



Quality Improvement Secretariat

Ministry of Health & Family Welfare

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MPDSR Implementation plan

Step 1: Preparatory Work:

Sl	Task	Operational modality	Time frame	Responsibility	Technical Support
1	Formation of MPDSR subcommittee and identify focal person	According to MPDSR national guideline MPDSR subcommittee will be form under QIC.		Hospital QIC	QIS. LD MNCAH. Div Coordinators. DP Partners. (UNICEF/UNFPA /SCI)
2	Sensitization of the Service provider for Importance of MPDSR	Hospital super, UHFPO will take the responsibility. All of the service providers will be engaged. Also service providers in field services like HA, FWA , CHCP and other paramedics will be included		Super, UHFPO Focal person MPDSR	

Step 2 : Capacity Development

Sl	Task	Operational modality	Time frame	Responsibility	Technical Support
1	Holding workshop /Training for MPDSR implementation	Arrange training batch wise(Each batch not exceeding 40) for Facility service providers (Doctor, Nurse, support staff and paramedics)		LD MNCAH	LD MNCAH. Div Coordinators. DP Partners. (UNICEF/UNFPA /SCI)
2		HA, FWA, Paramedics, CHCP, FWV, MA (40 person for each batch)			

Step 3: Supply of Logistics

Sl	Task	Operational modality	Time frame	Responsibility	Technical Support
1	Collection of MPDSR Guidelines, Pocket book and Forms	Collection of form and distribution will be done by CS office and hospital		LD MNCAH CS office UHC	LD MNCAH. Div Coordinators. DP Partners. (UNICEF/UNFPA /SCI)

Step 4a: Death Notification & Review (Facility Level)

Sl	Task	Operational modality	Time frame	Responsibility	Technical Support
1	When any maternal & Perinatal death will occur in the facility level, start the notification & Review process	Follow the MPDSR guideline. ↓ Fill up the death notification form by staff nurse in DH and by FWV in MCWC with consultation of the concern doctor. ↓ Review the admission register, death certificate, patient history, treatment sheet, emergency register ↓	When death occurs (Within 24 hour)	Staff Nurse & FWV Staff Nurse & FWV	LD MNCAH. Div Coordinators. DP Partners. (UNICEF/UNFPA /SCI)

	<p>For Identification the cause of death(Maternal & still birth)And submit to the MPDSR sub committee</p> <p style="text-align: center;">↓</p> <p>MPDSR subcommittee identified the cause of death(by using form 3 and form 4) and request to take necessary to QIC</p> <p style="text-align: center;">↓</p> <p>Disseminate it to monthly meeting to the service provider</p>		<p>Staff Nurse & FWV</p> <p>MPDSR subcommittee</p> <p>DH-Focal person/RMO MCH-Focal person/Register UHC-Focal person/RMO Field- MO MCH/SI</p>	
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Step 4b: Death Notification (Field Level)

SI	Task	Operational modality	Time frame	Responsibility	Technical Support
1	When any maternal & Perinatal death will occur in the field level, start the notification & Review process	<p>Follow the MPDSR guideline.</p> <p style="text-align: center;">↓</p> <p>Death notification in the community, The area need to be identified by joint discussion with UHFPO & Focal person, MO MCH & UFPO</p> <p style="text-align: center;">↓</p> <p>Identification of Community clinic, where they will submit the notification slip and one copy to UHFPO</p> <p style="text-align: center;">↓</p> <p>In Community clinic CHCP will enter data in DHIS2</p> <p style="text-align: center;">↓</p> <p>After data entry HA & FWA will share it to the others to avoid the duplication</p> <p style="text-align: center;">↓</p> <p>Disseminate it to monthly meeting to the service provider</p>	When death occurs	<p>UHFPO/Focal person</p> <p>UHFPO</p> <p>CHCP</p>	LD MNCAH. Div Coordinators. DP Partners. (UNICEF/UNFPA /SCI)

Step 5: Verbal Autopsy (VA) at Rural community

SI	Task	Operational modality	Time frame	Responsibility	Technical Support
1	After completion of death notification process , start the process for identification of medical cause including factors related death by conducting interview using specific form	<p>Autopsy area & responsibility should be determined jointly</p> <p style="text-align: center;">↓</p> <p>UHFPO will ask to assign to the first line supervisor to verbal autopsy and use form for conduction of verbal autopsy by using Form 1(Maternal death review form), Form 2(Neonatal death review form)</p> <p style="text-align: center;">↓</p> <p>Submit the report on specific format to UHFPO</p> <p style="text-align: center;">↓</p> <p>In Community clinic CHCP will enter data in DHIS2</p> <p style="text-align: center;">↓</p> <p>Respective line supervisor will supervise the activities of verbal autopsy</p>	7-15 days	<p>UHFPO/Focal person/MOMCH/FP O</p> <p>HI/AHI/FPI</p> <p>HI/AHI/FPI</p>	LD MNCAH. Div Coordinators. DP Partners. (UNICEF/UNFPA /SCI)

Step 6: Social Autopsy at Rural community

SI	Task	Operational modality	Time frame	Responsibility	Technical Support
1	After completion of death notification process , start the process for identification of social cause including factors related death by conducting interview using specific form	<p>Autopsy area & responsibility should be determined jointly</p> <p style="text-align: center;">↓</p> <p>UHFPO will ask to assign to the first line supervisor to social autopsy.</p> <p style="text-align: center;">↓</p> <p>Select the place of social autopsy and find out the participants (around 40-50 participants from 20-30 adjacent household).</p> <p style="text-align: center;">↓</p> <p>Start conduction of social autopsy by using SBCC materials (pictorial flip chart)and duration of session will be 30—45 minutes</p> <p style="text-align: center;">↓</p> <p>Submit the report of social autopsy on specific format(Social autopsy reporting form) and submit to UHFPO</p> <p style="text-align: center;">↓</p> <p>In Community clinic CHCP will enter data in DHIS2</p> <p style="text-align: center;">↓</p> <p>Respective line supervisor will supervise the activities of social autopsy</p>	15-30days(after conducti on of verbal autopsy)	UHFPO/Focal person/MOMCH/FP O HI/AHI/FPI will conduct and submit report	LD MNCAH. Div Coordinators. DP Partners. (UNICEF/UNFP A /SCI)

@In respect to the facility based MPDSR, MPDSR subcommittee will review the forms, validation, identification of gaps and developing action plan, Monitoring & follow up

Step 7: Record Keeping/ Analysis & Validation

SI	Operational modality	Time frame	Responsibility	Technical Support
1	Record keeping in Community clinic In FWC In UHC In MCWC In DH	Continuous process	CHCP FWV RMO MO Clinic RMO	Focal person will coordinate

@As a whole district information and documents will be submitted to the CS office & focal person will be assisted by statistician/ office assistant

Step 8: Role of district MPDSR subcommittee

District MPDSR subcommittee will act accordingly to the TOR & MPDSR guideline in respect of report submission, facilities compliance, data validation, gap identification, remedial measure, coverage and follow up action and provide feedback to the Upazilla.

Step 9: Role of Development partners

- a. Facilitation of MPDSR process and implementation
- b. Providing technical support specially coordination with the MPDSR subcommittee in different level and also conducting meeting of the QI committee.
- c. Will render the special support for data validation, preparation of report & communication with LD MNCAH, LD MCRH & QIS

Step 10: Supportive supervision

In the field level , HI will supervise the AHI, FWA will supervise FPI.

In FWC, Senior FWV & MOMCH will supervise.

In UHC, UHFPO/RMO/ Consultant Gynae & Obs will supervise internally and CS will do it externally

In MCWC, Internally by MO, clinic and externally by DDFP & ADCC.
 In DH, will supervise by Super/focal person/RMO/ Consultant Gyne&Obs
 In MCH will supervise by Head of the dept of Gyne&Obs/ Unit Head/ Register

Step 11: Overall Monitoring, Supervision & Coordination

Facilities/Level	Stakeholders
Community Clinic	AHI/FPI/HA/FWA/CHCP/DPs
H&FWC	FPI/SACMO/FWV/AH/DPs
Upazilla Health Complex	UHFPO/RMO/Consultant Gyne&Obs/ MOMCH/ Nursing Supervisor
MCWC	MO Clinic/ MO Anesthesia/ MO MCH Sadar
District Hospital	Super/CS/RMO/Gyne Consultant/MPDSR focal person/UHFPO sadar/FPO sadar, MO MCWC
Divisional level	Divisional Director/ Divisional Coordinator
DGHS & DGFP (Line Director MNCAH, Line Director MCRAH are the key implementer). LDs will Mobilize resource from OP for the Activities like capacity Development and supply of logistics etc. DP partners line UNICEF, UNFPA and SCI will provide necessary support to LDs according to plan	Line Director MNCAH, MCRAH PM Reproductive health DD MCH DD MIS(DGHS& DGFP) DPs
MOHFW Quality Improvement Secretariat will Monitor the activities by holding regularly review meeting in the national level.	QIS