



# DAKSHATA Training

Capacity building of Nurse Mentors to improve the quality, care and management of maternal and newborn complications.

# INITIATING A MISSION TO MAKE UTTAR PRADESH A HEALTHY STATE

The RMNCH+A guideline of the government of India (GoI), aims to improve the quality of maternal and newborn healthcare and ensure provision of services by competent nurses. Significant efforts have been made in this direction and substantial improvement could be seen in the rates of institutional delivery and other important health indicators related to maternal, child and neonatal mortality rate. However, inadequate quality improvement efforts did not translate the coverage in commensurate reduction in MMR and IMR. Therefore, it is essential to build the capacity of staff nurses through orientation and reinforcement of knowledge and skills on providing improved quality of intra- and immediate post- partum care. The competency based DAKSHATA training, introduced by GOI, is an initiative towards that end.



## DAKSHATA TRAINING A CAPACITY BUILDING INITIATIVE

The 'DAKSHATA' (adroitness) training module was considered as a strategic training program for rapid improvement of competency in providing quality based care for women and newborn around peri-partum period. The program was based on similar quality improvement initiatives in Rajasthan & Maharashtra with the safe childbirth checklist as the key pillar of the program. Approaches such as the use of clinical standards, standardized competency based training, post-training mentorship and support, facility strengthening and data to inform the program and program managers were the major features of the program. Thus the program design included a concise training package for competency enhancement and targeting major causes of maternal and newborn mortality through a unique combination of strategic skill building, ensuring adequate resources of data for action and developing an enabling environment in the respective facilities.

Initially, the program was launched in 31 non-HPDs of UP which were covered neither under nurse mentoring program by UP-TSU in 25 HPDs nor under 'Better Birth Project' by Population Services International in 19 NHPDs. Hence, the remaining 31 non HPDs of UP were covered under 'DAKSHATA' Program.

## THE FOLLOWING ARE THE KEY OBJECTIVES FOR DAKSHATA PROGRAM



Strengthening the skill sets of staff nurses and ANMs of delivery points required to perform evidence-based practices as per the standard labor room protocols.



Implementation of strategies to ensure transfer of learning towards improved adherence to evidence based clinical practices



Improved facility preparedness to provide improved quality of care



Improving the accountability of service providers through improved recording, reporting and utilization of data.





## TRAINING METHODOLOGY AND FIELD APPLICATION

Since the program focused on improving the practices of the service providers on intra- and immediate postpartum care, so the service providers of all the delivery points of the selected districts received the 3-days DAKSHATA training. A dedicated cadre of 'quality improvement mentors' (similar to TSU nurse mentors – B.Sc. nursing cadre) were recruited, trained and engaged to support training and provide post-training mentoring support and facility strengthening.

The training revolved around intra- and immediate postpartum practices with focus on both theory and competency of staff and use of safe child birth checklist (SCC). The training is based on adult learning principle, employing participatory methods to make the training engaging by using various training tools e.g. interactive presentations, games, discussions case studies etc.

Use of humanistic models (mannequins) is a unique feature of this training that provides ample opportunity to the participants to build their own capacity.

The program followed a cascading pattern. Firstly, state level senior specialists received training at national level. Thereafter, these master trainers trained, district master trainers and subsequently these district level master trainers provided training to ~3500 service providers of 31 NHPDs of UP.

The pool of 'quality improvement mentors' provided further support to the staffs of four high load delivery points of a district by onsite mentoring and facility strengthening through monthly field visits. UP-TSU played a pivotal role in overall implementation of the program at both state and district level.

## DIVISIONAL DAKSHATA TRAINING

Later, in 2018, the government scaled up the Nurse Mentoring program from 25 HPDs to all the 75 districts of Uttar Pradesh. Therein, it was decided that the divisional district level DAKSHATA TOT received master trainers, at SIHFW Lucknow, would train the nominated block-level Nurse Mentors on DAKSHATA module of GOI. The underlying rationale for imparting this training to the nominated block level nurse mentors, mostly GNM cadre staff, was to impart them with theoretical aspects of MNH components in a short duration course. The training also included hands on practice sessions on mannequins e.g. Active management of the third stage of labor (AMTSL), Essential new born care (ENBC), New born resuscitation (NBR), Postpartum hemorrhage (PPH) etc.

## SKILL SETS ATTAINED

By the end of DAKSHATA Training, NMs upgraded with following skills in attaining the key objectives to address the major drivers and determinants of the quality of care provided to the woman during the whole process of childbirth, from the time of her admission at the health facility, to the time of her discharge after childbirth:

- ➔ **Importance of ensuring quality care in the labor room and role of safe childbirth as per standard checklist**
  - Importance of monitoring of vitals during labor
  - Immediate actions for the prevention of major complications in mothers

- Prevention, identification and management of pre-eclampsia and eclampsia
- Review of Partograph Exercise
- Principles of timely identification and management of labor Personal protective
- Equipment (PPE) during prolonged and obstructed labor.

➔ **Significant Practices just before, during and after delivery.**

- Preparing for Safe Delivery
- Postpartum Complications Management in Mothers
- Management of Third Stage of Labor (AMTSL)
- Essential New Born Care (ENBC)
- Managing of Second and Third Stages of Labor
- Complications in Newborn
- Management of Postpartum Hemorrhage (PPH)
- Assessment of Care of Mother and Newborn Soon After Birth
- Managing of New Born and related cases of infections

➔ **Important Practices at the time of discharge**

- Family Planning (PPFP) Counselling
- Post-Partum Counselling on Danger Signs for Mother and Baby
- Do's and don'ts during all four stages of labor
- Infection Prevention & Biomedical Waste Management
- Organization of Labor Room for Improved Quality
- Recording and Reporting

## ASSESSMENT SCALE

A knowledge assessment questionnaire for knowledge evaluation and Objective Structured Clinical Examination (OSCE) checklist for skills evaluation was used to assess progressive learning of the participants. These tools also helped the trainers to assess the current knowledge and skills of staff for providing need based training to a particular participant. The scores of the assessments were shared with the participants to highlight the gaps in their knowledge, skills and practices so that they can improve those competencies.



## OUTCOME & WAY FORWARD

Looking at the scope of Nurse mentoring program, GoUP scaled up the nurse mentoring program across 75 districts of UP in 2018 and decided to provide three types of trainings for 12 days to enhance the competencies of nurse mentors in clinical components, quality improvement initiatives and mentoring approaches, with focus on sustainability, cost-effectiveness. Going forward, the DAKSHATA module will be repurposed as Refresher Training. The

training would improve the clinical knowledge of service providers on routine care of mother and newborn around intra- and the immediate postpartum care, early identification and management of maternal and newborn complications, infection prevention (IP) practices, etc. The UP-TSU will continue to support the refresher training, proposed to be conducted annually at the State level skill labs.



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