For intra partum care supports in June 2017























Comprehensive Abortion Care (CAC)

 Unsafe abortion is one of the third most common cause of Maternal Mortality.

To prevent it State govt in collaboration with IPAS NGO gives onsite training to Medical Staff at 7 medical colleges on

- Medical Methods (T.Misoprost & T.Miferosone)
- Manual Vaccum of Aspiration (By Syringes)
- Electrical vaccum Aspirations.

From 2009 till date 972 doctors have been trained.





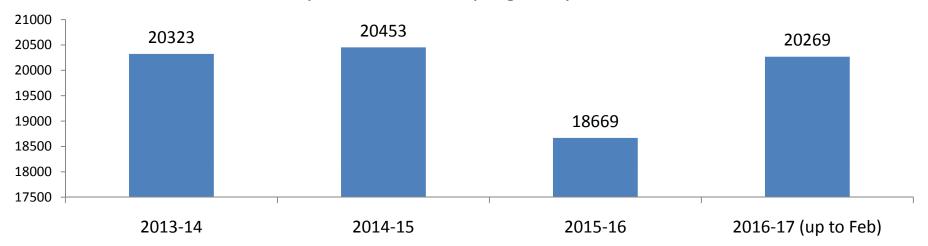


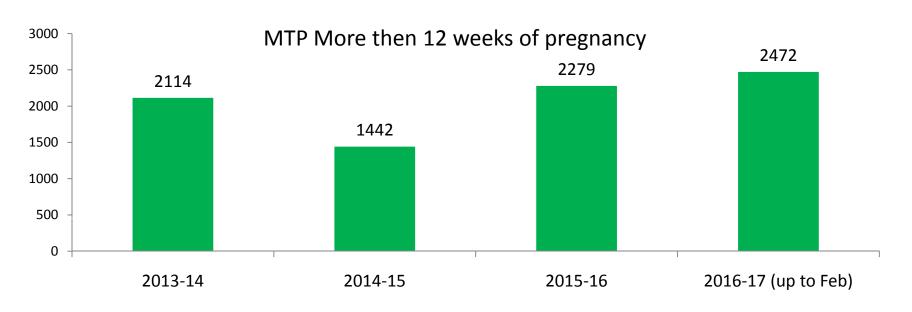


MTP Reporting on PCTS



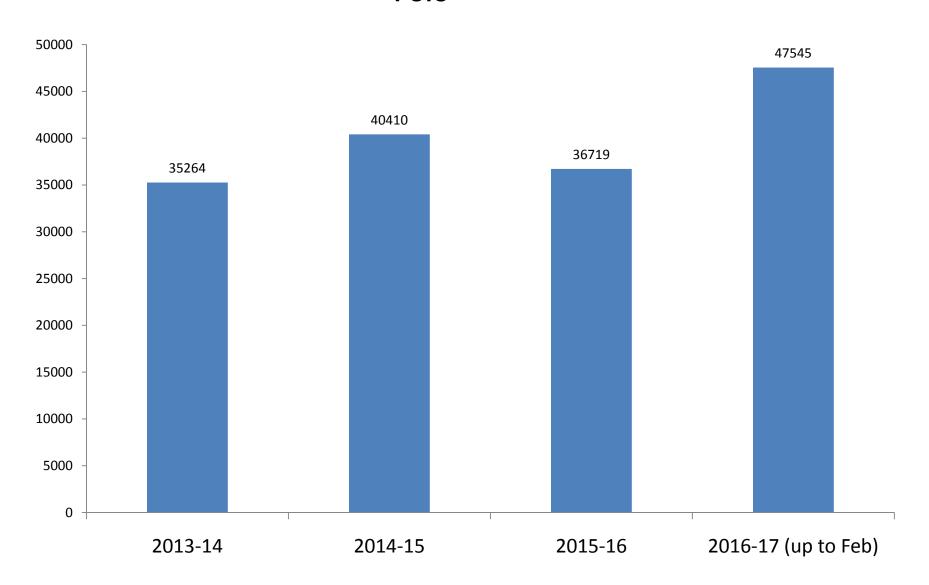
MTP Up to 12 weeks of pregnancy







Abortion-Spontaneous/ Induced Reporting on PCTS





MDR

MATERNAL DEATH REPORTING

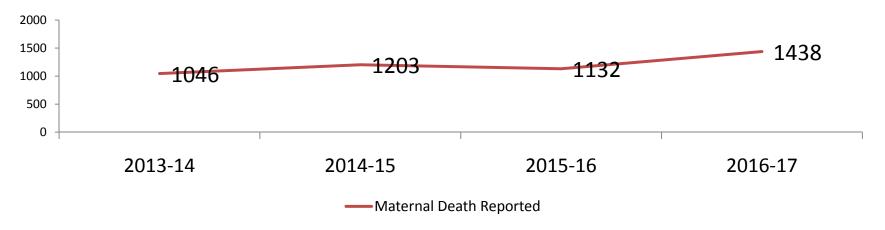
Maternal Death Reporting



Estimated 2867
Reported 1438 Zone wise (50 %) & 2892 (49.72%) AHS 2012-13

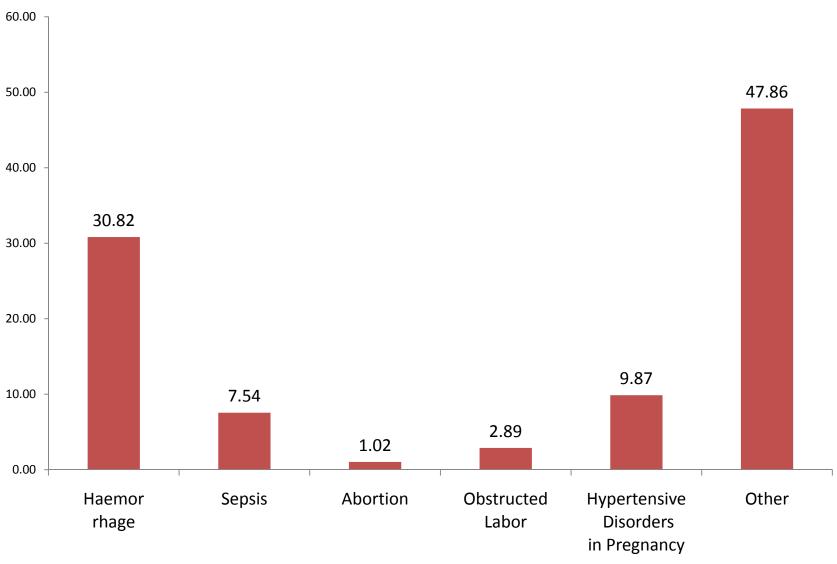
Year	Maternal Death Reported
2013-14	1046
2014-15	1203
2015-16	1132
2016-17	1438

Maternal Death Reported



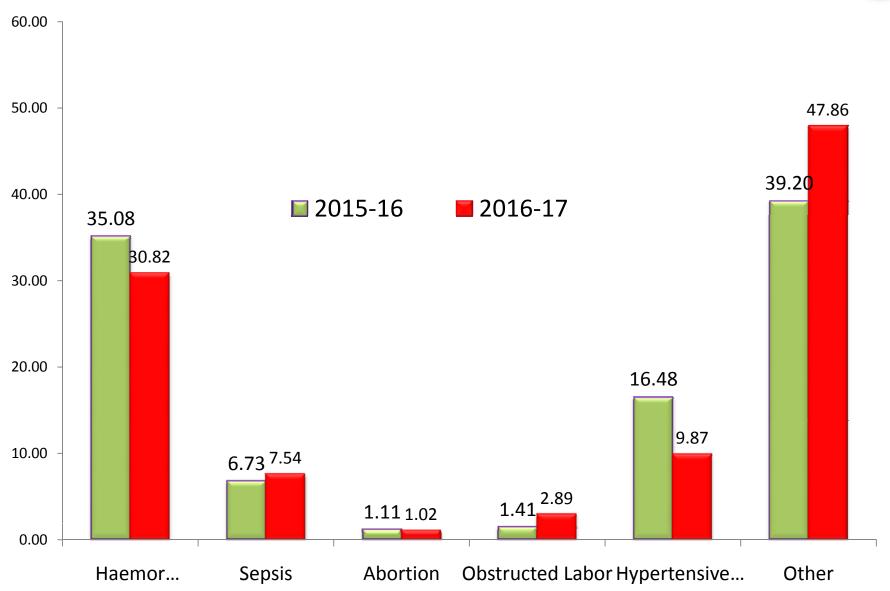
MDR Review Causes Chart





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Comparative Status MDR Cause



Social review of Maternal Death

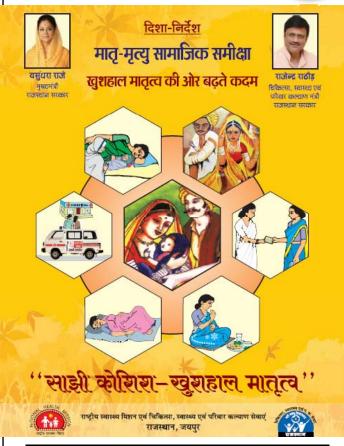


Which Deaths will be Reviewed: Social Review of Maternal Deaths at home and in the transit, reviewed deaths after 1 September 2014.

When & Where: Social review is done at village level, on MCHN day after the MCHN session completed, in the same village from where the pregnant women belong, after 15-20 days of the death (within one month).

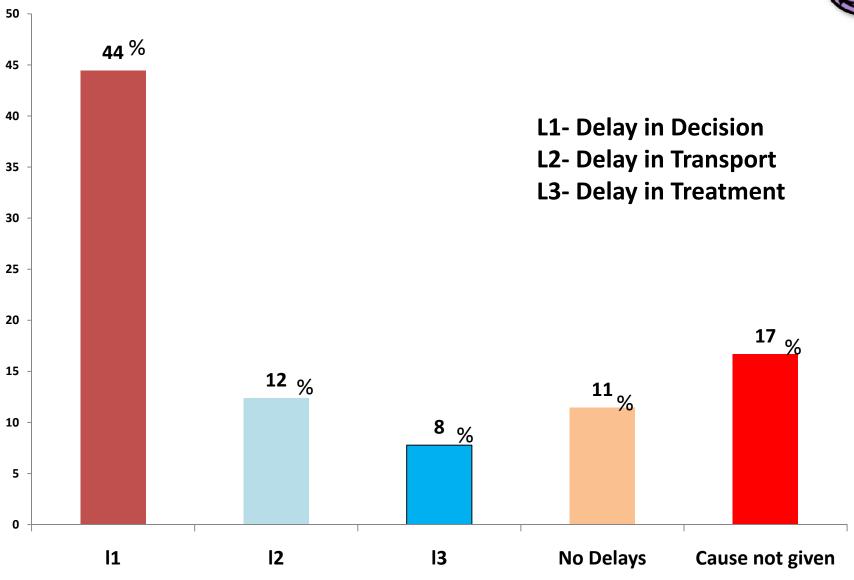
Participants: Meeting of social review is to be organized by ASHA,

- AWW
- ANM
- LHV
- PHC in charge
- Community people especially pregnant women & relative of pregnant women, teacher, ward member, verbal autopsy team etc



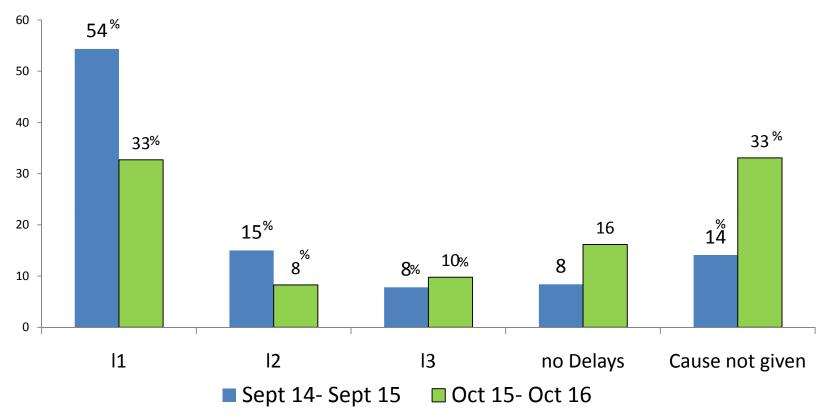
September, 2014 to March			
2017			
Reported	Reviewed		
911	686		







Comparative:- Study between time periods September 2014 to September 2015 & October 2015 to October 2016



During this interval 3802 SMD & 153453 PND Camps organized which led to fall in L1 delays by 21% & L2 delays by 7%

Female Death Reporting-Mobile Recharge scheme

Since under-reporting is a big challenge-

- This scheme is introduced on **15-2-2016** to receive information of each and every maternal death.
- Informer who will give the information of women death (between the age group of 15-49 years) within 15 days, he/she will get mobile recharge of Rs.200 per information.
- Any one can give the information. For the first correct information informer will be incentivized.
- Informer can give the information of women death at 104 toll free number or at *e-Mitra* Kiyosk.

Applicatio ns	Approved	Rejected		Maternal Death
1290	468	208	529	48

Maternal Death reports received from these district by Mobi Recharge Scheme

S.No	District	Missing Maternal Death
1	Pali	13
2	Ajmer	5
3	Rajasmand	4
4	Dholpur	3
5	Alwar	2
6	Bhilwara	2
7	Chittorgarh	2
8	Jaipur II	2
9	Jodhpur	2
10	Kota	2
11	Sirohi	2
12	Baran	1
13	Bharatpur	1
14	Churu	1
15	Hanumangarh	1
16	Jalore	1
17	Jhunjhunu	1
18	Karauli	1
19	Pratapgarh	1
20	Sikar	1
Total		48

Pre Service Education



 In Rajasthan total 50 Government training institutes are working in Pre Service Education (PSE)-

33 ANMTC, 15 GNMTC and 2 State Nodal Centre (Kota & Udaipur)

- ➤ Main supportive interventions of NHM in PSE are:
 - ✓ Skill up-gradation training at National/State Nodal Centre
 - ✓ Development of Skill labs at all institutes
 - ✓ Development of e-learning materials
 - ✓ SBM-R (Standard Based Management & Recognition) assessment to monitor quality indicators
 - ✓ Infrastructural support
 - ✓ Recurring cost (mobility, nutrition lab, library etc.)

Achievements in 2015-16



IT Lab:

- Each ANMTC and GNMTC have been given 2 and 4 computers respectively through NHM; along with provision for a multifunction printer.
- Broadband connectivity has been established at the all centres.
 Internet cost is being supported through contingency budget





Contd....



Library

- Books worth 1.61 crores were procured and distributed to all the institutions.
- Cataloguing of books and organizing of books has been completed in all Institutions
- The books are being issued to students.



Establishment of skill station and utilization of Mama and Neo-Natalie

- Skills stations have been established in all the facilities and used for teaching essential skills to students.
- Mama and Neo-Natalie models have been provided to all institutes with the support of Jhpiego.





Skills Lab



- The first fully functional Pre Service Skills lab has been established with support of Jhpiego at ANMTC Jhalawar. Faculty and students have started utilizing this skills lab.
- NHM has taken the initiative to establish skills labs at all the ANMTCs/GNMTCs through RMSCL. The proposed budget for the same is approximately 12 crore. 47 skills lab would be established on turnkey basis.

Capacity Building



- 91 Faculty from 49 institutions have undergone 06 days TOT 'DAKSH' training at Delhi.
- 28 faculty completed 6 weeks training at SNCs- Patna and Dehradun/ NNCs- Vadodara and Wardha.

Development of Teaching Aids



- To enhance the use of LCD projector, booklets of 50 presentations and DVDs of 21 videos (in 2 volumes) based on syllabus have been provided to each institution to promote the "e-Learning".
- An "Institutional Quiz competition" for students was organized to promote awareness and generate interest in the e-Learning content being provided to institutions.

Release of Volume- I

Release of Volume- II

Progress of 2016-17



ANMTC Pratapgarh made functional.

Teaching Aids

- Lesson plans for first year ANM and GNM courses have been developed.
- 81 educational videos related with curriculum of ANM/GNM have been developed with support of Jhpiego.

Capacity Building

- Total 62 faculty have been trained in 6 weeks training in F.Y. 2016-17.
- Till date Total **120** faculty have been trained from the state in six weeks training.

Progress on skill lab



- Purchase order issued by RMSCL on 30 March 2017,
- Total 90 days time period is given to establish skills lab in all 47 institutes.
- Supply of items to 22 institutes has already been completed.
- Supply of items to remaining institutes is expected to be finished by JULY 2017.

Establishment of FIRST State Nodal Center at Kota

- Govt College of Nursing Kota has been recognized as State nodal Center by GOI.
- First SNC of the State.
- First batch of Six weeks training has been initiated at SNC Kota from 1st June 2017 to 12th July 2017.
- Currently 15 faculty are being trained.







THIS YEAR 2 VITUAL CLASS ROOMS SETUP AT STATE NODAL CENTRES UNDER PRESESS.......

THANK