

Annexure 1: Details of program structure and Roles & Responsibilities

The details about the various teams to be formed at the State and the Districts have already been provided in the LaQshya guidelines launched on 11th December 2017. Annexure- 1 provides an additional information which will help in forming these teams.

I. State Level:

State Nodal person -

The state nodal person will be responsible for overall coordination and progress of the program in the state. It is recommended that the state officer for maternal health is designated as state nodal person for LaQshya.

State Mentoring Group:

Mission Director NHM would constitute the State Mentoring Group. The state mentoring group will have a total strength of 10-15 experts from state NHM, SHSRC/SQAC, Medical Colleges and Partner agencies. This may be a group of 15-20 professionals depending on the size of state. The Mentoring group should have at least one Clinician (preferably Gynaecologist or Paediatrician) and one expert in program management. A nodal person for LaQshya is to be nominated in the identified medical college as well. The nodal person can be a faculty from either of the Departments of Obstetrics and Gynecology, Paediatrics and Community Medicine.

The suggested members for the State Mentoring Group are:

1. Chairperson: Mission Director (NHM)
2. Additional/Joint /Deputy Director (Maternal and/or Child Health)
3. State Nodal officers of Program divisions
4. State Nodal Officer-Quality Assurance
5. State NHM consultants-Quality Assurance, Maternal Health, Child health.
6. Members from professional associations like FOGSI, IMA or state medical Associations.
7. Faculty from Medical College, National Institutions and medical education Department (Gynaecology & Obstetrics, Paediatrics, Hospital Administration, Community Medicine Department).
8. One expert for IEC, Procurement and Supply Chain Management.
9. Members from development partners working in the state for maternal health, child health or Quality improvement.

Responsibilities:

Members of State Mentoring Group would undertake following activities and responsibilities:

1. Provide operational support to the state NHM
2. Key guiding activities:
 - a. Identification and finalization of facilities
 - b. Coordinate baseline assessments
 - c. Capacity building and operationalization of improvement cycles
 - d. Leverage funds for the program through state PIPs
3. Visits
 - a. Once every month to the identified district
4. Program orientations at district level and supporting state nodal person to coordinate with each district
5. Support districts to conduct baselines and identifying gaps for improvement
6. Support state in budgeting for PIPs based on the gaps identified

7. Visit districts and facilities for supporting the orientations, technical trainings, QI cycle augmentation and improvement at facilities
8. Review progress of districts and suggest solutions for bottlenecks
9. Mobilization of State level support for program activities and facility level improvement where required
10. Support for the timely NQAS assessment and monitoring progress on score improvement
11. Support SQAC/state nodal person in getting progress update and conducting program reviews
12. To engage with national mentors on program updates and mobilizing national level resources where required.

II District Level:

District Coaching Team:

District Coaching Team is a multidisciplinary team that may have 2-5 professionals. This team shall have district nodal person as in-charge, one District Quality Assurance Unit (DQAU) member and one clinical person as core part of the team. States should ensure completeness of DQAU (hire staff if not already in place) for supporting implementation of the programme in districts. The suggested members are:

1. Designated Nodal officer for LaQshya at each district. This may be District Family Welfare Officer/RCHO/ DPO for Maternal health or equivalent or as designated by the state/district with experience in Maternal health, Child health, Quality Management or Programme management. The nodal person will be responsible for day to day coordination and progress of LaQshya activities in the district.
2. States may propose of strengthening of DQAU for implementation of the LaQshya programme as per felt need.
3. A district level consultant for supportive supervision/mentoring on technical processes of QI shall also be required.

Responsibilities –

1. Visits:
 - 2 visits per month to the identified intervention facility
 - 4 visits per cycle: first visit to initiate cycle followed by 3 mentoring visits
2. Supporting state Mentoring Group in identification and prioritizing facilities for LaQshya.
3. Identifying the training needs of the staff selected for LaQshya in the district.
4. Providing for PIP to the state-mentoring group.
5. Mentoring of the Quality circles, Support for the campaign and its monitoring
6. Periodic Internal Review Monthly visits of coaching/support teams for handholding, problem solving, and verifying reported quality indicators.
7. To provide 'hands-on' training on clinical protocols
8. Hand-hold the quality improvement process
9. Monitoring of availability of point of care diagnostic services and blood transfusion services.
10. OSCE based assessment of the staff
11. Development and updation of referral directory
12. Sample verification of the indicators
13. Monitoring, reporting and analysis of the indicators.
14. Peer assessment & support for the NQAS Certification

III. Facility Level – Quality Circle –

Quality circles are informal groups of the staff in Labour Room/Maternal OT that works closely to improve the Quality of Care in their respective department. The Quality Circles will work in coordination with facility level quality team headed by the Medical Superintendent or facility in charge.

Suggested members for Quality circle in a labour room are:

- Gynaecologist.
- Medical Officer
- Paediatrician
- Nursing Staff
- Support Staff like Aya, LR Attendant, Housekeeping or security staff.

Suggested members for Quality Circle in an Operation theatre are:

- Anaesthetist
- Gynaecologist.
- Medical Officer
- Paediatrician
- Nursing Staff
- OT technician
- Support Staff like Aya, LR Attendant, Housekeeping or security staff.

Responsibilities –

1. To work as a cohesive unit working towards specific goals and objectives.
2. Ensuring Adherence to Protocols & Clinical guidelines
3. To conduct monthly meeting and discuss pertinent issues, monitoring of progress and prioritization of actions to be taken.
4. Assessment of Labour room & operation theatre using the NQAS Departmental Check-lists and Gap Analysis.
5. Prioritisation and Action planning for closure of gaps as per 'Maternal and New-born Health Toolkit' and 'Guidelines for Standardisation of Labour Rooms at Delivery Points'
6. Management of 'Campaign' /'Rapid Improvement Cycle'.
7. Collation of data elements, required for monitoring of Indicators.
8. Periodic and regular reporting of Indicators. Also analysis of indicators and making efforts to reach the benchmarks.

Annexure 2: Details of LaQshya State Mentoring Group*

Details of the LaQshya team Members at the state						
State Mentoring Group(SMG)				State:		
Sr	Name	Department	Designation	Designation in SMG	E-mail	Mobile
1						
2						
3						
4						
5						
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11						
12						
13						
14						
15						

*Kindly submit this information to laqshya.pmu@gmail.com with cc to dinesh126@hotmail.com as soon as the SMG is formulated.

Annexure 3: District Coaching Team (DCT) Details

District Coaching Team(DCT)				Name of the District:		
Sr	Name	Department	Designation	Designation in DCT	E-mail	Mobile
1				District Nodal Officer		
2						
3						
4						
5						

*The above format can be reprinted for the total no. of districts chosen from the state

Annexure 4: 115 Aspirational districts identified by NITI Aayog

Sr.	District	Sr.	District	Sr.	District
	Andhra Pradesh (3)		Jharkhand (19)		Odisha (8)
1	Y.S.R. (Cuddapah)	41	Bokaro	79	Balangir
2	Visakhapatnam	42	Chatra	80	Dhenkanal
3	Vizianagaram	43	Dumka	81	Gajapati
	Arunachal Pradesh (1)	44	East Singhbhum	82	Malkangiri
4	Namsai	45	Garhwa	83	Kalahandi
	Assam (7)	46	Giridih	84	Kandhamal
5	Baksa	47	Godda	85	Koraput
6	Barpeta	48	Gumla	86	Raygada
7	Darrang	49	Hazaribag		Punjab (2)
8	Dhubri	50	Khunti	87	Ferozpur
9	Goalpara	51	Latehar	88	Moga
10	Hailakandi	52	Lohardaga		Rajasthan (5)
11	Udalguri	53	Pakur	89	Barmer
	Bihar (13)	54	Palamu	90	Dholpur
12	Araria	55	Ramgarh	91	Jaisalmer
13	Aurangabad	56	Ranchi	92	Karauli
14	Banka	57	Sahibganj	93	Sirohi
15	Begusarai	58	Simdega		Sikkim (1)
16	Gaya	59	West Singhbhum	94	East Sikkim
17	Jamui		Karnataka (2)		Tamil Nadu (2)
18	Katihar	60	Gadag	95	Ramanathapuram
19	Khagaria	61	Kalburgi	96	Virudhunagar
20	Muzaffarpur		Kerala (1)		Telangana (3)
21	Nawada	62	Wayanad	97	Adilabad
22	Purnia (Purnea)		Madhya Pradesh (8)	98	Khammam
23	Sheikhpura	63	Barwani	99	Warangal
24	Sitamarhi	64	Chhatarpur		Tripura (1)
	Chhattisgarh (10)	65	Damoh	100	Dhalai
25	Bastar	66	Guna		Uttarakhand (2)
26	Bijapur	67	Khandwa	101	Haridwar
27	Dantewada(South Bastar)	68	Rajgarh	102	Udham Singh Nagar
28	Kanker (North Bastar)	69	Singrauli		Uttar Pradesh (8)
29	Kondagaon	70	Vidisha	103	Bahraich
30	Korba		Maharashtra (4)	104	Balrampur
31	Mahasamund	71	Gadchiroli	105	Chandauli
32	Narayanpur	72	Jalgaon	106	Chitrakoot
33	Rajnandgaon	73	Nanded	107	Fatehpur
34	Sukma	74	Nandurbar	108	Shravasti
	Gujarat (2)		Manipur (1)	109	Siddharthnagar
35	Morbi	75	Chandel	110	Sonebhadra
36	Narmada		Meghalaya (1)		West Bengal (5)
	Haryana (1)	76	Ribhoi	111	Birbhum
37	Mewat		Mizoram (1)	112	DakshinDinajpur (S)
	Himachal Pradesh (1)	77	Mamit	113	Maldah
38	Chamba		Nagaland (1)	114	Murshidabad
	Jammu & Kashmir (2)	78	Kiphrie	115	Nadia
39	Baramula				
40	Kupawara				

Annexure 5: LaQshya District & facility selection criteria

Criteria for selection (State can decide on combination of some of these criteria)	
District	
1	Presence of Skills lab
2	Presence of Development partners
3	DQAC and DQAU member posted
4	Facilities ready/progressing towards certification/ accreditation
Facility	
One District hospital and One functional L3 - FRU CHC or SDH	
If no functional L3 available then high load CHC	
1	Good score on baseline assessment
2	Motivated facility in-charge
3	Quality Circle in place
4	Facility's readiness/progress towards accreditation/certification
5	HR as per norms in the facility

Annexure 6: list of priority facilities for the LaQshya program

Details of the Selected Districts and Facilities for the LaQshya Program			
State:			
Name of the Medical Colleges:			
List of Priority Facilities in the identified Districts			
S.No.	District	District Hospital	FRU/SDH/CHC
1			
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List of Additional Facilities in the extra Districts selected by the State			
S.No.	District	District Hospital	FRU/SDH/CHC
1			
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10			

Annexure 7: Budget template for LaQshya

- The budget calculation sheets are developed to support proposal of budget for the LaQshya programme
- **Unit costs and number of units are tentative and actuals may be proposed as per state norm.**
- Major budget areas to be proposed are related to Training and Mentoring, Human Resources, Equipment, Printing of recording formats and development of skills station.
- Separate Excel sheets for HR and Equipments to be calculated for every facility and compiled. Facility wise sheets must also be submitted.
- Excel sheet with formulas is enclosed and should be used for calculation purposes.
- Some budget head have been taken from Dakshata program, where applicable, and some have been added fresh for LaQshya related activities.

Tentative Training and Mentoring cost (FMR Budget line number 1.1.1.5 & 9.5.1.22)				
	Activity	Unit cost	Units required	Total Cost
1	One day State Orientation Workshop			
a	Accommodation per person per night	3000		
b	Breakfast, Lunch and High Tea per person	200		
c	Participants kit per person	200		
d	Venue hiring cost per day	5000		
e	Miscellaneous	10000		
f	Honorarium/per diem for trainers			
g	Honorarium/per diem for participants			
	Total			
2	One day district Orientation Workshop (per district)			
a	Breakfast, Lunch and High Tea per person	200		
b	Participants kit per person	200		
c	Venue hiring cost per day	5000		
d	Miscellaneous	10000		
e	Honorarium/per diem for trainers			
f	Honorarium/per diem for participants			
	Total			
3	State Mentoring visit plan (two visit/ month/ mentor)			
a	Travel cost for vehicle hiring per day	3000		
b	Honorarium per visit	700		
c	Accommodation per night	3000		
d	Stationary	5000		
	Total			
4	DCT visit plan (two visit/ month/ mentor)			
a	Travel cost for vehicle hiring per trip	3000		

b	Honorarium per visit	700		
c	Accommodation per night	3000		
	Stationary	5000		
	Total			

5	District level review meeting (once every three month)			
A	Breakfast, Lunch and High Tea per person	200		
B	Participants kit per person	200		
C	Venue hiring cost per day	5000		
D	Miscellaneous	10000		
	Total			
6	State level review meeting (once every six month)			
A	Breakfast, Lunch and High Tea per person	200		
B	Participants kit per person	200		
C	Venue hiring cost per day	5000		
D	Miscellaneous	10000		
	Total			
7	Facility level quality improvement meetings (one/month/facility)	500	12	

Human Resource Cost estimation
(to be filled separately for every facility& compiled as below - Facility wise sheets must also be submitted)

>500 deliveries per month

Sr	Staff Cadre	Required staff as per LaQshya Guidelines	Existing staff	Gap in staff to be filled	Salary/month	Number of months	Total cost
1	Obstetrician	3					
2	Paediatrician	1					
3	Anaesthetist	1					
4	Medical Officer (including EmOC & LSAS)	12					
5	Staff Nurses	16					
6	Housekeeping	12					
7	DEO (Outsourcing)	1					
8	Guard (Outsourcing)	8					
Total							

201-500 deliveries per month

Sr	Staff Cadre	Required staff as per LaQshya Guidelines	Existing staff	Gap in staff to be filled	Salary/month	Number of months	Total cost
1	Obstetrician	1					
2	Paediatrician	1					
3	Anaesthetist	1					
4	Medical Officer (including EmOC & LSAS)	12					
5	Staff Nurses	12					
6	Housekeeping	8					
7	DEO (Outsourcing)	1					
8	Guard (Outsourcing)	6					
Total							

101-200 deliveries per month								
Sr .	Staff Cadre	Required staff as per LaQshya Guidelines	Existing staff	Gap in staff to be filled	Salary/month	Number of months	Total cost	
1	Obstetrician	1						
2	Paediatrician	1						
3	Anaesthetist	1						
4	Medical Officer (including EmOC & LSAS)	4						
5	Staff Nurses	8						
6	Housekeeping	4						
7	DEO (Outsourcing)	1						
8	Guard (Outsourcing)	4						
	Total							

Equipment Cost Estimation*						
(to be filled separately for every facility& compiled as below - Facility wise sheets must also be submitted)						
Sr.	Equipments	Required number as per NQAS checklist/LR standardization guidelines	Existing equipments	Gap of equipments to be filled	unit cost of equipment	Total cost
1	Labour Room table					
2	Delivery tray					
3	Autoclave					
4					
5					
					
	Total					
	* list to be populated as per gap assessment based on NQAS checklist or LR standardization guidelines					

Printing Cost Estimation (FMR Budget line number 12.1.3)

Sr.	Register/Case sheet	Required number	Unit cost of printing	Total cost
1	Labour room register			
2	Labour room protocols			
3	Case sheets			
4			
5			
6			
7			
			
	Total			

Skills station Mannequin cost (FMR Budget line number 1.1.1.5)				
Sr.	Mannequin	Required number	Unit cost	Total cost
1	Neo Natalie (Essential Newborn care and Resuscitation mannequin)	1	45000	45000
2	Mama Natalie (Mannequin for simulation and management of PPH/ Eclampsia)	1	54000	54000
3	Preemie-Natalie (Preterm baby & orogastric tube feeding mannequin)	1	50000	50000
	Total			149000
<i>*Total number of equipment/instrument may vary according to requirement and price may also vary as per state</i>				
1	BP Apparatus	1	1500	1500
2	Stethoscope	1	450	450
3	Measuring tape	1	50	50
4	Foot rest (1-2 feet height) wooden	1	250	250
5	Watch with seconds hand	1	300	300
6	Hub cutter	1	250	250
7	Puncture proof Container	1	250	250
8	Specimen collection bottles - Plastic	1	20	20
9	Draw Sheets/Covers	1	300	300
10	Towel (1 meter)	1	150	150
11	Labor table with foam mattress- stainless steel	1	25000	25000
12	Kelly's pad	1	350	350
13	Delivery trolley	1	3000	3000
14	IV stand	1	1000	1000
15	Curtains (6 feet length)	1	350	350
16	Functional focus lamp	1	2500	2500
17	Spare Bulb for focus lamp	1	250	250
18	Digital Thermometer	1	350	350
19	Delivery gown (Half/Full Hand)	1	500	500
20	Oxygen hood	1	1500	1500
21	Stamp pad (to keep papers for writing)	1	100	100
22	Infant weighing scale	1	1750	1750
23	Foot operated Suction Machine	1	2000	2000
24	Electrical Suction Machine	1	5600	5600
25	Functional bag and mask with two sizes masks (0 and 1)	1	1750	1750
26	Baby Dress	1	250	250
27	Mittens	1	100	100
28	Socks	1	100	100
29	Oxygen cylinder with the opener	1	8400	8400

	Instruments			
1	SS Kidney Tray 8"	1	100	100
2	Small SS steel bowl with lid	1	125	125
3	SS tray Big-12"x11" with lid	1	900	900
4	SIMS/Cuscus speculum	1	250	250
5	Mayo's scissor (curved) - 10"	1	250	250
6	Sponge holder	1	450	450
7	Newborn ID tag	1	50	50
8	Cord clamp	1	12	12
9	Scissors – straight - 8 "	1	250	250
10	Artery Forceps 8/10"	1	450	450
11	Foleys urinary catheter	1	100	100
12	Uro Bag	1	100	100
13	Dee Lees Mucous extractor/Penguin mucus sucker	1	28	28
	Consumables			0
1	Sterile Gloves 6.5 (25 Pairs/Box)*	1	450	450
2	Sterile Gloves 7 (25 Pairs/ Box)*	1	450	450
3	Examination Gloves Medium Size (100/Box)	1	300	300
4	Examination Gloves Large Size (100/Box)	1	300	300
5	Plastic Aprons	1	75	75
6	Caps -disposable(100/pack)	1	400	400
7	Mask (100/pack)-Disposable	1	400	400
8	Shoe cover (1 pair)-Disposable	1	5	5
9	Goggles	1	300	300
10	Small Size color coded Foot operated bins (Yellow)	1	250	250
11	Small Size color coded Foot operated bins (Red)	1	250	250
12	Small Size color coded Foot operated bins (Black)	1	250	250
13	Small Size color coded Foot operated bins (Blue)	1	250	250
14	Gauze(1 pkt)	1	200	200
15	Cotton roll (500 Gm)	1	120	120
16	Spirit (100 ml/Bottle)	1	100	100
17	Povidone Iodine (100 ml Bottle)	1	150	150
18	Uristix (100 strips/box)	1	655	655
19	Venflon size 16	1	100	100
20	Venflon size 18	1	100	100
21	Venflon size 20	1	100	100
22	Venflon size 24	1	100	100
23	IV sets	1	25	25
24	IV Fluids (Ringer lactate /Normal Saline)	1	100	100
25	Inj.Oxytocin 10IU *	1	35	35
26	Syringes 2 ml,(box of 25)	1	250	250
27	Syringes 5 ml,(box of 25)	1	300	300
28	Syringes 10 ml,(box of 25)	1	400	400

29	Syringes 20 ml,(box of 25)	1	450	450
30	Needles 22 gauze	1	10	10
31	Inj.Mgso4 50% (2ml/ampoule)	1	20	20
32	Adhesive tape	1	50	50
33	2% xylocaine(25 ml/Bottle)*	1	50	50
	Furniture			
1	Wooden Stool	1	750	750
2	Study Chair-Iron/Steel	1	1500	1500
3	Table - 2ft X 4ft -wooden	1	2500	2500
4	White Board	1	1500	1500
5	Flip Charts	1	500	500
6	Printing cost for GoI posters, checklists, case records and registers	1	150	150
	Total			75330

Annexure 8: Training need assessment

Identify 'Training Needs' and propose for the same in PIP (refer to LaQshya guidelines for training targets). **All the staff at these facilities should undergo annual Dakshata or Daksh (Skill Lab) training over a period of 6 months.**

Details of the staff in LaQshya facilities and their training Status				
State:		District:		Facility Name and Type:
S. No.	Name	Designation	Trained in Dakshata	Trained in Daksh Skill Lab
1				
2				
3				
4				
5				
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Annexure 9: Recommended Human Resource for LaQshya facility Labour Room

All the labour rooms, whether newly constructed or re-organized from an existing labour room, should have human resources (HR) in adequate numbers strictly, as per the recommendations given below. If needed, redeployment or hiring of new staff should be done. **HR posted in the labour room should not be rotated outside the labour room.**

CHC/AH/SDH/DH/Medical Colleges:

No. of Deliveries (per month)	Staff Nurse (with LDR)	Staff Nurse (without LDR)	MO	House-keeping	DEO	Guard
100 - 200	In LDR facility there should be 4 staff nurses per LDR unit (1 for each shift and 1 back up)	8	4 MO, 1 OBG/ EmOC, 1 Anaesthetist/ LSAS, 1 Paediatrician	4	1	4
200- 500		12	1 OBG (Mandatory) + 4 OBG/EmOC +1 Anaesthetist + 4 LSAS + 1 Paediatrician + 4 MO	8	1	6
>500		16	3 OBG (Mandatory) + 4 EmOC +1 Anaesthetist + 4 LSAS + 1 Paediatrician + 4 MO	12	1	8

PHC:

MO	Staff Nurse/ ANM	Housekeeping	Guard
1-2	4 ANM/ Staff nurses	Round the clock Services	Round the clock services

* As per the Annexure 'B' of the LaQshya guideline (also given in the MNH toolkit)

Annexure 10: Facility level reporting format and registers

LaQshya program is launched by MoHFW to improve quality of intrapartum care which reduces maternal deaths, neonatal deaths and still births. Furthermore, it improves patient's satisfaction towards services provided in public health facilities.

Monitoring mechanism for LaQshya Program:

LaQshya program envisions monitoring progress of labour rooms in two areas to assess progress towards LaQshya certification.

1. NQAS certification (Labour Room, Maternity OT)
2. 75% achievement in 20 indicators developed in LaQshya Guidelines annexure – C

Reporting mechanism for the LaQshya Program:

Maternal Health Division, MoHFW and NHSRC has envisioned a single monthly report from the selected facilities for measuring performance on progress of LaQshya Program. There will be only one report to be generated every month from each facility only. This report will be comprehensive and will have provision for generating program level analysis for state and national level.

Monthly Reporting format, attached along with this document, should be used without any alteration and should be entered in to excel sheet attached along developed for data collection. States will compile report from every facility and submit monthly progress report in single compiled sheet at national level on 5th of every month.

All facilities will start collecting data from 1st January 2018 and send first report on 5th February, 2018. Data of January to March 2018 should be compiled and considered as baseline data for the LaQshya program.

NQAS standardized checklist to be used to assess labour room and maternity OT and scores to be reflected in monthly reporting format

Data Collection mechanism:

Present data collection mechanism comprises of single facility level format which has to be filled & signed by facility in-charge and shared with district and state. These data should be compiled at state level in excel sheet and shared with ministry.

Ministry is also working on a mobile based application to capture data of NQAS assessment as well as Monthly reporting format. Detailed instructions will be shared once the app is rolled out. Monthly reporting format shall be submitted through this app every month once implemented.

Areas for data collection for LaQshya Program:

Following areas will require to be covered to capture data which will be required for LaQshya program

- ANC ward
- Labour Room
- Operation Theatre
- PNC Ward
- SNCU/NBSU
- FBMDR Committee meeting records.

Existing registers for data collection for LaQshya Program:

- ANC register for Antenatal Corticosteroids
- Standardized labour room register
- PNC ward register
- OT register
- Microbiological sampling register for LR and OT
- SNCU register and software
- FBMDR Register
- FBMCDR committee minutes of meeting

New columns to be added in existing registers:

- Standardized LR register: Birth Companion, Safe Child Birth Checklist use,
- PNC Register: Breastfeeding within one hour, Surgical Site infection
- OPD register: Surgical site infection

Separate register to be developed:

- Microbiological sampling register for LR and OT
- OSCE score assessment register

LaQshya Program: Monthly Facility Report

(Reference period will be previous calendar month prior to the reporting month)

Section 1: General Information				
Sr.	Indicator	Response	Instructions	Source of Data
1	Name of State		Please write name of state	
2	Name of District		Please write name of district	
3	Name of Facility		Please write name of facility	
4	Type of Facility		(MCH/DH/SDH/CHC)	
5	Reporting Month		Use MM/YYYY format	
6	Date of Visit		Please enter DD/MM/YYYY format	
7	Total Number of Deliveries		This number will be derived based on 6a+6b+6c	
7a	Total number of normal vaginal deliveries		This number will be derived from labour room register	LR Register
7b	Total number of assisted vaginal deliveries		This number will be derived from labour room register	LR Register
7c	Total number of C-Sections		This number will be derived from OT register	OT Register
8	Total number of maternal deaths		Enumerate based on LR, OT and PNC Register	LR Register OT Register PNC Register
9	Causes of maternal death			FBMDR Register
9a	• APH			
9b	• PPH			
9c	• Sepsis			
9d	• Obstructed labour			
9e	• PIH/Eclampsia			
9f	• Others			
10	Total number of live births		Total number of live births registered in last month as per the LR and OT register	LR Register OT Register
11	Total number of still births		To be calculated as 10a+10b	
11a	Total number of Fresh Still births		Total number of live births registered in last month as per the LR and OT register	LR Register OT Register
11b	Total number of macerated still births		Total number of live births registered in last month as per the LR and OT register	LR Register OT Register
12	Number of neonatal deaths		This number includes all inborn and out-born newborn	LR Register SNCU Register

13	Major causes of neonatal deaths			FBCDR Register
13a	<ul style="list-style-type: none"> • Prematurity 			
13b	<ul style="list-style-type: none"> • Sepsis 			
13c	<ul style="list-style-type: none"> • Asphyxia 			
13d	<ul style="list-style-type: none"> • Others 			
14	Total number of Low Birth Weight babies born in facility			LR Register

Section 2: Monthly reporting indicators

Sr.	Indicator	Response	Instructions	Source of Data
15	Number of normal deliveries conducted in presence of Birth Companion		Additional column on birth companion to be added in LR register to collect this indicator	LR Register
16	Number of normal deliveries conducted using Safe Birth Checklist		Additional column on safe birth checklist to be added in LR register to collect this indicator	LR Register
17	Number of planned and emergency C-Section operations where safe surgical checklist was used		Additional column on safe surgical checklist to be added in LR register to collect this indicator	OT Register
18	Number of normal deliveries conducted using real time Partograph		Real time Partograph column data for LR Register	LR Register
19	Number of newborns delivered in facility who were breastfed within one hour of delivery?		Additional column on initiation of breastfeeding to be added in PNC register to collect this indicator	PNC ward register
20	Whether microbiological sampling from labour room is collected as per protocol		Yes or No	New register for sampling in LR
21	Whether microbiological sampling from Maternity OT is collected as per protocol		Yes or No	New register for sampling in OT
22	Number of C-Sections operations in which surgical site infection developed within one month of operation		Additional column on surgical site infection to be added in PNC and OPD register to collect this indicator	PNC ward register OPD register
23	Number of preterm cases where Antenatal Corticosteroids (ANCS) was administered in facilities with SNCU		Additional column on ANCS to be added in ANC register to collect this indicator	ANC Register/ LR Register
24	Number of newborns delivered in facility with SNCU developed birth asphyxia		SNCU register will provide number of inborn newborns developing birth asphyxia	SNCU Register
25	Number of newborns delivered in facility with SNCU developed sepsis		SNCU register will provide number of inborn newborns developing sepsis	SNCU Register
26	Total number of inborn LBW newborns in facility provided KMC		This includes all inborn LBW newborn in facility including LR & SNCU	LR register SNCU register
27	Number of beneficiaries delivered last month who were either satisfied or highly satisfied		Please mention how many women were interviewed and how many responded satisfied or highly satisfied	MeraAspatal App or

				Physical interview at facility
28	Whether facility has reorganized labour room as per the guidelines?		Yes, No. or in progress	LR standard checklist
29	Whether facility has adequate staff at labour rooms as per defined norms?		Yes or No	Annexure B of LaQshya Guidelines
30	Number of deliveries conducted in facility where Oxytocin was administered within one minute of birth		AMTSL column in LR register will provide this data	LR Register
31	Number of maternal deaths were reviewed in last month		FBMCDR meeting minutes will provide this data	FBMCDR meeting minute
32	Number of neonatal deaths were reviewed in last month		FBMCDR meeting minutes will provide this data	FBMCDR meeting minute
33	Number of Maternal Near Miss Cases were reviewed in last month		FBMCDR meeting minutes will provide this data	FBMCDR meeting minute
34	Whether there was any stock outs of drugs and consumables in LR		Yes or No	Pharmacy Stock out register
35	Whether there was any stock outs of drugs and consumables in maternity OT		Yes or No	Pharmacy Stock out register
36	Whether facility labour room has achieved NQAS certification		Yes or No	NQAS assessment report
37	Whether MCH/DH has functional Obs ICU/Hybrid ICU/HDU?		Yes, No or In process	Obs ICU/HDU monthly report submitted by facility
38	Number of LaQshya mentoring visits conducted		Mention number of visits by mentors	
39	Number of QI team meetings at labour room/OT		Please mention number of meetings	QI team meeting register
40	Number of onsite training session conducted		Please mention number of training session conducted	

Section 3: One time/periodic reporting indicators				
Sr.	Indicator	Response	Instructions	Source of Data
1	Facility has completed baseline assessment of labour room using NQAS checklist		Yes or No	NQAS Checklist
2	Month of assessment		Please use MM/YYYY format for reporting	
3	Facility has completed baseline assessment of Operation Theatre using NQAS checklist		Yes or No	NQAS Checklist
4	Month of assessment		Please use MM/YYYY format for reporting	
5	Facility has setup facility level quality teams		Yes or No. To be conducted once only. Report yes in subsequent reports	Facility report
6	Facility has setup functional quality circle in Labour Room		Yes or No. To be conducted once only. Report yes in subsequent reports	Facility report
7	Facility has setup functional quality circle in Maternity OT		Yes or No. To be conducted once only. Report yes in subsequent reports	Facility report
8	Facility staff of LR and OT quality circles have attended district level or facility level orientation on LR Protocols, QI processes and RMC		Yes or No. District level or facility level orientation report. To be reported once only.	District Orientation report

Section 4: OSCE baseline assessment and repeat assessment at one year				
Sr.	Indicator	Response	Instructions	Source of Data
Baseline				
1	How many staff members are posted in labour room			Number of staff in LR at baseline of LaQshya program
2	How many staff members were assessed using OSCE?			OSCE report for all staff at baseline
3	What was the average of OSCE score of labour room staff		Average score of labour staff on OSCE assessment	OSCE report for all staff at baseline
4	How many staff members are posted in OT			Number of staff in OT at baseline of LaQshya program
5	How many staff members were assessed using OSCE?			OSCE report for all staff at baseline
6	What was the average of OSCE score of OT staff		Average score of labour staff on OSCE assessment	OSCE report for all staff at baseline
End line assessment (to be filled at the end of one year of LaQshya program)				
1	How many staff members are posted in labour room			Number of staff in LR at the one year of LaQshya program
2	How many staff members were assessed using OSCE?			OSCE report for all staff at end of one year
3	What was the average of OSCE score of labour room staff		Average score of labour staff on OSCE in last assessment	OSCE report for all staff at end of one year
4	How many staff members are posted in OT			Number of staff in OT at the one year of LaQshya program
5	How many staff members were assessed using OSCE?			
6	What was the average of OSCE score of OT staff		Average score of labour staff on OSCE in last assessment	OSCE report for all staff at end of one year

Signature of Facility In-Charge

