COMMUNITY LEVEL MPDSR IN BANGLADESH: EXPERIENCES AND LESSON LEARNT

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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.
- 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**

- **Response**
  - **Death Notification (Maternal, neonatal death and stillbirth)**
    - At the Facility by SSN/FPW
  - **At the Community by HA/FWA**

- **Surveillance**
  - Fill Up Facility Death Review Form by SSN/FPW
    - Support of Doctor
  - Analyze facility death with support from doctor/consultant & other staff

- **Verbal Autopsy & Social Autopsy at community by HI/AHI/FPI**

- **Verbal Autopsy Cause analysis at divisional level and provide feedback to District**

- **Review findings and Prepare action plan for implementation by Upazilla qi committee**
- **National MPDSR committee**

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**Key Points**
- **Death Notification**
  - At the Facility by SSN/FPW
  - At the Community by HA/FWA

- **Facility Death Review Form**
  - Fill Up Facility Death Review Form by SSN/FPW
  - Support of Doctor

- **Facility Analysis**
  - Analyze facility death with support from doctor/consultant & other staff

- **Verbal Autopsy**
  - Verbal Autopsy & Social Autopsy at community by HI/AHI/FPI

- **Verbal Autopsy Analysis**
  - Verbal Autopsy Cause analysis at divisional level and provide feedback to District

- **Action Plan**
  - Review findings and Prepare action plan for implementation by Upazilla qi committee
  - National MPDSR committee
COMMUNITY LEVEL MPDSR : TIME CYCLE

- Capacity building (continuous)
- Evidence based plan
- Cause analysis workshop
  - Periodic
- Social autopsy
  - 15-30 days
- Death notification
  - Within 3 days
- Verbal autopsy
  - 7-15 days
- Evidence based plan
- Cause analysis workshop
  - Periodic
- Social autopsy
  - 15-30 days
- Death notification
  - Within 3 days
- Verbal autopsy
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- Verbal autopsy
  - 7-15 days
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 nearly 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.
Each verbal autopsies form is reviewed by the consultants (Obs-Gyane, 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
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.