



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

RESOURCE AVAILABILITY

(2/4)

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.



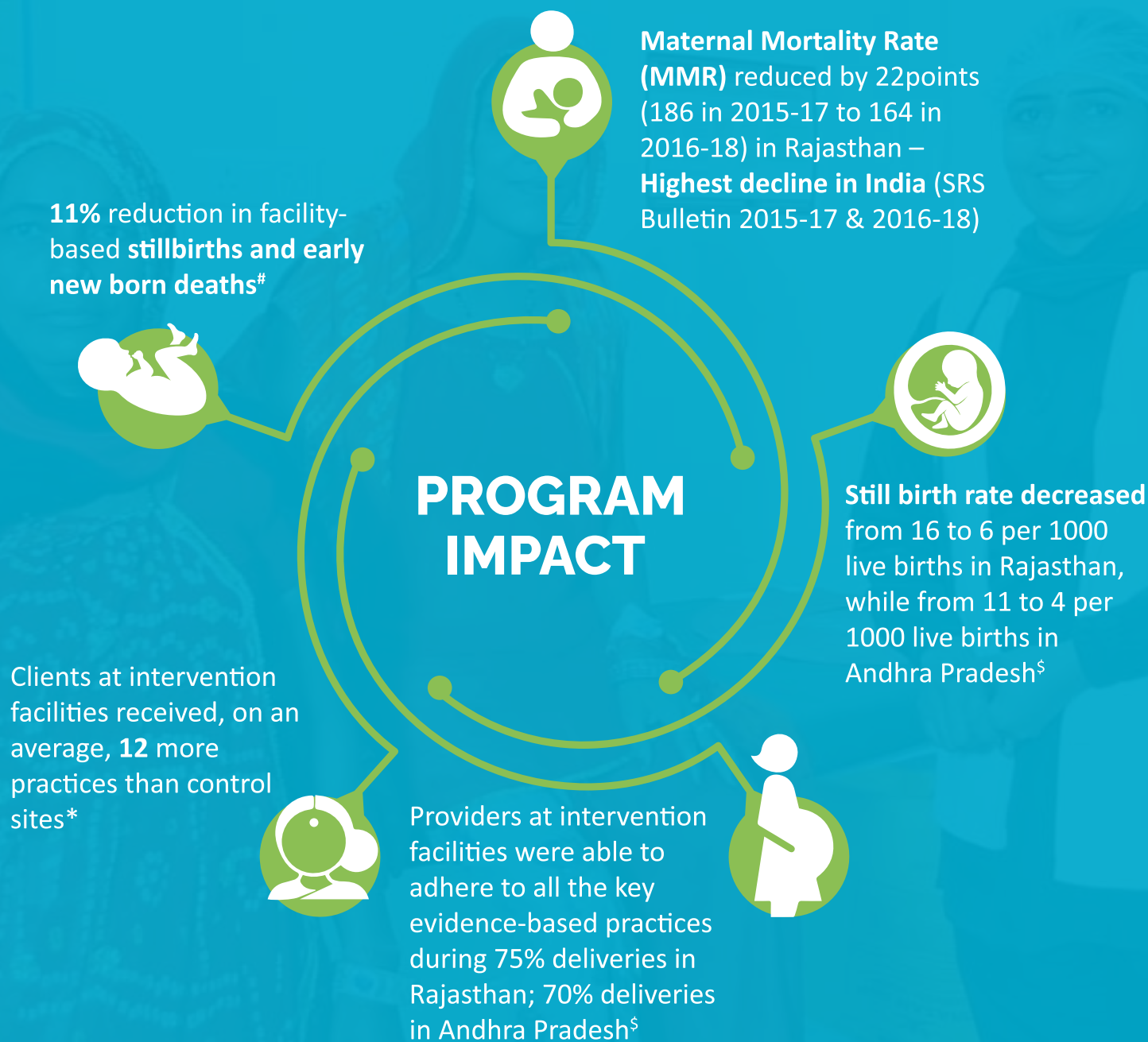
**Systematic mentorship strategy:** resulted in continuous quality improvement.



**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.



<sup>#</sup> 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.

<sup>§</sup>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.



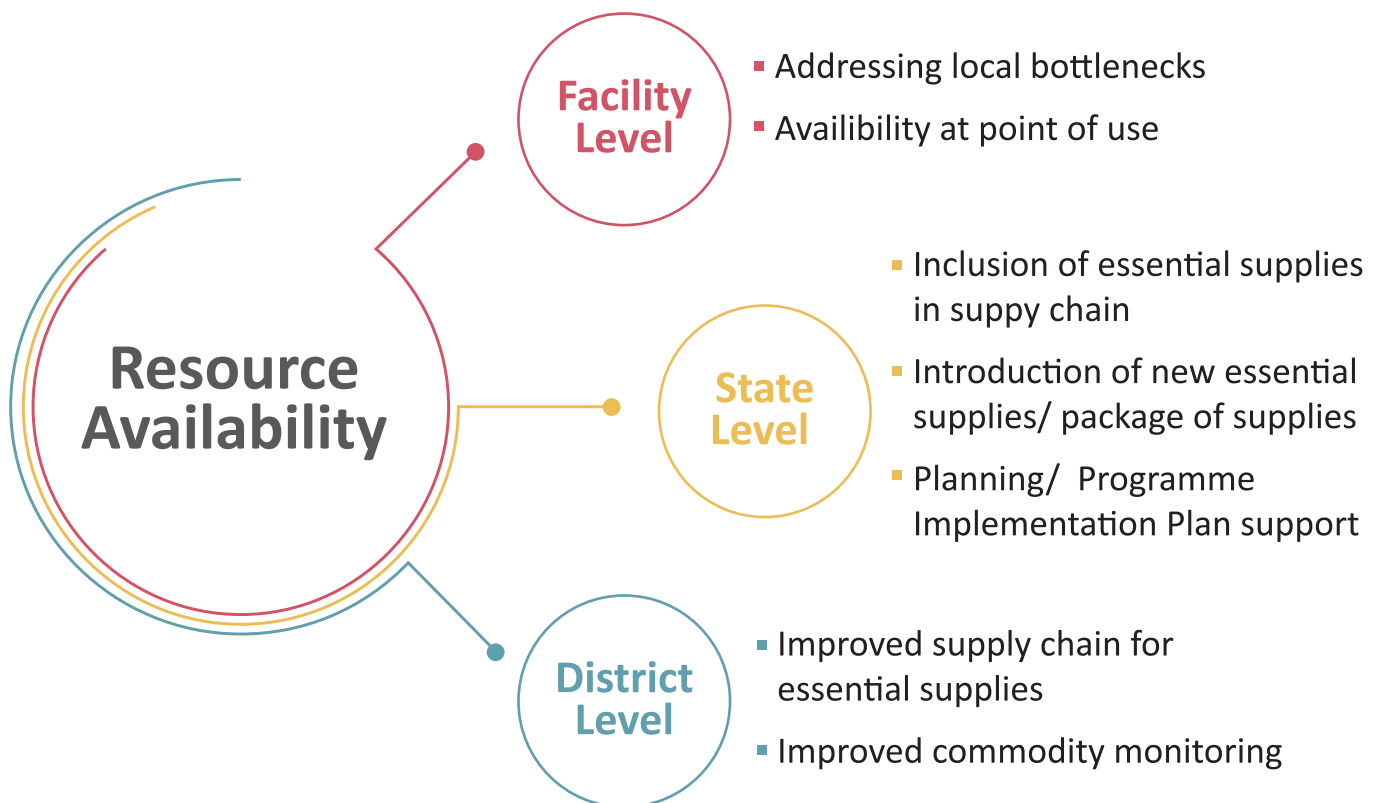
Improved monitoring and accountability through data.



# RESOURCE AVAILABILITY TO ENSURE ADHERENCE TO EVIDENCE-BASED PRACTICES

One of the key components under the Dakshata program was improving the availability of resources essential for performing life-saving practices around childbirth in the labour room and the post-partum wards. These included: necessary human resources, infrastructure and essential supplies and commodities.

The maternal and new-born health (MNH) toolkit was developed by the Government of India (GOI) to strengthen the quality of care in the labour rooms and serve as a reference book to improve human resource, infrastructure, and logistics. Dakshata program worked towards ensuring the proper implementation of the MNH toolkit at delivery points at intervention sites to address the major system gaps in human resources, infrastructure and, equipment.



## 1. Human Resources (HR)

### Appropriate allocation of HR as per the national guidelines (MNH Toolkit)

- **Digitisation of the staff duty roster:** Included in the Maternity Wing Management Information System (MWMIS) - digital platform developed by Dakshata.
- **Provider mapping exercise at intervention facilities:** to assess availability of required HR as per MNH Toolkit norms.
- **Advocacy to address systemic HR shortage:** across public health facilities and to ensure appropriate allocation of trained providers (doctors and nurses) at the labour room.

### Non-rotation of trained HR

- The program observed frequent transfer or deputation of existing staff. Sometimes, well performing and trained staff were transferred, hampering adherence to practices. The program conducted continuous and systematic advocacy at the national, state and district level for the non-rotation of staff posted at labour rooms to ensure optimal utilisation of the trainings. Periodic on-site orientation of new staff was also organised to re-enforce the high impact practices.

The State Government of Rajasthan initiated the process of recruiting additional nursing staff for the intervention facilities, and recruited 4000 staff nurses across the state during the FY 2020-21.

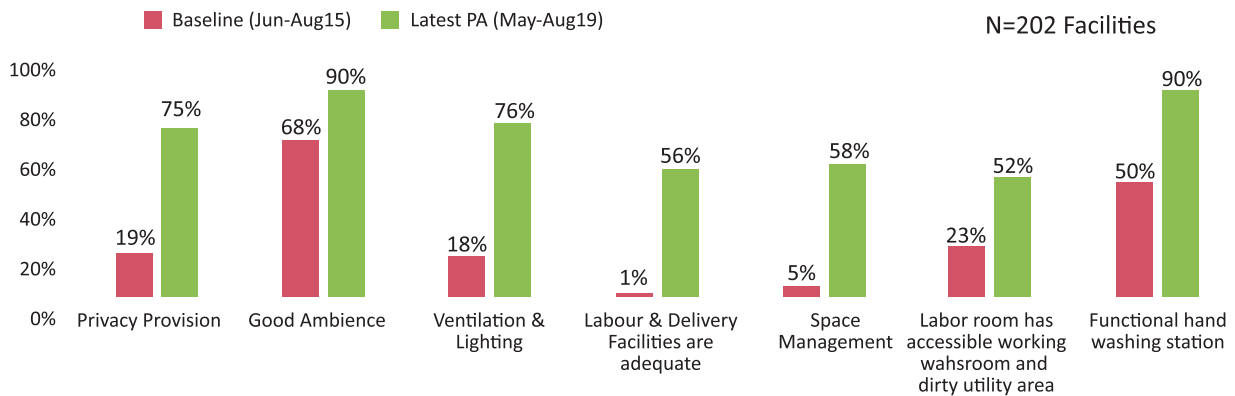
## 2. Infrastructure

A well-organised labour room not only looks pleasant and aesthetic, but is also more accessible, especially during an emergency. However, it was discovered that from about 1000 targeted facilities, over 90% required labour room upgradation like re-organization, re-location, or renovation. The most important challenge encountered while ensuring the same was unwillingness to vary or deviate from the present operating infrastructure, and in some cases unavailability of allocated funds to form the required changes. To practice the acquired skills and competencies through capacity-building efforts, the trained providers require an enabling environment. To ensure this Dakshata program:





The figure below depicts the status of infrastructure of the labour room in Rajasthan for the provision of quality maternal health services. Privacy of clients in labour room increased from 19% to 75% between baseline and latest findings, labour room ambience from 68% to 90%, and adequacy of delivery equipment increased from 1% to 56%, availability of the waste utility area increased from 23% to 52%.



- Supported the Government of India (GoI) in the development of labour room guidelines –on how to upgrade labour rooms for standardisation, i.e. constructing new labour rooms, or delivery units as per need, or reorganising the existing labour rooms.
- Supported intervention facilities in bringing t transformational changes in the labour rooms such as:
  - o Improved labour room ambience and infrastructure
  - o Extension of labour rooms to accommodate increase in delivery load
  - o Local adaptations or innovations for improving management of emergencies in labour rooms: emergency crash carts and special boxes prepared for postpartum Haemorrhage (PPH) and eclampsia management, to reduce provider reaction time in.

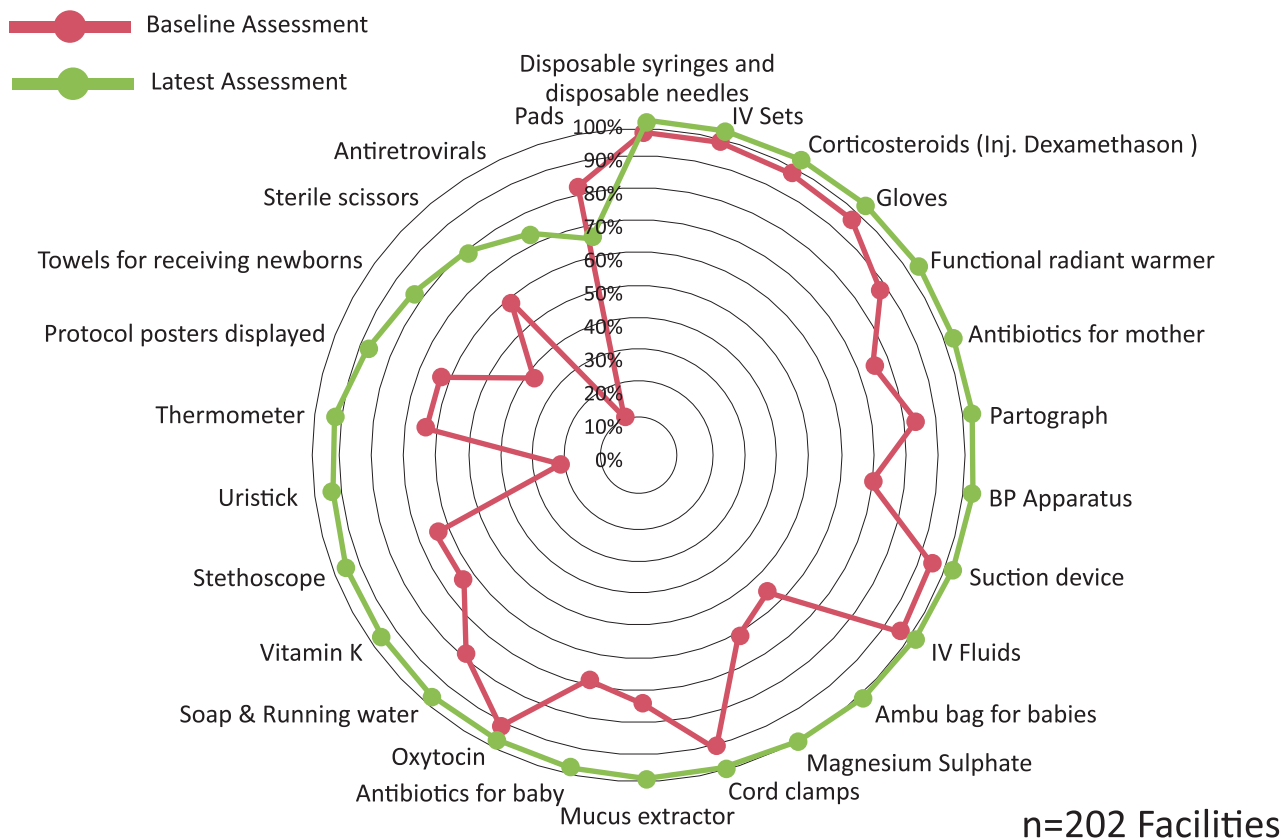


### 3. Essential Logistics

To perform all the evidence-based (EB) practices mentioned in the SCC, the program team ensured availability of 26 essential items. Periodic assessments (PAs) were conducted at regular intervals by the Dakshata team to assess the availability of essential commodities, medicines and equipment in the labour room. These were also monitored during the MSVs by the team.

Based on these assessments, discussions on the status for these items were held at the facility, which included devising strategies with the providers to overcome the supply shortages. On a monthly basis, the supply status matrices for the district facilities were also shared with the district level officials. As per the requirement, these issues were also raised at the state level for necessary intervention. This approach helped in improving the availability of essential supplies.

Image 3 represents the availability of supplies at facilities, which were assessed during the rapid assessment (Jun- Aug 2015), and in the latest periodic assessment (May - August 2019). As shown in the graph below, barring a few items, there was a notable improvement in the status of supplies across the facilities overall. Supply of ART drugs, towels for receiving new-borns, and availability of protocol posters showed remarkable improvement. This was made possible through efforts at the facility, district, and state levels. Availability of sterile pads has been a concern; the issue was specifically targeted at the facility level. Due to supply issues from the state, the staff was advised to prepare perineal pads locally and sterilise them for use.







सत्यमेव जयते

**Ministry of Health & Family Welfare  
Government of India**

Room No. 348; 'A' Wing, Nirman Bhavan, New Delhi-110011



**CHILDREN'S  
INVESTMENT FUND  
FOUNDATION**

The photograph(s) are pre-pandemic