

MPDR e-Newsletter

Maternal & Perinatal Death Review (MPDR) is under implementation in 10 districts of Bangladesh
By CIPRB-UNICEF partnership under the guidance of the Line Director, MNCAH of DGHS in collaboration with the Line Director, MCRAH of DGFP within the scope of Joint GoB-UN Maternal and Neonatal Health Initiative

UNICEF and CIPRB reviewed MPDR progress in 10 Districts

A partner's meeting was held in UNICEF Headquarters, Dhaka at Maternal & Neonatal Health Unit on 30th June, 2014. The meeting reviewed the progress of MPDR intervention in 10 districts of Bangladesh with a population coverage of about 20 million. Dr Animesh Biswas, Team leader of CIPRB presented a summary updates on activities. He has shown that the data collected on maternal, neonatal deaths and still births from the community is now reporting in government Health Information System. Around 7000 field level health and family planning staff includes Health Assistant and Family Welfare Assistants received training on death notification.

Dr Shukhrat Rakhimdjnov, Health Manager (HSS), of UNICEF emphasized on utilization of MPDR data the district level by the managers and its sustainability. The meeting decided to disseminate and better use of the MPDR data at district level which would help understanding of geographic distribution and causes of deaths and support in preparing remedial action at local level.

Dr. Indrani Chakma Health Manager (MNCH), Dr. Riad Mahmud, Health Specialist (MNH), Mr Nayeem, HMIS consultant from UNICEF and Prof. AKM Fazlur Rahman, Executive Director, Prof. MA Halim, Director, RCH unit of CIPRB were participated in the meeting.

MPDR discussed in COIA Project

Commission on Information and Accountability for Women's & Children's Health (COIA), a project under MIS, DGHS arranged partners meeting to develop an integrated tool for Maternal Death Review in Bangladesh. The dialogue was participated by the

representative's from WHO, UNFPA, UNICEF, JICA and CIPRB. Two consecutive meetings were held on 3rd and 13th July, 2014 at the COIA project Office, New DOHS, Mohakhali, Dhaka. CIPRB shared government's experiences of implementation of MPDR under a Joint GoB-UN initiative in 10 districts. The meeting was informed that, one tool for maternal death review was developed after a number of technical meetings at national and subnational level and used in MPDR implementation since 2010 by the DGHS and DGFP. The verbal autopsy tool was revised based on experience and endorsed by the government to use in the MNHI districts for death review.

Prof. Dr. Abul Kalam Azad, Additional Director General (Planning & Development) and Director, MIS spoke in the meeting that the MPDR tool has been utilized for last four years in collecting information on maternal death, so the experience will be useful to prepare an integrated tool where COIA platform will assist to integrate with similar tools available in Bangladesh "

CIPRB and UNICEF briefed the Director, MIS, DGHS on MPDR on 17 July 2014

On 17th July, 2014, a meeting was organized at the office of Director, MIS of DGHS to discuss how to incorporate MPDR data into the DHIS-2. The meeting was chaired by Prof. Dr. Abul Kalam Azad.

Prof. MA Halim, CIPRB presented a brief on MPDR system. He said that the data from death notification in 10 districts are already taken into the government HMIS system at upazila and district level.

Prof. Azad appreciated the work and mentioned that DHIS-2 software is now in use at the districts. Netrokona, Bandarban and Cox'sBazar already received training on using the software. He advised that data

from January 2014 requires to enter into DIH2 software case by case according to the guidelines. He suggested to work with his COIA team for this purpose.

Prof. AKM Fazlur Rahman, Executive Director of CIPRB thanked Director MIS, DGHS for give patient hearing and suggestions. CIPRB and UNICEF are providing technical support in implementation of MPDR through health system and are looking for its sustainability”.

Prof. Azad has shown his keen interest to work jointly under one umbrella to improve maternal and newborn health of Bangladesh.

A verbal Autopsy of a Maternal Death observed jointly by the Civil Surgeon, Panchagarh and UN officials.

On 20th July, 2014 a verbal autopsy of maternal death was observed by Dr. Mozammel Haque, Civil Surgeon of Panchagarh in presence of Dr. Riad Mahmud, Health Specialist & Dr. Sayem, Health Officer of Unicef, Dhaka and Mr. Zaman, Project Field officer of UNFPA, Panchagarh.



It was explored during the death review by the Health Inspector that mother had delivery at home by a TBA and died after two hours of delivery due to post-partum haemorrhage and couldn't get time to bring her to facility.

The Civil Surgeon, Dr Haque opinioned that it is important to have a skilled birth attendant at delivery and preferably it should be in a health facility where blood and appropriate measure could be available to

save such a mother's death from haemorrhage. He share this message with the family and some the neighbours.

MPDR data utilized in Local Level Planning (LLP) in Panchagarh

A Local Level Planning Workshop on “Accelerating Progress towards Maternal & Neonatal Mortality and Morbidity Reduction” was held from 20-22nd July, 2014 at Panchagarh under Joint GOB-UN MNH Initiative.



Data and findings from MPDR death notification and verbal

autopsies were utilized in the LLP. During the inaugural speech the Civil Surgeon, Panchagarh mentioned, “Now we have valid data and can look at each of the death, locate areas with high deaths and can prepare specific remedial action plan accordingly which will be more effective”.

Civil Surgeon, Netrokona monitor a Facility Death review in district hospital.

On 22 July, Dr. Shahid Uddin Ahmed, The Civil Surgeon, Netrokona,

monitored a facility death review of a maternal death at labour room by Senior Staff Nurses in the Sadar Hospital. The Civil Surgeon explored that the mother died due



to post-partum haemorrhage. Dr. Shahid instructed to discuss on this death further in death review meeting for remedial action plan to improve quality of care.

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