Report on

Trainings for the Implementation of

Maternal and Perinatal Death Surveillance and Response (MPDSR):

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Ministry of Health and Population

Department of Health Services

Family Health Division

Teku, Kathmandu

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Acknowledgement

Abbreviations

CARN	Country Accountability Roadmap Nepal
CDOs	Chief District Officer
CoIA	Commission of Information and Accountability
DoHS	Department of Health Services
FCHVs	Female Community Health Volunteers
FHD	Family Health Division
GON	Government of Nepal
HP	Health Post
LDOs	Local Development Officers
MDR	Maternal Death Review
MDSR	Maternal Death Surveillance and Response
MoH	Ministry of Health
MPDR	Maternal and Perinatal Death Review
MPDSR	Maternal and Perinatal Death Surveillance and Response
PDR	Perinatal Death Review
VA	Verbal Autopsy
WDOs	Women Development Officers

Summary of the training

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<tr><th>S.N.</th><th>Contents</th><th colspan="5">Description</th></tr>
<tr><td>1.</td><td>Name of the trainings provided under MPDSR program</td><td colspan="5">a. District level stakeholder orientation program on Maternal and Perinatal Death Surveillance and Response (MPDSR)
b. Hospital-level health workers training on MPDSR
c. Community-level health workers training on Maternal and Perinatal Death Surveillance and Response</td></tr>
<tr><td>2.</td><td>Objectives</td><td colspan="5">1. District level stakeholder orientation program
a. Orient the district stakeholders including Government and Non-government stakeholders working in different sectors such as health, education, security, local development, media, on MPDSR as well as their role in successful implementation of MPDSR.

2. Hospital-level health workers training program
a. Orient hospital staff on MPDSR, objectives, rationale and processes involved.
b. Explain and practice the Maternal Death Review (MDR) and Perinatal Death Review (PDR) tools for the health care services providers at the hospitals
c. Discuss on the death, cause of death and accountability mechanism to improve quality of care at the hospital level

3. Community-level health workers training program
a. Orient health facilities staff on MPDSR, objectives, rationale and processes involved
b. Explain and practice Verbal Autopsy (VA) tool for health workers at the HP levels.
c. Plan for orientation to the (Female Community Health Volunteers (FCHVs) on identification and notification of deaths in the community.</td></tr>
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<tr><td>Stakeholder’s orientation</td><td>Hospital level health worker</td><td>Community level health worker</td></tr>
<tr><td></td><td>Dhading</td><td>April 19-25</td><td>DHO, Dhading Besi</td><td>44</td><td>46</td><td>116</td></tr>
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S.N.	Contents	Description				
		27	Hotel, Phaplu			
4.	Methods and materials used	Presentations, group works and discussions Video show, MPDSR Guideline, MPDSR Tools, case studies, mock files				
5.	Materials distributed	MPDSR guidelines, MDR, PDR and VA tools to the hospitals and health facilities				
6.	Facilitators and Speakers	**Speakers:** 1. Dr. R.P. Bichha, FHD, Teku 2. Dr. Akjemal Magtymova, WHO 3. Dr. Mingmar G. Sherpa, MDGP Solukhumbu 4. DPHO Chief from respective districts **Facilitators:** 1. Dr. Sharad Sharma, FHD 2. Dr. Meera Thapa Upadhyay, WHO 3. Mr. Paban Ghimire, Department of Tourism 4. Dr. Deeb Shrestha, Ipas 5. Dr. Maureen Dareang, NHSSP 6. Mr. Susheel Lekhak, WHO 7. Mr. Pradeep Poudel, NHSSP 8. Mr. Sagar Dahal, NHSSP 9. Dr. Pooja Pradhan, WHO 10. Dr. Tania Gavidia, VSO/FHD 11. Facilitators from respective districts				
10.	Output of the training	• District stakeholders at the five districts became aware on MPDSR program, its importance, process and on the role of various health sectors in responding to and preventing future maternal deaths . • Hospital level health workers were taught to who, how and when to correctly complete the MDR and PDR forms. • Community level health facilities staff became aware on how to correctly complete the verbal autopsy (VA) forms. • Areas of improvements in the training contents and forms were identified.				
11.	Conclusion	MPDSR is an important health program that seeks to make “every death count”, identify causes of the death and provide response activities to prevent future deaths. The delivery of all three training programs in five districts not only raised awareness about the MPDSR program, it also trained health workers at hospital and facility level to record and report deaths. In addition, the schedule allowed for stakeholders to be oriented on their important roles in preventing maternal and perinatal deaths. The training sessions at every level, provided important lessons for the MPDSR Implementation Team that will continue to help improve the quality of the MPDSR program training, implementation and expansion.				

1. Introduction

1.1 Background

Globally there has been a significant reduction in maternal and infant mortality. However, deaths remain unacceptably high and in 2015 there were 3,03,000 maternal deaths and 2.6 million stillbirths and neonatal deaths (WHO 2015). While progress has been made in increasing coverage of several key reproductive, maternal, newborn and child health interventions over the last two decades, there has been limited progress in improving maternal and newborn outcomes due to a number of supply and demand side factors. One important supply-side gap is the coverage and quality of care provided in health facilities. Improving quality of facility-based services and making quality an integral component of scaling up interventions to improve the health outcomes of mothers and newborns is of utmost importance to the future if Nepal. To achieve this, monitoring and surveillance of maternal and perinatal deaths need to be strengthened, so that cases can be identified and preventable causes of maternal and perinatal death can be addressed. To measure existing and future progress, and to implement targeted action to reduce preventable maternal and newborn deaths, there is need for accurate information on the each maternal and neonatal deaths. It is very important these data are used for evidence-based planning. Importantly, a system of responding to each death and implementing mechanism to stop future deaths must be developed.

Since the 1990s Nepal has implemented various programs to improve maternal and newborn mortality registration. In 1990, with the support of the World Health Organization (WHO), a Maternal Death Review (MDR) process was first implemented in Nepal's only maternity hospital, Paropakar Maternity and Women's Hospital. This was then followed by the implementation of a Perinatal Death Review (PDR) in 2003. By 2006 Maternal Perinatal Death Review (MPDR) had been implemented in 6 hospitals, increasing to 42 hospitals by 2013 (MoHP 2014). Around the world, MPDR is an evidence based approach that cross examines both health system and social factors through a systematic process. Nevertheless, in Nepal, the review process has not achieved satisfactory results and the commitment from the facilities and monitoring from higher authority is still weak. The April 2015 Earthquake has further hampered monitoring and response efforts.

Nepal has followed the recommendations of Commission on Information and Accountability (CoIA), which encourages countries to improve their health information systems, and take significant steps to develop civil registration and vital statistics systems. By establishing these mechanisms, countries cannot only take advantage of innovations in statistics reporting and monitoring, but simultaneously improves response mechanisms to avoid future deaths. In Nepal, the concept of CoIA is named Country Accountability Roadmap Nepal (CARN), and focuses on three processes - monitoring, reviewing, and responding. These processes are aimed at learning and continuous improvement of life saving interventions. The Nepal Maternal Death Surveillance and Response (MDSR) program was designed to measure and track all maternal deaths in real time, to understand the underlying factors contributing to mortality and to provide

guidance for how to respond to and prevent future deaths. The system builds on experiences from MPDR, but also helps us understand the events surrounding maternal deaths. MDSR aims at linking the health information system and quality improvement processes from local to national level, and acts as a continuous surveillance mechanism. The surveillance cycle includes identification of cases, collection of information, analyzing findings, recommendations for action and evaluation and refining of the system. Particular focus has been placed on the Response and Action component of the surveillance, so that the information obtained can be acted upon to prevent future deaths.

In an effort to revitilise and expand on the existing MPDR system in Nepal, since December 2015, the Family Health Division (FHD) under the Department of Health Services (DoHS), has developed national Guidelines and a Training Package to facilitate the roll-out of the MPDSR program across the country. As the first phase of the roll-out, the GoN has implemented the MPDSR program in five districts, namely Banke, Dhading, Kailali, Kaski and Solukhumbu. In these five districts both community maternal death, facility maternal deaths, and facility perinatal deaths will be reviewed and context-appropriate responses will be implemented.

The FHD is the lead implementing agency to conduct the trainings. As per the MPDSR Training Package, a one day orientation is provided for stakeholders, a three day training session is provided to hospital level facilities, and a two day training session is provided for community level health workers.

1.2 Objectives

The objectives of the training programs were to:

1. **District level stakeholder orientation program**

i. Orient the district stakeholders including Government and Non-government stakeholders working in different sectors such as health, education, security, local development, media, on MPDSR as well as their role in successful implementation of MPDSR.

2. **Hospital-level health workers training program**

i. Orient hospital staff on MPDSR, objectives, rationale and processes involved.
ii. Explain and practice the MDR and PDR tools for the health care services providers at the hospitals
iii. Discuss on the death, cause of death and accountability mechanism to improve quality of care at the hospital level

3. **Community-level health workers training program**

i. Orient health facilities staff on MPDSR, objectives, rationale and processes involved
ii. Explain and practice Verbal Autopsy (VA) tool for health workers at the HP levels.
iii. Plan for orientation to the FCHVs on identification and notification of deaths in the community.

1.3 Contents of the orientation/ trainings

All the three training programs consisted of contents targeted for respective participants. The summary of the contents is mentioned below while detailed agenda of the three training programs has been added in the annex section.

Contents of the stakeholder's orientation

1. Introduction of MPDSR, its objectives and rationale
2. Video show on 'How did Mrs X die'?
3. Presentation on Process involved in MPDSR
4. Presentation on Roles and Responsibilities of Stakeholders

Contents of hospital-level training program

Day 1

1. Introduction of MPDSR, its objectives and rationale
2. Video show on 'How did Mrs X die'?
3. Presentation on Process involved in MPDSR
4. Definition of key terms
5. Introduction to web-based hospital MPDR system
6. Introduction of Hospital-level tools

Day 2

1. Discussion on hospital MDR form
2. Group work: Fill up the MDR form based on the received case and discuss about experience
3. Discussion on hospital PDR form
4. Group work: Fill up the PDR form based on the received case and discuss about experience

Day 3

1. Adverse event monitoring approach
2. Group work: adverse event case discussion
3. Understanding death, cause and accountability mechanism (MDR/PDR)
4. Response mechanism linked with quality of care
5. Introduction to web-based MPDR system

Contents of community level health facility training program

Day 1

1. Introduction of MPDSR, its objectives and rationale

2. Video show on ‘How did Mrs X die’?
3. Presentation on Process involved in MPDSR
4. Definition of key terms
5. Interview techniques
6. Verbal autopsy: what, why & how
7. Overview of MPDSR tools
8. Use of GPS machine
9. Cardinal Symptoms

Day 2

1. Discussion and practice of VA questionnaire
2. Response mechanism linked with quality of care
3. Understanding death, cause and accountability mechanism
4. Web-based community VA software
5. Planning for FCHV orientation

2. Implementation strategy

The program was first implemented in Dhading District, followed by Kaski, Kailali Banke, and finally Solukhumbu. The MPDSR pool of trainers attended Dhadhing District to observe, learn, and give feedback on best practices to maximize the effectiveness of the training. The MPDSR implementation team was then split into two teams. Each of the team implemented MPDSR in two different districts following the initial training. The MPDSR implementation team was made up of FHD team supported by Ipas, WHO and NHSSP. Local D(P)HO staff were encouraged to deliver some of the introductory sessions under the guidance of the MPDSR implementation team.

3. Orientation/Training Proceedings

A. Stakeholder orientation program

Session 1 - Opening

The orientation commenced with a welcome note to all the participants in Maternal and Perinatal Deaths Surveillance and Response orientation program. The first session of the workshop was given a formal setting where DHO chaired the program and representatives from government and non-government organizations were invited. It was followed by brief introduction of all the participants in the program with sharing of objectives and outline of the session.

Session 2 – Rationale and introduction of MPDSR

All the participants were introduced to the basic concepts of MPDSR, the objectives with which the program has been implemented and the purpose of initiating the MPDSR program in Nepal. Global and national scenarios of maternal neonatal deaths and still births including the cause of the deaths, which populations were more at risk, where and when women dying. The components, objectives and principles of MPDSR were also shared with the participants. The Sustainable Development Goals (SDGs) for MMR and PMR including Nepal's commitment to implement MPDSR and reduce the MMR in the international forum were discussed during the session. Nepal being one of the pioneer countries to implement maternal death review at the hospital levels, the implementation status of the program was also shared in the session.

Session 3 – Video show: Why did Mrs. X die?

The session presented a 15 minutes video titled 'Why did Mrs. X die?' The video depicted pregnant women from developing countries are dying during their pregnancy or while giving births due to delay in seeking, reaching and receiving health care and to prevent these delays, all sectors should be responsible to save the lives of mothers and children. Therefore, a key message was given that coordination from all sectors is vital and all sectors should be committed to prevent maternal deaths and undertake important actions to protect lives of the mothers.

Session 4 – Overview of Nepal MPDSR design and process

The process of MPDSR was explained to all the stakeholders. This included processes that is followed both at the community and hospital levels.

It was explained to the participants that the community level review of maternal death starts with identification and notification of deaths of women of 12-55 years age group by FCHVs, then to rule out if this is a pregnancy related death is carried out by the ANMs at the local health facility. If in case identified as a pregnancy related deaths then it is notified to the DPHO. The VA team at the DPHO conducts VA to collect information on the details of the death. From the information received in the VA form, the district MPDSR committee reviews the death, assigns cause of death and develops action plan to prevent such deaths in future. The district MPDSR committee is also responsible of implementing and monitoring of the action plan developed.

Similarly, for the hospital-based maternal deaths, the on-duty staff notifies and fills up the MDR form within 24 hours. The hospital MPDSR committee is responsible to review the death within 72 hours and develop action plans to prevent such deaths in future. The hospital MPDSR committee may also share the action plan with the respective DPHO in case the actions are to be implemented in the community.

For the perinatal deaths at the hospital, the on-duty staff notifies ad fills up the PDR from within 72 hours. There will be monthly meeting to review the perinatal deaths and develop action plans by the hospital MPDSR committees. As in the maternal deaths, the hospital MPDSR committee

may also share the action plan with the respective DPHO in case the actions are to be implemented in the community.

Session 5 – Roles of different stakeholders in implementation and monitoring of MPDSR

The roles and responsibilities of stakeholders at different levels were shared among the participants during the session. The composition and roles of MPDSR committees at different levels such as

- National MPSR Committee
- MPDSR Technical Working Group
- Regional MPDSR Committee
- District MPDSR Committee
- Hospital MPDSR Committee
- Health facility MPDSR Committee at Community levels

were explained to the participants. The roles of individuals such as on duty staff were also explained. The participants were encouraged to acknowledge their individual roles and responsibilities and to work efficiently to protect the lives of mothers and newbons through the program from their own levels.

Session 6 - Closing

The program was closed formally by the chairperson of the program with key notes from distinguished speakers and facilitators of FHD.

B. Hospital level training program

Day 1

Session 1 - Opening

The training commenced with a welcome note to all the participants in Maternal and Perinatal Deaths Surveillance and Response program. The first session of the training was given a formal setting where DHO chaired the program and representatives from government were invited. It was followed by brief introduction of all the participants in the program with sharing of objectives and outline of the training.

Session 2 –Introduction and rationale of MPDSR

All the participants were introduced to the basic concepts of MPDSR, the objectives with which the program has been implemented and the purpose of initiating the MPDSR program in Nepal. Global and national scenarios of maternal neonatal deaths and still births including the cause of the deaths, which populations were more at risk, where and when women dying. The components, objectives and principles of MPDSR were also shared with the participants. The Sustainable Development Goals (SDGs) for MMR and PMR including Nepal's commitment to

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For the perinatal deaths at the hospital, the on-duty staff notifies ad fills up the PDR from within 72 hours. There will be monthly meeting to review the perinatal deaths and develop action plans by the hospital MPDSR committees. As in the maternal deaths, the hospital MPDSR committee may also share the action plan with the respective DPHO in case the actions are to be implemented in the community.

Session 4 – Video show: Why did Mrs. X die?

The session presented a 15 minutes video titled ‘Why did Mrs. X die?’ The video depicted pregnant women from developing countries are dying during their pregnancy or while giving births due to delay in seeking, reaching and receiving health care and to prevent these delays, all sectors should be responsible to save the lives of mothers and children. Therefore, a key message was given that coordination from all sectors is vital and all sectors should be committed to prevent maternal deaths and undertake important actions to protect lives of the mothers.

Session 5 – Definition of Key terms

In this session, the facilitators discussed on the important terms which were related to maternal and perinatal deaths and provided the definitions of the terms such as maternal death, still birth, macerated and fresh still birth, neonatal death, early and late neonatal death, maternal mortality ratio, still birth rate, neonatal death rate, perinatal death rate etc.

Session 6 – Status of implementing hospital level maternal and perinatal death review

Nepal being one of the pioneer countries to implement maternal death review at the hospital levels, the implementation status of the program was shared in the session. The following details were shared during the session:

1990	MDR designed by the Demography Section, FHD with technical support from WHO and implemented the MDR in Paropakar Maternity and Women's Hospital.
1996/97	MDR as part of Nepal MMM study was implemented in Kailali, Okhaldhunga and Rupandehi.
2002/03	Doctors and nurses in public hospitals, supported by the NSMP, UNICEF and NESOG, trained for MDR.
2003	MDR revised, PDR introduced and instruction manual prepared by the Demography Section, FHD with support from WHO.
2006	NMPDRC implemented MPDR in 6 hospitals.
2008/09	MDR tool modified as part of second MMM study with technical support from SSMP.
2011/12	MPDR expanded to 5 more hospitals by FHD, reaching to 21 hospitals.
2013	MPDR process adopted by 42 hospitals; FHD revised the MDR and PDR tools.

Session 7 – Introduction of hospital-level MPDSR tools

In the last session of the first day, participants were briefly introduced to all the 12 tools of MPDSR which are to be used in community and hospitals. The forms and formats used explicitly at the hospital level such as the MDR, MDR summary form, PDR, PDR summary forms were explained briefly in the session.

Day 2

Session 1 – Review of Day 1

The second day started with a brief review of the previous day. All the participants were individually asked to share their learning in turns and any confusion arose were addressed by the facilitators.

Session 2 – Discussion on hospital MDR form

The second session was on MDR form that is used in MPDSR process. The form is comprised of ten sections and each section respectively seeks information on: deceased woman, admission related, pregnancy related, delivery and puerperium, interventions, causes surrounding the death,

case summary, review by MPDR committee, critical examination of care in the hospital, and MPDR committee's recommendations and action taken. All the sections were thoroughly explained to familiarize participants on the contents. The sections eight to ten of the MDR tool were specially highlighted as this was the new addition and change from the previous version.

Session 3 – Group work: Fill up MDR form based on the received case and discuss about the experience

The session involved practical exercise completing the Maternal Death Review (MDR) form. Participants were divided into groups of 5-8 participants. The groups were given case studies of maternal deaths, and attempted to complete MDR forms, assigned cause of death and shared their findings with the participants. The groups practiced to fill up the forms from the case files of maternal deaths from respective hospitals. It was seen in the trainings that the case files did not contain all the information required to fill up the MDR forms. So need to develop mock case files were identified for further training. However, the participants were also encouraged to fill up or monitor for all the patient related details in the hospital case files to avoid such problems in future.

Representative from each group presented on the maternal death case and the experience on filling up the MDR form.

Session 4 – Discussion on hospital PDR form

The fourth session briefed on PDR form used in MPDSR process. The form is comprised of six sections and each section respectively seeks information on: Mother of deceased baby, details of the baby, clinical information of deceased baby, cause of death, review of MPDR committee and MPDR committee's recommendations and action taken. All the sections were thoroughly explained to familiarize participants with the content.

Participants at hospital level doing group activities on MDR form

Similar to the MDR, section five and six were highlighted to the participants in detail on reviewing the perinatal death and developing action plans.

Session 5 - Group work: Fill up PDR form based on the received case and discuss about the experience

The session involved practical exercise and completion of forms. Participants were divided into groups, each with 5-8 participants. The groups were given case-studies of perinatal deaths. The groups completed the form, assigned cause of death and then shared the findings of their analysis among the groups.

Day 3

Session 1 – Review of Day 2

The third day started with a brief review of the previous day. All the participants were individually asked to share their learning in turns and any confusion arose were addressed by the facilitators.

Session 2 – Adverse event monitoring approach

The session explained about the monitoring of adverse events in the MPDSR program, and their use as an opportunity for learning and improving patient care. The session also focused on two of the principles of MPDSR programs: No name and No blame and explained the utilization approaches to discussing and reporting adverse events that do not blame individuals but evaluate systems.

Session 3 – Understanding death, cause and accountability mechanism

The session explained the identification of causes of death and accountability mechanism involved in MDR and PDR. Group exercises were given to identify the causes of death.

Session 4 – Response mechanism linked with quality of care

The session detailed on response mechanism linked with quality of care on the basis of evidence based actions. Group exercises were given to identify possible actions for the given mock cases.

Session 5 – Introduction to web-based hospital MPDSR system

The participants were briefly introduces to the web-based reporting system for MPDSR which is under the process of development.

Session 6 - Closing

The three days program was closed in a formal way by the chairperson of the program with key notes from distinguished speakers and facilitators of FHD.

C. Community level training

Day 1

Session 1 - Opening

The training commenced with a welcome note to all the participants in Maternal and Perinatal Deaths Surveillance and Response program. The first session of the training was given a formal setting where DHO chaired the program and representatives from government were invited. It

was followed by brief introduction of all the participants in the program with sharing of objectives and outline of the training.

Session 2 –Introduction and rationale of MPDSR

All the participants were introduced to the basic concepts of MPDSR, the objectives with which the program has been implemented and the purpose of initiating the MPDSR program in Nepal. Global and national scenarios of maternal neonatal deaths and still births including the cause of the deaths, which populations were more at risk, where and when women dying. The components, objectives and principles of MPDSR were also shared with the participants. The Sustainable Development Goals (SDGs) for MMR and PMR including Nepal's commitment to implement MPDSR and reduce the MMR in the international forum were discussed during the session.

Session 3 – Video show: Why did Mrs. X die?

The session presented a 15 minutes video titled 'Why did Mrs. X die?' The video depicted pregnant women from developing countries are dying during their pregnancy or while giving births due to delay in seeking, reaching and receiving health care and to prevent these delays, all sectors should be responsible to save the lives of mothers and children. Therefore, a key message was given that coordination from all sectors is vital and all sectors should be committed to prevent maternal deaths and undertake important actions to protect lives of the mothers.

Session 4 – Overview of Nepal MPDSR design and process

The process of MPDSR was explained to all the stakeholders. This included processes that is followed both at the community and hospital levels.

It was explained to the participants that the community level review of maternal death starts with identification and notification of deaths of women of 12-55 years age group by FCHVs, then to rule out if this is a pregnancy related death is carried out by the ANMs at the local health facility. If in case identified as a pregnancy related deaths then it is notified to the DPHO. The VA team at the DPHO conducts VA to collect information on the details of the death. From the information received in the VA form, the district MPDSR committee reviews the death, assigns cause of death and develops action plan to prevent such deaths in future. The district MPDSR committee is also responsible of implementing and monitoring of the action plan developed.

Similarly, for the hospital-based maternal deaths, the on-duty staff notifies and fills up the MDR form within 24 hours. The hospital MPDSR committee is responsible to review the death within 72 hours and develop action plans to prevent such deaths in future. The hospital MPDSR committee may also share the action plan with the respective DPHO in case the actions are to be implemented in the community.

For the perinatal deaths at the hospital, the on-duty staff notifies ad fills up the PDR from within 72 hours. There will be monthly meeting to review the perinatal deaths and develop action plans by the hospital MPDSR committees. As in the maternal deaths, the hospital MPDSR committee may also share the action plan with the respective DPHO in case the actions are to be implemented in the community.

Session 5 – Definition of Key terms

In this session, the facilitators discussed on the important terms which were related to maternal and perinatal deaths and provided the definitions of the terms such as maternal death, still birth, neonatal death, direct and indirect maternal deaths, maternal mortality ratio, perinatal death rate etc.

Session 6 – Interview Techniques

The discussion on how to get acquainted with the response person, how to conduct the VA, how to prioritize for the timings of the VA etc were discussed with the participants during the session.

Session 7 – Verbal Autopsy: what, why and how

This session consisted of discussion on what VA is, what are its objectives, why it is important to conduct the VA, how VA is conducted and what information can be extracted from VA.

Session 8 – Overview of MPDSR tools

In the last session of the first day, participants were introduced to all the 12 tools of MPDSR and how they aid in the flow of information from the community level to the central level. The forms and formats used explicitly at the community level were explained and discussed in the latter sessions.

Day 2

Session 1 – Review of Day 1

The second day started with a brief review of the previous day. All the participants were individually asked to share their learning in turns and any confusion arose were addressed by the facilitators.

Session 2 – Discussion and practice of VA questionnaire

Participants were familiarized with verbal autopsy forms and questionnaire. They were acquainted with various sections in the forms. Group work on filling the VA form based on the case study provided to individual group was conducted. Each group was provided with a case study based on which the participants acted as interviewer and interviewer. As the interviewer

asked questions, rest of the group noted the points and filled the VA form. Later each group shared on their tasks and the facilitators provided feedback.

Session 3 – Response mechanism linked with quality of care

The session detailed on response mechanism linked with quality of care on the basis of evidence based actions. Group exercises were given to identify possible actions for the given mock cases.

Session 4 – Understanding death, cause and accountability mechanism

The session explained the identification of causes of death and accountability mechanism involved in MDR and PDR.

Session 5 – Introduction to web-based community MPDSR system

The participants were briefly introduced to the web-based reporting system for MPDSR which is under the process of development.

Session 6 – Planning for FCHV orientation

The health workers trained in the program were responsible to provide a half day orientation to FCHVs at their respective facilities, therefore session content for the FCHVs were briefed among the participants. A plan for roll out of the orientation to the FCHVs was also finalized during the session.

Session 7 - Closing

The two days program was closed in a formal way by the chairperson of the program with key notes from distinguished speakers and facilitators of FHD.

4. Findings/Observation

The following section presents the general observations from all five districts combined. This has been done because there were commonalities in the issues encountered in each district.

4.1 Stakeholder orientation

Representatives from various sectors were invited to attend the half-day orientation. Stakeholders were invited on the basis of their existing involvement in reproductive health in their respective districts. Participants from government and non-governmental organizations attending the orientation and included representatives from CDOs, WDOs, education sector, municipalities, VDCs, district hospitals, local police, local newspapers, F.M, Nepal Red Cross, I/NGOs among many.

Highlights:

The DHO in each district opened the session. During this session the persisting high MMR and NMR were highlighted. To reduce these deaths, key institutional characteristics were

emphasized including commitment, leadership, accountability, and availability of resources. Roles of different stakeholders, including education, livelihood, media as well as security (defense) were highlighted to prevent further deaths and it was stressed that the role of every person, including male community members, is vital in preventing further deaths of mothers in our community and nation as a whole. The stakeholders agreed that this is very important issue and many committed to work towards supporting Government of Nepal for successful implementation of MPDSR.

4.2 Hospital-level training

The training was aimed at doctors, nurses, ANMs and medical recorders working in hospital-level facilities. Both private and public hospitals in all five districts were invited to participate in the three-day training.

Key issues:

a) **Training methodology:**
In a bid to involve local District Health Office personnel in the delivery of MPDSR training, the duration of sessions were not consistent. Depending on the person delivering the session, the Introduction and Rationale sessions took longer than the allocated time of the program which could have been allocated to the exercise session, the most important aspect of the program. The time for practicing completing the forms using mock case scenarios was not sufficient. Therefore the need to revise the contents of the slides was felt.

b) **Patient charts versus Case studies:** In the planned group work that familiarized participants to the MDR and PDR forms, mock case studies were used for hospitals that were unable to provide patient charts of maternal and perinatal deaths. The case studies however lacked the detail required to comprehensively complete the tools. In addition, Training exercises: Trainees expressed difficulty in carrying out exercises in completing MDR and PDR forms, due to the incompleteness of real-hospital case patient charts.

c) **Attendance: T**here was irregular attendance over the three days program, which affected the understanding of the overall MPDSR program.

Best practices:

a) **Training methods:**
   i. Participants agreed with the aims and objective of the MPDSR program in Nepal, and showed interest and commitment to adopt the tools in their existing reporting mechanisms.
   ii. The video, ‘Why did Mrs X die?’, was dubbed in Nepali which helped all cadres of health personnel involved in MPDSR understand the key message of MPDSR and its links with quality of care from the video in a better way.

b) **Participant feedback:**
    i. Comprehensive feedback was received on the new MDR and PDR forms from health professionals who have experience completing such forms. The suggestions received will be used to feedback to the MPDSR Technical Working Group (TWG) to ensure the clarity of the forms.

c) **Continuous improvement of training content:**
    i. A quick session carefully assessing 'how' the MDR and PDR forms had been completed during the activity sessions was incorporated in the training after the initial districts. This was found to be very helpful, as trainers were able to show participants common mistakes made during completion of the forms.
    ii. Power point presentations, clarification of slides, and extra case studies were added to the training sessions based on the learning from other districts. This increased effectiveness in the delivery of the contents to the participants.

4.3 Community training

Community-level was aimed at familiarizing Health-post and peripheral health workers on MPDSR and its rationale, roles and responsibilities of individual health workers, screening of deaths of women of reproductive age group and conducting Verbal Autopsies (Vas). Participants included Health Assistants (Has), Auxiliary Nurse Midwives (ANMs), Auxiliary Health Workers (AHW), staff nurses, Public health nurse from community health facilities across the districts.

Key issues:

a) **Process**
    i. The screening process was not clear to participants and a lot of explanation was required to clarify the aim and process

b) **Duration of training:** Trainers felt that the two-day duration of the program was insufficient to conduct role-play exercises which would have helped trainees to practice probing, process, open narrative, and familiarization with asking VA questions and process.

Best practices:

a) **Continuous improvement of training content:** Training became more interactive as a result of reflection and feedback received from earlier training. This translated into more group work assigned to the participants. For instance, case scenarios were prepared for participants to practice completing the VA form. The activity included i) Introducing oneself to the household and obtaining consent; ii) Obtaining an Open Narrative (qualitative interview of the events leading to death); and iii) Completing the VA questionnaire. This gave participants the opportunity to role play different scenarios which may be encountered in the field.

b) **Effective and enthusiastic staff**: The assigned focal MPDSR staff were always found to be extremely cooperative and effectively facilitated the needs of the implantation team.
c) **Friendly and comfortable learning environment:** Participants were able to openly raise concern about the difficulty in carrying out Verbal Autopsies in the community, as a few of the participants had undertaken VAs previously.

5. Conclusion

Evidence from other countries suggests that MPDSR is an effective strategy to reduce the number of maternal and perinatal deaths. In Nepal, the program seeks to count every maternal death, identify causes of the death and provide context appropriate response to prevent similar deaths in the future. The delivery of all three training programs in 5 districts not only trained health workers at hospital and community level to record and report deaths and oriented stakeholders on their roles in maternal death prevention but also provided lessons that would be instrumental in expansion as well as improving quality of the MPDSR program.

6. Recommendations

- Stakeholders of the MPDSR program are instrumental in preventing maternal deaths. Therefore, the roles of stakeholders should be explicitly defined and discussed during the stakeholder's orientation program. This will enable them to take necessary measures from their respective levels.
- The session contents currently in the package need to be revised to ensure that only necessary information is provided to the respective sets of trainee groups.
- The session contents of stakeholders, hospital levels and facility levels should be developed in a standard package so that the basic content of the program remain same at all the program implemented districts.
- In the hospital level training program, the participants should be invited in such a way that they can contribute their time fully in the three days training program.
- Participants should be given a 'Participants' Manual' containing the contents of MPDSR and training program which they can use for reference, as well as exercise activities.
- Action Plans and Prioritization: The sessions on 'how' to develop an Action Plan and 'how' to implement it after it is formulated needs to be explained more elaborately with practical exercises. The training would be targeted at members of the MPDSR committee.
- The training packages were more lectures based and one way communication was noted. There is need to make the packages more interactive.
- Additional training needs have been identified:
    - Cause of Death Assignment - This training would be focused on training doctors on cause assignment from the information obtained in VA to have consistency of cause of death for the community level deaths.

- FCHV Training: Their role in the MPDSR process must be made clear, and training should be provided on how to identify and notify deaths of women of 12-55 years age. A session must also outline the operational guidelines (incentives etc)

Annexure

List of participants

Maternal and Perinatal Death Surveillance and Response
District Stakeholder Orientation Program

District: Dhading

S.N.	Name of the participants	Designation	Office
1.	Jeevan Kumar Malla	Senior PHA	District Health Office
2.	Aileen Rombaoa	Outreach Nurse	VSO/ DHO
3.	Rajendra Shrestha	Office head	COSOC- Nepal
4.	Bishnu Pd. Rijal	PHI	DHO
5.	Keshar P. Subedi	C.P.I	W.C.Office
6.	Dr. Munkarna Thapa	S.Ay. Phy	D.AY.H. Center
7.	Dinesh Timilsena	M&E Officer	Prayas, Nepal
8.	P.R. Sharma	DPM	Shanti Nepal
9.	Thakus Gurung	Manager	Radio Bihani 97.6
10.	Dharmendra Shrestha		Jana Mukti Marga
11.	Baburam Shrestha	News Chief	Radio Bihani 97.6
12.	Zakki Ahmad Ansari	Division Chief	Water Supply & Sanitation Office
13.	Sirjana Koirala	S.M.	Nari Jagaran Kendra
14.	Basu Kandel	PHNO	DHO, Dhading
15.	Srijana Shrestha	Staff Nurse	District Hospital
16.	Gokarna Rupakheti	ED	CIRDS, Dhading
17.	Kalpana Bhattarai	S. P.O	UMN Dhading
18.	Tara Nath Acharya	HTL	UMN Kathmandu
19.	Shusila Moktan	ANM	Sahayatri Samaj Nepal
20.	Babita Timilsina	Engineer	Nilkantha Nagarpalika
21.	Shambhu K. Shrestha	Secretary	CPN (Maoist)
22.	Kalyani Davi Sharma	Na. Su	DHO Dhading
23.	Ram P. Adhikari	DCM	MC Dhading
24.	Dukhi Lal Shah	SA	DHO, Dhading
25.	Ram Bdr. Bhandari	CM	UCPNM
26.	Keshav Duwadi	Chairperson	Awaj Aviyan Nepal
27.	Suraksha Pant	District manager	Marie Stopes International Nepal
28.	Kul K. Shrestha		
29.	Ashmita Khatiwada	News Field	Radio, Dhading
30.	Sanubabu Timilsina	Reporter	Nayapatrika Daily
31.	Sitaram Rijal	News Chief	DDTV
32.	Sharad Pd. Acharya	IO	DHO
33.	Lekhnath Acharya	Incharge	HRDC
34.	Bal Krishna Khatri	DC	
35.	Lawanya K Pokharel	Accountant	District Health Office
36.	Netra Prasad Acharya	Accountant	District Health Office
37.	Bipin Shrestha	Ka. Sa	District Health Office
38.	Sanjeev Shahi	District Coordinator	OHD- Dhading

39.	Krishna Lal Uprety	Sr. AHW	Dhading Hospital
40.	Bishnu Lal Shrestha	Nayab Subba	District Health Office
41.	Booj Lami		
42.	Kalpana Shrestha		District Health Office
43.	Balkrishna Koirala	Ka. Sa	District Health Office
44.	C. Maharjan		District Health Office

Maternal and Perinatal Death Surveillance and Response
Hospital Health Workers Training Program

District: Dhading

S.N.	Name of the participants	Designation	Office
1.	Jeevan K. Malla	DHO	District Health Office
2.	Pawan Ghimire	Under secretary	
3.	Dr. Deeb Shrestha	Sr. H.S. Advisor	IPAS
4.	Dr. Shyam Dhodary	MO	Dhading District Hospital
5.	Dr. Sudiksha Regmi	MO	Dhading District Hospital
6.	Kalpana Subedi	RG	Dhading District Hospital
7.	Sushma Subedi	SN	Dhading District Hospital
8.	Sudip Singh	D Pharma	Dhading District Hospital
9.	Nanimaya Silwal	CMA	Dhading District Hospital
10.	Anjana Aryal	Office helper	Dhading District Hospital
11.	Shanta Mahat	Medical Lab Technician	Dhading District Hospital
12.	Arjun P. Lamichhane	LAO	Dhading District Hospital
13.	Milan Bhandari	Driver	Dhading District Hospital
14.	Uma Pathak	HNI	Dhading District Hospital
15.	Shiva Rana	DHI	Dhading District Hospital
16.	Bishnu Rijal	Staff Nurse	Dhading District Hospital
17.	Rabin Shrestha	Nayab Subba	Dhading District Hospital
18.	Bibhusan Neupane	M. Biologist	Dhading District Hospital
19.	Dr. Prashant KC	MO	Dhading District Hospital
20.	Dr. Purshottam Poudel	MO	Dhading District Hospital
21.	Binod Dahal	MRS	Dhading District Hospital
22.	Bishnu P.Rijal	PHI	DHO
23.	Dr. Bibhusan Neupane	NAMS	Resident
24.	Krishna Lal Uprety	SAHW Officer	
25.	Shyam		
26.	Kedar P. Rijal	Ka.Sa	Dhading Hospital
27.	Anta Narayan	OT	Dhading Hospital
28.	Booj B. Phalami		
29.	Shrijana Shrestha	Staff Nurse	Dhading Hospital
30.	Nikita Baraili	ANM	Dhading Hospital
31.	Yovam Tamang	HA	Dhading Hospital
32.	Laxmi Pathak	SN	Dhading Hospital
33.	Bam B. BC		Dhading
34.	Namita Adhikari	AHW	Dhading Hospital
35.	Nawaraj Upadhyaya	Accountant	Dhading Hospital
36.	Laxmi Thapaliya	Staff Nurse	Dhading Hospital
37.	Lalita Khadka	SN	Dhading Hospital
38.	Bhakta Thapa	SAN	Dhading Hospital
39.	Jyoti Karki	TS	OHW
40.	Bhesraj Thakuri	Driver	Nepal Red Cross

41.	Banu Kandel	PHN	DHO
42.	Lekh B. Shrestha	HAO	Dhading
43.	Silwal	S. ANM	DHO
44.	Toya Nath Chhatkuli	S. AHW	District Hospital
45.	Jeevan Oli	HA	BPMH
46.	Puja Guvaju	District Coordinator	SDPC
47.	Kim	VSO/ MD	Nuwakot
48.	Ronita Tamang	SN	District Hospital

Maternal and Perinatal Death Surveillance and Response
District Stakeholder Orientation Program

District: Kaski

S.N.	Name of the participants	Designation	Institution
1	Sagar Prasad Ghimire	District PHA	DPHO Kaski
2	Dr. Shree Krishna Shrestha	M.S.	Pokhara Regional Hospital
3	Dr.Sharad Kumar Sharma	Under Secretary	FHD
4	Pradip Poudel	M&E Advisor	NHSSP
5	Gyan Prasad Bhusal	Accountant	Health Service Department
6	Dr.Sagarika	Hospital Administrator	Manipal Teaching Hospital
7	Dr. P K Chakraborty	Hospital Director	MTH, Pokhara
8	Til Kumar Chhetri		
9	Gajendra Thapa	Hospital Manager	Sahara Hospital, Baglung
10	Madhu Acharya Gyawali	Adminitrative Officer	Fishtail Hospital
11	Mina Thapa	Ass. Matron	Fishtail Hospital
12	Sushil KC	Program Coordinator	Aasha Health Service
13	Naresh Paudel	Admin Officer	Padma Nursing Home
14	Milan Shrestha	MD	Pashimanchal Community Hospital (PCH)
15	Shree Kanta Dhital	Administrator	PCH
16	Narayan Prasad Acharya	Section Officer	Pokhara Regional Hospital
17	Dr. T. Ghale	DMS	GMC Teaching Hospital
18	Krishna Raj Ghimire	Hospital Administrator	GMC teaching Hospital
19	Samjhana	PHN	DPHO Kaski
20	Arjun Neupane	Social Dev Officer	DDC Kaski
21	Dr. Padma Raj Dhungana	Gynaecologist	WRH
22	Dr. Padam Khadka		Kaski Sewa Hospital
23	Ram Chandra Gaire	Accountant	Pokhara Om Hospital
24	Bishnu Gyawali	Manager	FPAN
25	Sushmita Sharma	Pharmacy Officer	WRH
26	Gautam Poudel	CEO	Metrocity Hospital
27	Bodh Raj Subedi	PHO	DPHO
28	Krishna Prasad		DPHO
29	Madan Kumar		Pokhara Regional Hospital
30	Nabin Sigdel	Journalist	Adarsha Saman Dainik
31	L. Acharya	CCP	WRH
32	BuddhiPrasad Timilsina		DPHO
33	Ram Nath Sapkota		Pokhara Regional Hospital
34	Mitra Prasad Aryal		DPHO
35	Mahendra KC	Lab Tech	Park Land Hospital
36	Sujan Karki	Manager	Park Land Hospital
37	Bhola Nath Sharma		Pokharal Regional Hospital
38	Nani Babu Dhakal	DHO	DHO
39	Hari P. Regmi	Accountant	DHO
40	Rajendra Prasad Poudel	Lab Tech	DHO

41	Bijaya Bhari	Lab Tech	DPHO
42	Rekha Baral		DPHO
43	Bimala Baral	Na. Su.	DPHO
44	Ek Narayan Sharma	Accountant	DPHO

Maternal and Perinatal Death Surveillance and Response
Hospital Health Workers Training Program

District: Kaski

S.N.	Name of the participants	Designation	Institution
1	Dr. Dela Singh	Chienf Consultant	WRH
2	Geeta Gurung	Matron	WRH
3	Dr. Prem Raj Pangeni	Consultant Obs. Gynae	Matri Sishu Miteri Hospital
4	Ganga Shakya	HN Supervisor	Sisuwa Hospital
5	Shakuntala Rai		WRH
6	Srijana Shrestha	SN	Manipal Teaching Hospital
7	Radhika Regmi	Nursing Officer	WRH
8	Badri Raj Ghimire	MRO	WRH
9	Dr. Rupa Gurung	MO	WRH
10	Samjhana Kshettri	SN	WRH
11	Jyoti Bhattarai	Nursing Officer	WRH
12	Sabitri Neupane	Officer	WRH
13	Sirjana Gautam	CMA	Maternity child Friendship Hospital
14	Dhan Kumar Baniya	HNS	WRH
15	Madan Kumar Ranjit	MRO	WRH
16	Rashmi S P	Incharge Maternity	MTH
17	Madhu Dhungana	Medical Recorder	Manipal Teaching Hospital
18	Padam Raj Bhatta	Medical Recorder	WRH
19	Kawala Gurung	Chief	MTH
20	Dr. BK Taneja	Prof and HoD	MTH
21	Dr. K S Rai	OBG Prof and HoD	MTH
22	Sharada Sharma		Batulechaur HP
23	Durga KC	SAHW	Batulechaur HP
24	Ratna Shakya	SN 6th	WRH
25	Bishnu Prasad Gurung	HA	Sisuwa Hospital
26	Sushila Shrestha	Staff Nurse	WRH Surgical
27	Durga Lamichhane	Medical Recoder	GMC
28	Gita Devi Tiwari	Nursing Supervisor	WRH
29	Bishnu Devi Dhungana	SANM	Shishuwa Hospital
30	Rita Bhattarai	SAHW	Shishuwa Hospital
31	Jamuna Bhattarai	Ward Incharge	GMC
32	Sabita Koirala	Act. Matron	GMC
33	Sarita Kandel	Incharge	GMC
34	Prabha Adhikari	Stat Officer	DPHO
35	Dr. Bandana Shrestha	Pediatrician	GMC
36	Pushpa Laxmi Maharjan	SSN	WRH
37	Sita Sharma	HNS	WRH
38	Samjhana Dhungana	PHNO	DPHO
39	Bhola Nath Sharma		WRH
40	Mitra Prasad Aryal		DPHO
41	Basu Dev Baral	Officer	Pokhara Regional Hospital

42	Gita Dhakal		Pokhara Regional Hospital
43	Shakuntala Shrestha		Pokhara Regional Hospital
44	Dr. Richa Shrestha	Assistant Prof	LMCH
45	Dr. Amrita Ghimire	Padiatrics (Resident)	MTH
46	Indra Prasad Poudel	Under Secretary	WRH
47	Parbati Shrestha	Office Helper	WRH
48	Bimal Baral		WRH
49	Ek Narayan Sharma	Accountant	DPHO
50	Hari Narayan Regmi	Accountant	DPHO
51	Dr. Shree Krishna Shrestha	Medical Superintend	Pokhara Regional Hospital
52	Sagar Prasad Ghimire	Chief DPHO	DPHO
53	Dr. Padam Raj Dhungana	Medical Officer	Pokhara Regional Hospital
54	Nilima Gurung	ANM	
55	Girman Karki	Officer Helper	DPHO

Maternal and Perinatal Death Surveillance and Response
District Stakeholder Orientation Program

District: Kailali

S.N.	Name of participants	Designation	Institution
1.	Shiva Dutta Bhatta	Sr. PHA	DPHO
2.	Keshab Prasad	LDO	DDC
3.	NS Karki	Nirikshak	FWRHD
4.	Dr. Bishan Singh Bohara	Act. MS	Seti Zonal Hospital
5.	Tanka Bahadur Bista	Focal Person	Dhangadi Sub Metro- Politan City
6.	Jaya Singh Bhandari	M. E.	DPHO
7.	Mohan B. Singh		
8.	Man Subba	FO	JSI/ CNCP
9.	Bhuwan Thakurathi	Program Officer	H4L
10.	Om Prakash Joshi	Program Coordinator	SC
11.	Daya Shankar Chaudhary	Regional Program Officer	GIZ/ GRA
12.	Mohan Dev Bhatta	T. Officer	DPHO
13.	Krishna Shrestha		DPHO
14.	Hari Krishna Bhatta	Bheri Program Supervisor	DPHO
15.	Rishi Ram Chaudhary	Kharidar	DPHO
16.	Laxman Shah	Computer Officer	DPHO
17.	Uday Shankar Shah	ME	DPHO
18.	Sanjesh Shrestha	MNH specliast	CARE
19.	Surya Bahadur Bist	FPS	DPHO
20.	Sapana Bhandari	President	Mahila Pairabi Manch
21.	Dhanpati Dhungel	PPC	FAYA-Nepal
21.	Yogendra Prasad Ojha	Program Officer	DDC
22.	Hikmat Badal	Lab Tech	DPHO

23.	Rajendra Dhami	Lab Tech	DPHO
24.	Dipendra Joshi	Regional Program Superintendent	
25.	Sidhha Raj Bhatta	Reporter	National News Committe
26.	Shankar Bohora	Reporter	STS Television
27.	Dharani P. Panta	Administrator Officer	Red Cross Society
28.	Bandana Bhatt	DHO	Far Wastern RHD
29.	Khem Raj Bhandari	Supervisor	Nepal Family Planning
30.	Laxmi Sob	Na Su	DPHO
31.	Sunaina Shrestha	C AHW	Seti Zonal Hospital
32.	Mahendra Bam	District Project Coodinator	Geruwa Gramin Jagaran Sangh
33.	Krishna Bista		DPHO
34.	Tara Devi Tamang	PHN	DPHO
35.	RamBilash Rana		
36.	Nagendra Prasad Joshi	Na Su	DPHO
37.	Jaman Singh Pariyar	Accountant	DPHO
38.	Chitra Singh	Computer Officer	DPHO

Maternal and Perinatal Death Surveillance and Response
Hospital Health Worker Training Program

District: Kailali

S.N.	Name of Participants	Designation	Institution
1.	Sibha Datta Bhatta	Sr. PHA	DPHO
2.	Dr. Khagendra Raj Bhatta	Program Officer	Seti Regional Hospital
3.	Padma Sharma	Sr. ANM	Malakheti Hospital
4.	Bijaya Regmi	Sr. ANM	Seti Regional Hospital
5.	Bandana Bhatta	DHO	FWRHD
6.	Laxmi Kumari Upadhyay	ANM	Seti Zonal Hospital
7.	Mira Shahi	Sr. ANM	Seti Zonal Hospital
8.	Dr. Pratiksha Rathor	Medical Officer	Seti Zonal Hospital
9.	Kishor Shrestha	Medical Recorder Officer	Seti Zonal Hospital
10.	Devendra Kumar Sitaula	Medical Recorder Officer	Seti Zonal Hospital
11.	Rajesh Kumar Panday	Medical Recorder Officer	Naba Jiwan Hospital
12.	Laxmi Chaudhary	ANM	Naba Jiwan Hospital
13.	Sangita Rawal	SN	Naba Jiwan Hospital
14.	Dr. Jaya Ram KC	Gynecologist	Naba Jiwan Hospital
15.	Dr. Santosh Raj Khanal	Anesthesiologist	Seti Zonal Hospital
16.	Aakansha Singh Rathor	SN	Seti Zonal Hospital
17.	Sarita Thapa	ANM	Seti Zonal Hospital
18.	Durga Adhikari	ANM	Seti Zonal Hospital
19.	Yanumaya Chaudhary	SN	Seti Zonal Hospital
20.	Dr. Deepa Joshi	MO	Seti Zonal Hospital
21.	Kamala Neure	SN	Seti Zonal Hospital
22.	Mina Thapa	SN	Seti Zonal Hospital
23.	Deepak Joshi	Lab Tech	Seti Zonal Hospital
24.	Hark Bahadur Khadka	Sr. AHW	Malakheti Hospital
25.	Bharat Bahadur Khati	Sr. AHW	Seti Zonal Hospital
26.	Dr. Rupchandra B. K.	Medical Officer	Malakheti Hospital
27.	Manju K. Poudel	SN	Seti Zonal Hospital
28.	Yasodha Dhakal	Nursing Supervisor	Seti Zonal Hospital
29.	Manoj Bohara	Administration	Sewa Nursing Home
30.	Kalpana Pun	SN	Seti Zonal Hospital
31.	Bhen Kumari Neupane	SN	Seti Zonal Hospital
32.	Sushila Timilsina	HN Supervisor	Seti Zonal Hospital
33.	Mohan Dev Bhatta	Accountant	DPHO
34.	Tara Devi Tamang	PHN	DPHO
35.	Dr. M A Sheles	MO	Ghodaghodi Hospital
36.	Somandra Chaudhary	MD	Ghodaghodi Hospital
37.	Lila Chaudhary	ANM	Ghodaghodi Hospital
38.	Ram Bilash Rana		
39.	Sunita Khatri	Nursing Inspector	Seti Zonal Hospital
40.	Mira Ranabhat	ANM	Sewa Nursing Home

41.	Dr. Ananda Shah	Medical Officer	Sewa Nursing Home
42.	Dambar Nath Yogi		
43.	N. S. Karki	Director	FWRHD
44.	Krishna Bista		DPHO
45.	Laxman Shah	Computer Officer	DPHO
46.	Nagendra Prasad Joshi	Na Su	DPHO
47.	Jaman Singh Pariyar	Accountant	DPHO

Maternal and Perinatal Death Surveillance and Response
District Stakeholder Orientation Program
District: Nepalgunj, Banke

S.N.	Name of the participants	Designation	Office
1.	Dr. Binod K. Giri	DHO	District Public Health Office
2.	Durga laxmi Shrestha	Metron	Bheri Zonal Hospital
3.	Dr. Kalpana Thapa	Gynecologist	Bheri Zonal Hospital
4.	Lila Aryal	Assistant Metron	Nepalgunj Medical College
5.	Rajan Thapa	Administration Chief	
6.	Nirmal Khatri	District Coordinator	Geruwa
7.	Ganesh Karki	Team Leader	Geruwa
8.	Pawan Baisya	P.C.	Triveni Bikas Samaj
9.	Ravi Mohan Bhandari		Save the Children
10.	Tulsi P. Adhikari	Sr. AHW Officer	MWRHD- Surkhet
11.	Dr. Bhoj Raj Joshi	Director	
12.	Sushma Acharya	S/S/H	FPAN, Banke
13.	Ganga Kumari B.C.	S.M.	Nepal Muslim Samaj
14.	Nisha Ghimire	DPC	FPAN/ SI FPO 2
15.	Tirtha Sinha	Regional Coordinator	SIHSP/ GIZ
16.	Shrawan K. Gupta		M.S.M.P.C
17.	Man Bdr. Oli	S.A	DPHO, Banke
18.	Saroj Kumar Shah	PHO	DPHO, Banke
19.	Shree Angad B. Shahi	Public Health Instructor	DPHO, Banke
20.	Jeevan Giri	District Incharge	INF, Banke
21.	Narbada Dahal	Staff	BEE, Group
22.	Pramila Gupta	A.N.M	ICTC
23.	Tikaram Kahar	Computer Operator	DPHO, Banke
24.	Laxmi P. Giri	C.O	DPHO, Banke
25.	Prabha Shrestha	CWDO	WCO, Banke
26.	Bharat Kumar Malla	Planning Officer	DDC, Banke
27.	Dr. Anil Kumar Chaudhary		District Ayurved Hospital
28.	Dr. Deeb Shrestha Dangol	Sr. H.S. Advisor	IPAS
29.	Durga Gautam		District Public Health Office
30.	Manju Shrestha	QIO	H4L, Banke
31.	Bhagatram Tharu	News reporter	Vision TV
32.	Bhaktaraj Pokhrel	Section Officer	FHD
33.	Arjun Oli	News Reporter	Nagarik Dainik
34.	Ram Bahadur Sunar		Mahila Bikas
35.	Chattak B. Tharu		District Public Health Office
36.	Him B. Gyawali	Khardar	District Public Health Office
37.	Tilak P. Sapkota	Accountant	District Public Health Office
38.	Maniram Khanal	Section Chief	District Public Health Office
39.	Maheshwor Poudel		District Public Health Office
40.	Ratnalal Sharma		District Public Health Office
41.	Rupesh S	Nayab Subba	District Public Health Office
42.	Keshav Gyawali	Lab Technician	District Public Health Office

Maternal and Perinatal Death Surveillance and Response
Hospital Health Worker Training Program
District: Nepalgunj, Banke

S.N.	Name of the participants	Designation	Office
1.	Dr. Binod K. Giri	DHO	District Public Health Office
2.	Sharmila Khanal	Staff nurse	Bheri Zonal Hospital
3.	Khemkumari Paneru	Staff nurse	Bheri Zonal Hospital
4.	Mansara Thapa	Staff nurse	Bheri Zonal Hospital
5.	Devmaya Ghale	Staff nurse	Nepalgunj Medical College
6.	Urmila Thapa	Staff nurse	Nepalgunj Medical College
7.	Yasoda KC	Nursing Lister	Nepalgunj Medical College
8.	Harikala Rana	Staff nurse	Nepalgunj Medical College
9.	Nisha Shrestha	Staff nurse	Nepalgunj Medical College
10.	Bimala Sharma	Staff nurse	
11.	Tara Nath Yogi	Staff nurse	Bheri Zonal Hospital
12.	Jamuna Rawat	A.N.M	Bheri Zonal Hospital
13.	Kusum Sharma	Sr. Staff Nurse	
14.	Sarada Chettri	Sr. Staff Nurse	Nepalgunj Medical College
15.	Suman Giri	Sr.Staff Nurse	Nepalgunj Medical College
16.	Anita Thapa	Staff Nurse	Nepalgunj Medical College
17.	Anita Adhikari	Sr. Staff Nurse	Nepalgunj Medical College
18.	Subina Kharel	Sr. Staff Nurse	Nepalgunj Medical College
19.	Harina Joshi	Sr. Staff Nurse	Nepalgunj Medical College
20.	Samjhana Sapkota	Staff Nurse	Nepalgunj Medical College
21.	Parwati Hamal	A.N.M	
22.	Lata Dewba	Staff Nurse	
23.	Deepa Thapa	A.N.M	
24.	Sujata Basnet		
25.	Dr. Farhat Banu	Women Health Specialist	NGMCTH
26.	Dr. Husneara Hak	Women Health Specialist	NGMCTH, Kohalpur
27.	Dr. Kabita Sinha	Women Health Specialist	NGMCTH, Kohalpur
28.	Dr. Kalpana Thapa	Women Health Specialist, Consultant	NGMCTH, Kohalpur
29.	Durga Laxmi Shrestha		Bheri Zonal Hospital
30.	Tara Acharya	Staff Nurse	Bheri Zonal Hospital
31.	Dr. Anupama Sharma	OBG & Gynecologist	NGMCTH, Kohalpur
32.	Dr. Shakeel	Lecturer	NGMC, Nepalgunj
33.	Dr. Pradeep Mishra	Lecturer	NGMC, Nepalgunj
34.	Rajan Thapa	Section Officer	
35.	Ashok K. Dixit	[30]	NGMCTH, Kohalpur
36.	Durga P. Bashyal	Medical Recorder	NGMCTH, Kohalpur
37.	Bishnu Hamal	A.N.M	
38.	Durga KC	Sr. A.N.M	

39.	Dr. Amar Nath	Resident Pediatrician	NGMCTH, Kohalpur
40.	Sushila Adhikari	Sr. Staff Nurse	Nepalgunj Medical College
41.	Basanti Kunwar	Sister	Nepalgunj Medical College
42.	Tulsi P. Adhikari	Sr. A.H.W Officer	MWRHD
43.	Sabitri Shrestha	S. S/N	Bheri Zonal Hospital
44.	Chandra Sharma	S. A.N.M	Bheri Zonal Hospital
45.	Sabina Budhathoki	S.N.	Bheri Zonal Hospital
46.	Anju Shah	A.N.M	Bheri Zonal Hospital
47.	Basudha Dhungana	S. A.N.M	Bheri Zonal Hospital
48.	Shiva Upadhyaya	A.N.M	Bheri Zonal Hospital
49.	Basanta Gaire	FPS	DPHO
50.	Tilak P. Sapkota	Accountant	DHO, Banke
51.	Bishnu Shrestha	P.H.N	DHO, Banke
52.	Man Brd. Oli	S.A	DPHO, Banke
53	Him Brd. Gyawali	Khardar	DPHO, Banke
54.	Dr. Deeb Shrestha	Sr. H.S. Advisor	IPAS
55.	Dr. Ranjana Yadav	M.O	Bheri Zonal Hospital

Maternal and Perinatal Death Surveillance and Response
District Stakeholder Orientation Program
District: Solukhumbu

S.N.	Name of the participants	Designation	Office
1.	Dr. R.P. Bichha	Director	FHD
2.	Dr. M.G. Sherpa	MDGP	District Hospital
3.	Krishna Prasad Sharma	CDO	ADO, Solu
4.	Bir Bahadur Khadka	DEO	DEO
5.	Dr. Prajapati	Mentor CEONC	NHSSP
6.	Roshan Lal Chaudhary	DHO	DHO, Solu
7.	Dr. Akjemal Magtymova	PHA	WHO
8.	Dr. Meera Thapa	NPO	WHO
9.	Ram Bahadur Khadka		NID
10.	Amrita Pun	A.H.W.	District hospital, Solu
11.	Sonam Dolma Sherpa	S.N.	District Hospital, Solu
12.	Lhemi Lama	S. ANM	DHO, Solu
13.	Garden Rai	Program Producer	Solu FM
14.	Kumari Acharya	Nasu	Phaplu Hospital
15.	Hira Adhikari		
16.	Narayan Tamang	EPI officer	DHO Solu
17.	Kumar K.C.	H.A.	DHO, Solu
18.	Dr. Dinesh Bhandari	Medical Superintend	Phaplu Hospital
19.	Shiv Shanker		DEO
20.	Narad Mani Katel		DHO, Solu
21.	Pankaj Bhurtel	ACDO	DAO, Solu
22.	Lakshya Bahadur Chaudhary	PPO	DADO
23.	Dr. Kevin Rai	AMO	DAHO, Solu
24.	Indra Bahadur Thapa	Account Officer	DoHS
25.	Bikram Shrestha	News Chief	Himal F.M.
26.	Bhardwaj Pokhrel	Section Officer	FHD
27.	Madhav Budathoki		DPO, Solu
28.	Dr. Rishav Guragain	Vetenary Officer	Dl. So Solu
29.	Amelesh Kumar Singh	V.I. Officer	Cottage and small Industry Development Office
30.	Khil Nath Gautam	MRS	District Hospital
31.	Dipak Katuwal		DHO, Solu
32.	Chandra Bahadur Karkee	Planning Officer	DDC, Solu
33.	Kale Bahadur Tamang	HC	DPO, Solu
34.	Bishnu Shrestha	HC	DPO, Solu
35.	Bhat Chaudari		
36.	Sarita Rajbhandari	S. ANM	Solu Hospital
37.	Samjhana Acharya	Accountant	DHO
38.	Durga Basnet		DHO
39.	Karma Chandra Rajkarmi		DHO
40.	Babu Ram Bhusal	PHO	Eastern RHD, Dhankuta
41.	Tania Gavidia	RH Specialist	VSO/FHD

42.	Dr. Binay Kumar Chhetri	Medical Officer	DHO, Solu
43.	Kritika Dixit	M&E Officer	NHSSP
44.	Minu Adhikari	Computer Officer	FHD
45.	Bhagwati Gurung	PHN	DHO, Solu
46.	Niraj Srivastav	FPS	DHO, Solu
47.	Pawan Kumar Lama	PHI	DHO, Solu
48.	Nil Kumari Thapa	HNS	Hospital
49.	SB jero	Manager	Solu FM
50.	B.K. Rajbhandari	Member, NRCS	NRCS

Maternal and Perinatal Death Surveillance and Response
Hospital Health Worker Training Program

District: Solukhumbu

S.N.	Name of participants	Designation	Office
1.	Ram Chandra Khanal	Senior PHO	Ministry of Health
2.	Indra Bahadur Thapa	Finance Officer	Department of Health
3.	Minu Adhikari Khanal	Computer Officer	FHD
4.	Roshan Lal Chaudhari	Senior PHO	DHO, Solu
5.	Dr. Mingmar Tshring Sherpa	MDGP	District Hospital, Solu
6.	Amrita Pun	AHW	District Hospital, Solu
7.	Sonam Dolma Sherpa	SN	District Hospital, Solu
8.	Binda Regmi Magar	ANM	District Hospital, Solu
9.	Kumari Acharya	Na. Su.	District Hospital, Solu
10.	Pendonu Sherpa	AHW	District Hospital, Solu
11.	Babu Ram Bhushal	PHO	ERHD, Dhankuta
12.	Tania Gavidia	RH Specialist	VSO/FHD
13.	Dr. Binaya Kumar Chhetri	Medical Officer	District Hospital, Solu
14.	Kritika Dixit	M&E Officer	NHSSP
15.	Kanchan Bastola	SN	District Hospital, Solu
16.	Sarita Rajbhandari	Sr. ANM	District Hospital, Solu
17.	Bishwamitra Rai	ANM	District Hospital, Solu
18.	Nil Kumar Thapa	HNS	District Hospital, Solu
19.	Khil Nath Gautam	MRS	District Hospital, Solu
20.	Rekha Shrestha	ANM	District Hospital, Solu
21.	Nabina Rai	ANM	District Hospital, Solu
22.	Sarita Bhujel	Lab Technician	District Hospital, Solu
23.	Kali Maya Gurung	ANM	District Hospital, Solu
24.	Somba Dolma Sherpa	HHW	District Hospital, Solu
25.	Bhagwati Gurung	PHN	District Hospital, Solu
26.	Tulasa Rai	ANM	District Hospital, Solu
27.	Indira Shrestha	ANM	District Hospital, Solu
28.	Achyut Adhikari	NG II class	MoH
29.	Pradeep Poudel	M&E Advisor	NHSSP/MoH
30.	Sagar Dahal	HPP Advisor	NHSSP
31.	Sudip Pokhrel	Consultant	MoH

32.	Narad Mani Katel	SA	DHO, Solu
33.	Dr. Dinesh Bhandari	MO	District Hospital, Solu
34.	Sharad Kumar Sharma	Under Secretary	FHD
35.	Akjemal Maglymova	PHA	WHO
36.	Dr. Prajapati	CEON Mentor	NHSSP
37.	B.R. Pokhrel	S.O.	FHD
38.	Sashi Kala Rai	ANM	PHD
39.	Niraj Shrivastav	FPS	DHO, Solu
40.	Dr. Bimlesh Shah	MO	Salyan, Solu
41.	Kumar KC	HA	DHO, Solu
42.	Samjhana Acharya	Accountant	DHO, Solu
43.	Pawan Lama	PHI	DHO, Solu
44.	Karma Chand Rajbanshi	DTLO	DHO, Solu
45.	Narayan Tamang	IO	DHO, Solu
46.	Dipak Katuwal	Storekeeper	DHO, Solu
47.	Lhemi Lama	Sr. ANM	DHO, Solu
48.	Durga Basnet	Computer Operator	DHO, Solu
49.	Mun Bahadur Katuwal	Office Assistant	DHO, Solu
50.	Dr. Meera Thapa	NPO	WHO

Agenda of the workshop

AGENDA

Maternal and Perinatal Death Surveillance and Response (MPDSR)
District Stakeholder's Orientation

TIME	ACTIVITIES	FACILITATOR
10:00 - 10:30	Registration	
10:30 - 11:30	Opening • Chaired by D/PHO • Introduction to each other • Welcome and Objective by FHD • Opening remarks by Hospital Medical Superintendent • Opening remarks by MoH/DoHS • Closing of opening session by Chair	D/PHO
11:30-12:00	Break	
Session		
12:00 - 12:30	Rationale and introduction of MPDSR	
12:30 - 01:00	Video show: why did Mrs. X die?	
01:00 -02:00	**Refreshment Break**	
02:00 - 03:00	Overview of Nepal MPDSR design and process	
03:00 – 04:00	Role of different stakeholders in implementation and monitoring of MPDSR	
04:00- 04:30	Closing	

AGENDA

Maternal and Perinatal Death Surveillance and Response (MPDSR)

Hospital Health Worker Training

TIME	ACTIVITIES	FACILITATOR
Day1:		
10:00 - 10:30	Registration	
10:30 - 11:00	Opening Remarks Welcome and objectives	
11:00 - 11:30	Introduction and Rationale of MPDSR	
11:30 - 12:15	Overview of MPDSR process	
12:30 - 01:00	Video show: why did Mrs. X die?	
01:00 -02:00	**Refreshment Break**	
02:00 – 02:30	Definition and key terms	
02:30 - 03:00	Status of implementing hospital-level maternal and perinatal death review	
03:00 – 03:30	Introduction to web-based hospital MPDR system	
03:30 – 04:30	Introduction of Hospital-level tools: MDR, MDR summary, PDR, PDR summary, cause of death assignment forms	
Day 2		
10:00 - 10:30	Review of day1	
10:30 - 12:00	Discussion on hospital MDR form	
12:00 - 01:00	Group work: Fill up the MDR form based on the received case and discuss about experience	
01:00 -02:00	**Refreshment Break**	
02:00 – 03:30	Discussion on hospital PDR form	
03:30 - 04:30	Group work: Fill up the PDR form based on the received case and discuss about experience	
Day3		
10:00 - 10:30	Review of day2	

TIME	ACTIVITIES	FACILITATOR
10:30 - 11:00	Adverse event monitoring approach	
11:00 - 11:30	Group work: adverse event case discussion	
11:30 - 01:00	Understanding death, cause and accountability mechanism (MDR/PDR)	
01:00 -02:00	**Refreshment Break**	
02:00 -03:00	Response mechanism linked with quality of care	
03:00 -04:00	Introduction to web-based MPDR system	
04:00 -04:30	Closing	

AGENDA

Maternal and Perinatal Death Surveillance and Response (MPDSR)

Community Health Worker Training

TIME	ACTIVITIES	FACILITATOR
Day1:		
10:00 - 10:30	Registration	
10:30 - 11:00	Opening Remarks: Welcome and objectives	
11:00 - 11:30	Introduction and Rationale of MPDSR	
11:30 - 12:00	Video show and discussion: why did Mrs. X die?	
12:00 - 12:30	Overview of MPDSR process	
12:30 - 01:00	Definition and key terms	
01:00 -02:00	**Refreshment Break**	
02:00 - 02:30	Interview techniques	
02:30 – 03:30	Verbal autopsy: what, why & how	
03:30 – 04:30	Overview of MPDSR tools	
Day 2		
10:00 - 10:30	Review of day1	
10:30 - 01:00	Discussion and practice of VA questionnaire	
01:00 -02:00	**Refreshment Break**	
02:00 – 02:30	Response mechanism linked with quality of care	
02:30 - 03:30	Understanding death, cause and accountability mechanism (verbal autopsy)	
03:30 - 04:00	Web-based community VA software	
04:00 - 04:30	Planning for FCHV orientation	
04:30 - 05:00	Closing	