

Ministry of Health and Family Welfare

Quality Improvement Secretarial

Facility MPDSR Monitoring Tool		
Date of monitoring:		
Name of facility:		
Name and designation of monitor:		
MPDSR Sub-committee formed	1. Yes;	2. No
MPDSR Focal Person selected and in place	1. Yes;	2. No
MPDSR sub-committee and facility staff are trained on facility MPDSR	1. Yes;	2. No
All facility maternal deaths are reported	1. Yes;	2. No
All facility meonatal deaths are reported	1. Yes;	2. No
	1. Yes;	2. No
All deaths are reported within 24 hours		
All facility maternal deaths are reviewed using maternal death review form (check some forms)	1. Yes;	2. No
All facility level neonatal deaths are reviewed using neonatal death review form (check some forms)	1. Yes;	2. No
Are the forms filled-up properly (check some forms)	1. Yes;	2. No
No. of maternal deaths reviewed during:	Last month:	
	Last 3 months:	
No. of neonatal deaths reviewed during:	Last month:	
	Last 3 months:	
Does the facility upload data in DHIS2?	1. Yes;	2. No
Does the sub-committee meet regularly (if not done, write the main reasons below)	1. Yes;	2. No
If yes, how many meetings were conducted during last 3 months:	No. of meetings in last 3 months:	
Did the sub-committee develop any action plan after reviewing maternal and neonatal deaths:	1. Yes;	2. No
If yes, what are the major activities they have planned:	I	
Implementation status of the plan:		