

# 1. MATERNAL DEATH REVIEW

**1.1 Background Information**

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## 1.7 Training Schedule and Proposed Agendas

### CB and FBMDR: Training at Delhi for state trainers

<b>Venue</b>	National level
<b>Duration</b>	2 days
<b>Facilitators</b>	National Core group members
<b>Batch size</b>	36-40
<b>Participants</b>	State RCH Officials
<b>Training materials</b>	All formats (annexes) Case studies, Instructions/ Reference manuals, Facilitators manuals, Guidebook on MDR, filled up formats (if available)
<b>Training procedures</b>	<p>Power-point presentations on the background: maternal mortality-causes, current status, rationale of MDR, process of CB-MDR, roles and responsibilities, data flow and analysis, monitoring &amp; supervision, review process;</p> <p>Question by question training on filling up of the formats with help of the reference manuals; interpreting the filled up questionnaire to develop the case summaries. Best practices from other states/districts. Development of stat plan.</p>

### CB and FBMDR: State level sensitization meeting

<b>Venue</b>	State capital
<b>Duration</b>	1/2 day
<b>Facilitators</b>	State level trainers
<b>Participants</b>	State officers of Health, ICDS, P&RD, General Administration, Urban Local Bodies and other related departments. Heads of state & district level. Medical facilities selected for conducting FB-MDR, divisional level officers
<b>Training materials</b>	Guidebook on MDR
<b>Training procedures</b>	Initial power-point presentations on the background: maternal mortality-causes, current status, rationale of MDR, process of MDR, roles and responsibilities, data flow and analysis, monitoring & supervision, review process;

## CB and FBMDR: District level sensitization meeting

<b>Venue</b>	District level
<b>Duration</b>	1/2 day
<b>Facilitators</b>	DNO, CMO and ACMO
<b>Participants</b>	District officers of Health, ICDS, P&RD, General Administration, Urban Local Bodies and other related Departments. Head of district level Medical facilities. Panchayats.
<b>Training materials</b>	Guidebook on MDR
<b>Training procedures</b>	Initial power-point presentations on the background: maternal mortality-causes, current status, rationale of MDR, process of MDR, roles and responsibilities, data flow and analysis, monitoring & supervision, review process;

## Proposed agendas for sensitization meetings (1/2 day)

<b>½ day</b>	
20 min	Background MMR / causes/current status
30 min	Introduction to two types of maternal death review. Need/purpose
60 min	Community based MDR – operational steps - Importance of early notification - how to interview families - Role of investigation team - Role of block MO - Reporting process
15 min	Committees at state and district level
15 min	Data analysis
15 min	Monitoring and supervision

## CBMDR: State level training to develop district level trainers (ToT)

<b>Venue</b>	State capital
<b>Duration</b>	2 days
<b>Facilitators</b>	State level trainers
<b>Batch size</b>	24-30
<b>Participants</b>	District Nodal officer, Dy CMOs, ACOMO, HFWTC faculties,
<b>Training materials</b>	All formats (annexes) Case studies, Instructions/ Reference manuals, Facilitators manuals, Guidebook on MDR, filled up formats (if available)
<b>Training procedures</b>	Power-point presentations on the background: maternal mortality-causes, current status, rationale of MDR, process of CB-MDR, roles and responsibilities, data flow and analysis, monitoring & supervision, review process;  Question by question training on filling up of the formats with help of the reference manuals; interpreting the filled up questionnaire to develop the case summaries.

## CBMDR: District level training/ToT for Medical Officers

<b>Venue</b>	District level
<b>Duration</b>	2 days
<b>Facilitators</b>	DNO, CMO, ACOMO
<b>Batch size</b>	24-30
<b>Participants</b>	BMO, two additional Medical Officers from the block
<b>Training materials</b>	Interview format for CB-MDR, Case studies, Instructions or Reference manual, Facilitators manual, Guidebook on MDR
<b>Training procedures</b>	Power-point presentations on the background: maternal mortality-causes, current status, rationale of MDR, process of CB-MDR, roles and responsibilities, data flow and analysis, monitoring & supervision, review process;  How to approach the household/sensitivity issues  Question by question training on filling up of the formats with help of the reference manuals; interpreting the filled up questionnaire to develop the case summaries.

## Proposed agenda for 2 days state/district level training

Day 1	
30 min	Introduction: The two types of Maternal Death Review
60 min	MDR – Operational steps - Roles and responsibilities - District level committees - State level Taskforce
15 min	The need for Community Based MDR
30 min	How to interview families
30 min	Sensitivity issues
60 min	Verbal Autopsy: Question by question
	LUNCH
90 min	Group work. Practice interview sessions
60 min	Presentation of group work and discussions
30 min	Training cascade
DAY 2	
15 min	Recap of day 1
30 min	Evaluation/comparison of the verbal autopsy formats filled on Day 1
60 min	Indicators and analysis
120 min	Preparation of state/district/block plans for MDR implementation
	LUNCH
180 min	Presentation and feedback on state plans

## CBMDR: Block level training of investigators

Venue	Block
Duration	2 days
Facilitators	ToT trained medical officers
Batch size	24-30
Participants	Members of the investigation team
Training materials	All formats (annexes) Case studies, Instructions/Reference manuals,

Training procedures	<p>Facilitators manuals, Guidebook, filled up formats (if available)</p> <p>Power-point presentations on the background: maternal mortality-causes, current status, rationale of MDR, process of CB-MDR, roles and responsibilities, data flow and analysis, monitoring &amp; supervision, review process;</p> <p>How to approach the household/sensitivity issues</p> <p>Question by question training on filling up of the formats with help of the reference manuals; interpreting the filled up questionnaire to develop the case summaries.</p>
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## Proposed agenda for CBMDR investigation team (2 days)

DAY 1	
30 min	Maternal mortality – causes /current status
30 min	The importance of community based MDR
90 min	CB- MDR operational steps - Formats - Roles and responsibilities - Information flow - District/state level committees
30 min	Monitoring and Supervision
	LUNCH
15 min	Data Analysis
45 min	The interview: Ethical aspects and informed consent
45 min	Approach to the household and respondents
DAY 2	
15 min	Recap of day 1
60 min	Role play – communication and sensitivity issues
15 min	Discussions about the role plays
30 min	Conducting the interview
	LUNCH
60 min	Group practice module 1
60 min	Group practice module 2
60 min	Group practice module 3
90 min	Group practice complete questionnaire and case summary

## CBMDR: Block level orientation

Venue	Block level
Duration	1/2 day
Facilitators	Block MO and the Block level investigation team
Participants	Block level functionaries of Health, ICDS, P&RD. General Administration and other related Departments. Local NGOs. The 'notifiers' ANM, ASHA, AWW
Training materials	Guidebook on MDR, case studies
Training procedures	Discuss MDR, rationale and processes. Emphasize on the importance of timely reporting of all suspected maternal deaths Discuss how to report a women's death, work on filling up the required formats and how to identify a suspected maternal death
Remarks	This sensitization may be done at the block Health & FW Samity meeting as well

## FBMDR: State level training (ToT)

Venue	State capital
Duration	1days
Facilitators	State level trainers identified by the state RCH officers (minimum 3 obstetrician)
Batch size	24-30
Participants	Facility Nodal officer, Dy CMOs, ACO, nursing tutors
Training materials	All formats (annexes) Case studies, Instructions/ Reference manuals, Facilitators manuals, Guidebook on MDR, filled up formats (if available)
Training procedures	Power-point presentations on the background: maternal mortality-causes, current status, rationale of MDR, process of FB-MDR, roles and responsibilities, data flow and analysis, monitoring & supervision, review process; Question by question training on filling up of the formats with help of the reference manuals; interpreting the filled up questionnaire to develop the case summaries.

## State level training on FBMDR

1 day	
20 min	Background MMR / causes/current status
30 min	Introduction to two types of maternal death review. Need/purpose
60 min	Facility Based MDR- Process - Role of the Nodal Officer - Role of facility Maternal death committee - Role of the CMO,DNO &DM
60 min	Investigate maternal deaths using FBDR format
30 min	Cause of death – definitions
45 min	Group work- case studies
45 min	Presentation of group work and discussions

## FBMDR: Facility level training

Venue	Facility level
Duration	1 day
Facilitators	Facility Nodal officer
Participants	Staff that will take part in the MDR nodal committee at facility level, i.e. medical superintendent, OB-GYN etc
Training materials	Interview format for FB-MDR, Case studies, FB-MDR reference manual, Guidebook on MDR
Topics	Power-point presentations on the background: maternal mortality-causes, current status, rationale of MDR, process of FB-MDR, roles and responsibilities, data flow and analysis, monitoring & supervision, review process;  How to use the FB-MDR review format. Cause of death definitions. Non-punitive process



## District Level Training on FBMDR for Medical Officers at the facility

1 day	
20 min	Background MMR / causes/current status
30 min	Introduction to two types of maternal death review. Need/purpose
60 min	Facility Based MDR- Process - Role of the Nodal Officer - Role of facility Maternal death committee - Role of the CMO,DNO &DM
60 min	Investigate maternal deaths using FBDR format
30 min	Cause of death – definitions
45 min	Group work- case studies
45 min	Presentation of group work and discussions

## FBMDR: Facility level sensitization workshop

Venue	Facility level
Duration	1/2day
Facilitators	Facility Nodal officer
Participants	Other medical and paramedical staff of the facility
Training materials	Guidebook on MDR
Topics	Power-point presentations on the background: maternal mortality-causes, current status, rationale of MDR, process of FB-MDR, roles and responsibilities, data flow and analysis, monitoring & supervision, review process; Non-punitive process

## 1.8 Data Analysis

The case summaries of maternal deaths (both CBMDR & FBMDR) will be reviewed at district and block level by the designated officials and action will have to be taken accordingly. In addition, there is a need for in-depth analysis of the filled up formats to identify the trends in different factors associated

with maternal deaths. This will help in guiding policy issues related to maternal health and also capture any change over time and comparison between different geographical areas and population groups. The analyzed data may also be used to design communication strategies and develop IEC materials for awareness generation and behavior change for reducing maternal deaths.

For the in-depth analysis of data, states may take support from experts from Medical Colleges, Universities and other specialized agencies at state and/or district level. Selected indicators are to be entered in HMIS, and separate software may also be developed for data entry and analysis.

## Use of analyzed data

The analyzed data will be used for developing the Annual Maternal Death Report for the state. The report will be disseminated to all stakeholders annually and used for state level measures for systems improvement and community action. At district level, the analyzed data should also be shared with stakeholders including community for programmatic improvement and community action.

### Community awareness and action

Sharing analysed data on maternal deaths is a good way to raise awareness about the issue with the local communities. Through discussions on the contributory factors and the three delays leading to women's deaths, it may stimulate a will to act among the community. Presentation of the data can also be done using street theatre etc. Experience has shown that creative discussions with the communities, using data from the maternal deaths in the district, may lead to increased knowledge and action to improve birth preparedness and complication readiness at local level.

## 1.9 Monitoring and Supervision

MDR being a new initiative, it will need close monitoring and supervision of the process to identify the problems that need to be addressed on a priority basis for its effective implementation and ultimate impact.

The BMO will ensure timely reporting and investigation through regular feedback to the notifiers and investigating team. He/she will be responsible for scrutiny of the filled up formats and provide handholding support to the block investigation team to improve quality of investigation. The BMO as a supervisor of the block team will also participate in the field level investigation himself/herself.

The district nodal officer/CMO will monitor the process indicators of the district and give feedback to the blocks. He/she will also give feedback on the quality of investigation through scrutiny of filled up formats and case summaries (samples) and provide support to the block level investigation teams and BMOs, as well as FNO's in the facilities to improve the MDR process. The entity in charge of data entry may also give feedback on the quality of investigation through scrutiny of filled up formats. The CMO and will also follow up with the blocks/ health facilities on implementation of the response plans.

The state nodal officer will also follow up with the districts/Medical Colleges on implementation of the response plans. He will also monitor the process indicators of all the districts. The process indicators will be used to assess the completeness of reporting, timeliness and quality of investigation, regularity of review meetings and development of response plans.

## **CB-MDR process indicators**

1. Proportion of maternal deaths investigated in the district
  - a. Reported vs. expected/estimated
  - b. Investigated vs. reported

## **FBMDR process indicators**

1. Proportion of institutions that conducted FBMDR meetings

[Ex: If there are 5 identified facilities in the district, 5 meetings should be conducted every month. Even when there is no death, meetings should be held to discuss quality issues and action taken since previous meetings]
2. Percentage of maternal deaths notified within 24 hours
3. Proportion of maternal deaths investigated

4. Proportion of minor gaps resolved.  
[Ex: Anything which can be resolved at the facility level is classified as minor]
5. Proportion of major gaps on which action is initiated (proposals submitted)
6. Proportion of major gaps on which action taken (proposals approved and process begun)

## **District level process indicators**

1. Proportion of MDR meetings conducted by the DM
2. Proportion of cases reviewed vs. cases investigated
3. Proportion of maternal deaths notified vs. estimated.