



DAKSHATA: A STRATEGIC INTERVENTION TO IMPROVE QUALITY OF CARE DURING AND AROUND CHILDBIRTH

FOCUSSED AND CUSTOMISED TRAINING FOR CAPACITY DEVELOPMENT

The Government of India developed a comprehensive intervention package, based on Safe Childbirth Checklist (SCC) to define the framework of action, and approaches such as the use of clinical standards, clinical skills standardisation training, post-training mentorship and support, and data for decision making and improvement as the main pillar of this initiative.

Winning Strategy: Government ownership and commitment-ensured the program's scale-up.

- Competent, skilled and confident providers at high delivery load facilities.
- Ensuring the availability of essential resources at point of care.
- Creating an enabling labour room environment.
- Periodically assessing the providers' adherence to evidence-based practices.
- Streamlining data recording and reporting processes.

WINNING STRATEGIES



Government ownership and commitment: was critical in ensuring the program's scale-up.



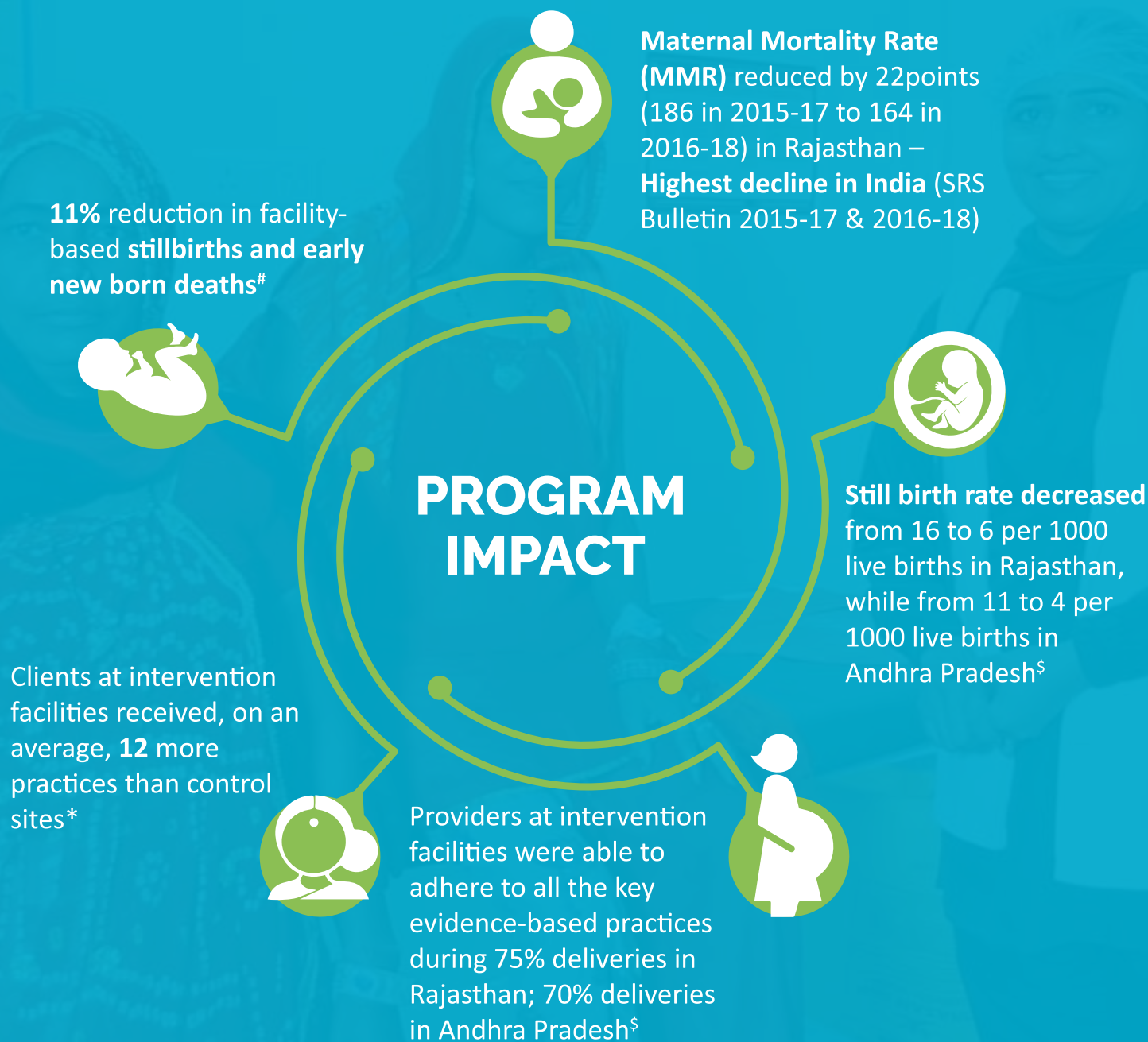
Systematic mentorship strategy: resulted in continuous quality improvement.



Utilising data for decision-making: resulted in effective program implementation and review.



Holistic health systems strengthening approach: resulted in facility readiness in terms of infrastructure, logistics, and accountability.



[#] Varghese et al. Does the safe childbirth checklist (SCC) program save new born lives? Evidence from a realistic quasi-experimental study, Rajasthan, India. *Maternal Health Neonatology Perinatology*. 2019 Mar 1; 5:3. doi: 10.1186/s40748-019-0098-4.

^{*} Kumar et al. Effectiveness of the WHO SCC on improving adherence to essential practices during childbirth, in resource constrained settings. *BMC Pregnancy Childbirth*. 2016 Nov 8;16(1):345. doi: 10.1186/s12884-016-1139-x.

[§] External Evaluation of Dakshata (PHFI)

DAKSHATA HAD FOUR MAJOR COMPONENTS

Focussed and customised training for capacity development.



Strategy for transfer of learning through structured mentoring and support visits (MSV).

Resource availability to ensure adherence to evidence-based practices.



Improved monitoring and accountability through data.



FOCUSSED AND CUSTOMISED TRAINING FOR CAPACITY DEVELOPMENT

One of the main objectives of Dakshata was to conduct focussed and customised training to build capacity by strengthening the competency of labour room providers, including Medical Officers (MOs), Staff Nurses (SN) and Auxiliary Nurse Midwives (ANMs). For doing the same, a five-day training of trainers (ToT) package was developed to ensure knowledge updation of master trainers with focus on evidence-based, high-impact practices. Another three-day training package was developed for labour room staff. These training batches were conducted by designated master trainers at identified training sites on customised clinical updates cum skills standardisation. These trainings were organised at a centralised training venue to ensure that participants could observe practices in real-time situation. The team also used pre and post-test questionnaire and Objective Structure Clinical Examination (OSCE) to assess the change in knowledge and skills after training. The training packages and their methodology were based on the principles of adult learning OSCE was an integral component of the competency-based Dakshata trainings to ascertain the level of skills and competencies acquired post-training. In Rajasthan, pre and post training OSCEs were conducted for 2,779 providers out of the total 3,757 providers trained.

Eligible participants and batch size: All the service providers working in the labour rooms were assigned for the three-day training. A batch comprised of 14-16 participants from various facilities in the district. Smaller batch sizes and representation of participants from different facilities not only helped trainers to devote sufficient time to every participant but also allowed facilities to function without any interruption and promoted cross-learning among participants.

Dakshata adopted the framework of the World Health Organization’s Safe Childbirth Checklist (SCC) that focusses on the natural course of events during intra and immediate postpartum period, in addition to serving as a memory tool organised around four pause points.

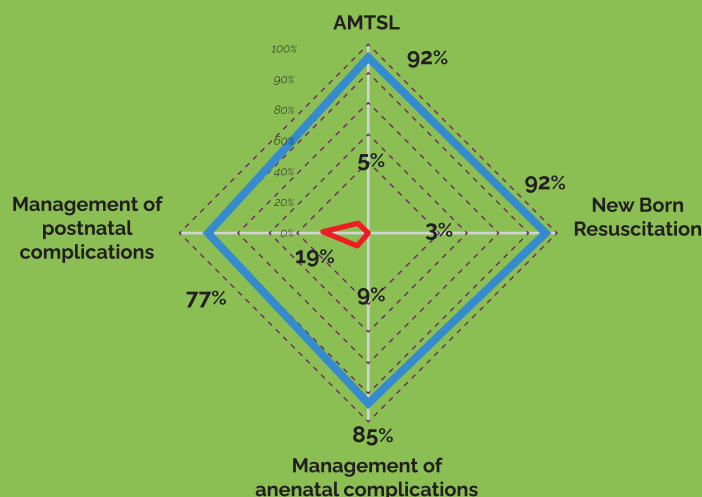


Image 1 represents the comparative findings of pre and post OSCEs conducted on key competencies on the management of antenatal complications, AMTSL, new-born resuscitation and management of postnatal complications.

TRAINING METHODOLOGY: A VARIETY OF TRAINING APPROACHES WERE UTILISED TO FACILITATE COMPREHENSIVE LEARNING.

FOR SKILL BUILDING

- Use of models
- Case based practice
- Objective Structured Clinical Examination (OSCE) – for before and after skill practice to assess learning

FOR KNOWLEDGE

- Interactive power point presentations
- Audio-visual aids
- Innovative methods such as games

FOR HANDS ON PRACTICES

- Live demonstrations and practical hands-on training of trainees on newly acquired knowledge and skills.
- Evening labour room visits
- Providers' lodging organised at the district for the duration of the training



सत्यमेव जयते

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The photograph(s) are pre-pandemic