

Activity Update

DAKSHATA

Empowering Providers for Improved MNH Care during Institutional Deliveries

*A strategic initiative to strengthen quality of
intra- and immediate postpartum care*

MP : June to September 2015



Introduction:

In consonance with Government of India's commitment to reduce maternal and newborn mortality in the country, Dakshata program has been launched to enable the service providers in providing high quality services during childbirth in institutions.

Jhpiego, with support from Norway India Partnership Initiative (NIPI) is working closely with the Government of MP for strengthening maternal & newborn care under Dakshata.

The main objectives of Dakshata are

Objective 1: To strengthen the **competency of the providers** of the labour room, including medical officers, staff nurses, and ANMs to perform evidence-based practices as per the established labour room protocols and standards.

Objective 2: To implement **enabling strategies to ensure transfer of learning** towards improved adherence to evidence based clinical practices

Objective 3: To improve the availability of **essential supplies and commodities** in the labour room and the postpartum wards.

Objective 4: To improve accountability of service providers through improved **recording, reporting and utilization of data**

Objective 5 (intermediate term objective): Implementation of the MNH Tool kit at the delivery points, in a phased manner.

The Pillars of Dakshata:

The initiative is based on a multipronged approach, to address the determinants of quality of care during the intra- and immediate postpartum period with special emphasis on standardizing the clinical competencies of the providers and creating an enabling environment at the health facilities.



Dakshata in Madhya Pradesh:

The initiative has been launched in the state of M.P on 26th May, 2015, through a focused approach of a concise training package for competency enhancement for providers; developing a system of post-training follow-up and mentoring; ensuring availability of essential commodities, supplies and equipment in the labour rooms and system to measure quality of care on a regular basis.

The program has been launched in it's first phase (2015-16) in 12 districts of M.P namely Betul, Chhatarpur, Damoh, Dindori, Hoshangabad, Jabalpur, Narsinghpur, Panna, Raisen, Rewa, Sagar, Shahdol and Tikamgarh.

The workshop on Dakshata launch provided opportunity for district and state health personnel along with development partners to come together and develop shared understanding of Dakshata program and formulate tentative workplans for implementation of pre-identified activities for successful operationalization of the program. Technical support would be provided by Jhpiego to ensure smooth and timely implementation of Dakshata in M.P.



Dakshata Launch in Madhya Pradesh

The workshop was facilitated by NHM, Government of M.P (GoMP) in support with Jhpiego. The participants included state health officials led by PHS and MD (NHM GoMP); representative from MoHFW, GOI; health officials from 12 selected districts.

Major Interventions Under Dakshata:

1. Rapid Assessment of the facilities

2. District level sensitization Meeting

3. District level Training

4. Mentor and Support Visit

Activities Update:

I

Rapid Assessment of the Facilities

During the first phase of the program, Dakshata would be implemented in those facilities where delivery load is over 50 per month. Facility identification has been completed in 12 implementation districts. Following is the district-wise breakup:

Dakshata Facilities	
District	Number of Delivery Points
Betul	8
Chhatarpur	15
Damoh	8
Dindori	5
Hoshangabad	7
Narsinghpur	5
Panna	9
Raisen	11
Rewa	16
Sagar	15
Shahdol	5
Tikamgarh	9
Grand Total	113

For the resource availability analysis, rapid assessment (RA) of all 113 facilities has been conducted. Based on RA findings action matrix have been prepared to identify gaps in supply and level of address (state, district, and facility level) and shared with the concerned facility.

Gaps in Logistics:

Some of the major gaps in logistics that were seen across all the facilities were;

- Non availability of ART for mothers as well as Syrup Nevirapine for newborn
- Absence of Shadow lamps, non- working radiant warmers, shortage of labour tables
- Non availability of kits for Hb & urine testing in LR
- Insufficient number of delivery trays & instruments (high delivery load should be 6

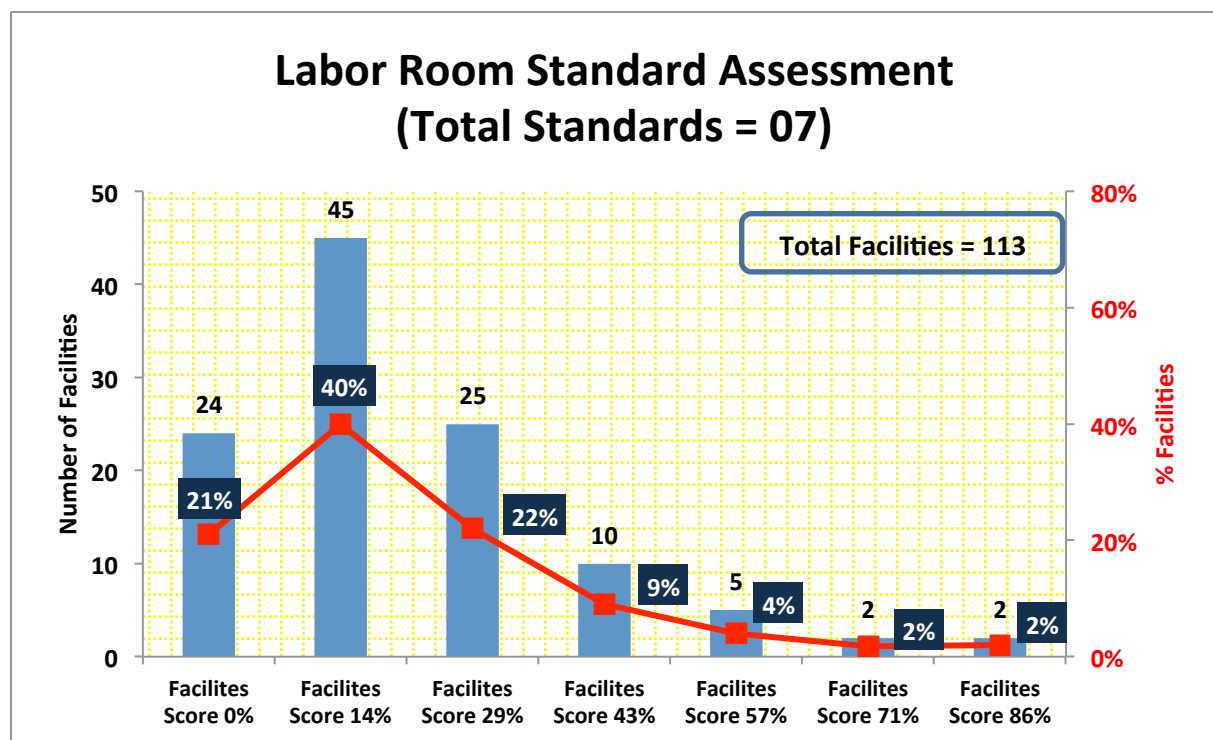
considered for the accurate indent)

- Gluteraldehyde solution (Cidex) is not available.
- As per Waste Disposal guidelines, coloured polybags NA
- Utility gloves are not available
- Vit K 10mg/ml is available and not 1mg/ml
- HR shortage at many places

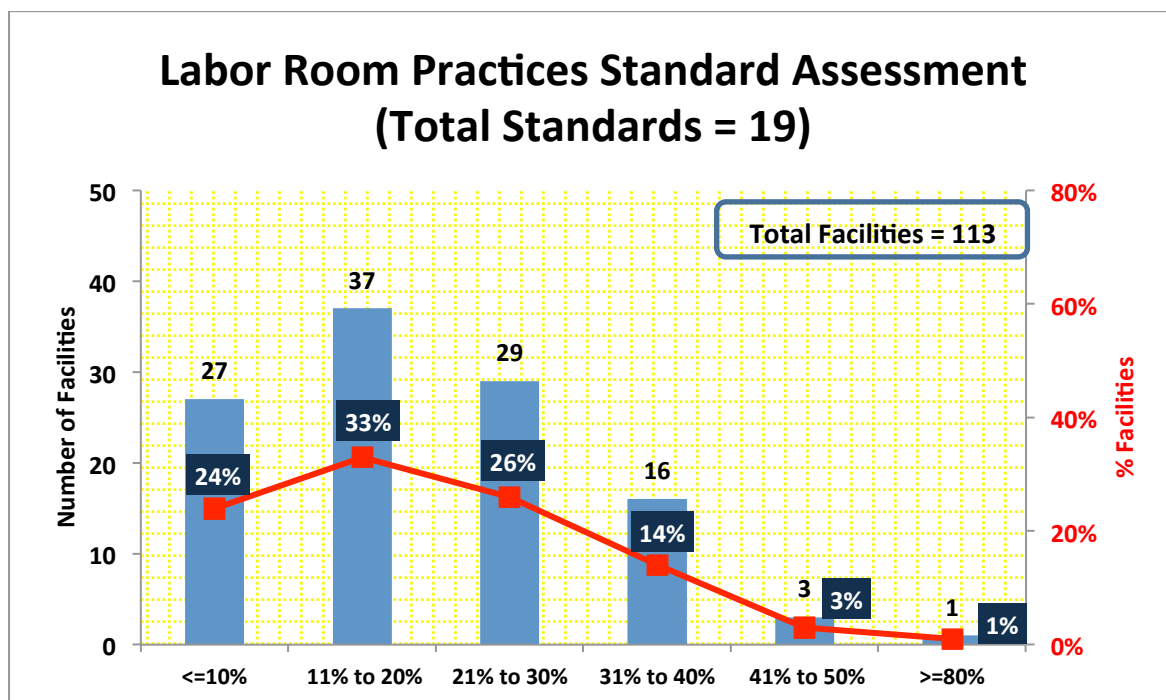
Baseline Assessment of the Facilities:

To ensure institutional-level compliance of 19 life-saving practices during labor and delivery in line with the Safe Childbirth Checklist (SCC), baseline assessment of all Dakshata facilities was done by Jhpiego staff.

Out of 113 facilities assessed for labour room standards, 24 facilities scored zero, 45 facilities scored 14%, 25 facilities scored 29%, 10 facilities scored 43%, 5 facilities scored 57%, 2 facilities scored 71% and remaining 2 facilities scored 86%.



In terms of labor room practices, only one facility scored more than 80% in baseline assessment, maximum facilities scored less than 20%.



II

District Level Sensitization Workshop

Sensitization Workshop for district and facility level officials has been conducted in 10 districts so far. Following is the district-wise update:

S. No.	District	District Level Sensitization Workshop	
		Conducted On	DM/ Representative Attended
1	Betul	15th July, 2015	SDM (IAS) & CMHO
2	Chhatarpur	3rd September, 2015	Civil Surgeon & DHO
3	Damoh	2nd September, 2015	SDM & CMHO
4	Dindori	31st July, 2015	CMHO & CS
5	Hoshangabad	9th June, 2015	District Magistrate, Joint Director
6	Narsinghpur	4th August, 2015	CMHO & CS
7	Panna	08th September, 2015	CMHO & CS
8	Raisen	18th June, 2015	District Magistrate & CMHO
9	Rewa	Pending	
10	Sagar	27th August, 2015	Assistant Collector, CMHO &

			CS
11	Shahdol	03rd September, 2015	District Magistrate, CMHO & CS
12	Tikamgarh	Pending	



District level Sensitisation Meeting at Raisen: DM, CMHO & DD Bhopal division



District level Sensitisation meeting at Chhatarpur - Sept, 2015



District Level Sensitisation Meeting at Damoh

III

3 Days District Level Dakshata Training

The Dakshata initiative has undertaken a short customized clinical update cum skills standardization training for the providers of the labour rooms. This training is a three-day activity that is conducted by designated trainers at identified training sites. All providers of labour rooms, irrespective of their training status in the 21-day in-service SBA trainings, are eligible for these trainings.

Following table gives the district-wise breakup of trainings that have been held till date:

S. No.	District	Training Batches Done	Participants		Remark	
			Doctor	Nurse	Total	
1	Betul	1	7	8	15	
2	Chhatarpur	0	0	0	0	
3	Damoh	0	0	0	0	
4	Dindori	0	0	0	0	
5	Hoshangabad	3	7	29	36	All staff trained, facility is saturated
6	Narsinghpur	2	7	24	31	All staff trained, facility is saturated
7	Panna	1	0	14	14	
8	Raisen	3	15	31	46	All staff trained, facility is saturated
9	Rewa	0	0	0	0	
10	Sagar	1	0	15	15	
11	Shahdol	0	0	0	0	
12	Tikamgarh	1	3	13	16	
Total		12	39	134	173	



3-days Dakshata District Hospital Training in Raisen



3-days Dakshata District Hospital Training in Betul

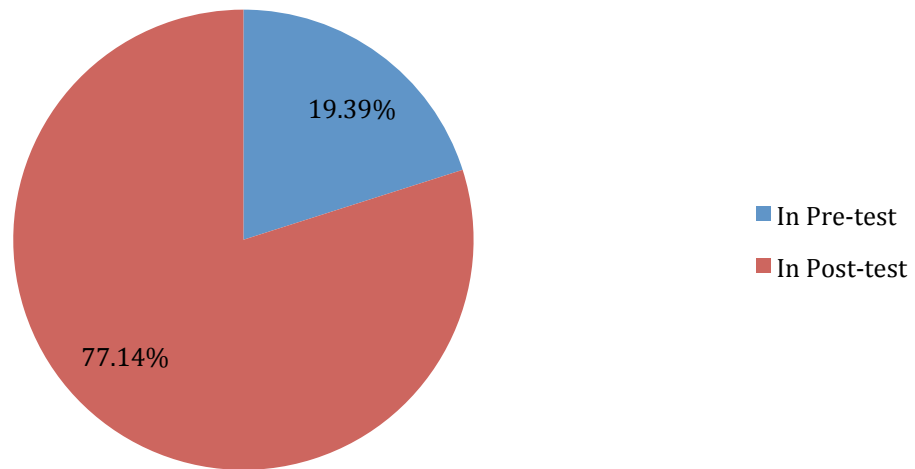
Objective structured clinical examination (OSCE) Scores:

In order to meet the first objective of Dakshata initiative adeptly, throughout the training, progressive learning of the participants is assessed. This approach also serves as an assessment of quality of training by recording the increase in knowledge and skills of the learners at the end of the training compared with their pre-training existing knowledge, skills and their scores. Furthermore, it helps the trainers to know the current knowledge and skills and will guide what needs to be updated during the training.

For this purpose, a knowledge assessment questionnaire and objective structured clinical examination (OSCE), for skills are used. The OSCE constitutes of following six major skills (based on the SCC):

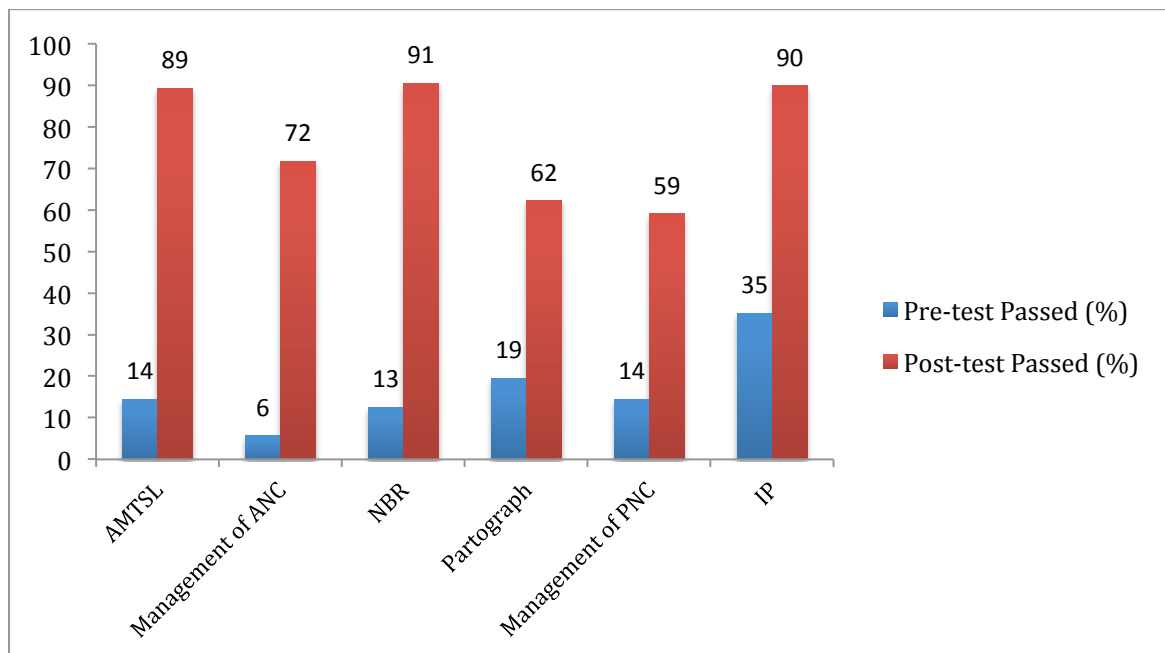
- Active management of third stage of labor (AMTSL)
- New Born Resuscitation (NBR)
- Management of Antenatal Care (ANC)
- Partograph
- Management of Postnatal care (PNC)
- Infection Prevention (IP)

Percentage of OSCE Stations Passed



The above graph depicts the percentage of OSCE stations passed. Each participant has to go through 6 OSCE stations, for 159 participants there were total 954 stations. In the pre-test, only 185 stations scored more than 80%, while in the post-test, this number raised to 736 stations. It could be clearly inferred from this graph that the training sessions are extremely helpful for the participants to update their clinical skills.

The graph below illustrates the percentage of participants who passed the various OSCE stations. The participants have shown drastic improvement in the skills like Active management of third stage of labor, Newborn resuscitation, and Infection prevention, as more than 85% of the participants have scored more than 80% in each OSCE station.



State Level Interventions:

HR status for Dakshata:

- Process of hiring of district mentors in 8 non- NIPI districts has been initiated through MPTAST, interview panel formed. Jhpiego's has already hired staff for NIPI districts.

Maternity Wing Case sheet Revision:

- Maternity wing Casesheet: L3 case sheet revised, field-testing done, inputs incorporated & finalized.

Key Activities planned for the next month:

- Organise district level sensitization workshop in Tikamgarh
- Organise District level Dakshata training in Damoh, Betul, Tikamgarh & Sagar
- Facilitating procurement of mannequins by Procurement cell for 12 districts
- Facilitate interviews of Dakshata mentor
- Finalise Level- 2 casesheet