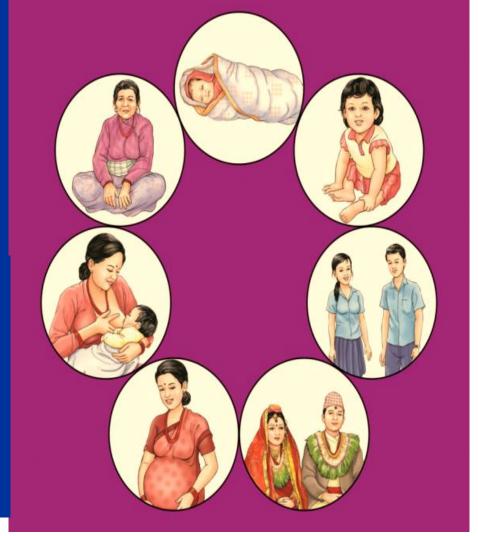


National Maternal and Perinatal Death Surveillance and Response [MPDSR] Committee Meeting

> Date: Asar 15,2073 स्वागतम:

Family Health Division
DoHS







## **Objectives**



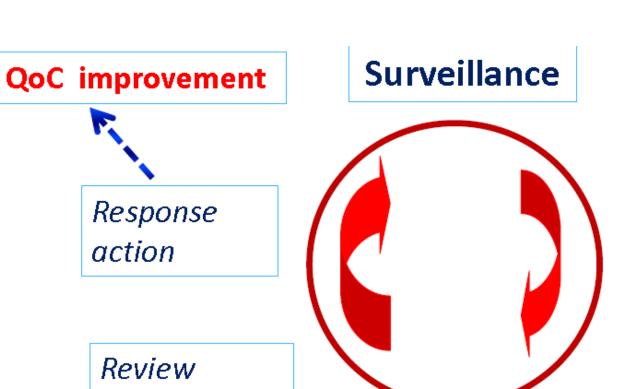
- To share the progress against the activities planned for implementing MPDSR at national to district level in FY 2072/73
- To discuss on activities on MPDSR planned for coming year FY2073/74 and next 5 years
- To share the challenges while implementing MPDSR
- To share recommendations from the MPDSR TWG
- Any other important issues



#### MPDSR and QoC



MDSR can improve the quality of care provided to pregnant women by identifying gaps in health services that contributed to a maternal death.



Vital registration Identify deaths Report deaths Response

K

**QoC** measurement

deaths

MMR tracking



## Move From MDR to MPDSR



1990 MDR Maternit y Hospital

2006 MPDR [6 hospitals] 2009 MPDR [12 hospitals ]

2012 MPDR [21 hospitals] 2013 MPDR [42 hospitals

2015 MPDSR [5 districts]

1997 MMM Study MDR + MD VA [**3 districts /3 hospitals**] 2008/09 MMM Study MDR + MD VA [8 districts / 12 hospitals]

expansion across the country 20 MPDSR Gradual



## MPDSR Implementation Status



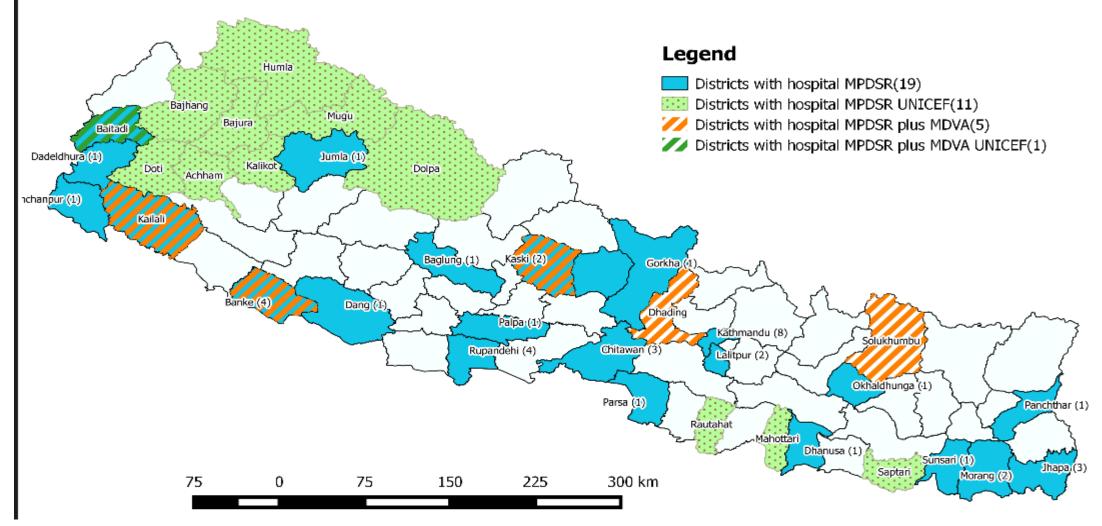
- VA tools have been finalized based on recommendations of the field testing
- MDR and PDR forms have been revised
- National MPDSR implementation plan and guideline have been developed
- National MPDSR committee, Technical Working Committees have been formed
- MToT has been completed for national, regional and district level managers and clinical persons
- District VA team has been trained



## Maternal and Perinatal Death Surveillance and Response(MPDSR) implementation Status









## Progress of FY2072/73



- One day District level stakeholders orientation
- Three days orientation for hospital level service providers (in 5 districts)
- Two days orientation for district health facility level service providers
- One day orientation to FCHVs



## Service providers trained



SN	Districts	Stakeholders	Service	District health facility service providers
1	Banke	40	54	198
2	Dhading	44	46	116
3	Kailali	39	47	93
4	Kaski	42	55	124
5	Solu	41	36	101



## **MPDSR Activities update**



SN	Districts	FCHV Orientation	VA team formation	MPDSR Committee formation			
				HF	DHO	Hospital	
1	Banke	Completed (776)	Formed	Not formed	Not formed	Need follow up	
2	Dhading	Completed	Formed	Not formed	Not formed	Formed	
3	Kailali	Completed except Tikapur Municipality (planned for Asar 15)	Formed	Not formed	Not formed	Formed	
4	Kaski	Completed	Formed	Not formed	Not formed	Formed	
5	Solukhumbu	Completed in 25 VDCs and 1 Municipality. 9 VDCs remained for training		Formed in some HFs	Formed	Formed	



## Tools/Manuals revised/developed



- Tools revised
  - Community VA
  - MDR tool
  - PDR tool
- Instruction Manuals developed
  - VA Instruction Manual
  - MDR and PDR Instruction Manual



## Training packages developed



- District & Community Level
  - Training manual
  - Session Plan
- Hospital Level
  - Session plan
  - Training manual



## Way Forward



•Gradual expansion of MPDSR implementation from 5 districts to across the country by 2020

 Strengthen MPDSR so that it is able to replace MMMS planned in 2018/19

 Strengthening and Institutionalization of MPDSR



## **MPDSR Expansion Plan**



Activities	Year					
	2016	2017	2018	2019	2020	
Hospitals implementing MPDSR	44	55	70	85	102	
Districts with hospital MPDSR	22	35	50	65	75	
District with hospital & community MPDSR	5	6	10	15	20	



## **Activities planned**



- Develop web-based reporting system
- Finalize monitoring and evaluation framework with five year plan
  - Developing log frame
- Supportive monitoring of MPDSR in the five districts
  - District observation
  - Telephone/mails
  - Data Quality Assurance



## Activities planned contd...



- Training on cause of death assignment & ICD coding
- Reorientation to MPDR implementing hospitals
- Strengthening and expansion of facility-based MPDSR
  - Supportive monitoring visits
  - Inter-regional visits
  - Data Quality Assurance



## Activities planned contd...



- Expansion of Community-level MPDSR in Baitadi (UNICEF supported district)
- Expansion of hospital-level MPDSR in additional 10 UNICEF supported districts
- Annual review and evaluation of MPDSR program
- Dissemination of findings
- Plan for scale up of MPDSR nationally as an important Quality Improvement tool



## Challenges



- Ensure all community-level deaths are notified, screened for maternal death, VA conducted, reviewed and response action taken
- Ensure all hospital-level deaths are notified, reviewed and response action taken
- Ensure all MPDSR forms are entered on time in web-based MPDSR system
- Ensure timely feedback provided to district and hospital
- Ensure MPDSR information are timely analyzed and disseminated at center, region and district
  - Need one district coordinator in every district
  - Need dedicated technical team (Doctor, Public Health Expert, Demographer/Statistician, IT person) equipped with technical, financial and logistic resource to provide supportive supervision to MPDSR implementing hospitals and districts health offices



#### Recommendations from MPDSR TWG



- Identify dedicated team at district level from the existing human resource, build their capacity for coordination and implementation of MPDSR.
- Core team at FHD for implementation, monitoring and evaluation of national level activities.
- Reorientation on MPDSR process for the hospitals which are implementing MPDR and expansion to further hospitals through a technical agency with support from WHO.



#### Recommendations from MPDSR TWG



- Training the medical team at hospitals on Cause of death assignment.
- Orientation to the medical recorders at district level on ICD Coding.
- Expansion on number of districts implementing MPDSR.





# Any comments / feedback ?



## मातृ मृत्यु निगरानी तथा प्रतिकार्य





