

SECRET

JUNE 2018

NCH/61/004C

MEMORANDUM OF THE HONOURABLE MINISTER OF HEALTH FOR SCALE UP OF THE IMPLEMENTATION OF MATERNAL AND PERINATAL DEATHS SURVEILLANCE AND RESPONSE (MPDSR) IN NIGERIA.

The purpose of this memorandum is to seek the National Council on Health (NCH) approval for the scale up implementation of Maternal and Perinatal Deaths Surveillance and Response (MPDSR) and the use of electronic platform for data management from 8 pilot States to 36 States and the Federal Capital Territory (FCT) in Nigeria.

BACKGROUND

The current maternal and neonatal mortality ratios of 576/100,000 and 37/1000 live births (NDHS 2013) respectively are unacceptable. Therefore there is need for all stakeholders to sustain the ongoing efforts to accelerate reduction of maternal and neonatal mortality through effective implementation of Maternal and Perinatal Deaths Surveillance and Response in the 36 States and FCT.

The National Council on Health (NCH) at its 57th meeting approved the implementation of Maternal and Perinatal Deaths Surveillance and Response in Nigeria. Adopting the Maternal and Perinatal Deaths Surveillance and Response (MPDSR) process, which is a veritable tool and process of identifying both direct and indirect causal factors of the deaths, enhance the efforts at preventing further deaths and provide more credible data for health planning effective and efficient budgeting. The goal of this initiative is to eliminate preventable maternal and perinatal deaths.

Significant reduction of maternal and perinatal mortality in countries will require counting every case and collection of routine information to permit an effective response that prevents future deaths. This is in keeping with Sustainable Development Goal 3 (SDG).

A number of activities have been implemented. These include:

- (i) Quarterly National MPDSR Steering Committee meeting
- (ii) Advocacy and Resource Mobilization and Monitoring and Evaluation.
- (iii) Training of key officers of all the States MPDSR Committees
- (iv) Development of the Federal and State implementation Plan.
- (v) Inauguration of MPDSR Steering Committees.

Other important activities implemented include:

- Collaboration with Integrated Disease Surveillance and Response (IDSR): Civil Registration and Vital Statistics and National Health Management Information System (NHMIS).
- Training of States Surveillance and M&E (IDSR) Officers (April 2017). Training of Trainers (TOT) for the States MPDSR and IDSR Officers (May 2017).
- Training of Population Registrar of Birth on the registration component of Civil Registration and Vital Statistics on MPDSR (February 2017).
- Collaboration with Rotary International to develop electronic platform web based data capturing for MPDSR. (This was fully funded by Rotary International in July 2017). Eight States (Anambra, Enugu, Ebonyi, Osun, Ondo, Kano, Kaduna and FCT) with 20 Secondary Health Facilities each were fully trained, connected and have been reporting regularly using the electronic platform for data capturing.

Furthermore, the planned activities for 2018 include:

- (i) Quarterly National MPDSR Steering Committee meeting.(April, June, September and November 2018 supported by MNCH2);
- (ii) Collaboration of MPDSR with NFEITP on Surveillance and Response;
- (iii) The Biannual Supervision and Monitoring of States on MPDSR (June and November 2018);
- (iv) Training of Health Personnel in Tertiary Health Institution on MPDSR implementation.
- (v) Development of Private Health Facilities Guidelines and tools on implementation of MPDSR.
- (vi) MPDSR Annual review meeting;
- (vii) Review of Public Health Facility and Community MPDSR Guidelines and Tools;
- (viii) Training of the States MPDSR on the formation and Conducting Community MPDSR;
- (ix) Review of Facilitators Training Manual on MPDSR and Development of Participants Training Manual on MPDSR.

Meanwhile, there are challenges that have been hampering the implementation in some States which already have MPDSR Steering Committee:

- a) Lack of budgetary allocation to MPDSR Steering Committee to implement activities in the costed implementation plan to reduce maternal and neonatal mortality.
- b) Lack of commitment from existing structures to support MPDSR at State, LGAs and Community levels is a major setback.
- c) Data Management for MPDSR Steering Committees activities at all levels in the 36 States + FCT.
- d) Resistance to change by health workers for the implementation of MPDSR in Health Facilities.
- e) Human resources for implementation not readily available.
- f) Private Sector and Community not reporting yet which has led to low coverage.
- g) Discipline of Medical Officers who treated patients by employer where `No Name No Blame` is not adhere to.
- h) Community acceptability

As we have challenges so also there are lesson learnt from the implementation of MPDSR activities so far. The lessons learnt are:

1. Regular stakeholders meeting enhance performance through monitoring of activities.
2. Collaboration with existing structure is cost effective and efficient in the implementation of MPDSR in Nigeria.
3. Electronic Data Management is prompt and efficient than hard copy data management
4. Capacity building, Advocacy and Supervision are important components of activities for the success of MPDSR.
5. Review meetings on all Maternal and Perinatal deaths are keys to prevent future occurrence.
6. MPDSR is a veritable tool for health planning development and budgeting.

PRAYERS

Council is therefore invited to approve:

1. The scale up of the implementation of MPDSR in the Private Health Facilities and Communities in line with Universal Coverage with the reviewed Training Manual, Guideline and Tools.
2. Adoption and scale up in 36 states and FCT, the use of the electronic platform for data entering, notification, quantification, analysis and reporting from 8 states to 36 States and FCT.

Honourable Minister of Health

JUNE, 2018