

**Meeting Minutes**  
**National Maternal and Perinatal Death Surveillance and Response (MPDSR)**  
**Committee Meeting**

**Venue:** Family Health Division (FHD) Meeting Hall

**Date:** June 29, 2016

**Time:** 11:30 AM - 01:00 PM

**Chair:** Dr. Pushpa Chaudhary, Director General, Department of Health Services (DoHS)

**Co-Chair:** Dr. RP Bichha, Director, FHD

**Guest:** Dr GD Thakur, Chief, PHAMED, MoH

**Participants:**

FHD, CHD, MD, Paropakar Maternity and Women's Hospital (PMWH), Patan Academy of Health Sciences (PAHS), NHSSP, WHO, UNICEF, UNFPA, USAID, GIZ, VSO, DFID, JHPEIGO, Save The Children

**Objectives:**

1. To share the progress against the activities planned for implementing MPDSR at national to district level in FY 2072/73
2. To discuss on activities on MPDSR planned for coming year FY2073/74 and next 5 years
3. To share the challenges while implementing MPDSR
4. To share recommendations from the MPDSR Technical Working Group (TWG)

**Proceedings:**

The meeting started with introduction of the participants followed by welcome remarks and sharing of objectives from Dr. RP Bichha, Director, FHD and presentation from Dr. Sharad Sharma, Senior Demographer, FHD which included the following contents:

1. Brief overview of MPDSR
2. Implementation status of MPDSR including district coverage, tools developed, trainings conducted, manuals developed, status of formation of MPDSR Committees and Verbal Autopsy Teams at the MPDSR districts
3. Plan for expansion
4. Challenges for implementing MPDSR
5. Recommendations from the MPDSR TWG Meeting

Opinion and suggestions from the participants:

- District selection for expansion of MPDSR should not be partner driven but should be need-based; and it should ensure that the selected districts are nationally representative, if we are not covering all districts.
- For cause of death assignment after verbal autopsy (VA) of community deaths, use of software can be explored which will be cost effective.

- Awareness programs to trigger the initiation of death review from the community level would be useful to not miss any community death notification and to prevent such deaths in the future.
- Need to explore if the Under 5 death review can be integrated with MPDSR.
- Need to consider the pace for expansion of expansion of MPDSR.
- The methodology, content and the district coverage should be considered carefully for replacing the next round of MMMS.
- Reduction of maternal and neonatal mortality is of highest priority for MoH. So if there are any barriers, they should be timely communicated.
- For strengthening district team, option of mobilizing Surveillance Officer to support at DHO level can be an alternative.
- The GoN should consider surveillance and response of all deaths, not just the maternal and perinatal death. Strengthening of Civil Registration and Vital Statistics (CRVS) is a priority for National Planning Commission and MoH. MPDSR will ultimately strengthen the vital registration also. MoH is working closely with the Ministry of Local Development and NPC for strengthening of CRVS.
- External Developments Partners (EDPs) are interested in supporting FHD for strengthening, institutionalization and scaling up of MPDSR to more districts. UNICEF committed to support in one district, WHO three districts, USAID two districts and GIZ one district.
- Hospital maternal deaths should be taken seriously and MoH has communicated with major hospitals to establish Crisis Management Unit.
- Bottom up planning approach should be applied while designing and implementing MPDSR. RHCCs at the district level should be made accountable for effective implementation of MPDSR.
- Strengthen, capacitate and mobilize the already existing quality improvement committees and RHCCs at facility and district level for implementation of MPDSR. The Partners working in the districts can mobilize their local staff to support the district team in implementation of MPDSR.

At the end of the meeting, Dr. Pushpa Chaudhary, DG, DoHS provided her comments before closing the meeting:

It is good to see the commitment from all Government and non-Government partners for implementation of MPDSR. But looking at Maternal Death Review (MDR) which started from the PMWH, there are many challenges to expand this nationwide in a short span of time. Some of the challenges include:

1. The MPDSR program is now FHD driven but this needs to be districts and institutions driven.
2. Many of the institutions need to be sensitized that this is not for any punitive or legislative purpose.
3. The chain of command is not always maintained.

She further added that even though we are committed and positive that this program will bring changes in the maternal and newborn deaths, we have to be aware that going aggressively might invite risks and challenges. So we need to initiate carefully and learn from the five districts and then plan for additional 10-15 districts for next fiscal year and not in the coming fiscal year.

Dr. Chaudhary also responded to some issues raised during the meeting:

- Regarding the review of maternal deaths only and not all deaths, not all deaths are preventable but maternal deaths are largely preventable and we are focusing on maternal deaths to prevent deaths due to same cause.
- MPDSR in the five districts has not been taken as pilot program but we need to learn much before further expansion so that there are less chances of failure of this program.
- We do not have clinical facility to capture cause of death for all perinatal deaths so including perinatal death review for community perinatal deaths is not possible for now.
- District selection should be need driven and not partners driven. This is not always possible but partners should also take difficult districts for more learning.
- Community awareness for notifying all maternal deaths is very important.

**Major decisions and way forward:**

1. Expansion of community-based MPDSR to UNICEF supported district (Baitadi) and hospital-based MPDSR to hospitals at UNICEF supported districts (Accham, Bajhang, Bajura, Baitadi, Dolpa, Doti, Humla, Kalikot, Mahottari, Mugu, Rautahat and Saptari) in the fiscal year 2073/74.
2. Strengthen FHD for MPDSR implementation with support from EDPs or by creating GoN positions.
3. Capacitate the services providers and the district team for strengthening MPDSR implementation.