Guidance Note on Operationalization of Dakshata in New States

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Maternal Health Division
Ministry of Health and Family Welfare
Government of India

सत्यमेव जयते

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Plan for Scale-up of Dakshata Program in New States

Context

Despite considerable investments in improving institutional delivery rates in the country, the progress in maternal and newborn mortality reduction in India in previous decade was insufficient to achieve the Millennium Development Goals (MDGs) 4 and 5. As per an estimate, up to 1.3 million children, under-5, died in India in the year 2013. On further analysis of the under-5 mortality in India, it can be seen that while Infant Mortality Rate (IMR) has shown steady decline, Early Neonatal Mortality Rate (ENMR) has virtually remained static since the last decade. In fact, ENMR and Perinatal Mortality Rate (PNMR) actually slightly increased from years 2003 to 2009, more so in rural areas. ENMR and PNMR are mainly the indicators of intra partum and perinatal care. Thus, the slow or no change in early neonatal mortality is a significant finding indicating that the country must focus on care around childbirth in order to make a decisive dent in both maternal and newborn mortality.

Background

To design efficient and effective strategies to improve quality of care during childbirth, the GoI reviewed ongoing efforts to improve the quality of care in institutions in country. One successful example was the Safe Childbirth Checklist (SCC) Program in Rajasthan, wherein, a simple checklist based on evidence-based practices formed a useful framework for training of health workers, post-training supportive supervision and ensuring the availability of essential resources, and adherence to safe practices by health workers for each client delivering at health facilities.

Using the learning from SCC and other similar programs focused on childbirth period, and keeping in mind challenges from previous initiatives such as the Skill Birth Attendant (SBA) trainings, the Government of India (GoI) launched a strategic initiative 'Dakshata' in the year 2015. The program was designed with a vision to rapidly improve the quality of care during childbirth in the public health facilities to achieve the goal of maternal and newborn mortality reduction in India. Initially introduced in the six high-priority states, this program was supposed to be scaled-up in other states of the country. Even within these six states, the program was initially focused on the high-priority districts (HPD).

Dakshata has four main components—improving skills of health workers in the key life-saving practices, improving availability of resources essential for performing these life-saving practices, implementing strategies for transfer of learning into practice, and improved use of data for decision-making and action. Dakshata, by means of its focussed attention on practices that prevent or control the major causes of maternal and newborn mortality is an efficient quality-complement to the existing efforts of promoting institutional births. Currently, the program is being implemented in more than 1000 facilities across 98 districts in the states of Rajasthan, Madhya Pradesh, Odisha, Maharashtra, Andhra Pradesh, Jharkhand and Telangana, with technical assistance (TA) by implementation partners such as Jhpiego. Early results from these states show improvements in adherence to safe practices amongst facility-based health workers.

Keeping in line with the objectives of wider scale-up after initial strategic introduction, the GoI is now exploring mechanisms for rapidly scaling-up the program to other states. The GoI is cognizant of the importance of TA by implementation partners to state governments for successful program

implementation. Hence, the GoI is reviewing available TA for various states for scale-up of the program to ensure high quality care during childbirth in the country.

Proposed strategy for program scale-up in new states

The states interested in implementation of Dakshata program can send an expression of interest to GoI. To commence with, the states should implement the program in their HPDs with a plan for scale-up to other districts. Priority should be given to facilities such that maximum number of deliveries in the districts are targeted.

Schedule of activities for program implementation

Operational planning meeting at state

This will be a 1-2 day meeting between key state officials and administrators such as MD-NHM, state program officer and manager for Maternal Health, state nodal for Dakshata, representative from Jhpiego. The main objective of this meeting will be to frame an operational plan for Dakshata rollout in the state. Key outcomes will be identification of target districts, facilities and internal resources, drafting of a work plan with timeframes for implementation of Dakshata activities, preparation of budgets for activities to be proposed in NHM PIP and fixing of roles and responsibilities of key players for program implementation in state.

State level sensitization and program launch

This will be a 1-day activity at the state level for launch of program and sensitization of key administrative officials and managers of target districts, key stakeholders and partner organizations. The launch will be presided by the MD-NHM, Directorate Heath Services and respective officials of state. Jhpiego will support in implementation of this activity by providing the technical resource persons.

Identification and capacity development of Dakshata Mentors

Quality Improvement Mentors who will drive this initiative and keep focus on required deliverables is a critical need of this program. It is proposed that a dedicated person be hired for each of the target district by allocating required budget in the NHM-PIP, and appointed as Dakshata Mentor who will take lead in implementing the program activities in respective facilities (Maharashtra model). On the other hand, state can also think of appointing existing officials from the state as District Mentors (Odisha model) or Nurse Mentors (Madhya Pradesh model), and drive the initiative forward. Jhpiego will support the state in training of these mentors on the assessment and on-site mentoring methodologies.

Identification of Master Trainers and Training of Trainers (ToT)

It is proposed that a pool of district-level trainers be created, comprising of gynecologists, medical officers, public health nurses, RCH officers, staff nurse etc. These trainers will be trained through a 5-day Trainer of Trainers (ToT) in the Dakshata resource package, and are expected to conduct district or sub-district level trainings for facility staff. Jhpiego will support this activity by providing master trainers for conducting the ToT batches.

Gap assessment and periodic assessment exercises

Assessment of the target facilities for bottlenecks in adherence to recommended practices, skill levels of providers and availability of essential resources to be done by the mentors or identified resource

persons. The activity will also involve preparation of a facility-specific action matrix for tracking during the successive assessments or visits by mentors. The assessment activities are proposed to be done on a periodic basis (quarterly/ half-yearly). Jhpiego will support the states in conducting workshops of the identified mentors or assessors on assessment methodologies.

District Level Sensitization Meetings (DLSM)

These meetings are to be held in each target district, chaired by the District Administrator and the Chief Health Official. The aim of these meetings is to sensitize the key stakeholders from every district on the Dakshata program. The participants should include identified facility nodal officers (managers and clinical staff including labor room in-charge), facility-nursing in-charges and other key stakeholders from the district.

District-level Trainings

Facility staff (nurses and doctors) from identified facilities are to be trained in batches of 14-16 at the district level trainings in successive batches by the state's master trainers. The batches should be planned to include participants from a cluster of nearby facilities such that they achieve saturation (at least 80% of staff working in labor rooms trained) in a short span of time. Jhpiego can provide need-based support in this activity.

Mentoring and Support Visits (MSV)

Post training mentorship and support visits (MSV) are essential for translation of the learned skills into practice. This support to the health workers in their own facilities also creates favorable conditions for them to adhere to safe care practices. The Dakshata implementation package includes a structured MSV package including simulation drills. State's mentors will be carrying out these visits at the facilities. Jhpiego will provide support in capacity building of these mentors on the MSV package.

Periodic reviews and Experience sharing workshops

a) At state level: Are to be held every quarter/half-yearly to ensure completion of program activities as per timelines, track the progress in various target districts and address key challenges in program implementation in the state. Experience sharing can also be included as a part of these workshops for cross learning and recognition of well-performing facilities and staff.

b) At district level: Are to be done every month under the chair of district administrators and key managers from districts and facilities. These reviews should be institutionalized in the state as a stand-alone Dakshata review or part of the monthly DHS meetings.

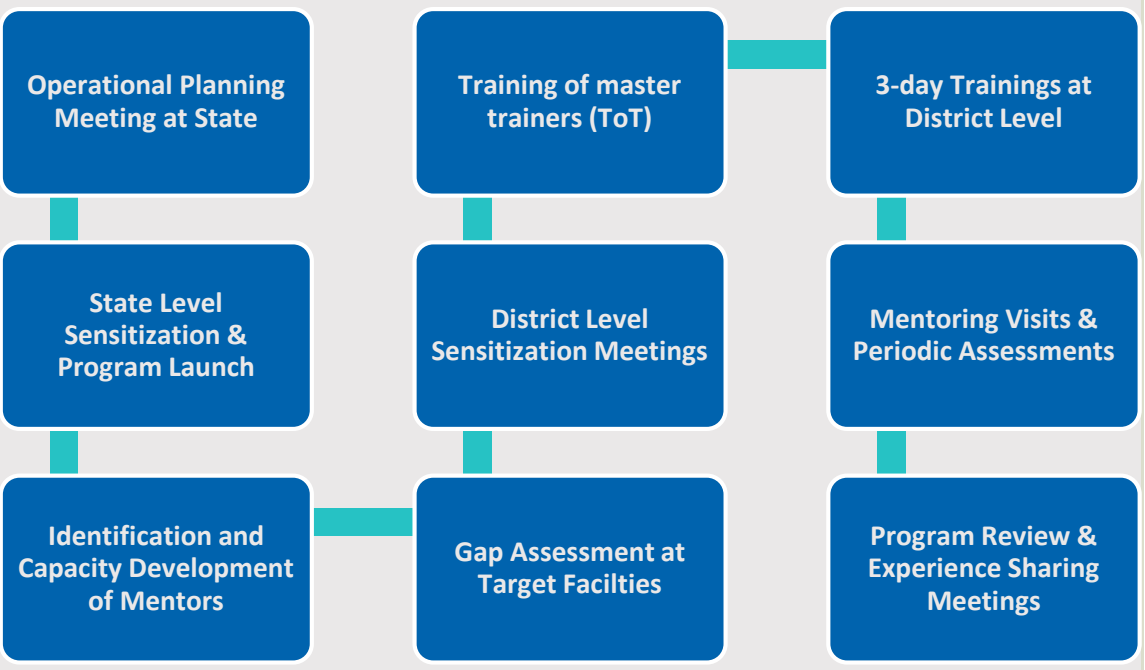
Standardized Recording and Reporting of Data

Streamlining the mechanism of data record and report from facilities on certain key indicators for care around birth is essential to ensure effective data collection and use for improvement. States could consider using the standardized recording templates such as GoI recommended client case records and birthing registers in the facilities and labor room MIS for reporting at all levels. Monitoring these key indicators and dashboards generated through MIS will be critical at various administrative levels for ensuring accountability of the system. A periodic review at the facility, district and state level will help ensuring the same.

Budget considerations

The states would be required to propose the budget for implementation of Dakshata program activities such as hiring of supportive human resource, trainings of health workers and mentors, ensuring availability of essential resources, standardizing the labor rooms across facilities, other procurements such as training and mentoring models and travel support for MSVs etc. in the NHM-PIP.

Flow of activities during Dakshata program implementation:



Annexures

1. Operational planning meet at state

Objective	Participants	Key outcomes
To frame an operational plan for Dakshata rollout in the state.	❖ MD-NHM ❖ State program officer & Manager (Maternal Health) ❖ State nodal for Dakshata ❖ Representative from Jhpiego	❖ Identification of target districts, facilities and internal resources. ❖ Drafting of a work plan with timeframes for implementation of Dakshata activities. ❖ Budget Preparation for activities to be proposed in NHM PIP. ❖ Fixing of roles and responsibilities of key players for program implementation in state.

2a. State level sensitization and program launch

Activity description	Participants	Key outcomes
One-day activity at the state level for launch and sensitization of key officials.	❖ MD- NHM ❖ Directorate FW ❖ Additional Director FW ❖ State program officer & Manager (Maternal Health) State nodal for Dakshata ❖ Key State officials ❖ Key administrative officials and managers of target districts ❖ Key stakeholders and partner organizations	❖ Sensitization of key administrative officials. ❖ Final work planning on program roll out in their respective districts.

2b. Agenda for state level sensitization and program launch

Duration	Topic	Facilitator
30 Mins	Registration	State officials, Jhpiego
15 Mins	Lighting of the inaugural lamp	Chief guests
10 Mins	Welcome and opening remarks	Director Family Welfare/ Nodal officer for Dakshata
30 mins	Major determinants of quality of care during intrapartum and immediate postpartum period and Introduction to 'Dakshata'—a strategic initiative by Government of India for improving quality of care in labor rooms	Jhpiego
10 mins	Keynote address	MD NHM
20 mins	**Tea**	

Duration	Topic	Facilitator
60 mins	Orientation to operational aspects and Implementation package of Dakshata	Jhpiego
15 mins	Discussion on the state Dakshata guidelines	Director/ AD Family Welfare
60 mins	**Lunch**	
60 mins	Preparation of district level work plans	District teams
45 mins	Presentations of district work plans	District teams
10 mins	Closing remarks	Director/ AD Family Welfare

3a. Identification and capacity development of Dakshata Mentors

Objective

Identification/hiring of dedicated person for Dakshata districts for program implementation.

Who can be Dakshata mentor?

A doctor or a nurse can become Dakshata mentors or there can be a team of doctors and nurses.
How can Dakshata mentor be recruited and what budgetary propositions have to be made in PIP for mentor?

Type of Dakshata mentor	Budgetary proposition in PIP
Dedicated mentor : A dedicated person can be hired for each targeted district for program implementation	Salary Mobility support Models
Mentors from within the system: Doctors or nurses from the system can work Mentors	Incentives Mobility support Models

What important qualities one should keep in mind while recruiting Dakshata mentors?

1. Mentor should have strong technical skills
2. Mentor should be motivated enough to carry out the onsite support activities
3. Mentor should be ready to travel for onsite mentoring
4. If identified from within the district, then the mentor should preferably not have any possibility of getting transferred or at the verge of retirement

3b. Terms of Reference for hiring Dakshata mentors

- The mentor will work under the supervision of the Chief Medical Officer or the designated officer to lead maternal health program in the district.
- He/she will be responsible for the overall implementation of the components of 'Dakshata' initiative with a special focus on the skill building and mentoring of health workers providing care during and after childbirth.

Responsibilities:

- Prepare a training micro plan for health workers for the training package under 'Dakshata' initiative, taking into account the number of staff needed to be trained, their location, training status, and time availability, etc.
- Conduct the training of health workers using the learning resource package developed under the 'Dakshata' initiative as per the training micro plan of the facilities. Ensure that the trainings of health workers are completed on schedule and are of high-quality as per the learning resource package.
- Conduct regular mentorship visits to assigned facilities as per the guidance in the operational guidelines for 'Dakshata' initiative and provide on the job trainings and skills correction support to health workers to ensure appropriate practices.
- Conduct regular assessments of the target delivery points for assessing availability of essential resources as per the operational guidelines of 'Dakshata' initiative.
- Ensure the availability of essential supplies and drugs at the point of use in facilities through facility and district level advocacy actions.
- Ensure that a uniform birthing register as per the operational guidelines of 'Dakshata' initiative is used across all assigned facilities for recording data related to childbirth related processes and outcomes.
- Ensure that the facilities report regularly on the reporting templates designed for 'Dakshata' initiative.
- Ensure that the dashboard of indicators is used at facility and district level for monitoring the adherence to life-saving practices during childbirth.
- Support facility in-charge in understanding dashboard indicators and taking corrective actions based on indicators.
- Assist district authorities in developing a comprehensive plan for implementation of MNH toolkit in facilities.
- Attend District Health Societies review meeting and present the progress under 'Dakshata' initiative, the quality of care indicators, key challenges identified during field visits and success stories to facilitate systematic review and data driven corrective actions at the district levels.
- Travel within the district and in state for review of program activities.
- Perform or assume other duties as assigned by the supervisor.

Abilities/Skills

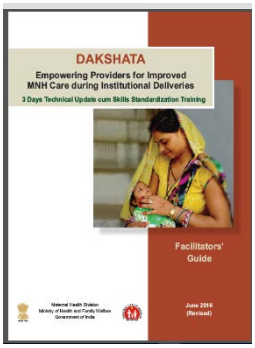
- Strong MNCH technical and clinical skills.
- Ability to develop productive working relationships with partner agencies, stakeholders and other organizations including government counterparts.
- Ability to handle a variety of assignments under pressure of deadlines.
- Ability to multi task and work in a multi-cultural team.
- Strong written and oral communication skills in English and Hindi. Knowledge of local language will be preferred.

- Proficiency in computers - Microsoft Office and PowerPoint.
- Ability and willingness to travel up to 40–50% of his/her time.

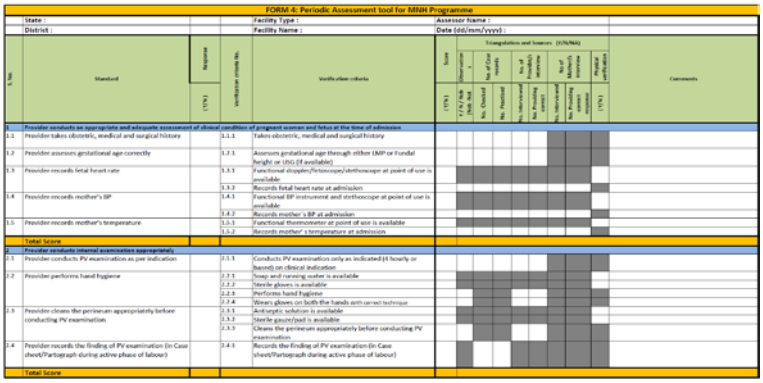
Qualifications/Knowledge:

- The candidate should have a valid Medical or Nursing graduate level qualification. Master's degree in Public Health (MPH) will be preferred.
- 3-5 years of overall experience working with government on maternal, neonatal, child health and family planning (MNCH-FP) programs preferably in high focus states. In-depth knowledge of latest advances and strategies in the field of MNCH-FP.
- Experience in clinical trainings and mentoring related to maternal and new-born health will be strongly preferred.
- Experience of working in labor rooms with different cadres of service providers will be desirable.
- Familiarity with the Indian health system, key stakeholders and relevant government policies/strategies particularly National Health Mission.

4. Identification of Master Trainers and Training of Trainers (TOT)

Activity Description	Participants	Outcome	Resources
5 Days Trainer of Trainers (TOT) in the Dakshata resource package **Jhpiego will support this activity by providing master trainers for conducting the TOT batches*	Gynaecologists, medical officers, public health nurses, RCH officers, staff nurse etc.	A Resource pool of Trainers will be developed. These trainers are expected to conduct district or sub-district level trainings for facility staff.	 ❖ Facilitators guide ❖ Agenda for ToT ❖ Training Outline ❖ Resource Material ❖ All resources needed for training are available in Dakshata Resource Package ❖ http://www.nhm.gov.in/nrhm-components/rmnch-a/maternal-health/dakshata/dakshata.html

5. Gap assessment and periodic assessment exercises

Activity description	Resources
1. Assessment of target facilities on Practices, Resources and Infrastructure (Form 2, 3 and 4) **2. Preparation for facility specific action Matrix (Facility Specific)** The assessment activities are proposed to be done on a periodic basis (quarterly/ half-yearly). ***** *Jhpiego will support the states in conducting workshops of the identified mentors or assessors on assessment methodologies.*	**Toolkit for Assessment Formats** (Available in Dakshata resource Package) Form 2: For availability of essential resources in labor rooms Form 3: For labor room organization and infrastructure Form 4: For standards based on clinical practices 

6a. District Level Sensitization Meeting (DLSM)

Activity description	Participants	Key outcomes
Half-day Meeting at district level for sensitization of targeted facility In-charge, managers, others on operational aspects of Dakshata. Can be done as standalone activity or can be clubbed with state level sensitisation meeting in case the program is being implemented in a fewer districts	❖ DM/Collector ❖ Chief health official(District) ❖ District program Manager ❖ Medical officer In-charge, Health Managers of targeted facilities ❖ Key Clinical staff including Nursing/Labour room In-charge	❖ Sensitization of key administrative officials of facilities ❖ Work Planning according to outcome of gap assessment done. ❖ Identification of Facility staff (nurses and doctors) to be trained for Dakshata.

6b. Agenda for District Level Sensitization Meeting

Time	Topic	Facilitator
15 Mins	Welcome and Introduction	Chief Medical Official for the district
30 mins	Overview of the Dakshata initiative: need for improving quality of care in labor rooms, key components and operational	State/ divisional / district nodal
30 mins	Practices that save lives: An overview of core practices covered under Dakshata	Jhpiego representative/ District nodal person
15 mins	**Tea**	

15 mins	Supplies essential for performing life-saving practices under Dakshata initiative	Quality improvement mentor/ District RCHO
45 mins	Institutionalizing life-saving practices in target facilities: ❖ Strategic skill building of health workers in the labor rooms ❖ Facilitating individual and facility level compliance to life-saving practices during childbirth ❖ Providing health workers with an enabling environment for performing all essential actions	Jhpiego representative/ District nodal person
15 mins	Using data for action—strengthening data recording and reporting for monitoring the	State/divisional representative
30 mins	Supportive supervision, what to see at facility, the tool for supportive supervision, how to address issues identified.	State representative
15 mins	Closing remarks	District Magistrate /

7. District-level Trainings

Activity description	Participants	Planning	Resources
3 days training of Facility staff at district level in successive batches by the state's master trainers	Nurses and doctors working in labor rooms from identified facilities (batches of 14-16)	The batches should be planned to include participants from a cluster of nearby facilities such that they achieve saturation (at least 80% of staff working in labor rooms trained) in a short span of time.	3 days Training package ❖ Agenda for Training ❖ Training Outline ❖ Resource Material ❖ All resources needed for training are available in Dakshata Resource Package ❖ Also available on http://nhm.gov.in/nrhm-components/rmnch-a/maternal-health/dakshata/dakshata-3-days-training.html

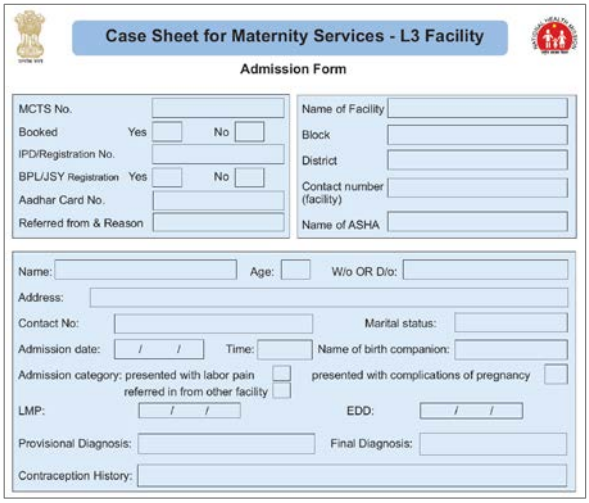
8. Mentoring and Support Visits (MSV)

Activity	Resources
Mentoring and Support Visits **Mentoring and support visits along with drills are to be done at facilities** State's mentors will be carrying out these visits at the facilities. *****_Jhpiego will provide support in capacity building of these mentors on the MSV package_	MSV Package with Checklist (Available in Dakshata Implementation package) The package consists of ❖ Introductory note ❖ Guidance for conducting onsite visits ❖ Checklist for recording ❖ Emergency Obstetrics Drills 

9. Periodic reviews and Experience sharing workshops

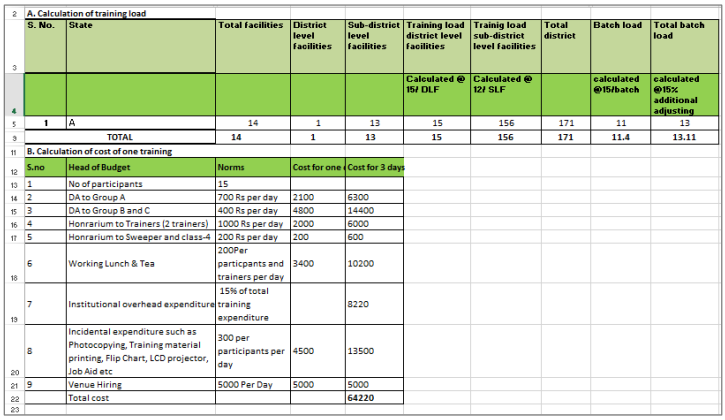
Activity description	Participants	Key outcomes
State level Periodic reviews and Experience sharing workshop To be held every quarter/half-yearly	❖ MD- NHM ❖ Key NHM officials ❖ Key Directorate health officials ❖ Supporting developmental partners at state ❖ State nodal state officer ❖ Dakshata mentors ❖ Key administrative officials and representatives of target districts	❖ Completion of program activities as per timelines ❖ Progress in various target districts and address key challenges in program implementation in the state ❖ Cross learning and recognition of well-performing facilities and staff
District level Review To be held monthly as a standalone activity or along with DHS or any other RMNCHA platform meeting	❖ DM/Collector ❖ Chief health official(District) ❖ District program Manager ❖ Medical officer In-charge, Health Managers of targeted facilities ❖ Key Clinical staff including Nursing/Labour room In-charge	❖ Progress in various target facilities can be assessed. ❖ Provider wise performance can be reviewed and compared. ❖ Data based action from reports/ assessments.

10. Standardized Recording and Reporting of Data

Activity	Resources
❖ Streamlining the mechanism of data record and report from facilities on key indicators. ❖ Use of standardized recording templates/ Birthing registers ❖ Monitoring these key indicators and dashboards generation of Dashboard ❖ Labor room MIS is being developed BY GOI.	Standardised case sheet recommended by GOI for LR (Template) Available in Dakshata Resource package. There are three types of case sheets recommended by GOI to be used at L1, L2 and L3 facilities 

11. Budget considerations

The states would be required to propose the budget for implementation of following Dakshata program activities in NHM-PIP.

Activity	Resources
❖ State and district level sensitization meetings ❖ Training of Trainers ❖ Hiring of supportive human resource ❖ Trainings of health workers and mentors ❖ Ensuring availability of essential resources Procurements ❖ Training and mentoring models ❖ Travel support and incentives for mentors ❖ Experience sharing and review meetings and workshops	Various Budgeting templates are given in Dakshata package under sub folder Budgeting templates for Dakshata. 

A. Calculation of training load

S. No.	State	Total facilities	District level facilities	Sub-district level facilities	Training load district level facilities	Trainig load sub-district level facilities	Total district	Batch load	Total batch load
					Calculated @ 15/ DLF	Calculated @ 12/ SLF		calculated @15/batch	calculated @15% additional adjusting
1	A	14	1	13	15	156	171	11	13
TOTAL		14	1	13	15	156	171	11.4	13.11

B. Calculation of cost of one training

S.no	Head of Budget	Norms	Cost for one	Cost for 3 days
1	No of participants	15		
2	DA to Group A	700 Rs per day	2100	6300
3	DA to Group B and C	400 Rs per day	4800	14400
4	Honrarium to Trainers (2 trainers)	1000 Rs per day	2000	6000
5	Honrarium to Sweeper and class-4	200 Rs per day	200	600
6	Working Lunch & Tea	200Per particpants and trainers per day	3400	10200
7	Institutional overhead expenditure	15% of total training expenditure		8220
8	Incidental expenditure such as Photocopying, Training material printing, Flip Chart, LCD projector, Job Aid etc	300 per participants per day	4500	13500
9	Venue Hiring	5000 Per Day	5000	5000
	Total cost			64220