Ministry of Health and Family Welfare
Quality Improvement Secretarial
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Strategic Initiative for Reduction of Maternal and Perinatal death

Introduction

The reduction in maternal mortality is attributed to multiple factors, including improved access and utilisation of health facilities, improvements in female education and per capita income. Fertility reductions have contributed substantially to the lowering of maternal mortality ratio (MMR) by lowering the number of high risk, high parity births.

Maternal mortality rate in Bangladesh has declined by 66% over last few decades, estimated at a rate of 5.5% every year. The latest Bangladesh Maternal Mortality Rate is 170 per 100,000 live births as per UN and WHO estimates (2014). The MMR was 600 per 100,000 live births in 1975 and 574 in 1990. Bangladesh is well on track and striving hard to attain the target of 143 deaths per 100,000 live births by 2015 as envisaged in MDG-5. The contraceptive prevalence rate is around 61% as against the target of 72% to be achieved by 2015.

The extensive drive for pre-natal care, introduction of health vouchers scheme for poor women, deployment of community based skilled birth attendants, and introduction of the midwifery programme by the Government and United Nations Population Fund (UNFPA), other UN and development partners and NGOs in service delivery contributed to such successes. Additionally, a number of favorable changes occurred during this period like income per head increased sharply, the poverty rate fell and the education levels of women of reproductive age improved substantially.

While the above mentioned achievements would lift our morale, there is no scope to be complacent as yet. There are many challenges ahead which the nation has to face with unwavering determination, such as, more than 5000 women die during child birth every year; 70% of pregnant mothers suffer from acute anemia and the high rate of adolescent pregnancy persist in Bangladesh. It is estimated that about 16 women per 1 maternal death suffer from various diseases related to pregnancy and child birth e.g. Obstetric Fistula, Uterine Prolapse, anemia, etc.

The major causes of Maternal Mortality are - postpartum haemorrhage (31%), Eclampsia /pre-eclampsia (20%), delayed & obstructed labour (7%), Abortion (1%), other direct cause (5%) and indirect cause (35%).

The key factors affecting maternal deaths are knowledge attitude and practice of family planning and safe motherhood care as well as accessibility& availability of contraceptives. Bangladesh has achieved success in family planning programs against the backdrop of low literacy rate, low status of women, low income and so on. Major successes in population sector programs were achieved in expanded access to family planning services with the introduction of a broader range of modern and effective methods. Use of contraceptives and quality family planning services can avert more than 32% of maternal deaths and 10% of child mortality if couples spaced their pregnancies more than two years apart. According to the BDHS

2011, the unmet need for Family Planning is 13.5% and the family planning programme of the Government is focusing on addressing this issues.

Reliable and better notification of maternal deaths is essential for the successful diagnosis of barriers to care and formulation of targeted interventions to get to zero maternal deaths. Indeed, maternal and perinatal death surveillance can provide a better scope for planning and prevention of maternal and perinatal deaths. Bangladesh has been steadily progressing towards reducing maternal deaths, and the present maternal mortality rate at 176/100,000 live births according to the UN estimation; however, the sustainable developmental goal (SDG) target is to reduce maternal deaths to less than 70 per 100,000 live births by 2030.

Quality Improvement Secretariat, MOHFW has already taken initiative to coordinate an important initiative for implementation of MPDSR activities. It is challenging to report a maternal death, but every classified and recorded maternal death represents an opportunity to take corrective action making sure that no other women will not die in the same way. Every case of maternal death can offer a unique opportunity to understand and mitigate weaknesses in the continuum of care, encouraging interventions that are better tailored to local circumstances, and target at the most critical parts of the health system.
In Bangladesh, the Ministry of Health and Family Welfare (MoH&FW) has established the successfully running Maternal and Perinatal Death Review (MPDR) system to count maternal and perinatal deaths and response to deaths in 27 districts. District Health Information System (DHIS-2) is considered the key platform for recording health-related data, to track progress and performance of the health system which also includes capturing maternal and perinatal deaths. However, the DHIS-2 platform needs to be further strengthened to accurately capture maternal deaths and review of the circumstances conducted to avoid recurrence.
Quality Improvement Secretariat, MOHFW has taken an initiative for development a pilot model for Zero Maternal Death in selected district with GO /NGO/ DP Collaboration.

Vision: No more maternal & Perinatal death.

Mission: Lowering Maternal & Perinatal death by joint collaborative initiative

Goal: Strategic Planning for the Initiative of Zero Maternal & Perinatal Death with the aim to create an evidence for future by multi stakeholder approach.

Objectives:

1. To reduce the maternal & perinatal death in Moulvibazar death.
2. To focus primarily on reduction of maternal death
3. To Develop & integrate the GO NGO & DPs Collaboration for effective implantation
4. To track every pregnancy by use of IT services
5. To equip facilities with necessary inputs
6. To develop capacity of the service provider for effective implementation
7. To execute joint monitoring plan

Target area: Moulovibazar (Tentative site)

Intervention Period: 2019-2022

Stakeholders: QIS, LD MNCAH, LD CBHC, LD MIS, LD MCRH & AH DGFP, LD CC FP, DGFP, UNICEF, UNFPA, SCI, BRAC, CIPRB, OGSB, BNF, BPA, ICDDRB

Steps:

1. Preparatory work: Site selection , Stakeholder Consultation, Draft proposal development(Background/ Introduction, Goal, Purposes, Objectives, Strategies and major activities, Implementation modality, time line, M&E)
2. Finalization of plan by holding planning meeting in each facilities
3. Implementation :
    - Baseline
    - Advocacy
    - Facility readiness
    - Capacity development
    - Mentorship
    - Formation of CSC
    - Formation of central implementation & coordination committee
    - Formation of local implementation & monitoring committee
    - Networking in between Upazilla & Union parishad/CSC/CSG/CG and other Community players
    - Joint meeting with icddrb and SCI for development & finalization of IT

Intervention:

- Evidence based planning. (HR, Facility readiness, Commodity security, Capacity development, Community Engagement, MIS, QA, Referral)
- Basic EOC for UHC & networking at HFWC, (Strengthening of CmEOC, Strengthening of Bm EOC, at least 4 signal function and networking, 100% Partograph, compliance of SOP, availability of 24/7 services, Referral linkage, System strengthening Performance monitoring public & private sector, Mentorship, specially focusing QA)
- Engagement of CSC,CSG,CG in Community Participation model.(Role in Providing support in MPDSR, pregnancy registration, Maternal care, FP, Referral care, Social Awareness and Referral)
- IT based pregnancy tracking using aps.(Application of tracking aps developed by UNICEF, Capacity development, collection of report, validation of data, implication, performance monitoring, decision making)
- CmEOC at DH & selective EOC at UHC, ,(Availability of 24/7 services, compliance of SOP specially labour room protocol, 100% Partograph, Neonatal Resuscitation , Application of

Contracting model for availability of HR, Referral linkage, System strengthening Performance monitoring public & private sector, specially focusing QA)

- Special intervention in Tea Garden (Community awareness, Health protection scheme, Referral, Service Linkage with neighboring tea garden, strengthening of tea garden clinic, Ensuring 100 % maternal care)
- Strengthening of H&FWC situated adjacent to tea garden by providing Quality Maternal Care and also establishing referral linkage,
- Strengthening structured referral system with accountability framework(Determination of Referral path & vehicle, involvement of union chairman and member, community support group involvement, arrangement of local vehicle, pricing, documentation, referral desk, referral slip, acknowledgement of referral patient, linkage between public & private, Fixation of accountability framework,)
- Strengthening of mid wifery led care,(Establishment of midwifery led care model, ensuring comprehensive SRHR, mentoring, Reporting, partograph, MPDSR, PPFP,)
- 100 % Quality 4 visit of ANC and two visit of post natal, birth planning(Identification of Pregnancy & Pregnancy Registration, Ensuring 4 visit of ANC by Pregnancy tracking aps, Training of service provider on Quality issue of ANC & PNC, Ensuring the commodity, proper documentation, reporting, ANC & PNC care by the midwife and trained FWV at institution and community level, Ensuring Quality ANC PNC in the tea garden along with pregnancy registration with birth planning
- Special intervention for PPH and Eclampsia, (Availability of Treatment at UHC and DH, Development of LLP, Commodity security, Availability of Safe blood, Capacity development, Community awareness, Referral linkage, Reporting)
- PAC, Post partum family planning,
- Maternal ICU,
- Strengthening of MPDSR activities(100% coverage),
- Referral networking,
- Social mobilization & Community Engagement
- Engagement of local NGOs , Upazilla Parishad & Union Parishad
- Mobilization of Resources
- Advocacy for prevention of early marriage,
- Commodity security,
- Development of contractual model for EOC service,
- Capturing of maternal data both in public & private sector,
- Screening of breast and cervical cancer,
- Screening of fistula cases and referral for management,
- Compliance of different SOP as a part of quality of care,
- Capacity development, Monitoring & supportive supervision
- Establish a central dashboard,
- Institutional Performance appraisal
- M&E

Networking Plan:

Step wise planning for Zero maternal death initiative

Community level (Community level activities for reduction of maternal death)

Chair: AHI/FPI Will chair every alternative

Coordination & Facilitation: BRAC/PHD

Catchment area	Coordination		Frequency	TOR of the committee	Required action
Community & Ward	Meeting place	Participants		Maternal death review	ANC/PNC -Target 70% within one year Normal delivery -80% I year
	HFWC	Participants: AHI/FPI/FWV /SACMO	Once in" a month	New born death review	Measurement of Eclampsia & PPH
				Social awareness	Tab Misoprostol—coverage will be 100%
				Pregnancy registration by TAB	Family Planning coverage will be 100%
				Review ANC & PNC coverage	Pregnancy Registration-100%
				Delivery conduction review	Timely Referral -100%
				Eclampsia management	Awareness campaign
				Use of misoprostol	Social & Verbal autopsy (MPDSR)will be 100%
				FP review	
				Referral	

Union level: (Union Maternal Health Protection Committee)

Chair: UP Chairman

Coordination & Facilitation: BRAC/PHD

Catchment area	Modality		Frequency	TOR of the committee	Remarks
Union	Meeting place	Committee member/ Participants		Social autopsy	
	UP office	UP Chairman	Quarterly	Identification the gap in service delivery	
		UP member		Creating Social awareness	
		AHI/FPI		Identify the role of Community leader	
		HA/FWA/FWV		Programme intervention & discuss FP	
				Activities review of CSG CG committee	

Upazilla level: (Zero Maternal death initiative committee)

Chair: UHFPO

Vice Chair: UFPO

Coordination & Facilitation: BRAC/PHD

Supported by: Consultant from UNICEF & Field officer from UNFPA

Catchment area	Coordination		Frequency	TOR of the committee	Remarks
Upazilla	Meeting place	Committee member/ Participants		Pregnancy Registration	
	UHC Office	RMO	Quarterly After the meeting of union committee	Monitor MPDSR activities	
		Consultant (Gye & Obs)		PPH & Eclampsia management	
		Consultant (Ped)		Establish referral linkage	
		MO, MCH		Necessary recommendation for Union committee	
		HI/FWV		Ensure community participation	
		Statistician		Coordination SHRH committee	
		DP members NGO member		Ensure Quality of Care	
				Monitor ANC/PNC & Normal delivery	
				Community Participation	
				Social mobilization	

District level: (Zero Maternal death initiative committee)

Chair: Civil Surgeon

Vice Chair: DD, FP

Coordination & Facilitation: BRAC/PHD

Supported by: Consultant from UNICEF & Field officer from UNFPA

Catchment area	Coordination		Frequency	TOR of the committee	Remarks
District	Meeting place	Committee member/ Participants		Monitor MPDSR district activities	
	CS Office	RMO	Quarterly After the meeting of union committee	PPH & Eclampsia management	
		Consultant (Gye & Obs)		Necessary instruction for Upazilla, Union level committee	
		Consultant (Ped)		Validation of necessary data	
		MO, MCH			
		Dev partners			
		MOCA representatives			
		Tea Garden Representative			