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LAQSHYA
Improving Quality of Care in Labor Rooms in Seven States

PROCESS DOCUMENT

LAQSHYA लक्ष्य

Contents

Acronyms

AD	Aspirational District
AIIMS	All India Institute of Medical Sciences
ALAP	Accelerating LaQshya Action Plan
ANC	Antenatal Care
BCC	Behavior Change Communication
BEmONC	Basic Emergency Obstetric & Newborn Care
CAB	Care Around Birth
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
DCT	District Coaching Team
DQCI	District Hospital Quality of Care Index
FPC	Family Participatory Care
GOI	Government of India
HSS	Health Systems Strengthening
IEC	Information, Education and Communication
LR	Labor Room
MNH	Maternal and Newborn Health
MOHFW	Ministry of Health and Family Welfare
NBSU	Newborn Stabilization Unit
NFHS	National Family Health Survey
NHM	National Health Mission
NHSRC	National Health Systems Resource Centre
NMG	National Mentoring Group
NQAS	National Quality Assurance Standards
NQOCN	Nationwide Quality of Care Network
OBG	Obstetrics and Gynecology
OT	Operating Theatre
PDCA	Plan Do Check Act
PDSA	Plan Do Study Act
PIP	Program Implementation Plan
PMU	Program Management Unit
PNC	Postnatal Care
PSM	Preventive and Social Medicine
QI	Quality Improvement
QOC	Quality of Care
RCH	Reproductive and Child Health
RMC	Respectful Maternity Care
RMNCH+A	Reproductive, Maternal, Newborn, Child Health Plus Adolescents
SDA	Safe Delivery Application
SMG	State Monitoring Group
SNCU	Special Newborn Care Unit
SOP	Standard Operating Protocols
SQCI	SNCU Quality of Care Index
TAG	Technical Advisory Group
TBAP	Time Bound Action Plan
TSU	Technical Support Unit
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

Every minute one of 25 million babies born each year in India dies and every 20 minutes a mother dies due to pregnancy or childbirth related cause. The Lancet Global Health Commission on High Quality Health Systems states that poor-quality care is now a bigger barrier to reducing mortality than insufficient access. It is reported that 60% of deaths from conditions amenable to health care are due to poor-quality care, whereas the remaining deaths result from non-utilization of the health system (1).

The Labor Room Quality Improvement - LaQshya program is a flagship program launched by MoHFW in December 2017. The LaQshya program provides an institutional framework to improve quality of care for mothers and newborns at public health facilities. However, the real challenge lies in translating operational guidelines and plans to on-ground implementation and improved outcomes for mothers and newborns. *Vriddhi* Project, a technical partner for Maternal Newborn Health (MNH) at the national and state levels, was ideally placed to support MoHFW and state governments in seven states for the implementation of LaQshya program. Support to the states of Jharkhand, Uttarakhand, Odisha, Chhattisgarh, Haryana, Punjab and Himachal Pradesh included a focussed approach for the 25 Aspirational Districts in these states.

LaQshya Program Management Unit, embedded in the MoHFW, was established at national level at the inception of LaQshya, with operational support from *Vriddhi*. The PMU aims to provide techno-managerial support to MoHFW and state National Health Missions (NHM) for roll-out of LaQshya program across the country. LaQshya PMU has been steering and coordinating support for mentoring states and facilities on capacity building, preparing work plans and budgets, assisting the National Mentoring Group for development of LaQshya operational and technical guidelines and program documents and monitoring the progress of the program. PMU led roll out of IT platform the LaQshya Web Portal which facilitates the monitoring of the program MIS as well as certification process readiness through the online submission of LaQshya assessments.

Vriddhi has been instrumental in helping states to translate LaQshya national guidelines into action, facilitated set up and operationalize LaQshya institutional framework comprising of State Mentoring Group, Technical Support Unit, District Coaching Teams and Quality Circles. *Vriddhi* supported the states in defining state targets, prioritisation of facilities, doing baseline assessments and developing programmatic tools for program managers for monitoring and review.

The project also supported the respective NHMs in intervention states to develop standard operating protocols and implementation of standardized documentation tools along with introduction of checklists and audit forms as per the requirement. Adding on to this the state teams conducted a need assessment for BCC materials and bases the identified gaps 19 posters on specific labor room technical topics were developed and with printing and display specifications were shared across the 7 states.

Quality Improvement was enforced by USAID *Vriddhi* through concurrent advocacy for QI methodology, capacity building of LaQshya facility staff on processes, tools and implementation of the same in aspirational districts.

Striving towards integrating innovations in the implementation of LaQshya, *Vriddhi* project developed program monitoring tools that facilitate monitoring, identifying gaps and developing action plan and client satisfaction tool for generating analysis of monthly client satisfaction survey done by facilities for LaQshya certification. The project also integrated Safe Delivery App; a mobile based educational tool to improve the quality of care around birth. Project piloted a model for improving fetal heart rate monitoring during labor by introducing a device 'Fetal Heart Rate Monitoring Handheld Doppler' by Laerdal Global Health and also facilitated establishment of a Maternal and Newborn Health Resource Center in collaboration with NHM, Jharkhand and RIMS in Ranchi to support maternal and newborn health interventions in 4 Aspirational Districts – Ranchi, Palamu, Latehar and Giridih.

COVID-19 Pandemic has been challenging for LaQshya program as the efforts and resources of health departments was diverted towards COVID-19. *Vriddhi* project aligned its activities to strengthen the selected facilities for managing mothers and newborns during COVID-19 Pandemic by using online platforms for imparting trainings on management of pregnancy during COVID-19 and Infection Prevention. Continuing review and mentoring meetings using online platforms supported the LaQshya facilities, 115 online mentoring meetings have been held for 221 facilities. Being a technical partner of Maternity Foundation, the project provided support for the development of the COVID-19 module for Safe Delivery App and rolled out across 7 intervention states.

At the state level *Vriddhi* project supported dissemination of the GoI's virtual assessment guidelines and preparation for the national assessment by organizing mock virtual tours of the facilities along with state teams.

As a result of the support baseline assessments have been completed in 360 LR units and 296 OT in the 7 states for LaQshya certification. Capacity building of LaQshya facilities on components of LaQshya and technical requirements was done in 39 Aspirational Districts and 87 non-Aspirational Districts training 1920 health care providers across the 7 states. All seven project states have made considerable progress towards LaQshya certification. In total there have been 132 state certifications of LRs (78) and OTs (54) in the project states. Out of these 86 have been National certified till September 2020 (LR – 51 and OT – 35).

Vriddhi helped the state to focus on medical colleges and provided direct mentoring to medical colleges in the state. As a result, 3 Labor rooms and 3 Maternal OTs of medical colleges have received state certification. In addition, Medical College RIMS, Ranchi achieved national certification for LR and OT.

Vriddhi project has been involved th state and district authorities from the beginning for their capacity building for program management. For sustaining the momentum, the states have planned for sale up for LaQshya through activities projected in PIP for 2019-20 and 2020-21.

Background

Every day globally approximately 810 women die from preventable causes related to pregnancy and childbirth, almost 7,000 newborns die and more than 7,000 babies are stillborn (Based on the latest annual estimates). With the birth of 25 million children each year India accounts for nearly one fifth of the world's annual child births. Every minute one baby dies and every 20 minutes a mother dies due to pregnancy or childbirth related cause.

The Lancet global health commission on high quality health systems states that poor-quality care is now a bigger barrier to reducing mortality than insufficient access. It is reported that 60% of deaths from conditions amenable to health care are due to poor-quality care, whereas the remaining deaths result from non-utilization of the health system (1). As per NFHS 4, the institutional delivery rate (78.9%) in India has nearly doubled since NFHS-3 (38.7%) with 52.1% of deliveries occurring in public institutions. This opens up a window of opportunity for India to focus on improving quality of care during childbirth in its government hospitals for reducing maternal and newborn deaths.

TRANSITION FROM CARE AROUND BIRTH TO LAQSHYA

Aligning with global priorities, WHO's QoC framework for maternal and newborn health and the national guidelines, USAID – *Vriddhi* Project collaborated with the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI) and the state governments of Delhi, Haryana, Himachal Pradesh, Jharkhand, Punjab, and Uttarakhand in 2016 to design and implement the 'Care around Birth' (CAB) approach. The CAB approach synergized evidence based technical interventions with Quality Improvement (QI) processes, Respectful Maternity Care (RMC) and Health System Strengthening (HSS) efforts.

The key initiatives included experiential training of labor room staff on routine intrapartum care and management of common maternal and newborn complications, mentoring visits to facilities for handholding and a QI model embedded in the facility to build local capacity and team approach for improving quality of care. Robust data management systems and experience sharing platforms facilitated cross learning to other facilities and geographies. This intervention was implemented in 141 facilities across 25 high priority districts in 6 states.

Based on the results, the state governments scaled up the CAB approach to 265 high case load facilities across 41 additional districts. The learnings from CAB were subsequently imbibed in the national quality improvement initiative for Labor Room (LR) and maternity Operation Theatre (OT). The CAB participatory trainings, mentoring visits and facility-based quality improvement process have shaped the design of these activities in the LaQshya program.

The LaQshya program provides an institutional framework to improve quality of care for mothers and newborns at public health facilities. However, the real challenge lies in translating operational guidelines and plans to on-ground implementation and improved outcomes for mothers and newborns. *Vriddhi* Project with its background of implementing CAB was the logical choice for the LaQshya implementing partner in project states.

Figure 1: *Vriddhi*'s Care Around Birth Approach Integrated in LaQshya Program

Labor Room at District Hospital Gumla, Jharkhand

Vriddhi Support to LaQshya

Vriddhi Project, a technical partner for Maternal Newborn Health (MNH) at the national and state levels, was ideally placed to support MoHFW and state governments in seven states for implementing LaQshya program. Support to the states of Jharkhand, Uttarakhand, Odisha, Chhattisgarh, Haryana, Punjab and Himachal Pradesh included a focussed approach for the 25 Aspirational Districts (AD) in these states. The National and State level support to LaQhsya program is summarized in the below Table 1.

LaQhsya online training conducted through mobile application

Table 1: LaQshya Support at National and State Level

NATIONAL LEVEL SUPPORT	
1	Setting up of LaQshya Program Management Unit
2	Drafting LaQshya Guidelines and job aids
3	Designing and updating IEC for LR Complex
4	Mentoring Medical Colleges to spearhead quality Improvement under LaQshya
5	Development of LaQshya Portal
6	Adapting Mera Aspataal for LaQshya
7.	Online training and review using ECHO Platform
STATE LEVEL SUPPORT	
1	Program Support to state – prioritizing facilities, Baseline assessment, Monitoring and Reporting; State level assessments
2	Capacity Building
3	Mentoring Visits
4	Development of Job aids and tools - Checklsts, SOPs and audit forms; LR register, case sheet
5	Planning and implementing Behavior Change Communication for LaQshya (in facility)
6	Institutionalizing Quality Improvement
7	Support for implementation of LaQshya in Medical Colleges
8	Support to Aspirational Districts
9	Innovations
	9.1 Developed Program Monitoring Tools
	9.2 Client Satisfaction Tool
	9.3 Integration of Safe Delivery App in LaQshya
	9.4 Using Fetal Heart Rate Monitor For Improved Fetal Monitoring In Labor
	9.5 State Maternal and Newborn Health (MNH) Resource Centre, RIMS, Ranchi. Jharkhand

National Level Support

LAQSHYA PMU

LaQshya Program Management Unit (PMU), embedded in the MoHFW, was established at national level at the inception of LaQshya, with operational support from *Vriddhi*. The PMU aims to provide techno-managerial support to MoHFW and state National Health Missions (NHM) for roll-out of LaQshya program across the country. Its roles and responsibilities for supporting LaQshya implementation across the country include: steering and coordinating support of development partners, subject matter experts, academic institutions and other stakeholders for mentoring states and facilities (On capacity building, preparing work plans and budgets, setting up monitoring and evaluation framework, and use of data for quality improvement); assisting the National Mentoring Group (NMG) for development of LaQshya operational and technical guidelines and program documents; monitoring the progress of the program; preparing periodic and annual progress reports; and facilitating program reviews and action planning at national level.

PMU also supports operationalizing of the medical college mentoring program, which is a collaborative effort of MoHFW, National Health Systems Resource Centre (NHSRC), State Governments and World Health Organization (WHO). Under this program 24 Medical Colleges are being mentored by the NMG, the Nationwide Quality of Care Network (NQOCN) and All India Institute of Medical Sciences (AIIMS).

PMU has played a pivotal role in design, development, compilation of inputs from various stakeholders, and review of literature for development of IEC material related to LaQshya including LaQshya posters, LaQshya videos (For beneficiary and healthcare providers), LaQshya branding for health facility infrastructure, certificates, and badges.

LaQshya training conducted at CHC Angara, Ranchi-Jharkhand

LEVERAGING INFORMATION TECHNOLOGY (IT)

PMU led the conceptualization, designing and roll out of IT platform, the LaQshya Web Portal and provided hand holding support to the states for data entry in the web portal. LaQshya PMU conducted trainings for capacity building of facility level quality circles for review and updation of the portal. It is also coordinating the Integration of LaQshya portal with other applications such as Mera Aspataal app (To assess beneficiary satisfaction) and RCH portal (Which has been integrated with Maternity Wing Management Information System (MWMIS) and includes data across continuum of care) and the adaptation of the Nurse Mentor app to Medical College Mentor app.

State Level Support

Vridhhi support for the implementation of LaQshya in 7 states (Jharkhand, Uttarakhand, Odisha, Chhattisgarh, Haryana, Punjab and Himachal Pradesh) includes varied inputs and activities such as state level program support, development of job aids and tools, strategic behavior change communication, support for Quality Improvement, adoption of LaQshya by medical colleges and innovations. While the state level support was for all the districts of the state, project resources were used for focussed support to the Aspirational Districts of the 7 states.

STATE LEVEL PROGRAM SUPPORT

The project's state level program support includes facilitation of state functions for implementation of LaQshya, providing technical inputs and playing the role of catalyst to kickstart activities. Figure 2- gives and overview of the various elements of the project's state level program support.

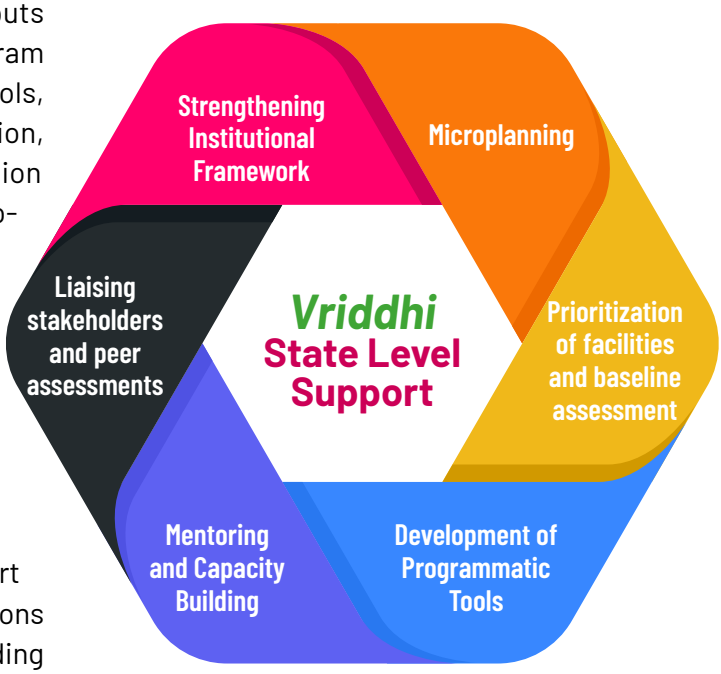


Figure 2: Overview of *Vriddhi*'s State Level Support

LaQshya review meeting based on ALAP app at District Hospital Gedam, Chhattisgarh

Strengthening Institutional Framework for LAQSHYA

Vriddhi has been instrumental in helping states to translate LaQshya national guidelines into action. States have established the proposed LaQshya institutional framework comprising of State Mentoring Group (SMG), Technical Support Unit (TSU), District Coaching Teams (DCT) and Quality Circles. The project has been facilitating state level SMG and TSU meetings, leading the discussion points and release of appropriate directives based on action points. It also follows up with and guides districts teams to implement state directives by ensuring timeliness and quality of DCT and Quality Circle meetings.

Microplanning

Vriddhi has helped the states to accelerate LaQshya program through detailed microplanning and follow up. The support for microplanning included defining state targets, planning LaQshya assessments, providing technical inputs in Program Implementation Plan (PIP), facilitating development of time bound action plans, ensuring adherence to timelines for submission of action plans, monthly reports, state and district level meetings, addressing gaps etc.

Prioritization of Facilities

Facilities are prioritized to ensure focused and concerted actions as well as to ensure judicious use of limited resources. Prioritization of facilities (LRs and maternity OTs) is based on scores from baseline and peer assessments; availability of infrastructure; human resources; type of facility and political commitments. *Vriddhi* helps states to set up the facility assessment processes and guides prioritization by presenting the collated and analyzed facility wise results to the SMG for deliberation and action. The SMG directs state and district officials to ensure that prioritized facilities are prepared for LaQshya certification within a stipulated time frame.

A total 360 LRs and 305 Maternity OTs across 7 states were prioritized for LaQshya certification. Out of these the project in consultation with the state prioritized 55 LR and 45 OTs for State certification by December 2020. The target was achieved in December 2019 and an addition 36 LR and 16 maternity OTs were taken up by the project to support their state certification.

Development of Programmatic Tools

For smooth operationalization and efficient tracking of the program, *Vriddhi* has facilitated in development of various programmatic tools like Accelerating LaQshya Action Plan (ALAP) checklist, Time Bound Action Plan (TBAP) tool, Google sheet for tracking outcome indicators and LaQshya Dashboard.

Liaising with Partners and Stakeholders

One of the *Vriddhi*' strengths has been liaising with partners and stakeholders to integrate their varied skills for a common goal. The Project's partnerships with Maternity Foundation on Safe Delivery App, with Laerdal Medical Corporation for FHR monitoring device have been instrumental in strengthening quality of care in LaQshya facilities. *Vriddhi's* satisfactory performances, ability to innovate and strong relationship with national, state NHM and donor agency have succeeded in achieving LaQshya goals in a time-bound manner.

LaQshya orientation in facility in Chhattisgarh

Baseline Assessment

Baseline assessment was a critical first step to bring LaQshya initiative to the facilities. The project supported states to initiate and complete baseline assessments in a timely manner; to train and handhold state/ district teams for facility assessment; and to collate, analyze and present baseline data at state level to help prioritization of facilities. A total of 360 LRs and 305 maternity OTs were selected in the 7 states for LaQshya certification. Baseline assessments have been completed in 360 LR units and 296 OT units. The baseline in 6 Maternity OTS in Chhattisgarh were not done as the OTs are presently non-functional. State wise breakup of LRs and maternity OTs for LaQshya certification and status of baseline assessment is presented in Table 2.

Capacity Building and Mentoring Visits

Capacity building is at the core of *Vriddhi* state support. Though the focus was on AD but project has also extended its support to non-Aspirational Districts in the 7 states. Aligning with National guidelines and directives, state, district and facility level officials and service providers were trained on the components of LaQshya: technical skills on intra-partum and post-partum care, infection prevention practices, program management, data recording and review etc.

Table 2: LaQshya Baseline Status in Project States as on September 2020

STATE	LABOR ROOMS				OPERATION THEATRES	
	Total LR (n)	Baseline Done (n)	Percent	Total OT (n)	Baseline Done (n)	Percent
Chhattisgarh	58	58	100%	58	49	84%
Haryana	48	48	100%	20	20	100%
Himachal Pradesh	22	22	100%	22	22	100%
Jharkhand	74	74	100%	57	57	100%
Odisha	98	98	100%	98	98	100%
Punjab	25	25	100%	25	25	100%
Uttarakhand	35	25	100%	25	25	100%
Total	360	360	100%	305	296	97%

77 batches of training were conducted for LaQshya for the 150 districts (45 AD and 105 non-AD) in the 7 states. 87% of 45 ADs and 67% of 105 non ADs were covered with training. (Table 3)

Mentoring Visits

After the formal training *Vriddhi* team continued the capacity building inputs during mentoring visits in LaQshya facilities. Regular mentoring visits to prioritized health facilities especially the health facilities in the Aspirational Districts constitutes a key area of the technical support provided by *Vriddhi* team. Joint mentoring visits with state/ district LaQshya nodal officers are organised by the state teams.

LaQshya Training Agenda

1 LaQshya
- LaQshya orientation
- Certification process
- Role of DCT & QI Teams
- Documentation: Case sheets , Delivery register, LaQshya MIS Section H: Outcomes
- Orientation on LaQshya checklists (Area of Concern)

2 Respectful Maternity Care
- Case scenario, BCC materials

3 Infection Prevention
- Hand hygiene & PPE
- Chlorine solution preparation
- House keeping
- Instrument cleaning and sterilization
- Fumigation and microbiological surveillance
- Spill management

4 Biomedical Waste Management
- General information

5 Area of Concern G: Quality
- 5s Methodology, PDCA, Fishbone
- Process mapping
- Group work on process mapping

6 SOP for Labor Room
- Standard operating procedures
- Audit forms
- Checklists

7 Client Satisfaction
- Client satisfaction format
- Client satisfaction analysis tool

Table 3: LaQshya Training Batches and Districts Covered

STATE	NUMBER OF BATCHES OF TRAINING	DISTRICTS IN THE STATE		DISTRICT COVERED WITH LAQSHYA TRAINING	
		Non-AD	AD	Non-AD	AD
Haryana	5	21	1	7	1
Punjab	3	20	2	20	2
Himachal	3	11	1	7	1
Jharkhand	35	5	19	1	19
Uttarakhand	11	11	2	11	2
Odisha	12	20	10	20	10
Chhattisgarh	8	17	10	4	4
Total	**77**	**105**	**45**	**70**	**39**
				67%	**87%**

Activities During Mentoring Visits

During the mentoring visits, the following activities are conducted:

- Review of follow-up of earlier visit and state level directives
- LaQshya assessment and identification of gaps
- On-site hands-on training on identified training needs
- Review of documentation
- Data triangulation
- Formulation of action plan
- Development of shared understanding of LaQshya checklists.

Of 1168 mentoring visits (May2018 to March 2020) 918 were to 45 Aspirational Districts and 250 in 105 non ADs.

DEVELOPMENT OF JOB AIDS AND TOOLS

Checklists and Audit Forms

In each of the intervention states, the project supported the NHM to develop standard operating protocols (SOPs). These SOPs were shared with the LaQshya facilities for adaptation/customization as per local need infrastructure, and resources. In addition, *Vriddhi* helped develop various checklists that served as job aids and audit forms for the facilities. A detailed list of SOPs, audit forms & checklists is captured in Table 4.

The LaQshya training platform was used to orient the facility teams on these tools. The implementation of these tools is mandated for achieving the quality standards as per the LaQshya checklist.

LaQshya State Mentoring Group Meeting held at Jharkhand

Documentation Tools – LR Register, Case Sheets & Register Formats

MoHFW LaQshya indicators were reviewed and the few missing parameters such as birth companion, use of safe childbirth checklist etc. were added to the existing registers. In addition, the LaQshya PMU reviewed different state level formats and shared a standardized LR register with all states. The final LR register incorporated *Vriddhi* supported comprehensive LR registers as developed by states during implementation of the Care Around Birth initiative, Support was also extended for adapting and disseminating standardized case sheets provided by MoHFW for all three levels of delivery points – L1, L2 and L3. These case sheets facilitate recording and also serve as reminders for improving practices.

The LaQshya program also requires documentation of support services. While some registers were available, in the absence of standardized formats the documentation was inadequate in content and quality. Standardized

Table 4: Documentation Support By *Vriddhi* Team, SoPs, Audit Forms and Checklists

LAQSHYA DOCUMENTATION: SOPs, AUDIT FORMS CHECKLISTS			
S.NO	**LAQSHYA SOPs**	**S.NO**	**AUDIT FORMS AND CHECKLISTS**
1	Quality Policy	1	Referral Audit for Labor Room Complex
2	Patients' Rights – Privacy Dignity and Confidentiality	2	Prescription Audit Form
3	Patient Registration, Admission and Discharge	3	Adverse/ Sentinel Event Form
4	Labor Room	4	Infection Prevention Audit Form
5	Maternity Ward	5	Hand Hygiene Observational Audit Tool
6	Infrastructure and Equipment Maintenance	6	Bio Medical Waste Management Checklist
7	Inventory Management	7	Needle Stick injury Reporting Form
8	House Keeping	8	Daily Labor Room Cleaning Schedule Checklist
9	Infection Control Manual	9	Weekly Labor Room Cleaning Schedule Checklist
10	Laundry	10	Spill Management Kit
11	Internal Adjustment of Patients in Case of Non Availability of beds	11	Instructions for Spill Management
12	Hospital Security and Safety Management	12	Starting Labor Room Duty Checklist
13	Hospital Referral Management		
14	Transport Management		
15	Data Information and Records		
16	Management of Death		

tools were developed. These served a dual purpose of improving the documentation and acting as job aid for clinical practices.

STRATEGIC BEHAVIOR CHANGE COMMUNICATION FOR LAQSHYA

LaQshya program mandated that every pregnant woman receives respectful and high quality of health care during delivery and the immediate post-partum period. This is an area of deeply entrenched behaviours and attitudes thus Behavior Change Communication (BCC) became a key area in the LaQshya program. *Vriddhi* support to BCC for facilities included – Listing BCC materials for the LR complex; creating an IEC data bank for LaQshya; ensuring availability of soft copies of relevant IEC from MoHFW/State/*Vriddhi* project along with printing specifications; and defining the place where it needs to be displayed. The compiled IEC data bank is available with the LaQshya facilities for implementation.

In the process, the state teams also did a needs assessment for BCC material. The gaps identified were taken up by *Vriddhi* team to design the posters for those specific technical topics. Additional posters developed by various state *Vriddhi* teams are listed in the table 5.

Figure 3: Representing various posters and booklets developed for LaQshya

Table 5: BCC Materials Developed With *Vriddhi* Support

S. NO	PROJECT STATE	POSTER THEME	POSTER/ SOP	LANGUAGE	RECOMMENDED LOCATION
1	*Vriddhi* HQ, Delhi	Post-natal essentials leaflets	Leaflets	English	Take away and PNC area
2	*Vriddhi* HQ, Delhi	Nurse Duty station booklets	Ready reckoner	English	Pocket book
3	*Vriddhi* HQ, Delhi	PPH Wall chart	Poster	English	LR room
4	Chhattisgarh	Facility branding and display of IEC Materials	SOP	English	Facility in-charge, Nursing Station
5	Chhattisgarh	Set of 33 IEC materials	Posters	English	ANC, PNC, LR, Waiting Areas, Nursing Station
6	Chhattisgarh	Set of 33 IEC materials	Posters	Hindi	ANC, PNC, LR, Waiting Areas, Nursing Station
7	Haryana	5 S	Posters	English	Duty station
8	Haryana	Admission criteria for SNCU	Poster	English	Nursing Station
9	Haryana	Spill Management	Poster and SOP	English	Nursing Station
10	Haryana	PDCA	Posters	English	Nursing area
11	Haryana	Message for birth companion	poster	Hindi	Pre-labor area
12	Odisha	Message for birth companion	Poster	Oriya	Pre-labor areas, Nursing area
13	Odisha	RMC	Poster	Oriya	Pre-labor areas, Nursing area
14	Punjab	Message for birth companion	Poster	Punjabi	Pre-labor areas, Nursing area
15	Uttarakhand	Critical value of lab investigation	Poster	English	Nursing area
16	Uttarakhand	Quality policy vision mission	Poster	English	Duty station
17	Uttarakhand	Quality SMART objective	Poster	English	Duty station
18	Uttarakhand	Do's and Don'ts in LR	Poster	English	Nursing Station
19	Uttarakhand	Algorithm for Triage of Pregnant Women	Poster	English	Triage area

QUALITY IMPROVEMENT

Vriddhi's experience with QI intervention under Care around Birth Strategy, formed the base for promoting the LaQshya QI initiative at all levels. *Vriddhi* supported states to plan the QI interventions to ensure smooth implementation as follows.

- **Advocacy** to include QI package in LaQshya Training package.

- **Facilitating formation of QI teams** in the LaQshya facilities.

- **Capacity building of facility teams on QI process** - Development of 'simplified' QI training content which is aligned with the POCQI training module developed by AIIMS Delhi. This training package was used to train LaQshya facilities including medical colleges. Major components of this packages are;
  - 5 Whys?
  - Flow Chart
  - Process Mapping
  - Fishbone Analysis
  - Pareto Principle
  - PDCA / PDSA Cycle

- **Facilitating QI team meetings in LaQshya facilities in Aspirational District** - *Vriddhi* supported the organization and conduct of monthly team meetings of QI teams in the facility. Gradual role transfer began by encouraging the facility teams to take the lead in conducting the meetings while the *Vriddhi* team functioned as observers.
- **QI Documentation** – QI Register was designed and shared with LaQshya teams to document their meetings. The design of the QI register facilitates the planning, implementation and follow up of issues as per PDCA cycle.

Participants attended LaQshya training in Punjab

LAQSHYA IN MEDICAL COLLEGES

GoI has included all Government Medical Colleges in LaQshya and in addition to national support through PMU, *Vriddhi* teams have been providing state level technical support to medical colleges across seven *Vriddhi* states. State level support to medical colleges included:

- **Orientation Capacity development:**
  - Orientation of medical college staff on LaQshya program
  - Training on - identification of gaps and LaQshya related documentation; SOPs, Audit forms and Checklists
  - Capacity building of the faculties and other staff on operationalization of quality improvement initiatives like PDCA cycle, Fish bone analysis etc.

- **Baseline assessments and mentoring visits:**
  - Conducting baseline assessments in 19 institutes across 7 states
  - Orienting and facilitating staff on development of time bound action plans
  - Conducting focused mentoring visits for follow up of action plans in medical colleges.

LaQshya orientation and mentoring visit to KNH Medical College Shimla, Himachal Pradesh

- **Formation of Quality Improvement teams in Labor Room Complex and Maternity OT.**

- **Advocacy for medical colleges with state NHM, *Vriddhi*:**
  - For prioritization of Government Medical Colleges for LaQshya certification
  - Facilitated meetings of Medical colleges with District Health Department
  - Facilitated budget allocation to Government Medical Colleges.

- **Conducted several external/state assessments in medical colleges (92 mentoring visits made)**

Outcome of the project support to medical colleges: 3 labor rooms and 3 maternity OTs received state certification

Support to Aspirational Districts

In the 7 *Vriddhi* supported states, state support included district level focused support for 25 Aspirational districts (Jharkhand 19, Uttarakhand 2, Himachal Pradesh 1, Punjab 2 and Haryana 1). In Odisha and Chhattisgarh support was provided from state level only. The project supported:

- Baseline assessment of prioritized facilities- 126 LRs and 102 maternity OTs in the ADs of 7 states.
- Mentored LaQshya facilities in the ADs regularly and provided need based inputs provided - training, capacity building, and support for documentation.

Outcome: In the 45 Aspirational Districts of the 7 states 60 units -35 labor rooms and 25 maternity OTs- received state certifications. Of these, of these 25 LRs and 12 maternity OTs have achieved national certification

INNOVATIONS

Vriddhi support to the LaQshya program includes innovations such as: developing tools for program monitoring and measuring client satisfaction, integrating safe delivery mobile app with LaQshya, Introducing fetal heart rate monitor for improved intrapartum monitoring, and establishing a state MNH resource centre.

Program Monitoring Tools

The *Vriddhi* state teams have been supporting the state health departments/NHM to monitor and review the progress of LaQshya in their respective states. In the process the teams have developed tools that facilitate monitoring, identifying gaps and developing action plan. The tools developed and being used are summarized in Table 6:

Table 6: Program Monitoring Tools

S.NO	TOOLS	TYPE	RESPONSIBILITY	PURPOSE	REMARKS
HARYANA, PUNJAB, AND HIMACHAL PRADESH					
1	Score Card	Offline Excel workbook	Developed and shared with facility, district, and state level nodal persons.	To review the status for the 5 criteria for eligibility for certification and standards for each	Used in all 3 states.
JHARKHAND & CHHATTISGARH					
2	Gap Sheet and Time Bound Action Plan	Offline Excel workbook	Gaps identified at state level based on facility assessment sheet and time bound action plan shared for compliance	To highlight the gaps based on assessment. Fixing individual responsibility with timeline.	Haryana, Punjab, and Himachal have also developed Action Plan template that identifies gaps, against which QI team adds actions and timeline
3	Outcome Indicators	Online Google sheet Separate for LR and OT	Hospital Manager, Facility level Data Entry Operator and LaQshya nodal officer	Documenting Key Performance Indicators (KPI) as per section H- Outcome monitoring. Identifying necessary action areas	
4	LaQshya Dashboard	Offline Excel based dashboard	*Vriddhi* state team	Ready reckoner for State to track status of the LaQshya facilities against certification criteria. Updated monthly.	
5	LaQshya MIS	Offline Excel Sheet	Hospital Manager, Facility level Data Entry Operator and LaQshya nodal officer	LaQshya facility-wise monthly report enables time series chart for a facility based on the indicators and Annexure C (National LaQshya Guidelines) can be prepared at the time of the certification.	
6	ALAP	Paper Based Checklist and Converted to Online Google Sheet during COVID-19	Filled during state mentoring visits to facilities	To track progress of LaQshya key processes and milestones	Used in Chhattisgarh

Client Satisfaction Tool

One of the criteria for LaQshya certification is to have Client Satisfaction score of more than 70%. In the existing public health framework, 'Mera Aspatal' was the only method available for assessment of client satisfaction. Mera Aspatal is an exit interview tool under quality assurance initiatives of MoHFW, GoI. Since this tool records feedback from patients of all departments the number of beneficiaries from LR and maternity OT is small.

To overcome this situation *Vriddhi* state teams collaborated with respective state maternal health and quality assurance cells to develop questionnaires to assess client satisfaction for beneficiaries in labor room and maternity OT. The tool uses questions from MoHFW's 'Operational Guidelines for Quality Assurance in Public Health Facilities' and covers client experience of respectful maternity care, clinical care, cleanliness, staff behavior, general care etc as well as on out-of-pocket expenditure. Responses are graded on a five-point Likert scale. LR/OT staff in-charge or the Hospital Manager (HM) interview clients or their attendants on the day of discharge. A minimum sample size at 30 clients per month per facility was calculated to be statistically valid.

The client interview data is auto-analysed by an excel based tool developed by the project. Thus, saving time of doctors and hospital administration. The excel tool generates an output sheet which gives question wise and beneficiary wise average monthly score.

The facilities were instructed to collect data from beneficiaries, enter the data and use it from the output sheet to prepare action plans for improvement. Results started coming in.

Improving Client Experience in a Medical College in Jharkhand

Rajendra Institute of Medical Sciences, Ranchi, Jharkhand reported low scores for availability and quality of food (3.66/5) in the month of July 2019. The facility conducted several rounds of sensitisation meetings with kitchen staff and catering vendors, and also informed the appropriate authorities. And the score improved to 4.28/5 in the month of November 2019.

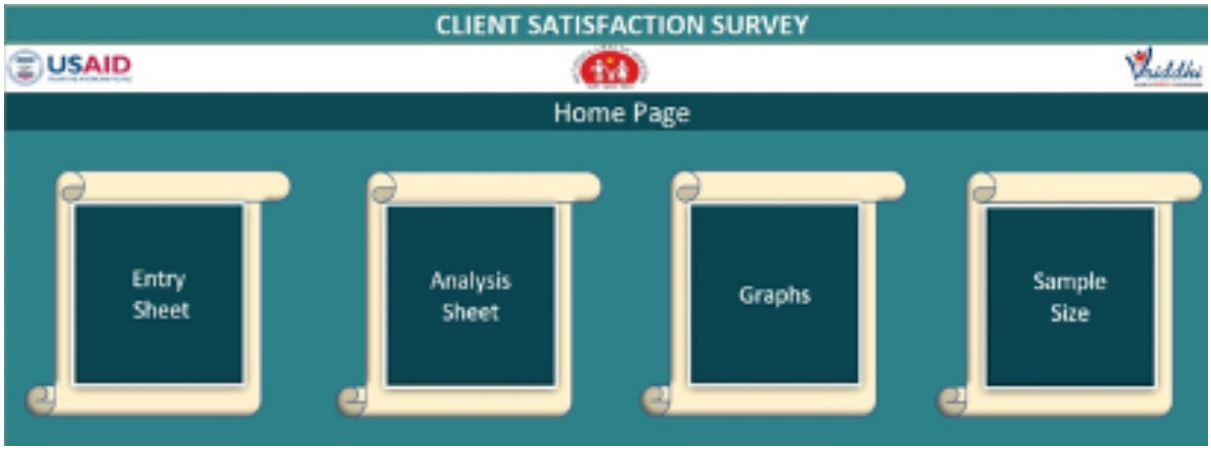


Figure 4: Representing Client Satisfaction Tool developed in Haryana

Integration of Safe Delivery App in LaQshya

Safe Delivery Application is a mobile based educational tool to improve the quality of care around birth by empowering skilled birth attendants on basic, emergency obstetric and newborn care. SDA had been developed by Maternity Foundation in partnership with maternal and newborn health care experts from GoI and various development agencies including IPE Global.

SDA supports improvement of quality of clinical care in LaQshya program by promoting self-learning and acting as a ready reckoner to supplement the skill based trainings like SBA, Dakshata, NSSK etc.

The App has modules on Infection Prevention, Post Abortion Care, Hypertension, Active Management of Third Stage of Labor, Prolonged Labor, Post-Partum Haemorrhage, Manual Removal of Placenta, Maternal Sepsis, Neonatal Resuscitation, Newborn management, Low Birth Weight.

After a one-time download the application (Works offline and is available in English and Hindi languages for Indian users.

Vriddhi is supporting the states in promoting the usage of Safe Delivery App through following ways:

1. Advocating use of SDA at state and facility level meeting, video conferencing and mentoring visits.
2. Facilitating state and facility level orientation for medical officers, nursing staff and program mangers on how to install and use SDA, understanding SDA and its benefits.
3. Integrating SDA with different maternal and newborn health trainings/orientations like LaQshya, Dakshata etc to ensure its sustainability.
4. Facilitating release of directives from the state for use of SDA.
5. Monitoring utilization of SDA through District RMNCH+A consultants and Nurse Mentors to strengthen district and facility ownership

Training and orientation on LaQshya - Safe Delivery App in Chhattisgarh

Figure 5: Safe Delivery Mobile Application

SDA utilization in the *Vriddhi* states has grown steadily. There are nearly 20,000 SDA users, close to half the users have enrolled as learners on the My Learner platform, 3,400 have achieved expert levels and 1,685 are now champions (Achieved expert level in all the modules) (As of September 2020). Seven *Vriddhi* supported states account for 72% of Experts and 75% of SDA Champions in India. (Table 7)

Table 7: Status of use of Safe Delivery App Use in *Vriddhi* States (up to Sep 2020)

SAFE DELIVERY APP USAGE IN *VRIDDHI* SUPPORTED STATES					
S. No.	**STATE**	**USERS**	**MY LEARNERS**	**EXPERT**	**CHAMPIONS**
1	**Chhattisgarh**	11,448	6,050	1,595	1,003
2	**Haryana**	2,642	1,137	339	175
3	**Himachal Pradesh**	362	182	39	32
4	**Jharkhand**	1,605	479	68	79
5	**Odisha**	719	223	7	14
6	**Punjab**	1,981	1,099	101	250
7	**Uttarakhand**	685	324	60	19
8	**Chandigarh**	519	313	26	113
	Total	**19,961**	**9,807**	**2,235**	**1,685**
	India	**84,000**	**17,279**	**3,400**	**2,512**
	***Vriddhi* Contribution**	**24%**	**57%**	**66%**	**67%**

Introducing a Standard Fetal Heart Rate Monitor

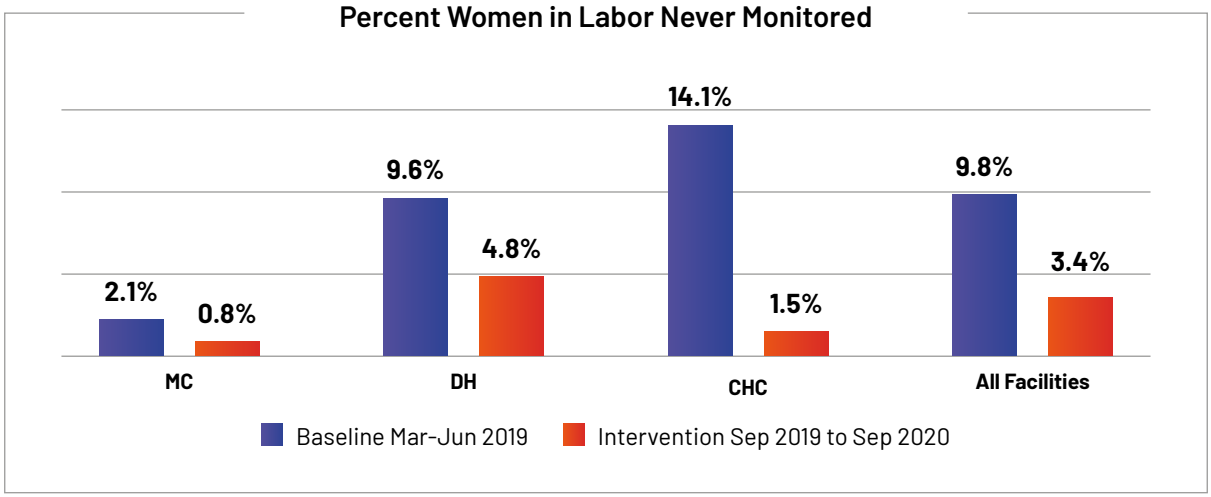
Intrapartum Fetal Heart Rate (FHR) monitoring is crucial for the early detection of abnormal FHR. It facilitates timely obstetric interventions (Such as caesarean section or instrumental vaginal birth) thus contributes to the potential reduction of adverse perinatal outcomes.

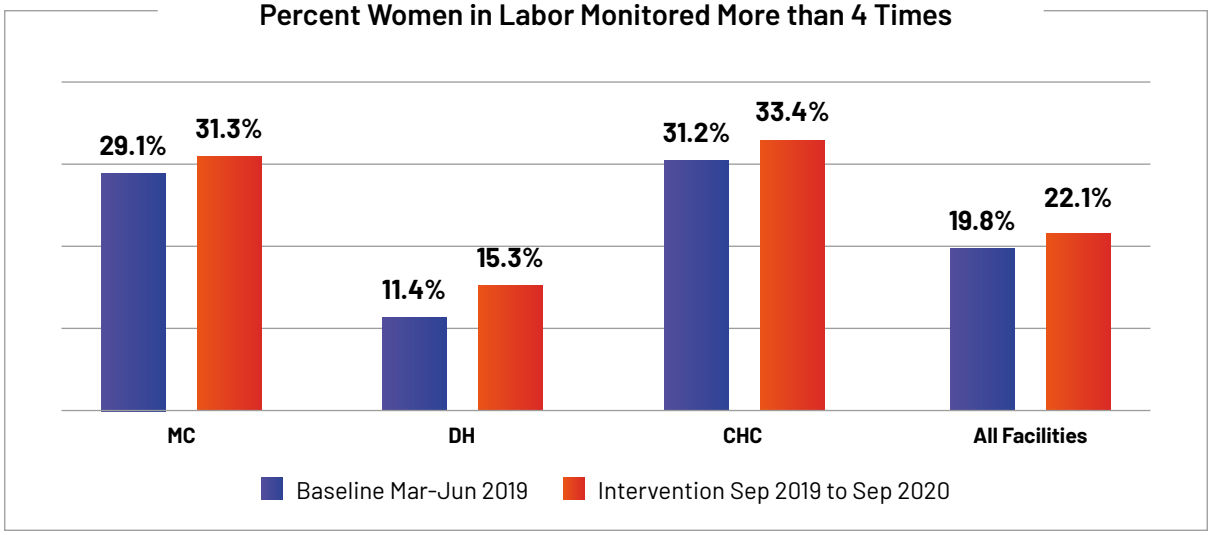
A variety of tools and methods are available for intermittent auscultation of the FHR such as Pinard, Hand-held Doppler ultrasound (Doppler) and Cardiotocograph (CTG). Although CTG is the gold standard for intrapartum FHR monitoring, it restricts the movement of the mother.

USAID *Vriddhi* project piloted a model for improving fetal monitoring during labor by introducing the device 'Fetal Heart Rate Monitor'. Manufactured by Laerdal Global Health uses a Doppler ultrasound sensor to measure and analyse the fetal heart rate. The calculated FHR is presented on the display together with an audible (Doppler) sound. It gives a 30-min histogram for FHR and has an alarm function. In case of prolonged abnormal FHR monitoring device alerts mother and provider with an alarm. It can be used handheld or strapped on to the mother for prolonged monitoring.

The objectives of the pilot were to assess if use of the device improves FHR monitoring, its usability and feasibility in public health care settings. The FHR monitoring device was introduced in the month of August 2019 in 7 health facilities across 3 states i.e. Jharkhand, Uttarakhand, Odisha. The facilities are: From Jharkhand - RIMS Medical College (MC), District Hospital (DH) Chaibasa (Paschimi Singhbhum) and Community Health Centre (CHC) Ratu; from Uttarakhand – DH Haridwar, CHC Manglore; From Odisha – DH Kandhmal, SDH Baliguda. The target population were pregnant women who came for delivery to the selected facilities. The doctors and staff from these 3 facilities received a one-day orientation on use of the device.

Baseline data were collected from March to June 2019. Post implementation the number of women in labor never monitored for FHR decreased across all the facilities while those monitored multiple times increased.





MC- Medical college; DH - District Hospital; CHC - Community Health Centre

The results of the pilot will be used for making decisions on feasibility of using such a device in public health settings.

State Maternal and Newborn Health Resource Centre, RIMS – Ranchi, Jharkhand

RMNCHA strategy promoted the concept of state resource centres for skill building and supportive supervision. The introduction of LaQshya with a focus on accelerating change the need for a resource centre for maternal health also gained significance. *Vriddhi* project facilitated the establishment of a Maternal and Newborn Health (MNH) Resource Cente in collaboration with NHM, Jharkhand and RIMS in Ranchi to support maternal and newborn health interventions Aspirational Districts.

Primary objective of the resource centre is to mentor public health facilities for improved quality of maternal and newborn health services.

Secondary objectives are

1. Support Government of India MNH programmes: LaQshya and Facility Based Newborn Care

Mentors at MNHRC, RIMS Ranchi facilitating online mentoring of Palamu SNCU staff

2. Analyse data and provide actionable feedback on performance of SNCUs and District Hospitals to strengthen Quality of Care.
3. Provide clinical guidance for ongoing and newer interventions in the maternal and newborn space.

In first phase four mentee facilities have been identified. They are the District Hospitals of Ranchi, Palamu, Latehar and Giridih. The initial activities of the resource centre include capacity building, supervision and mentoring visits, review and assessments and data analysis and feedback.

The State MNH Resource Centre comes under the purview of the Secretary Health who is the chairperson of the steering committee. The Mission Director, NHM will be the co-chair for this committee, which will meet monthly to ensure smooth functioning of the State MNH Resource Centre. The Superintendent of RIMS will be In-charge of the State MNH Resource Centre and will oversee all operations and financial matters.

Professor/Assistant Professor from each department; Obstetrics and Gynecology, Pediatrics and PSM will provide technical leadership to the State MNH Resource Centre. They will ensure clinical standards and routine operations. All the clinical staff working in the SNCU, Labor Room, Maternity OT, and doctors of PSM department are to participate in different functions of the State MNH Resource Centre including mentoring. The initial setup of the office (Including furniture, desktop, printer, almirah and air conditioner, stationaries, teaching materials like mannequins etc), recruitment of one nurse mentor and one program coordinator along with the travel arrangements of the mentors from the medical college were supported by the *Vriddhi* project. These will be transitioned to the state by including these provisions in the PIP after the implementation model has matured.

Vriddhi project team oriented faculty members from the department of OBG, Pediatrics and Neonatology and PSM in February 2020. First onsite mentoring visit was to Palamu Medical College Hospital on 7th March 2020. The activities took a pause during the initial phase of COVID-19 Pandemic and lead the Project *Vriddhi* team to explore and move ahead with digital solutions of clinical mentorship. The transition to digital online mentoring proved to be useful during COVID-19 Pandemic from June - September 2020.

Achievements & Outcomes

LAQSHYA PROCESS INDICATORS – QI CIRCLES & LAQSHYA TRAINING

Quality Improvement (QI) Circles for labor room and maternity Operation theatre are critical institutional structures that are responsible for facility level changes to attain LaQshya standards. QI circles have been formed for all 104 prioritised facilities in the 7 states have QI circles.

Capacity building is important step towards LaQshya certification. A total of 1,920 health care providers were trained on LaQshya across the 7 states. Training on Quality Improvement and QI tools was done in 57 % of these training batches. Most states had separate training for Safe Delivery App as it was introduced later, while some incorporated the same in the ongoing LaQshya trainings. Nearly 2,000 health care providers have been trained on SDA. (Table 8)

LaQshya online certification - DH Bokaro, Jharkhand

Table 8: Health Providers Trained Under LaQshya

STATE	PARTICIPANTS FOR LAQSHYA TRAINING					BATCHES RECEIVED QI TRAINING	SAFE DELIVERY APP TRAINING	
	Specialist	MO	SN	Others	Total		Batches	Number Trained
Haryana	2	36	29	22	89	2	1	40
Punjab	7	57	69	13	146	3	3	146
Himachal	11	33	58	12	114	3	15	275
Jharkhand	-	210	542	86	838	8	5	736
Uttarakhand	10	30	56	80	176	11	13	71
Odisha	33	48	60	237	378	12	12	378
Chhattisgarh	26	23	67	63	179	5	21	321
Total	**89**	**437**	**881**	**513**	**1,920**	**44**	**70**	**1,967**
	5%	23%	46%	27%		57%		

LAQSHYA CERTIFICATION

LaQshya certification is a tangible outcome. All 7 project states have made considerable progress towards it. In total there have been 132 state certifications of LRs (78) and OTs (54) in the project states. Out of these 86 have been National certified till September 2020 (LR – 51 and OT – 35). State wise details LaQshya certification status is mentioned in Table 9.

Online mentoring of SNCU Latehar by Jharkhand State MNH Resource Centre

LEVERAGING PIP FUNDS FOR SUSTAINING INTERVENTIONS

Vriddhi support to states has helped establish the implementation processes for LaQshya. with well-defined steps customised to state needs and situation. States are planning for sustaining the momentum, and with support from the project have proposed fund requirements in their respective PIPs for the year 2019-20 and for 2020-21 to scale up the LaQshya certification process (Table 10).

Table 9: LaQshya Certification Status (As of September 2020)

STATE	TOTAL LAQSHYA UNITS		BASELINE DONE		PRIORITIZED (177 UNITS)		STATE CERTIFICATIONS		NATIONAL CERTIFICATIONS	
	LR	OT	LR	OT	LR	OT	LR	OT	LR	OT
Chhattisgarh	58	58	58	49	21	15	18	14	10	8
Haryana	48	20	48	20	20	9	16	9	15	9
Himachal Pradesh	22	22	22	22	9	9	8	7	3	2
Jharkhand	74	57	74	57	18	12	9	7	5	4
Odisha	98	98	98	98	14	14	9	9	9	9
Punjab	25	25	25	25	9	5	8	1	5	0
Uttarakhand	35	25	35	25	13	9	10	7	4	3
Total	**360**	**305**	**360**	**296**	**104**	**73**	**78**	**54**	**51**	**35**

Table 10: Funds Leveraged from PIP for LaQshya Interventions

STATE	LAQSHYA BUDGET IN PIP		TOTAL (INR IN LAKHS)
	LAQSHYA (2019-20)	LAQSHYA (2020-21)	
Chhattisgarh	183.75	1,094.96	1,278.71
Haryana	672.34	49.27	721.61
Himachal Pradesh	470.70	135.43	606.13
Jharkhand	540.54	12.24	552.78
Odisha	102.14	244.37	346.51
Punjab	381.09	303.16	684.25
Uttarakhand	55.54	221.16	295.10
TOTAL	**2,406.10**	**2,060.59**	**4,485.09**

Challenges & Learnings

The journey of LaQshya implementation brought considerable improvements and yielded learning even though there were challenges along the way. The state level challenges varied because the project states were at different levels of implementation of National Quality Assurance Standards. Quality Improvement concept was introduced in the project states and districts during CAB but was still in a nascent stage.

The Common Challenges Included:

- Lack of stable leadership at state and district levels and frequent change in the decision-making cadres slowed down the implementation process.
- Over stretched state/district officers with multiple responsibilities led to conflicting priorities at the state and district level.
- LaQshya certification required infrastructure and equipment as per quality standards. Timely procurement of equipment and furnishings and infrastructure changes were a huge challenge.
- Coordination between different departments (Maternal health and Child health divisions; MH and State Quality division; NHM and Medical Education and Research) was challenging slowed down inter-departmental activities towards a common goal.
- In medical colleges, the lack of coordination between the various department and administration was a challenge for integrated service delivery. The lengthy and cumbersome procurement processes in medical colleges is, particularly a deterrent for change.
- Lack of understanding of newer interventions like Respectful Maternity Care and Birth Companion led to resistance among state leaders/obstetricians for implementing these interventions.
- The COVID-19 Pandemic starting in March 2020, has affected the LaQshya implementation since the priorities of the state Health Department have changed and all resources have been channelled towards tackling COVID-19.

Many of these challenges were overcome or circumvented by working closely with state nodal officer.

The Learnings Were:

- High level commitment of MoHFW for implementation of LaQshya in states helped to advocate and set the agenda of LaQshya as a priority with the states.
- The clear inclusion of LaQshya implementation heads in the PIP ensured flow of funds for implementation.
- Development of tools and job aids – documentation tools, audit forms and checklists BCC – helped to standardise processes as well as provided a packaged set of tools to be used by the LaQshya facility
- Engaging 3-4 QI team members from each facility along with District Nodal officer and Quality Consultants right from training helped to ensure there is no loss of information in cascade.
- Action plans, with defined timeline and responsibilities, developed by the teams during training helped in team cohesiveness and provided them with a road map for action. This resulted in better ownership.
- Use of social media (WhatsApp platform in each state) for cross learning and sharing helped in motivating facility teams to perform and created a healthy competition of facilities with the state.
- Mentoring visits for baseline assessments, gaps identification, action plans and follow up on action plans helped in increasing the pace of implementation. Joint visits from peer assessors were especially useful.

Online LaQshya Training in Punjab for Labor Room and SNCU Staff

- Champions were identified for implementation of newer interventions and difficult tasks. While the LaQshya checklist appeared exhaustive and cumbersome, sharing of small achievements by the champions provided motivation and confidence to others to take on implementation. These champions were advocates for LaQshya within their own facilities.
- Ownership by state and district nodal officers and working closely with them helped to achieve the common goal of LaQshya. This has also helped in ensuring that the capacity of state and district counterparts has gradually been built and experiential learning has been there. This contributes to ensure scale of intervention and its sustainability after the project tenure.

VRIDDHI SUPPORT TO LAQSHYA DURING COVID-19 PANDEMIC

The COVID-19 Pandemic since March 2020 has affected the LaQshya implementation because the priorities of the state Health Department have changed and all resources have been channelled towards tackling COVID-19. Out of 360 designated LaQshya facilities, 32 have been designated as COVID-19 Dedicated hospitals and 83 as COVID-19 Health Centres in the 7 project supported states.

Vriddhi project aligned its activities to strengthen the selected facilities for managing mothers and newborns during COVID-19 Pandemic.

Infection Prevention Training

The project developed a standardized presentation on Infection prevention practices. Telephonic/online platforms were used to train the labor room staff on Infection Prevention. 5149 providers were trained on Infection Prevention from April 2020 – August 2020.

COVID-19 Module for Safe Delivery App

Vriddhi project as a technical partner of Maternity Foundation, provided support for the development of the COVID-19 Module for Safe Delivery App. This module includes the care of women in labor during COVID-19 Pandemic specifically addressing the needs for a COVID-19 positive mother. In addition, it provides guidance for management of newborns born to COVID-19 positive mothers and infection prevention including donning and doffing of PPE.

The COVID-19 Module was rolled out in the 7 states and orientation was given to staff of LRs in Aspirational District and LaQshya facilities. 2115 users have enrolled as Learners for COVID-19 module in the *Vriddhi* supported states and 1886 have attained COVID-19 Expert level (As of August 2020).

Online Training of LaQshya Facilities

All states have used online platforms for imparting training to LaQshya facilities and other delivery points on management of pregnancy during COVID-19 Pandemic. *Vriddhi* Project supported the compiling national guidelines for ANC, intrapartum care and care of newborns and development of training material. All of these were released during the pandemic.

Online Review and Mentoring of LaQshya Facilities

Since mentoring visits are restricted due to COVID-19 pandemic, online review and mentoring meetings are being organised by the states for facilities. 115 online mentoring meetings have been held for 221 facilities.

Support for Online National Assessment for LaQshya Certification

The LaQshya PMU at MoHFW, developed guidelines for virtual assessment of state certified facilities that were awaiting national LaQshya certification. At the state level *Vriddhi* project supported the dissemination of the virtual assessment guidelines to all concerned and preparation for the national assessment by organizing mock virtual tours of the facilities along with state teams.

Interim Certification of LaQshya Facilities

In view of the requirements and necessities of certification under LaQshya during the COVID-19 pandemic the GoI has provisioned for interim certification of facilities and launched guidelines for the same. The guidelines provide for following:

- All state level certified health facilities will be eligible for Interim certification.
- Assessment will be done remotely by the external assessors using virtual platforms.
- Interim certification will remain effective till the physical assessments become feasible or maximum for 1 Year, whichever is earlier.
- Virtual certification of the facility will be given 30% weightage in the final physical assessment.
- Interim certification will entitle the facility for 30% of incentive money; the remaining 70% will be disbursed after physical verification of the facility confirms award of the certification
- Virtual certification will use LaQshya checklists as given in the program guidelines

Virtual certification of the facility will be finalized based on the weighted average score obtained in the following five criteria for LaQshya certification mentioned in the below Table 11.

Health facilities scoring more than 70% of marks would be eligible for the interim LaQshya certification. All the documents will undergo two level of verification:

i. Consultant, QI Division NHSRC
ii. Selected empanelled external assessor for the authentication.

The project supported the states of Jharkhand and Chhattisgarh were selected for implementing the virtual assessment. The State Quality Assurance Committee (SQAC) of Jharkhand approved the steps of the GoI's interim national certification for the state after discussions with NHSRC. The District Hospital at Bokaro was the first facility where state online certification process was carried out for both labor room and maternity OT. The project team facilitated the orientation of stakeholders on the interim certification platform and the virtual facility tour.

Table 11: Five Criteria for LaQshya Certification

S. NO.	CRITERIA	SCORES	WEIGHTAGE
Criteria - I	State certification score of the facility	% of scores obtained during state assessment	15%
Criteria – II	Virtual assessment score of the facility	% of scores obtained during virtual assessment	50%
Criteria – III	Mera Aspataal score/Manual Patient Satisfaction Score	% of Marks obtained	10%
Criteria – IV	Document verification	% of Marks obtained	15%
Criteria - V	Annexure-C for LaQshya	% of Marks obtained	10%
	Total		**100%**

Sustainability

The *Vriddhi* team from the beginning has been cognizant of the fact that the project must build capacity of the states for LaQshya implementation. Several initiatives have been taken at the state level and in Aspirational Districts for a smooth transition after the project support has been withdrawn. The following steps have been taken at state level to sustain the momentum of LaQshya implementation:

- All states have a State Nodal LaQshya officer. *Vriddhi* teams have been working closely with the state nodal officers and building their capacity on program management, monitoring and review, and planning and implementation.
- The tools developed with Project support have been packaged and handed over to the state. This includes a list of IEC materials complete with printing specifications and soft copies. All material has been categorized and sorted into folders labelled documentation tools, Audit forms, SOPs for easy handling.
- Training package on LaQshya – Standardized presentations, agenda, training preparatory checklists, and session wise training aids and checklists have been handed over to state officials. The package has been used during jointly organized trainings for LaQshya to familiarize states on its use and content.
- Program Monitoring - State data entry operators have been trained on the use of monitoring tools developed for LaQshya.

Vriddhi's District Technical Consultants are responsible for initiating transition in the Aspirational Districts. Following activities have been done in the Aspirational Districts:

- They brief district officials and nodal officers regularly.

Facilitated State LaQshya assessment at CHC Bhagwanpur, Block Bhagwanpur, Haridwar District, Uttarakhand

- The training package, documentation tools and program monitoring tools have been shared at the district level.
- LaQshya indicators review has been incorporated in the monthly reviews to ensure timely implementation as per PIP.
- The facilities have been empowered for QI implementation. The QI teams at the facilities in Aspirational District have been trained and equipped to review the facility progress. The role of *Vriddhi* staff has changed from facilitator to observer.

All the project states have Quality Managers at the district level. The Quality Managers have received LaQshya training and are engaged in the process of LaQshya certification of facilities in their district. These positions are supported by state/NHM and will be continued beyond the project also. This pool of human resource along with the district and State Nodal officers will be the drive and sustain the LaQshya program.

Way Forward

While LaQshya implementation across the country has moved forward the common issues and challenges remain. Based on the experience of the project, the issues and suggested action points are given as the way forward in below Table 12.

Table 12: Challenges and Way Forward for LaQshya Program

PROGRAM COMPONENTS	ISSUES / CHALLENGES	WAY FORWARD - SUGGESTED ACTIONS
Governance	• National and State Technical Advisory Groups (TAGs) not optimally functional. • Program ownership at state and district levels is unclear (Quality Assurance and Maternal Health) • State Mentoring Group and District Coaching Teams not operational. • Inclusion of all delivery points under LaQshya • Engagement of Child Health division at MoHFW and States	• Advocacy for regular quarterly meetings and these could be combined with other TAG like the State Maternal Death Review (MDR) Committee meetings. The TAGs can help to harmonize and consolidate interventions. • While expectations and responsibilities of both the departments have been defined, there is need to ensure that one department is designated to coordinate the program at the state level while the other is mandated to support it. State TAGs can help to resolve these anomalies. • The role of SMGs and DCTs needs to be reviewed and redefined. Need to empower them to spearhead LaQshya scale up and enhance capacities for baseline assessment and certifications. • States may define their own feasible alternate models for mentorship and coaching, and support for scale up of LaQshya • Using Medical colleges as State MNH Resource Centres for clinical mentorship should be explored. *Vriddhi*'s experience in setting up an implementation model of a state MNH resource centre at Jharkhand can be used to create institutional support for LaQshya • While the Maternal Health division is leading the initiative, the Child Health division needs to be engaged proactively to strengthen the newborn component of the program including the care of sick and small newborn in SNCUs. The learnings of project from implementation of FPC and SNCU Quality of care index will be useful.

PROGRAM COMPONENTS	ISSUES / CHALLENGES	WAY FORWARD - SUGGESTED ACTIONS
Training	• Clinical competency remains a challenge	• Staff at LaQshya facilities/delivery points to be saturated with competency-based trainings (SBA, Dakshata, Daksh) • Revised CEmONC and BEmONC curricula for training and implementation in prioritized LaQshya facilities. • Annual refresher trainings - Dakshata and revised NSSK package for LaQshya facilities • Integrate core newborn trainings like NSSK, FBNC, FPC and NBSU • Medical Colleges functioning as State MNH resource centres to provide clinical mentorship • Explore alternate capacity development models for example the Safe Delivery Application is currently being institutionalized under LaQshya
Data and monitoring	• Collection, collation, and analysis of LaQshya process indicators a major challenge • Issues with LaQshya portal (monthly report generation and extraction from portal an issue)	• Process indicators to be reviewed, indicators directly impacting Quality of Care included and indicators classified as essential and desirable. • *Vriddhi* project has developed the District Hospital Quality of Care Index (DQCI) to review performance of District Hospitals in 25 Aspirational Districts. The tool demonstrates how to use heatlh system data to inform decision making for a quality improvement of facilities • While the LaQshya portal has been operationalized, a core team of MoHFW and partner agencies need to be constituted to periodically review its functioning and resolve issues.
Supportive Supervision (SS)	• SMG visits not structured due to lack of a comprehensive SS tool (LaQshya certification checklist cannot double up as a SS tool)	• Development of a structured SS checklist. *Vriddhi* has developed and demonstrated the use of Accelerated LaQshya Action Plan in Chhattisgarh, for strengthening SS visits by SMG
Rapid Improvement Cycles	• Difficult to interpret and implement as visualized in the program/difficult to implement Quality Improvement in its true spirit	• Focus more on goals rather than the process (adaptive Quality Improvement) • Instead of a cycle-based approach, the facilities should be given the flexibility of selecting interventions for QI based on their needs.
Client Satisfaction and Grievance Redressal	• Standardized client satisfaction processes not operationalized, Mera Aspataal not being utilized	• Inclusion of LaQshya specific parameters in 'Mera Aspataal' to be completed as early as possible. • Local mechanisms to be established (Haryana and Jharkhand are good examples of facility-based client satisfaction tools being used). • LaQshya facilities to be prioritized for institutionalization of program components of 'SUMAN'
Certification and incentivization	• Process ending at certification, incentivization not happening • Traction for incentives not there (DH – 2 lakhs while Kayakalp provides incentive of 50 lakh) • Facilities slipping off after certification	• Ambit of certification to include achievement of process indicator goals. • Certification and incentivization to be linked together, i.e. both to be provided simultaneously when certification targets and incentivization targets are met. • Incentivization amount to be reviewed. • Standards of care at facilities to be maintained, annual recertification at state level to be mandatory, can be revised to 6 monthly assessments post certification.

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