

# COMMUNITY LEVEL MPDSR IN BANGLADESH: EXPERIENCES AND LESSON LEARNT

**Dr Animesh Biswas**

PhD, MPH, MSs, MBBS

Technical Officer

UNFPA, Bangladesh



# OUTLINE

- Background
- Community identification and notification
- Community death review and cause assignment
- Community response
- Community engagement in MPDSR
- Lesson learnt



# COMMUNITY MPDSR : IMPORTANCE

- Significant deliveries are taking place at home or on the way.
- Vital registration systems is inadequate to capture deaths.
- Under reporting / miss-classification
- Hard to reach / leaving behind community
- Mapping of deaths / explore the delays and social challenges
- Engage community in the death review and response process



# MPDSR IN BANGLADESH

- Maternal and perinatal death review piloted in 2010 in a district of Bangladesh.
- Scaled up gradually to 14 districts by 2015 based on piloting results.
- Ministry of Health and Family Welfare ( MoH&FW) planned for national scale up in 2016 with technical support of UNFPA, UNICEF, WHO and other relevant partners.
- MoH&FW published National Guideline, Manual, Tools and Pocket Handbook.
- MPDSR is now one of the key activities in 4th Operational plan of Directorate General of Health Services.
- 48 districts are in coverage out of 64 districts.



# MPDSR IMPLEMENTATION FRAMEWORK IN BANGLADESH

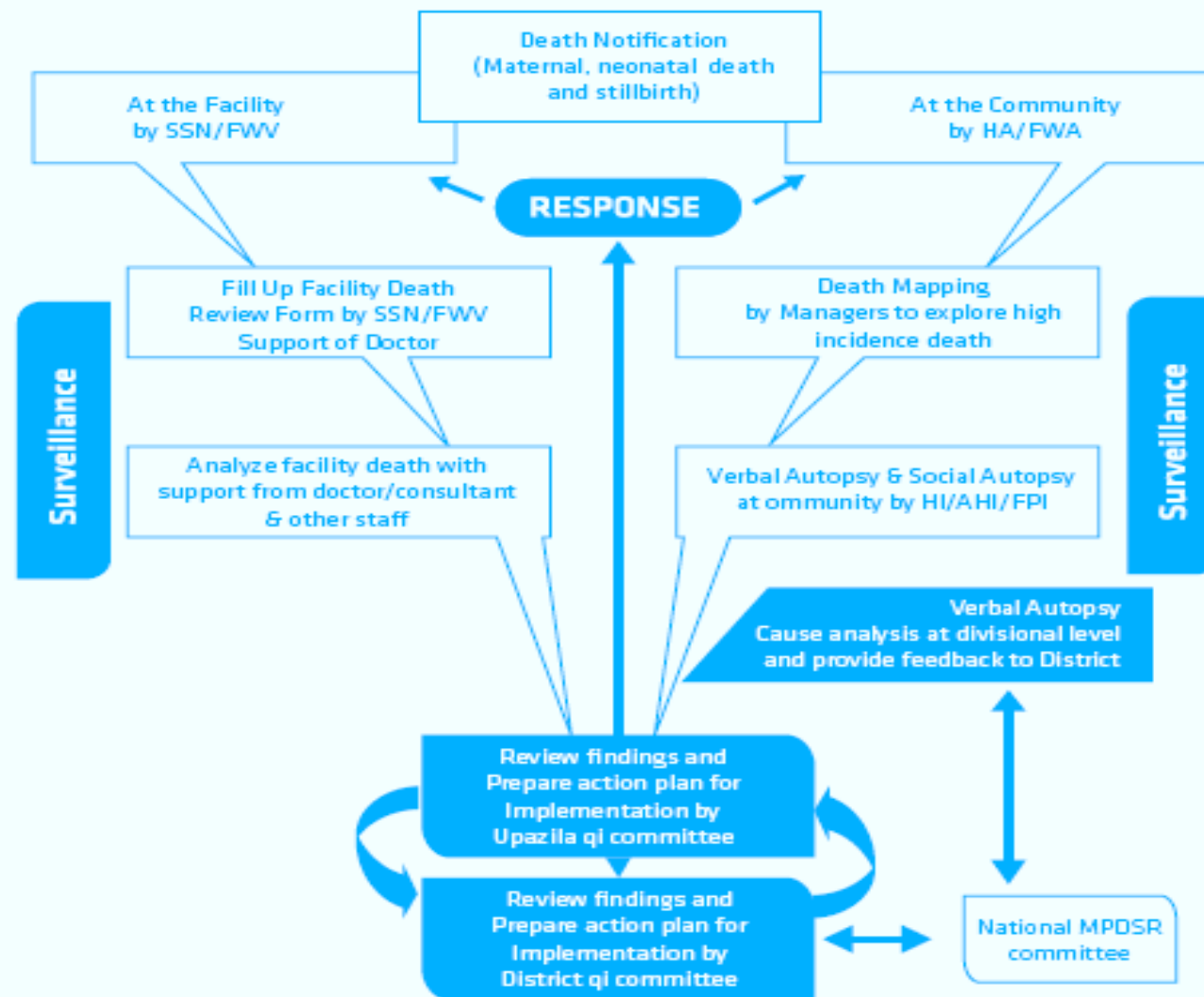
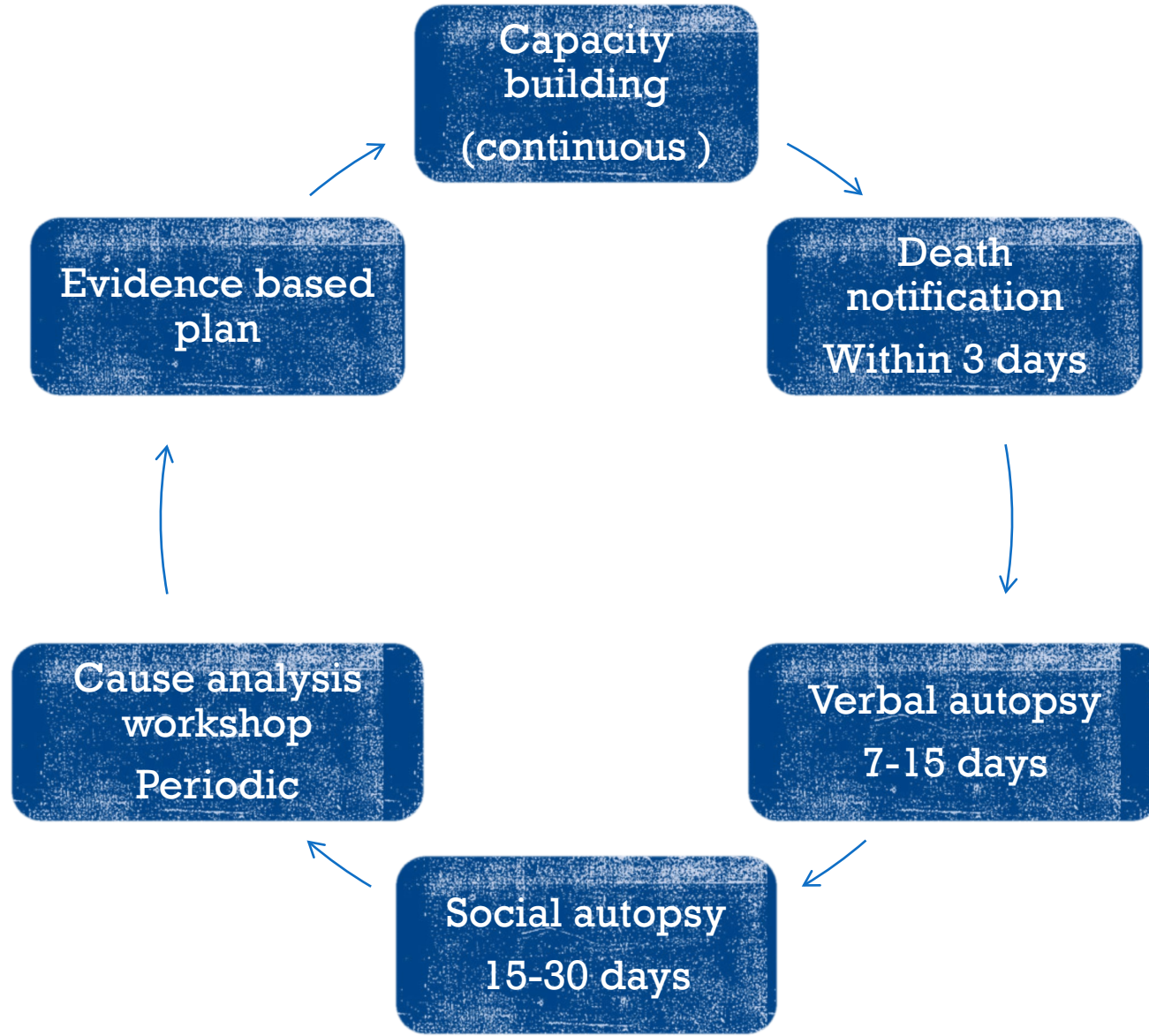


Figure A: MPDSR Implementation Framework

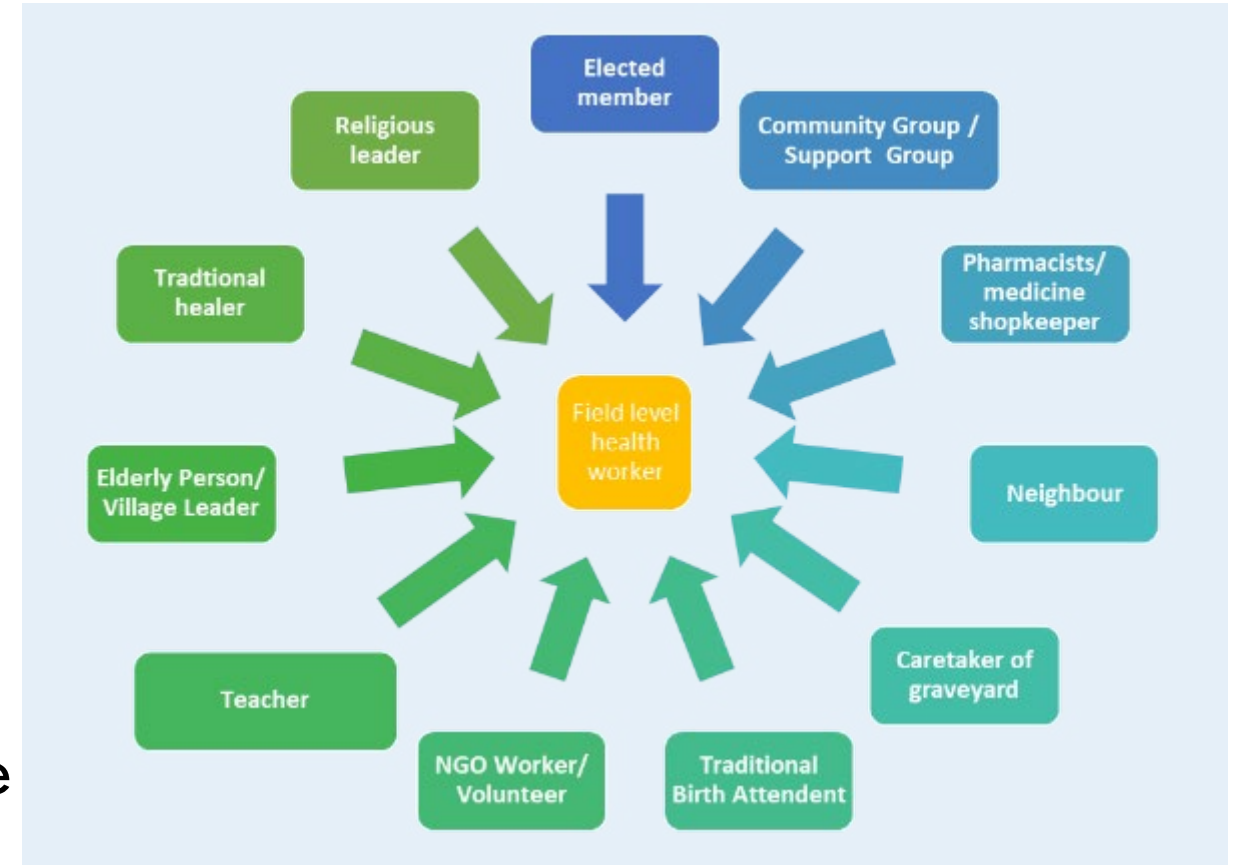


# COMMUNITY LEVEL MPDSR : TIME CYCLE



# DEATH IDENTIFICATION AND NOTIFICATION

- Govt. field level health workers do death notification
- Community network is used
- Use a death notification slip
- Report back to the nearby community level health centre, community clinic
- Community death data uploaded in DHIS 2 from the community clinic
- Monthly reporting is performed at the Sub-district level ( Upazila Health Complex)





# DEATH REVIEW : COMMUNITY VERBAL AUTOPSY

- Govt. field level health supervisor do the community level verbal autopsy with the deceased family members.
- The health supervisor use structured questionnaire and explore the causes of deaths, contributing factors, 1st and 2nd delays
- Written consent is taken before each of the interviews, no-blame culture is maintained and confidentiality of data is kept.





# CAUSE ASSIGNMENT OF COMMUNITY DEATHS

- Each verbal autopsies form is reviewed by the consultants ( Obs-Gyne, Neonatologist) and assigned causes of deaths following ICD-10
- District / division organize periodically causes analysis workshop
- Causes of death data enter into the DHIS-2



# COMMUNITY RESPONSE : SOCIAL AUTOPSY

Social Autopsy (SA) stands for “Community self diagnosis” and identification of modifiable social and cultural factors in the community could and represents as **‘RESPONSE’**

SA is not data-driven, and no tools are used for the collection of information. This creates avenues to understand community demands, knowledge gaps, and the challenges that need to be overcome by the community.





# COMMUNITY ENGAGEMENT AND PARTICIPATION

- Building knowledge through dialogue and discussion
- Create enable environment for self understanding
- Community empowerment and leadership
- Increase commitment and accountability
- Improve demands for seeking quality care
- Improve referral linkage
- Avoiding blame



# QUALITY ASPECT OF COMMUNITY MPDSR

- Periodic district review workshops
- Divisional level workshops on MPDSR
- Monthly coordination meeting at the district and sub-district level
- Presence of district/ sub-district MPDSR focal person
- Midwives engagement in community MPDSR
- Video conferencing from the national level with the districts
- Annual national report on MPDSR





# LESSON LEARNT

- Community level MPDSR is needed for country like Bangladesh to capture deaths, mapping of deaths, identifying causes and immediate respond
- Community engagement is essential and active participation of community works.
- Social autopsy in the community is a health promotion and prevention tool
- However, strong commitment, accountability and monitoring are needs to achieve quality data and response.







**THANKS**  
**ANY QUESTION/FEEDBACK?**

