THE SENATE
FEDERAL REPUBLIC OF NIGERIA

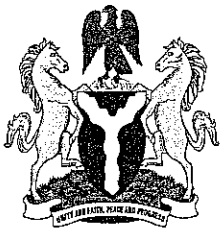
NATIONAL MATERNAL AND PERINATAL DEATH SURVEILLANCE AND RESPONSE (NMPDSR) BILL 2021
SB. 581

A BILL
FOR
AN ACT TO PROVIDE FOR EFFECTIVE SURVEILLANCE, REVIEW AND PREVENTION OF MATERNAL AND PERINATAL DEATHS AND RELATED MATTERS FOR THE FEDERAL REPUBLIC OF NIGERIA, 2021

FIRST READING	THURSDAY, 3RD DECEMBER, 2020
SECOND READING	THURSDAY, 17TH DECEMBER, 2020
THIRD READING AND PASSAGE	TUESDAY, 30TH NOVEMBER, 2021

NATIONAL MATERNAL AND PERINATAL DEATH SURVEILLANCE AND RESPONSE (NMPDSR) BILL 2021

Arrangement of Clauses



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[ ] *Commencement*

BE IT ENACTED by the National Assembly of the Federal Republic of Nigeria as follows:

PART 1- INTRODUCTORY

Establishment

1. (1) There is hereby established a Committee to be known as National Maternal and Perinatal Death Surveillance and Response Steering Committee (NMPDSRSC).

(2) The Committee shall be under the supervision of the Federal Ministry of Health.

(3) There is also established a Scheme for Maternal and Perinatal Death Surveillance and Response (MPDSR) for the Federal Republic of Nigeria.

. Facilitation and purpose

2. The Scheme shall be facilitated by the Federal Ministry of Health and shall undertake the following:

(1) The components of the processes of Maternal and Perinatal Deaths Surveillance and Response in 36 States in Nigeria and the Federal Capital Territory may include –

i. compulsory routine identification and reporting of all maternal and perinatal deaths;

ii. mandatory reporting of maternal and perinatal deaths as stated in Integrated Disease Surveillance Response (IDSR);

iii. mandatory notification of every maternal and perinatal death;

iv. inclusion of maternal and perinatal deaths as notifiable medical conditions that should be promptly reported to the Disease Surveillance Information Officer;

v. a compulsory notification of all reported maternal and perinatal deaths by Disease Surveillance and Notification Officers at all levels shall follow the approved processes of notifiable diseases on Integrated Diseases Surveillance and Response (IDSR);

vi. mandatory maternal and perinatal deaths review;

vii. review of all notified maternal and perinatal deaths by the MPDSR Steering Committee at all levels (National, State, Local Government Area, Primary Health Care, Secondary and Tertiary Health Care);

viii. All recommendations made on each reviewed maternal and perinatal death shall receive mandatory action to improve quality of care at all levels of health care by the Quality Improvement Team.

(3) Analysis and interpretation of data collected shall be in respect of the following –

i. trends in Maternal and Perinatal mortality;

ii. causes of death (medical) and contributory factors (quality of care issues, barriers to care, non-medical factors, health seeking behavior issues, and other related issues);

iii. avoidability of deaths, focusing on those factors that can be remedied;

iv. risk factors, groups at risk and mappings of maternal and perinatal deaths; and

v. demographic, socio-political and religious factors;

(4) Use of the data to make evidence-based recommendation(s) for action to reduce maternal and perinatal mortality.

(5) Dissemination of findings and recommendations to civil societies, health personnel and decision/policy makers to increase awareness about the magnitude, social effects and preventability of maternal and perinatal mortality.

(6) Ensuring timely implementation by monitoring, evaluating and reporting the implementation of recommendations.

(7) Improving Maternal and Perinatal mortality statistics and moving towards attaining complete Civil Registration and Vital Statistics records.

(8) Guiding and prioritizing research related to maternal and perinatal mortality.

(9) Improving Maternal and Newborn health.

(10) Ensuring timely reporting of all Maternal and Perinatal Deaths Surveillance and Response (MPDSR) processes and activities at all levels of health care through the National MPDSR Electronic Platforms.

Implementation

3. (1) The Scheme shall be implemented by Maternal and Perinatal Death Surveillance and Response Committees (MPDSRC) and shall operate at Federal Health Facilities.

(2) Nothing in the above subsection shall preclude a State House of Assembly from passing a law for the same purpose.

PART II- NATIONAL MPDSR STEERING COMMITTEE

Funding

4. (1) The MPDSRC shall source its funds and resources from –

(i) such funds as shall, from time to time, be provided for in the budgets of Federal and other levels of health care;

(ii) such funds and resources in any manner as may from time to time be donated to the scheme by local and international partners or organizations for the purpose of giving effect to the provisions of this Bill.

(2) The House of Assembly of a State may legislate to provide dedicated budget lines for MPDSR activities in their States.

PART II- NATIONAL MPDSR STEERING COMMITTEE

5. The National Maternal and Perinatal Death Surveillance and Response Steering Committee shall be domiciled in the office of the Minister responsible for Health.

Domiciliation of the National MPDSR Steering Committee.

6. The membership of the National MPDSR Committee shall be-

Membership of the National MPDSR Steering Committee and appointment.

a. The Minister responsible for Health who shall be the Chairman of the Committee.

b. A Vice Chairman 1 who shall be a Consultant Obstetrician and Gynaecologist appointed by the Minister.

c. A Vice Chairman 2 who shall be a Consultant Paediatrician/Neonatologist who shall be appointed by the Minister.

d. The Director responsible for Family Health at the Federal Ministry of Health who shall be the Secretary to the Committee.

e. One representative from Ministries, Departments and Agencies (MDAs) to be nominated by the Heads and Authorities of Government MDAs and Development Partners of:

i. Department of Family Health, FMOH;
ii. Department of Health Planning Research and Statistics, FMOH;
iii. Department of Hospital Services, FMOH;
iv. Department of Public Health, FMOH;
v. National Primary Health Care Development Agency;
vi. National Health Insurance Scheme;
vii. National Population Commission;
viii. Ministry of Women Affairs;
ix. National Bureau of Statistics;
x. Development Partners on Health;

f. One representative each of the National Professional Associations to be nominated by the Associations:

i. Nigeria Medical Association;
ii. Association of General and Private Medical Practitioners of Nigeria;
iii. Pathologist Association of Nigeria;
iv. National Association of Nigerian Nurses and Midwives;
v. Association of Public Health Physicians of Nigerian; and
vi. One representative of a CSO active in Maternal and Perinatal health.

7. The tenure of the Committee shall be as follows –

Tenure and Terms For the

(1) The Chairman shall hold office for the period he performs as Minister responsible for Health. *members*

(2) The Vice Chairman 1 and Vice Chairman 2 of the Committee shall hold office for a period of four years renewable once.

(3) Other members of the Committee shall serve for a term of three years renewable for one term only.

8. The National MPDSR Steering Committee shall perform the following functions - *Functions of the National MPDSR Committee*

a. make appropriate recommendations to the Minister for prompt implementation;

b. be responsible for giving effect to the MPDSR Scheme across the Federation and regular review and publications;

c. track accumulated data on notifications on Maternal and Perinatal deaths;

d. appoint Sub-Committees including Technical Sub-Committee, monitoring & evaluation Sub-Committee and Advocacy Sub-Committees with specific Terms of Reference. The Sub-Committees will analyze the reports in clinical depth and make recommendations to the Federal Committee;

e. collate reports on all maternal and perinatal deaths; ensure consistency of reporting and follow-up;

f. implement the recommendations;

g. issue annual report on key findings and recommendations;

h. organise trainings and awareness workshops;

i. develop guidelines, tools and other materials needed which shall serve as the Standard Operating Procedures for carrying out MPDSR processes and implementation in Nigeria based on its revised version as approved by designated authority;

j. anticipate future expansion and development implementation plans;

k. produce quarterly reports to the Minister through the Permanent Secretary for stakeholders; and

l. give support to the State MPDSR Steering Committee in the implementation of MPDSR plans and processes.

9. (1) The meetings of the National MPDSR Steering Committee shall be convened by the Chairman or his representative subject to his approval and shall hold quarterly. *Meetings of the National MPDSR Committee*

(2) The Chairman may convene an emergency meeting whenever the need arises.

(3) The meetings shall be held at such a place and time as the Chairman may determine.

(4) The Chairman shall preside over all meetings of the National Committee and in his/her absence, any other member nominated for that purpose by the Chairman may preside.

(5) The quorum for meetings shall be one half of the members of the Committee.

(6) The Committee shall have the power to regulate its own proceedings, subject to the provisions of this Bill.

10. (1) There shall be Technical Sub-Committees constituted by the MPDSR National Steering Committee. *Technical Sub-Committee*

(2) The Reproductive Maternal Neonatal Child Adolescent and Elderly Health plus Nutrition (RMNCAEH +N) Technical and Quality Delivery Sub-committee shall be the Technical Sub-Committees of National MPDSR Steering Committee and representative of other stakeholders as approved by the MPDSR Steering Committee.

(3) The Technical Sub-Committee shall hold meetings regularly as the Chairman may determine. Provided that it shall hold a meeting one week prior to the quarterly meeting of the National MPDSR Steering Committee.

11. (1) The Technical Sub-Committee shall have the following responsibilities - *Responsibilities of the Technical Sub-Committee*

a. give expertise in maternal and newborn health and provide supportive services to the National MPDSR Steering Committee;
b. discuss with different development partners their likely support, including technical assistance for implementation;
c. undertake in-dept analysis of maternal and perinatal deaths;
d. examine all recent experience with Maternal and Perinatal Deaths Surveillance and Response or similar surveys in Nigeria;
e. make appropriate recommendations on required capacity building of officers to implement MPDSR objectives;
f. make specific and practical recommendations for strengthening MPDSR;

(2) The Technical Sub-Committee –

a. shall meet before every National MPDSR Committee quarterly meeting to analyze MPDSR reports assembled from states/MPDSR facilities;
b. may co-opt other members within or outside the steering committee as it deems fit.

12. The RMNCAEH +N Accountability, Data and Knowledge Management Sub-committee shall serve as the Monitoring and Evaluation Sub-Committee. *M & E Sub-Committee*

13. Responsibilities of the M & E Sub-Committee shall include - *Responsibilities of M & E Sub-Committee*

a. periodic examination of the recent surveys and assessment of their accuracy, quality assurance procedures, content and data analysis and dissemination procedures;

b. working closely with donors and implementing partners to develop specific and practical plans and protocols that would provide results for robust MPDSR at all levels;

c. producing periodic summary of key data and recommendations in comprehensive reports to be used by managers and policy makers for improved quality care;

d. assessing capacities of key Monitoring and Evaluation institutions for undertaking MPDSR at all levels;

e. proposing key M & E systems strengthening required to report credible and verifiable data;

f. suggesting how MPDSR linkage to NHMIS and the DHIS can be strengthened;

g. advocating liaison between MPDSR National Steering Committee and relevant agencies and organizations;

h. ensuring timely reporting of all MPDSR activities through the National MPDSR Electronic Platform;

i. producing periodic summary of key data and recommendations in comprehensive reports in very simple terms for the understanding of the community gate keepers and laymen; and

j. facilitating the development and dissemination of annual report on MPDSR implementation at all levels of health care in Nigeria.

Advocacy Sub-Committee

14. There shall be a Reproductive Maternal Neonatal Child Adolescent and Elderly Health plus Nutrition (RMNCAEH +N) Resource and Advocacy Mobilization Sub-Committee which shall serve as MPDSR Advocacy Sub-committee.

Responsibilities Advocacy Sub-Committee

15. The responsibilities of the Advocacy Sub-Committee include -

a. establishing a sustainable MPDSR implementation by constantly ensuring political will at all levels of governance through advocacy;

b. increasing access to quality maternal and child health in Nigeria;

c. working with the States' MPDSR advocacy sub-committees to facilitate establishment and sustainability of State MPDSR;

d. rapidly scaling up implementation of MPDSR at the State level through advocacy in collaboration with the State MPDSR advocacy sub- committee;

e. protecting the implementation of MPDSR through effective awareness creation and support for proper legislation; and

f. facilitating the implementation of the recommendations of the National Steering Committee.

PART III- STATES MPDSR STEERING COMMITTEE

Establishment of the Facility Level MPDSR Committee

16. **(1)** There shall be for every Public and Private Health Facility an MPDSR Committee which shall be domiciled in the office of the Head of the Facility.

(2) The roles of the Head of Facility include –

a. provision of overall leadership for MPDSR in the facility;

b. provision of all necessary resources for the smooth running of MPDSR in the facility;

c. ensure that all recommendations emanating from MPDSR activities are implemented;

d. ensure Facility MPDSR Committee conducts review meetings at least monthly or as emergency when required according to MPDSR National Guidelines;

e. ensure that prepared MPDSR forms and Committee Session reports are sent to the State and National MPDSR Committees within 72 hours of completion of Committee meeting; and

f. compulsorily develop and disseminate annual report on MPDSR implementation in the Facility.

17. (1) The States Steering Committee shall include the following persons; *Functions of the States Steering Committee*

a. Chairman: Who must be a Consultant Obstetrician and Gynecologist.
b. Co-Chairman: Must be a Consultant Paediatrician.
c. Secretary: The Coordinator of Reproductive Health.
d. Desk Officer: Must be a Senior Technical Officer in Maternal/Child health Unit.
e. Executive Secretary/DG Hospital Management Board (State Facility MPDSR Coordinator).
f. Executive Secretary Primary Health Care Development Board/Agency (PHC MPDSR Coordinator).
g. Director Primary Health Care in State Ministry of Health.
h. compulsorily develop and disseminate annual report on MPDSR implementation in the Facility. h Director Department of Planning Research and Statistics.
i. Ministry of Finance/Budget.
j. Director Nursing / Midwifery Services.
k. Private Health Establishment Regulatory Unit in SMOH (Private Practice Regulators).
l. Guild of Medical Directors.
m. Association of General Private Medical Practitioners of Nigeria (AGPMPN).
n. Local Government Service Commission.
o. Chief Pharmacist,
p. Chief Pathologist/Head of Laboratories & Blood Transfusion services,
q. Representative of State Chapter of NCWS,
r. National Population Commission,
s. Society of Gynaecology and Obstetrics,
t. Paediatrics Association of Nigeria,
u. Saving 1 million Life (Project Manager),
v. CSOs in Maternal and Perinatal Health.

A – PUBLIC MPDRS TERTIARY HEALTH FACILITY COMMITTEE

18. MPDSR implementation Process will be carried out by Maternal and Perinatal Deaths Quality, Equity and Dignity (MPD-QED) in the Tertiary Health Facility. *. Membership of the Public Facility Level MPDSR Committee*

(i) Membership of Tertiary Public Health Facility MPDSR Committee shall comprise of the following -

a. Chairman: Chairman Medical Advisory Committee/ Director of Clinical Services;

b. Secretary I: Coordinator MPD4QED Department of Obstetrics, Gynaecology for Tertiary Health Facilities; .

c. Secretary II: Coordinator MPD4QED Department of Paediatrics for Tertiary Health Facilities;

d. Head/Representative of the following departments as may be available -

i. Nursing/midwifery
ii. Pathology
iii. Preventive/ community medicine
iv. Anaesthesia
v. Haematology & Blood Bank
vi. Laboratory/ maternity ward
vii. Neonatal ward
viii. Medical records
ix. Medical social welfare
x. Pharmacy
xi. MPDSR Officer I –Obstetrics and Gynaecology
xii. MPDSR Officer II- Paediatrics
xiii. Member of a local Women's Group.
xiv Department of Family Health.

2. Other persons may be included in the Committees by the Head of each Facility who shall inaugurate the Committees in their respective Facilities.

19. The Public MPDRS Tertiary Health Facility Committee shall perform the following functions –

Functions of the Public Facility Level MPDSR Committee

1. Identify all Maternal and Perinatal deaths in the facility and promptly dispatch notifications to the Disease Surveillance Information Officer at the Local Government Health Department and State Ministry of Health.

2. Ensure Facility based MPDSR forms are completed accurately and timely.

3. Retrieve case notes as soon as possible and keep them safe.

4. Hold regular MPDSR meetings within 2 to 4 weeks interval at which case(s) will be discussed/ reviewed and report and recommendations compiled.

5. Prepare MPDSR forms and Committee Session report which are sent to the State and National Steering Committees within 72 hours.

6. Follow up committee local recommendations to ensure their implementation.

B - PRIVATE MPDSR FACILITY COMMITTEE IN FCT

20. Membership of the Private MPDSR Facility Committee shall include the following:

Membership of the Private MPDSR Facility Level Committee

1. Chairman - Medical Director/Head of the facility
2. Secretary I - Head, Obstetrics &Gynaecology/Maternity
3. Secretary II - Head of Paediatrics
4. MPDSR Officer(s) - A medical officer
5. Member of a local women group and other relevant NGOs
6. Head of the following Units
    - i. Nursing/Midwifery
    - ii. Pathology/Laboratory
    - iii. Haematology& Blood bank
    - iv. Labour/Maternity ward
    - v. Neonatal ward
    - vi. Medical records
    - vii. Medical Social Welfare Pharmacy

21. (1) There shall be a National Sub-committee on PHC MPDSR as a sub-committee of the National Emergency Maternal and Child Health Intervention Centre (NEMCHIC) of NPHCDA.

Establishment of the National Sub-Committee on PHC MPDSR

(2) The Sub-Committee shall be responsible for providing oversight on the implementation of MPDSR at the Primary Health Care (PHC) Centres and at the Community levels in all states and the FCT.

(3) The House of Assembly of a State may legislate for the establishment of Sub- Committees of State Emergency Maternal and Child Health Intervention Centre (SEMCHIC) and the Local Government Emergency Maternal and Child Health Intervention Centre (LEMCHIC) and the Ward Development Committee respectively.

23. The functions of the Private MPDSR Facility Committee include;

Responsibilities of the National Sub-Committee on PHC-MPDSR

1. To identify all maternal and perinatal deaths in the private health facility and promptly dispatch notifications to the Disease Surveillance Notification Officer at the Local Government Health Department and State Ministry of Health. This may be through the notification form and/or e-platform.
2. To ensure facility MPDSR forms are completed accurately and on time and dispatched promptly
3. To retrieve case notes of maternal and perinatal deaths as soon as possible and keep safely.
4. Hold regular MPDSR meetings within 2 to 4 weeks interval where case(s) will be discussed in a non threatening manner
5. Compile quarterly and yearly reports and recommendations from

a) Director of Civil Registration and Vital Statistics of National Population Commission (NPC) serve as the Co-Chair.

b) A Desk Officer Civil Registration and Vital Statistics of National Population Commission
c) Deputy Programme Manager 1 of the NEMCHIC- Secretary
d) Deputy Programme Manager-2 of the NEMCHIC
e) Team lead of M&E working group of the NEMCHIC- Desk Officer
f) Team lead of Service delivery working group of the NEMCHIC
g) Team lead of Advocacy, Communication and Community Engagement working group of the NEMCHIC
h) A representative of National Association of Nurses and Midwives
i) A representative of the Association of Primary Health Practitioners of Nigeria (APHPN)
j) A representative of the Community Health Practitioners Board
k) The Desk officer MPDSR, Federal Ministry of Health
l) Development Partners
m) Civil Society Organizations
n) Any other Member as appointed by the NPHCDA ED/CEO.

23. (1) The Committee shall meet quarterly and shall perform the following functions - *Responsibilities of the National Sub-Committee on PHC-MPDSR*

i. Provide leadership and coordination for the implementation of PHC-MPDSR and ensure accountability at all levels of implementation.

ii. Provide technical and programmatic support for the implementation of PHC-MPDSR at PHC and Community levels.
iii. Intervene in the resolution of specific problems requiring high level support and review progress on agreed activities.

iv. Make specific and practical recommendations for strengthening PHC-MPDSR to the national steering committee on MPDSR.

v. Ensure political will at all levels of governance for the implementation of PHC-MPDSR.

vi. Engage with different MDAs and development partners for their support, including technical assistance for implementation of PHC-MPDSR.

vii. Facilitate the implementation of the recommendations of the National Steering Committee regarding PHC-MPDSR.

(2) Other Tasks may include -

i. Rapidly scale up of the establishment and implementation of PHC-MPDSR through advocacy.

ii. Periodically assess the accuracy, content and quality of surveillance reports, and make recommendations for use by health managers and policy makers to improve the quality of maternal and child Care at the PHC and community level.
iii. Develop a comprehensive M & E plan and make recommendations on M&E systems strengthening required to support credible and verifiable PHC-MPDSR data provision and dissemination.

iv. Make appropriate recommendations on required capacity building for Officers to implement PHC-MPDSR.

v. Conduct trainings and workshops to build capacity on PHC-MPDSR.

vi. Develop guidelines, tools, training documents and other materials needed for PHC-MPDSR.

(3) The meetings of the PHC-MPDSR shall align with the mode of operations of NEMCHIC and provide regular progress updates on PHC -MPDSR implementation to the National Steering Committee on MPDSR.

(4) The Committee and members of the PHC-MPDSR shall hold office for the duration of the service.

PART V - OPERATION PROCEDURES, DUTIES, RESPONSIBILITIES, OFFENCES AND PENALTIES

. Death Notification

24. (1) The process for death notification and conducting death reviews as documented in the National Guidelines for MPDSR and the developed National Tools as contained in the Schedules to this bill shall be adopted and used.

(2) Where a Maternal or Perinatal death occurs within a health facility, it is mandatory that it is reported as may be prescribed by the Steering Committee.

(3) Where a Maternal and Perinatal death occurs outside a health facility, it is mandatory that the relative and birth attendance where it occurs in such place shall within three days of such death report the case to closest health facility or responsible person representing a community MPDSR committee who shall ensure the death is reviewed compulsorily and documented.

(4) Any person who fails to report within the stipulated time or aide in the concealment of any maternal and / or perinatal deaths and any related information shall be guilty of an offence which shall upon conviction be punishable with imprisonment for a term of one year or a fine not exceeding N500,000.00 (five hundred thousand naira and shall be held to account by the statutory administrative authority.

5) Where a facility failed to notify the Local Government Disease Surveillance and Notification Officer within a stipulated time in the National MPDSR Guidelines, the Head of the facility shall be guilty of a misdemeanor and is liable on a fine of three hundred thousand naira and subject also to disciplinary action by the constituted authority.

(6) The identity of the deceased, the health worker and persons who volunteer any information which may be useful in MPDSR shall be protected and such information shall be treated as confidential.

(7) Any member of the MPDSR committee who breaches confidentiality shall be guilty of an offence and is liable to a fine of a maximum of three hundred thousand naira, striped of membership of the committee and held to account by constituted authority within the jurisdiction.

(8) Any person who willfully obstruct the Committee or any authorize officer or person in the exercise of any powers or functions conferred on the committee or person under this bill shall be guilty of an offence and is liable on conviction to a fine of a maximum of three hundred thousand naira.

(9) Any person or authority who breaches no name no blame culture in the MPDSR processes shall be

guilty of an offence and is liable on conviction to compensate as a fine of three hundred thousand naira in case of an individual and five hundred thousand for agencies to the victim of blame.

(10) Every Local Government in the country is to employ/designate a suitably qualified Medical Officer of Health with appropriate Terms of Reference for of the conduct of medical audits for maternal and perinatal deaths that occur in a PHC or in the community and where not applicable the Head/In-charge (Chief Medical Officer or Director) of a Secondary Health Facility located within the LGA or certified Coroner be designated for the purpose.

Interpretation

25. In this Bill -

"Care providers" include health workers.

"Early Neonatal Death" means death of new born babies occurring within first seven (7) days of life.

"Facility" means any institution public or private centre where maternal and child healthcare is being pro

"Maternal Death" means the death of a woman while pregnant or within forty-two days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accident or incidental causes.

"Maternal and Perinatal Death Review" means a qualitative, in-depth investigation into the causes of and circumstances surrounding maternal and prenatal deaths which occur either in health care facilities or in the community.

"**Medical Audit**" means the systematic and critical analysis of quality of care which includes procedures for diagnosis, treatment, care and outcomes for patients.

"Minister" means Minister in charge of Health.

"Ministry" means Ministry of Health.

"Perinatal Period" means the period commencing at twenty-eight completed weeks of gestation and end seven completed days after birth.

"Perinatal Death" means death that occurred around the time of birth; it includes both still births and ear neonatal deaths.

"Pregnancy Related Deaths" means the death of a woman while pregnant, irrespective of the cause of de

"Relatives" includes husband, parents, siblings, children and in-laws of a woman.

"Scheme" means the Maternal and Perinatal Death Surveillance and Response (MPDSR) Scheme.

"Stillbirth" means intrauterine death of a fetus after 28 weeks of gestation or fetus/baby that weighs 1kg birth.

"Verbal Autopsy" means a method for determining individual's cause of death and cause-specific mortali fractions in populations
that are without a complete vital registration system.

Citation

This Bill may be cited as the National Maternal and Perinatal Death Surveillance and Response (NMPDSR) Bill, 2021.

SCHEDULE 1
Response Component of Implementing

NMPDSR are the actions, efforts or changes put in place to improve Quality of Care and prevent future maternal and perinatal deaths in a health facility. Quality of healthcare is an assessment of whether the services rendered are good enough and whether they are suitable for its purpose of preserving, restoring and sustaining health. Facilities quality of care is measured in six domains:

Safety - avoiding injuries to patients from care that is intended to help them;

Effectiveness – avoiding overuse and misuse of care;

Patient-Centeredness – providing care that is unique to a patient's needs;

Timeliness – reducing wait times and harmful delays for patients and providers;

Efficiency – avoiding waste of equipment, supplies, ideas and energy; and

Equitable – providing care that does not vary across intrinsic personal characteristics like. Consequently, the death review process in any health facility continually assesses each of these domains, as were served on the deceased, in order to identify gaps in services that require remedying. It is therefore necessary for recommendations from Facility MPDSR to be intimately and promptly linked with all the other existing quality-of-care improvement processes and programs in each facility such as the Medical Advisory Committee continually as sasses each of these domains, as were served on the deceased, in order to identify gaps in services that require remedying. It is therefore necessary for recommendations from Facility MPDSR to be intimately and promptly linked with all the other existing quality-of-care improvement processes and programs in each facility such as the Medical Advisory Committee (MAC), Infection Control Committee, etc.

A Quality-of-Care Team as Response component shall be integrated into NMPDSR implementation at all levels of health care.

EXPLANATORY MEMORANDUM

This Bill seeks to provide for the effective surveillance, review and prevention of maternal and perinatal deaths and related matters.

THIS BILL WAS PASSED BY THE SENATE ON TUESDAY, 30TH NOVEMBER, 2021

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President,
Senate of the Federal Republic of Nigeria

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Clerk,
Senate of the Federal Republic of Nigeria