



DAKSHATA

Guidance for
**MENTORING AND
SUPPORT VISIT**

INTRODUCTION

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Dakshata 'Mentorship and Support Visit' (MSV): A Comprehensive Approach to Strengthen the Health Services and Systems

Introduction

The launch of Dakshata by Government of India (GoI) as a "strategic approach to improve the quality of maternal and newborn care during the intra- and immediate postpartum period, through providers who are competent and confident", has been envisioned to become a game changer for the country for achieving Millennium Development Goals (MDG) 4 and 5. The drivers of Quality of Care (QoC) approach under Dakshata are:

Addressing these determinants comprises of using a multipronged approach which help build capacity and competency of the providers at facilities, creating enabling environment for health workers, ensuring resource availability, and establishing sustainable systems to achieve these through strengthened leadership and continued monitoring and review of data. A strong post-training follow-up and handholding through focused mentorship and support visits (MSV) is an essential component of this package, which strengthens the health services and health systems through a comprehensive approach.



Scope

Mentoring and support visit continuum will help assemble a process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the identification and resolution of problems, and helping to optimize the allocation of resources, promoting high standards, teamwork, and better two-way communication. It focuses on working with the health staff to establish and monitor performance towards goals, identifying and correcting problems, proactively improving the quality of service, using data for decision-making, and ensuring that the set tasks are being implemented correctly.

Objectives of Facility-level Mentorship and Support Visits (MSV):

The objectives of mentorship and support visits are to effectuate the roll out of Dakshata initiative, as below:

Objective 1- To strengthen the competency of providers of the labor room, including medical officers, staff nurses, and ANMs to perform evidence-based practices as per the established labor room protocols and standards: Handholding support to facility teams in translating learned skills from trainings into practice

Objective 2- To implement enabling strategies to ensure transfer of learning towards improved adherence to evidence based clinical practices: Onsite trainings on select skills to reinforce competency of health workers. Ensuring the use of Safe Childbirth Checklist (SCC) by health workers

Objective 3- To improve the availability of essential supplies and commodities in the labor room and the postpartum wards: Guidance to facility teams in ensuring essential resources at the point of use, Advocacy with key decision-makers and influencers at various levels of effect

Objective 4- To improve accountability of service providers through improved recording, reporting and utilization of data: Periodic review of records like maintenance of case sheets, labor room registers and dashboard of indicators

Objective 5 (intermediate term objective) Implementation of the MNH Tool kit at the delivery points, in a phased manner: To ensure addressing the major system gaps i.e. human resources, infrastructure and equipment

Guidance for MSV: Frequency and Activities to be performed

Frequency

The frequency of MSVs should be planned as per the guidance given below. Ideally in a span of 6 months, minimum 8 visits should be planned:

- First visit should be done shortly after completion of training at a facility, and not exceeding 15 day time period
- Subsequently, each facility should be visited once every fortnight for the first 2 months
- After that, if the facility is performing well, the frequency of MSVs can be reduced to once every month for the next 4 months

Content

Each visit should be planned as at least a half day (4-5 hours) visit, with primary focus on the following sub-heads: (1) Ensuring availability of drugs and supplies (2) Labor room organization (3) Ensuring adherence to infection prevention and cleanliness related protocols (4) Data recording and reporting, and (5) Performing essential practices.

Frequency of Visit		Listing of Actions				
Time since completion of training	MSV	Availability of Drugs and Supplies	LR organization	Adherence to IP and cleanliness protocols	Data recording and reporting	Essential Practices
15 days	1	Ensuring availability of 26 essential items as per Dakshata Guidelines	Mapping out LR structure; Pictures; Potential Reorganization	Management of bio-medical waste-availability of color coded bins; Preparation of chlorine solution	Maintaining case sheets including SCC	Initial assessment- Triaging, Assessment of gestational age; Use of Antenatal Corticosteroids; AMTSL and criteria for rational use of uterotonics
1 month	2	Ensuring availability of 26 essential items as per Dakshata Guidelines	Ensuring organization of labor tables and functional NBC area; Brief the staff and in-charge on organizing drugs, supplies and medicines	LR cleanliness; IP protocols including PPE	Maintaining case sheets including SCC	Supporting second stage of labor; AMTSL and ENBC; Newborn Resuscitation
1.5 months	3	Ensuring availability of 26 essential items as per Dakshata Guidelines	Ensuring organization of labor tables, functional NBC area and essential drugs and supplies; Facility for birth companion	LR cleanliness; IP protocols including PPE; LR entry protocol	Maintaining case sheets including SCC and LR register	Management of severe Pre-eclampsia/ Eclampsia; Antibiotics and following safe birth practices; PV examination and hand hygiene; Empowering birth companion
2 months	4	Ensuring availability of 61 items as per Dakshata Guidelines	Organizing drugs, supplies and medicines; Ensuring privacy of clients	Processing of used instruments	LR register	Partograph- with identification of obstructed and prolonged labor; Management of PPH
3 months	5	Ensuring availability of 61 items as per Dakshata Guidelines	Continue LR standardization; Ensure completion of actions related to ventilation and lighting	Processing of used instruments	LR register; Dashboard indicators	Monitoring 4 th stage of labor; Identification of management of HIV delivery cases; Care of babies with Small for Size at Birth; Discharge counselling
4 months	6	Ensuring availability of 61 items as per Dakshata Guidelines	Ensuring LR organization as per previous MSVs	LR disinfection	Dashboard indicators	Emergency Drill on conducting normal delivery, AMTSL and NBR
5 months	7	Ensuring availability of 61 items as per Dakshata Guidelines	Ensuring LR organization as per previous MSVs	Protocols as per previous MSVs	Dashboard indicators used for review	Emergency drill on conducting normal delivery, AMTSL and PPH
6 months	8	Ensuring availability of 61 items as per Dakshata Guidelines	Ensuring LR organization as per previous MSVs	Protocols as per previous MSVs	Dashboard indicators used for review	Emergency drill on managing pre-eclampsia and eclampsia