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

Sponsored by: [ ]

This Bill may be cited as NATIONAL MATERNAL AND
PERINATAL DEATH SURVEILLANCE AND RESPONSE
(NMPDSR) BILL.

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

PART 1 - ESTABLISHMENT

1- (1) It is hereby established by this bill a Committee under the
Federal Ministry of Health known as National Maternal and
Perinatal Death Surveillance and Response Steering
Committee (NMPDSRSC), in line with the policy and
guidelines of the Federal Government of Nigeria.

(2) There shall also be a Scheme for Maternal and Perinatal Death
Surveillance and Response (MPDSR) for the Federal Republic
of Nigeria.

2- In this bill, except where the context otherwise provides:
“Bill” means National Maternal and Perinatal Death
Surveillance and Response Bill
“Care providers” include, but are not limited to health
workers
“Commissioner” means commissioner in charge of Health
“Early Neonatal Death” means death of new born babies
occurring within first seven (7) days of life
“Public Facility” means any institution own by the Federal Government where maternal and child healthcare is being provided.

“Minister” means Minister in charge of Health.

“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.

“MPDSR or Maternal and Perinatal Death Surveillance and Response” means a form of continuous surveillance that links the health information system and quality improvement process from local to national levels, which includes the routine identification, notification, qualification and determination of causes and avoid ability of all maternal and perinatal deaths, as well as the use of this information to respond with actions that will prevent future deaths.

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

“Ministry” means Ministry of Health.

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

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

“Pregnancy Related Deaths” means the death of a woman while pregnant, irrespective of the cause of death.

“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 at birth.

“Verbal Autopsy” means a method for determining individual’s cause of death and cause-specific mortality fractions in populations that are without a complete vital registration system.

3-(1) The Scheme shall be facilitated by the Federal Ministry of Health and shall undertake the following:

(a) Collection and Notification and collection of accurate data on all Maternal and Perinatal deaths in 36 states in Nigeria and FCT, including;
   i. Notifying on every maternal and perinatal deaths
   ii. Numbering, identifying and reporting all maternal and perinatal deaths; and
   iii. Determining the cause of death, contributing factors and reviewing all Maternal and Perinatal Deaths (using facility records and/or verbal autopsies).

(b) Analysis and interpretation of data collected in respect of;
   i. Trends in Maternal and Perinatal mortality:
   ii. Causes of death (medical) and contributing factors (quality of care, barriers to care, non-medical factors, health seeking behavior, and so on):
   iii. Avoid ability of deaths, focusing on those factors that can be remedied;
   iv. Risk factors, groups at risk and maps of maternal and perinatal deaths;
   v. Demographic, socio-political and religious factors.

(c) Using the data to make evidence-based recommendation(s) for action to reduce maternal and perinatal mortality.

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

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

(f) Improving Maternal and Perinatal mortality statistics and moving towards attaining complete civil registration and vital statistics records.

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

(h) Improving Maternal and Newborn health.

(4) The scheme shall be implemented by Maternal and Perinatal Death Surveillance and Response Committees or (MPDSRC) and shall operate at Federal, State, Facility and Community levels as provided in this bill.

(5) The MPDSRC shall source its funds and resources from;

a) Such funds as shall, from time to time, be provided for in the budgets of respective Federal and States’ Ministries of Health.

b) 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.

PART II-NATIONAL MPDSR STEERING COMMITTEE

4- The National Maternal and Perinatal Death Surveillance and Response Committee shall be domiciled in the office of the Minister.

5- The membership of the National MPDSR Committee shall be constituted as contained in the schedule to Bill.

6- The tenure of the committee shall be as below;

a. The Chairman and Co-chairman of the Committee shall hold office for four year tenure, renewable once.
b. Other members of the committee will serve a term of three years renewable only for a term.

7- The National MPDSR Steering Committee shall perform the following functions;

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, M & E Sub-Committee and Advocacy Sub-Committees with specific TORs. 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. The implementation of recommendations;

g. Issue annual report on key findings and recommendations;

h. Arrange trainings and awareness creation workshop;

i. Develop guidelines, tools and other materials needed for MPDSR;

j. Anticipate future expansion and development implementation plans;

k. Make quarterly reports to the Honorable Minister through the Permanent Secretary.

l. Give support to the State MPDSR Steering Committee in the implementation of MPDSR plans and processes.
(1) The meetings of the State MPDSR Steering Committee shall be convened by the Chairman and shall hold bi-monthly. The Chairman may convene an emergency meeting whenever the need arises.

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

(3) The Chairman shall preside over all meetings of the National Committee and in his/her absence, the Co-Chairman or any other member elected for that purpose by the members may preside over a meeting.

(4) The quorum for meetings shall be one half of the members of the committee.

(5) The committee shall have the powers to regulate its own proceedings, subject to the provisions of this bill.

(6) The agenda of the meetings of the committee shall in addition to any other items, include the following;

i. Reminder on MPDSR code of conduct as provided for in schedule 1 to this bill;

ii. Deliberation on the minutes of the preceding meeting;

iii. Updates on action points/recommendations made at the previous meeting;

iv. Presentation of the report of the Technical Sub-Committees for deliberation on all recently assembled MPDRS reports from states, facilities and communities;

v. Compilations of recommendations, with specification of their destination;

(1) There shall be Technical Sub-Committees constituted by the MPDSR National Steering Committee, which may be headed by the Secretary to the National Steering Committee. Other members shall include the Desk Officers 1 & 2 National Steering Committee. Provided that the Technical Sub-Committee shall also include representative of the Department of Family Health, Health Planning Research & Statistics, Hospital Services, Public Health, Academia (Consultants Obstetrics and Gynaecologists and
Paediatricians/Neonatologists), Partners and representatives of other stakeholders as approved by the MPDSR Steering Committee.

(2) 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.

The Technical Sub-Committee shall have the following responsibilities:

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;

g. Technical Sub-Committee shall meet before every National MPDSR Committee quarterly meeting to analyze MPDSR reports assembled from states/MPDSR facilities;

h. May co-opt other members within or outside the steering committee as it deems fit.

The National Steering Committee shall constitute an M & E Sub-Committee whose member shall be reasonably constituted by the Committee.

Responsibilities of the M & E Sub-Committee shall include; Examine the recent surveys periodically and assess their accuracy, quality assurance procedures, content, and data analysis and dissemination procedures;
b. Work 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. Periodically summarize key data and make recommendations in comprehensive reports so that it can be used by managers and policy makers on quality of care;

d. Assess capacities of key M & E institutions for undertaking the MPDSR at all levels;

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

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

g. Liaise between MPDSR National Steering Committee and relevant agencies and organizations.

13- (1) There shall be a sub-committee referred to as Advocacy Sub-Committee which shall be constituted by the National Steering Committee.

14- The responsibilities of the Advocacy Sub-Committee include;

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

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

c. Work with the State’s MPDSR advocacy sub-committees to facilitate establishment and sustainability of State MPDSR;

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

e. Protect 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 – FACILITY LEVEL MPDRS COMMITTEE

(1) There shall be for every Public Tertiary and
Secondary Health Facilities Facility Level 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. Make available, all necessary resources for the
smooth running of the MPDSR in the facility;

c. Ensure that all recommendations emanating from
MPDSR activities are implemented.

d. Ensure Facility MPDSR Steering Committee
convey for review meeting at least monthly or
emergency meeting when required according to
MPDSR National Guidelines.

e. Ensure that prepared MPDSR forms and
Committee Session report are sent to the State
and National MPDSR Steering Committee within
72 hours of completion of committee meeting.

A- PUBLIC FACILITY MPDSR COMMITTEE

21- Membership of Public Facility MPDSR Committee shall
comprise of the following:
The Public MPDRS Facility Level Committee shall perform the following functions;

1. Identifying 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. Ensuring facility based MPDSR forms are completed accurate and timeously

3. Retrieving case notes as soon as possible and keeping them safely.

4. Hold regular MPDSR meeting within 2 to 4 weeks interval in which case(s) will be discussed/ reviewed and compile a report and recommendations.

5. Preparing MPDSR forms and Committee Session report which are sent to the State and national steering Committees within 72 hours.

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

PART IV - COMMUNITY BASED MPDSR COMMITTEE

There shall be a committee known as the Community-Based Maternal and Perinatal Death Surveillance Committee.

Membership of the Community-based Committee shall include;

i. Chairman - Chairman Ward Development Committee.

ii. Secretary - Head of the local health facility including Primary Health Centres, Health Center, and Dispensary.

iii. Local Government - ward Councilors representing the community

iv. Secretary of the Ward Development Committee

v. Representative of the Community Leader
vi. Disease Surveillance Notification Officer (or M & E Officer)

vii. Representative of Women’s Group/Market Women Association

viii. Representative of Transport Workers’ Association

ix. Representative of Christian Association of Nigeria

tax. Representative of Muslim community.

xi. Representative of Private Health Care Providers

xii Community Health Practitioners (CHEWs)

xiii. A community TBA representative/Traditional healers.

xiv. National Population Commission (NPC) Officer

The primary functions of the Community based MPDSR Committee include;

1. Identification of the maternal and perinatal deaths,

2. Following-up, discuss and analyse problems to finding solutions to maternal and perinatal deaths problems through;
   c. Identifying both medical and contributory causes leading to maternal and perinatal deaths
   d. Assessing community and family members’ perception about the quality and access to health care
   e. Identifying community level barriers (delays in seeking care) that contributed to the maternal / and or perinatal death
   f. Engagement in community-based awareness creation and health education towards enlightening the community
dwellers on it activities and matters connected with maternal and perinatal mortality as well as improve their health care seeking behavior.

g. Preparing Committee Session reports which are sent to the State Committee within three days.

h. Collaboration with the Facility level Committees and Local Government Health authorities in the monitoring of Maternal and Perinatal deaths.

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

28- (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 facility, it shall be reported as stated in the ITEM 1 of SCHEDULE IV to this bill.

(3) Where a Maternal and Perinatal death occurs outside a health facility the relative and birth attendance where it occurs in such place shall within two days of such death report the case to Local Health facility or responsible person representing a community MPDSR committee who shall ensure the death is revealed.

(4) Any person who fails to report within the stipulated time or conceals any maternal and / or perinatal death shall be guilty of a misdemeanor and is liable on conviction to a maximum three (3) months imprisonment or a fine of three hundred thousand naira or both.
(5) Where a facility failed to notify the Local Government Disease Surveillance and Notification Officer within a stipulated time, the Head of the facility shall be guilty of a misdemeanor and is liable on conviction to a maximum of six months imprisonment or a fine of three hundred thousand naira or both.

(6) Any person who aids in the concealment of a maternal and/or perinatal death commit an offence and is liable on conviction to two months imprisonment or a fine of one hundred thousand naira or both.

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

(8) Any member of the MPDSR committee who breaches confidentiality shall be guilty of an offence and is liable on conviction to one month imprisonment or a fine of one hundred thousand naira or both.

(9) 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 one month imprisonment or a fine of one hundred thousand naira or both.

(10) The MPDSR processes and information shall be insulated from litigation, and in the event of recourse to litigation by relation of deceased mothers or new born, information shall not be sourced from the MPDSR process.

(11) Magistrate court or any Special Tribunal established for that purpose shall have original jurisdiction to trial offence created by this bill.