



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

STRATEGY FOR TRANSFER OF LEARNING

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.



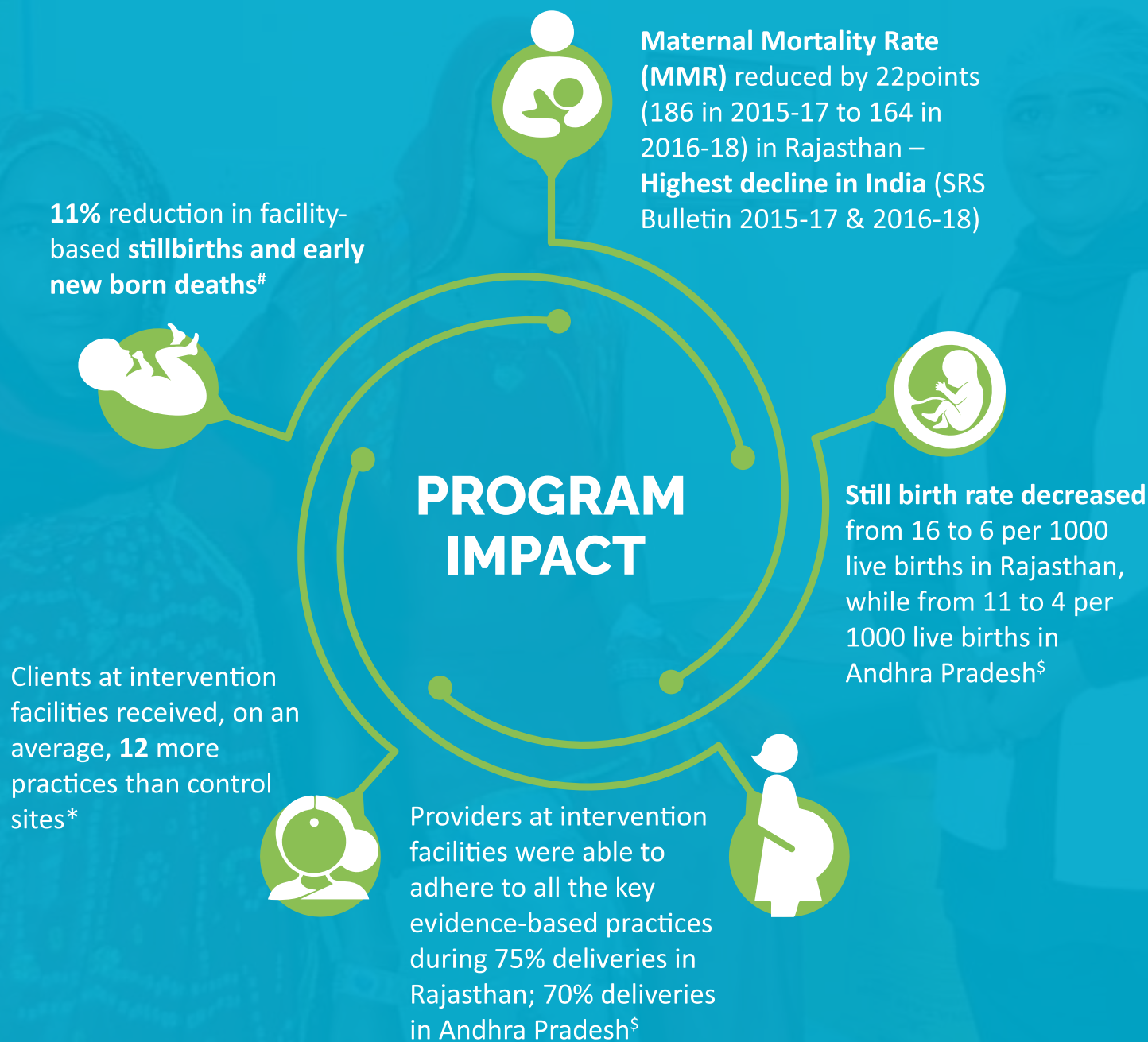
Systematic mentorship strategy: resulted in continuous quality improvement.



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.

STRATEGY FOR TRANSFER OF LEARNING THROUGH STRUCTURED MENTORING AND SUPPORT VISITS (MSV)

One of the key components of the Dakshata program was enabling strategies to ensure transfer of learning towards improved adherence to evidence-based clinical practices.

Observations indicate that clinical trainings did not translate optimally into clinical practices due to issues related with either training itself (quality, lack of practice) or lack of post-training follow-ups and support (non-engagement of facility leaders, lack of structured mentoring mechanism post training). To overcome these challenges, Dakshata envisaged engagement of leadership through initial sensitisation and institutionalisation of structured post training follow-up and support mechanism.



ENGAGEMENT OF LEADERSHIP:

- Orientation of the clinical and administrative leaders to ensure their effective engagement throughout the process.
- A half day sensitisation of the clinical and administrative leaders of targeted facilities preceded the three-day trainings of the providers.



- These sensitisation meetings were conducted at the district level, and the clinical and administrative leaders were oriented on the components of the initiative to create an enabling environment at the facilities to facilitate translation of skills to practice after the three-day training of the providers.
- Structured agenda and resource material were developed for these orientation meetings and conducted by a designated state level officer.

POST TRAINING FOLLOW-UP AND MENTORSHIP

Initial low dose trainings followed by high frequency supportive supervision has higher chances of successful outcomes. It is vital to have at least one contact within 15 days of completion of training. It helps providers in recalling what they learnt during centralised training. The purpose of structured MSVs were:



Mentors

For tech support:
dedicated pre-identified personnel

For program support: RMCH+A consultants

For admin support: district level program managers/supervisors

Frequency of Visits

First visit within 15 days of completion of training

Subsequent visits once every 15 days for 2 months

Followed by once in a month for 6 months

Later, once every quarter for the next 3-4 quarters

Context of Visits

Observe practices by the trained provider

On job handholding

Review of facility records

Give feedback to nursing in-charge



सत्यमेव जयते

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

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



The photograph(s) are pre-pandemic