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Secretary



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स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health & Family Welfare

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Dear Secretary,

Evidence dictates that improving quality of care around birth and ensuring Respectful Maternity Care leads to maximum benefits towards reducing maternal mortality, neonatal mortality and still births. In this context, Ministry of Health & Family Welfare has launched an ambitious program 'LaQshya – Labor room Quality improvement Initiative' on 11th Dec 2017. LaQshya program is a focused and targeted approach to strengthen key processes related to the labour rooms and maternity operation theatres in order to achieve time bound targets and ensure desired outcome within a short period. To motivate and encourage health facilities to improve Quality of care, incentives worth Rs. 6 Lakhs, 3 Lakhs and 2 Lakhs will be provided for Medical Colleges, District Hospitals and SDH/CHCs respectively.

LaQshya involves several stakeholders at all levels, and hence concerted efforts from states in campaign mode are required from the state MDs & Principal Secretaries with the complete involvement of the State Maternal Health, Child Health & Quality Assurance divisions as well as Medical Education department.

States are in the process of preparing the proposals for the annual programme implementation plans, and for this purpose as well as for implementation of LaQshya, certain key operational steps are important. An operational guidance note is thus being issued to further strengthen implementation of LaQshya program across the country.

Brief Operational Guidance Note:

Major activities to be undertaken on a priority basis for the LaQshya program are – setting up a program management structures, identification of districts and facilities, conducting baseline assessment and budgeting for LaQshya in upcoming PIP 2018-19.

A. Setting up Program Management Structures

Following activities are to be undertaken to set up LaQshya program programme structures at state, district and facility levels:

State Nodal Officer (SNO): States needs to nominate a 'State Nodal officer' for LaQshya program as an immediate priority. State program officer for Maternal Health is recommended to be nominated as the nodal person for the program.

1. State Mentoring Group (SMG): States are required to formulate a "State Mentoring Group" with Mission Director (NHM) as Chairman and State Nodal Officer as Convenor. Details of SMG and recommended composition are provided in Annexure 1.

2. District Nodal Officer (DNO): The district CMO will be overall in charge for LaQshya program. DNO will be identified by CMO, preferably District Reproductive and Child Health Officer, for supporting him in implementation of program at district level.

3. District Coaching Team (DCT): Every LaQshya district will establish one Coaching Team to facilitate capacity building and program management support at facility level. Further details are provided in Annexure 3.

4. Facility level QI teams and Quality Circles for LR/OT: Facilities selected for the LaQshya program shall formulate Facility Quality Improvement Teams along with Quality Circles to oversee implementation of LaQshya program at facility level.

5. State needs to identify **two dedicated consultants** to support the state nodal person for providing program management for LaQshya from state level and one district consultant for supportive supervision/mentoring of LaQshya program at district level.

B. Identification of Districts and Facilities for LaQshya Program:

States need to identify districts and facilities where LaQshya program will be implemented. States also need to be selective in identification of facilities considering that there is need for intensive implementation of program at identified facilities. Following is the brief guidance for selection of districts and facilities for LaQshya program.

A. Atleast 25-35% of districts from every state should be selected for the LaQshya program. However, all districts identified as 'Aspirational Districts' by NITI Aayog (annexure 4) should certainly be selected.

B. Two facilities on each selected district, preferably District hospital and one FRU/SDH/High load CHC, are to be selected for implementation of LaQshya program.

C. All the medical Colleges from every state to be taken up as well, in addition to above facilities.

D. Facilities should be selected as per the criteria defined in Annexure 5.

States may decide to select more number of facilities in addition to above mentioned cut-off and the National mentoring group will try to provide mentoring support to those facilities as well. States need to identify and suggest priority facilities at national level in suggested format (Annexure 6).

C. Baseline Assessment of identified facilities:

Baseline assessment should be conducted using standard NQAS checklist to identify gaps at facility level and at district or state level. This gap assessment will provide details for planning budget for upcoming NHM PIP.

D. Budgeting for LaQshya Program

States need to plan for budget of LaQshya activities in the upcoming PIPs. Draft budget template for the same is provided as annexure 7.

E. Other Activities to be initiated:

1. Training Need Assessment: States need to map the staff available at LaQshya facilities and types of trainings provided to them, identify 'Training needs' and propose for the same in PIP as per annexure 8. All the concerned staff at these facilities must undergo Dakshata or Daksh (Skills Lab) training over a period of next 6 months.

2. Human Resource: states need to initiate the process of adequate staffing in the labor room as per the norms stated in Annexure-9.

3. Standardized Recording formats: Standardized LR registers and case sheets to be used by the chosen facilities.

4. Monitoring: To streamline monitoring of the programme, facility level performance report has been developed. This format, to be used by every LaQshya facility, is also included in the guidance note as annexure 10.

F. States must ensure to maintain a systematic data on baseline status on key performance indicators and track changes over a period of time and review all adverse events/outcomes, and make necessary corrections to address gaps that may have been ascertained through systematic audit/review.

Correspondence: States need to send all communication to laqshya.pmu@gmail.com with cc to dinesh126@hotmail.com.

I am confident that States/ UTs would take necessary actions to draw a time-bound plan for implementation of LaQshya which would yield rich dividends for improved maternal and newborn care.

Warm regards
Yours sincerely,



(Preeti Sudan)

Principal Secretary, Health & Family Welfare Department, All States/ UTs

Copy to: Mission Directors, National Health Mission, All States/ UTs