

# DEPARTMENT OF PUBLIC HEALTH AND FAMILY WELFARE, GOVERNMENT OF MAHARASHTRA





Guidance on

MATERNAL AND CHILD

DEATH REVIEW

AT DISTRICT LEVEL



Maharashtra is one of the frontrunner State to provide quality primary health care to its citizens. Public health department is giving prime importance to improve maternal and child health parameters in the State. Over a past decade, although, the State has shown considerable decline in maternal and child mortality, we reaffirm our commitments to make every effort to prevent maternal and child deaths.

To reduce preventable maternal and child deaths, maternal and child death reviews are the most important strategy at the district level. It not only analyses the gaps in service deliveries but also the effective action plan to reduce each of such unfortunate deaths. This guidance note has been designed to assist district level authorities for in-depth review of the each of the maternal and child deaths and to make the action plan to address the identified gaps from community level to facility level.

I am confident that this strategic approach will strengthen the efforts to improve maternal health and child survival in Maharashtra. This will also help department to reform its policies if required based on suggestions received from districts.

I believe this document would be used effectively at the district and corporation levels to improve the condition of women and children and fill in the gaps at various life stages leading to reduced maternal and child mortality.

DR TANAJI SAWANT
Hon. Health Minister (Public Health)

Maharashtra



Improving maternal and child survival and development is one of the key goals of National Health Mission (NHM). It is acknowledged that most maternal and child deaths occurring in the State are preventable as reasons for such deaths are the most common conditions, for which the prevention and treatment strategies are available and implemented. So every maternal and child death therefore is unfortunate and there are actionable points to be drawn from each such death so that the underlying causes can be identified and gaps in the implementation and delivery maternal and child health services are addressed through actions at various levels of the healthcare delivery system.

The purpose of this guidance note is to establish a process through which all maternal and child deaths are investigated and reviewed. Also this will help district and block level functionaries in identification of societal/community and health system related causes leading to deaths for which necessary actions are taken through the public health system.

I hope that this guidance note on maternal and child death review will streamline the process of review and audit across the State and will help districts to prepare most appropriate and timely action plans for local conditions in rural and urban areas.

DR. MILIND MHAISEKAR, I.A.S.

Additional Chief Secretary, Public Health Department Government of Maharashtra



Maternal and Child Death Review is already been in place district level as a strategy for identifying gaps and response for these identified gaps.

The already established system and platforms like district maternal / child death review committee will benefit from the this document for identification of gaps and strengthening program implementation at local level This will bring greater accountability at district level from frontline workers upto district officials and also empower them with actionable information for preparation of local level action plan and implementation

We hope that the understanding of the gaps and systemic bottlenecks related to major causes of maternal and child deaths will help us in directing our all efforts into the most important and critical interventions for the most vulnerable geographical areas and populations.

I give my best wishes to district and State team for the preparation of actionable plans and reducing maternal and child mortality further.

DHEERAJ KUMAR, I.A.S.

Commissioner Health Services, MD (NHM) Government of Maharashtra



State is already implementing programs for maternal and child death review as per guidelines given by MoHFW for last many years. This guidelines give instructions regarding immediate reporting, brief and detail investigation, data transmission from PHC to district for monthly reporting. Also guidelines regarding district level review of sample child death cases and all maternal death cases are already in place where in district level officers review these deaths in detail and find out common areas which require immediate action.

This document contains additional templates for investigating gaps related to society/family, health service delivery, monitoring of program and policy level issues for major causes of maternal and child death. This specific death cause wise guidance template will help districts to identify gaps related to specific causes of maternal and child deaths and gaps in delays related to these deaths.

Also template for preparation of action plan and monitoring of suggested activities is given for district to assess the progress made on various activities.

For preparation of action plan, a brief summary of major causes of deaths having information related to definition, risk factors, major interventions is also given as a readymade template for guiding district committee.

This document is expected to use for individual death review/audit and also cumulative data analysis. This data analysis in detailed and systematic fashion is expected to facilitate formation of district specific road map for achieving single digit maternal and child death.

I hope this document will help district level committee for proper identification of gaps and preparing actionable plan for reducing future maternal and child deaths.

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