



Quality, Equity, Dignity

A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health



World Health  
Organization

# The role of MPDSR in delivering quality care for MNH

## Country experience and launch of WHO' Knowledge Brief on QoC and MPDSR

Tuesday, 7 December 2021 at 1pm Geneva



# The Role of MPDSR in delivering quality of care for MNH

INTRODUCTION

7 December 2021



**Ms Francesca Palestra,**  
Technical Officer, Maternal Health Team  
Department of Maternal, Newborn, Child and Adolescent Health and Ageing  
(MCA)  
WHO Geneva



# The Role of MPDSR in delivering quality of care for Maternal and Newborn Health

**Introduction:** Ms Francesca Palestra, Technical Officer, WHO Geneva

## **Part 1: Nigeria's experience in integrating MPDSR and quality of care**

**Dr Samuel Oyeniyi**

Head Safe Motherhood Branch, Head RMNCAEH+N Planning, Monitoring and Evaluation Unit, Reproductive Health Division, Department of Family Health, Federal Ministry of Health, Nigeria

Questions & Answers facilitated by

**Dr Nancy Kidula**, Medical Officer, Reproductive and Women's Health, WHO Regional Office for Africa

**Dr Muna Abdullah**, Health System Specialist, UNFPA Eastern and Southern Africa Regional Office

**Ms Fatima Gohar**, Maternal and Newborn Health Specialist, UNICEF Eastern and Southern Africa Regional Office

## **Part 2: Introduction and launch of WHO's Knowledge Brief on Implementation of MPDSR as a strategy to achieve Quality of Care for Maternal and Newborn Health: Considerations for synergy and alignment:**

**Dr Blerta Maliqi**, Team Lead, Policy Strategy and Programmes, WHO Geneva

Questions & Answers: Facilitated by Dr Nancy Kidula, Dr Muna Abdullah and Ms Fatima Gohar

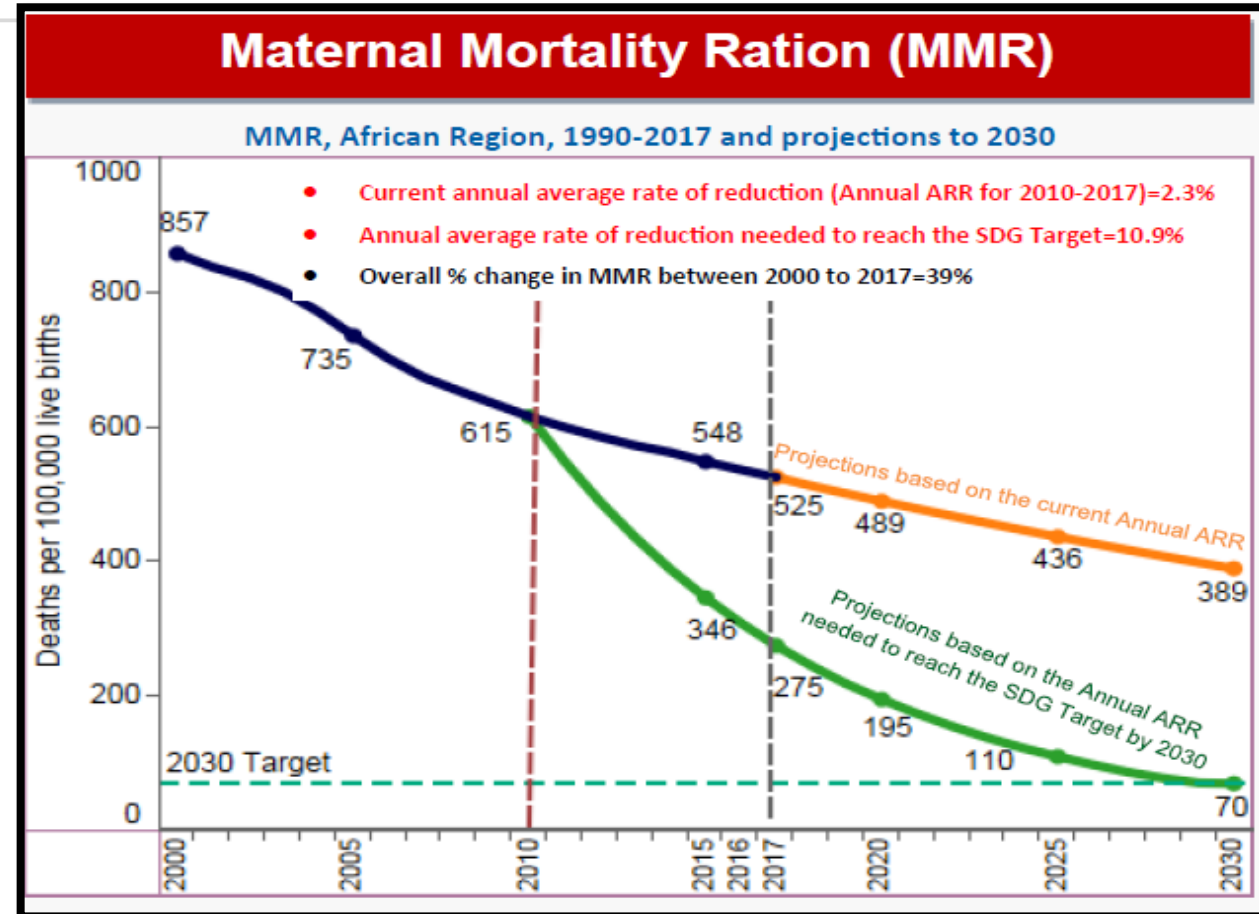
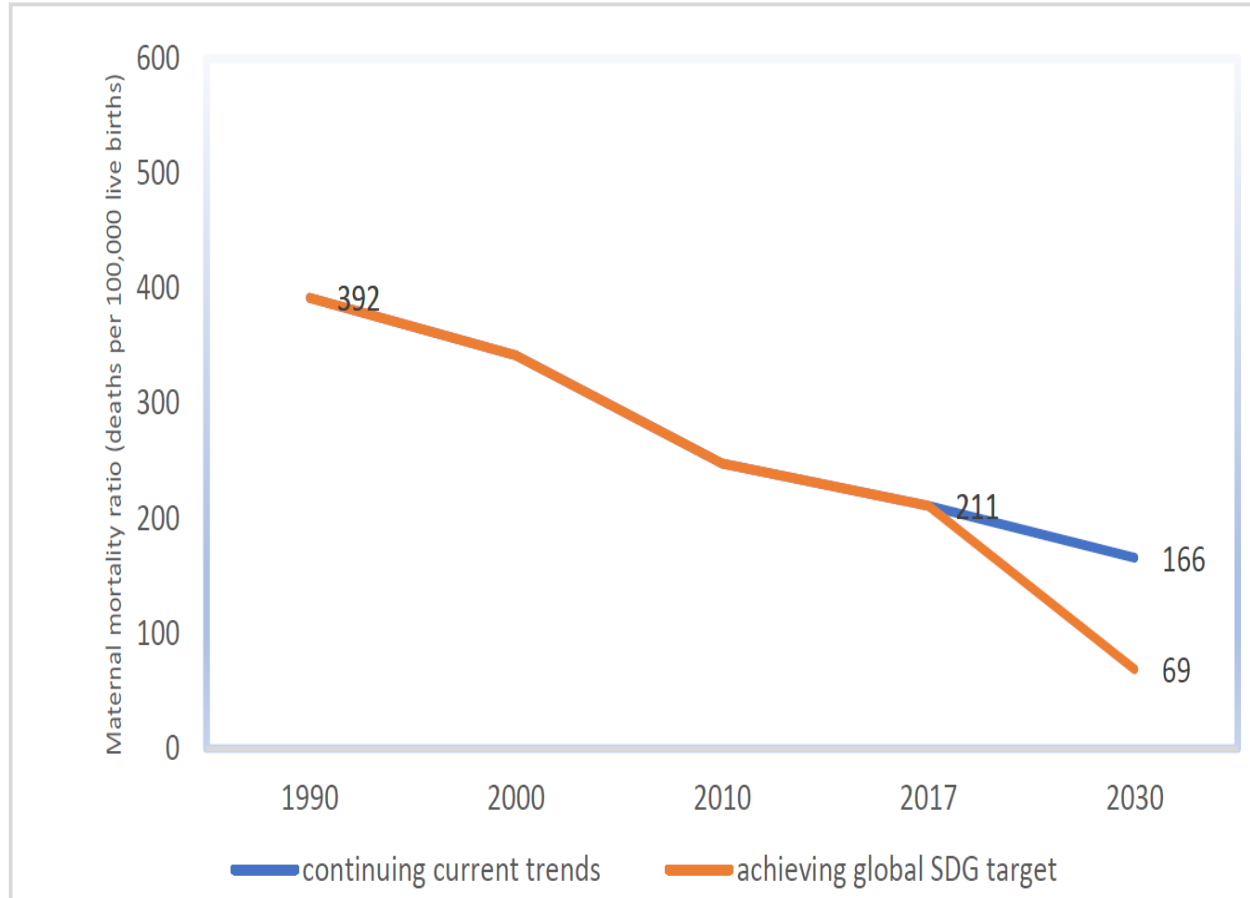
# The Role of MPDSR in delivering quality of care for MNH

## QUESTIONS

For the Questions & Answers we invite questions from all participants.

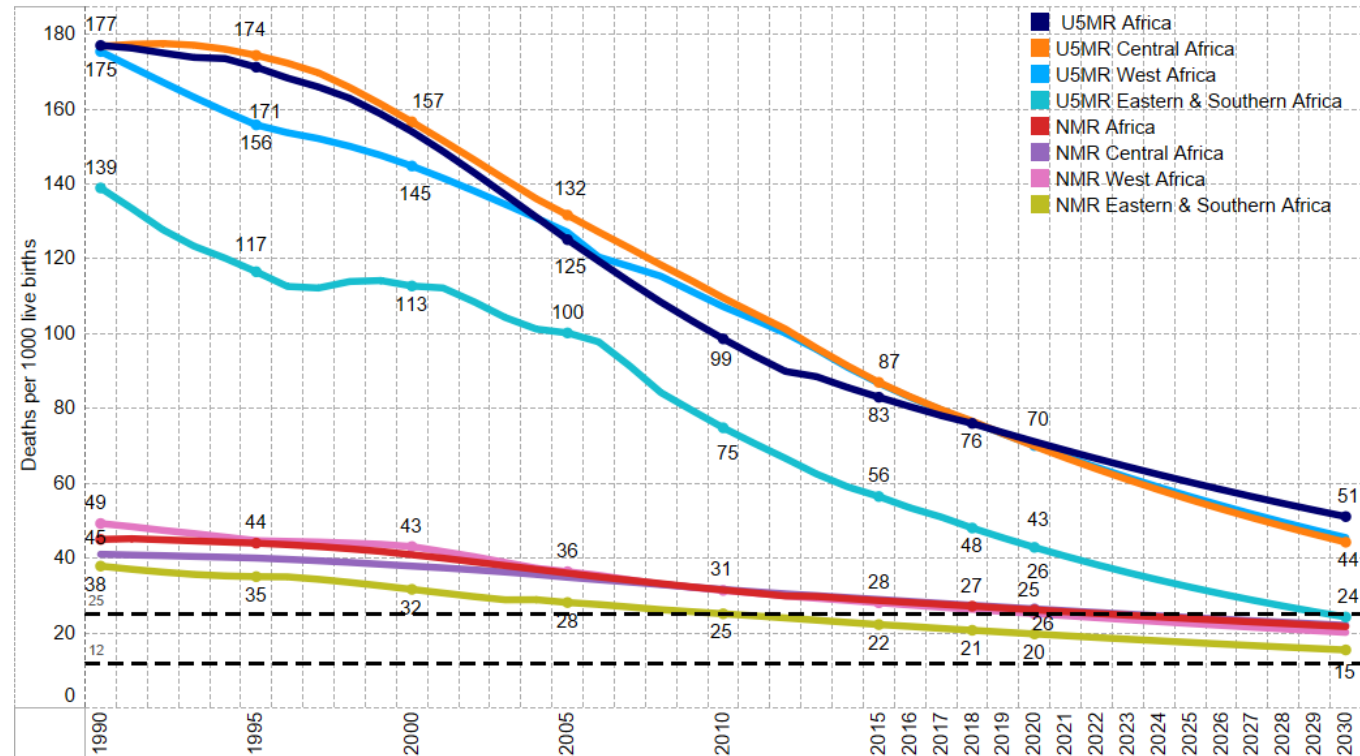
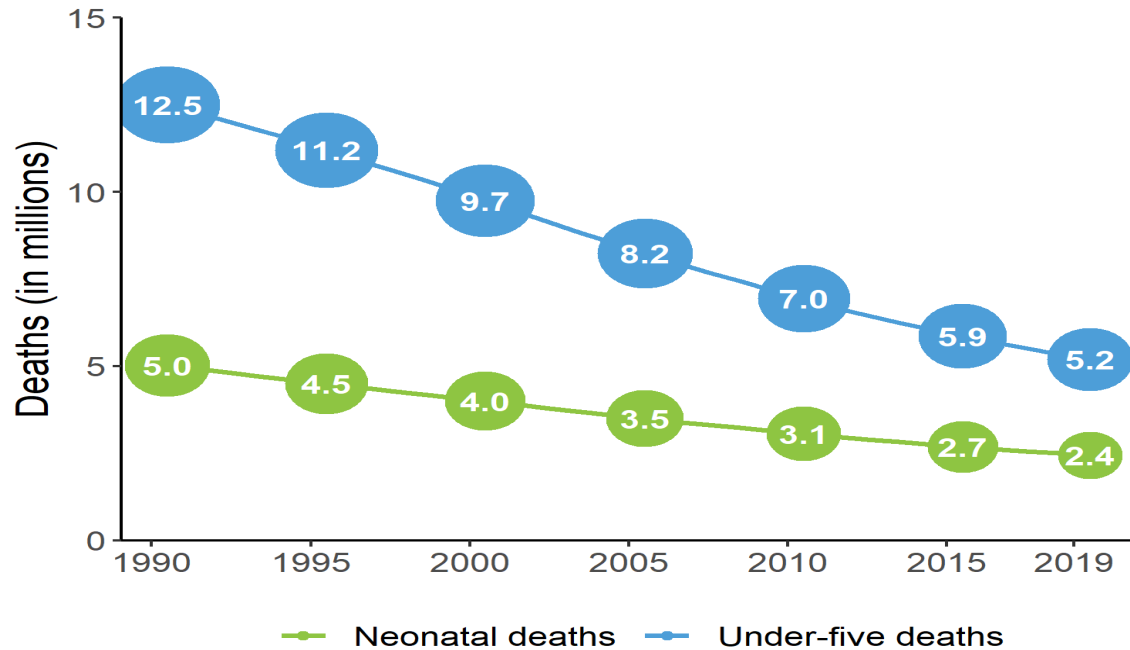
Please place your questions in the CHATBOX

# Maternal Mortality Ratio, 2000-2017 with projections to 2030



Estimated 295,000 maternal deaths in 2017. The global maternal mortality ratio is declining at an average annual rate of reduction or 2.9%, need to accelerate progress to achieve SDG target.

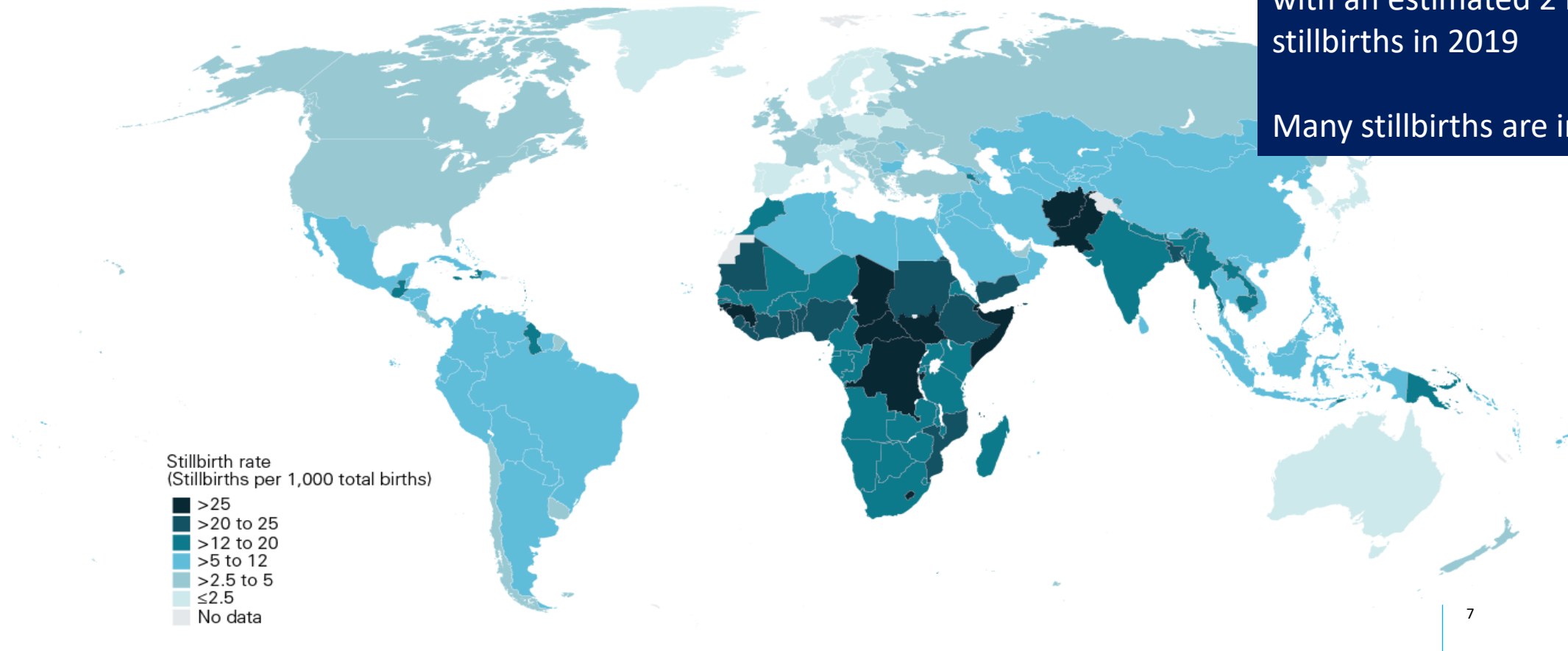
# Numbers of Newborn and Under-Five Child Deaths 1990-2019



Estimated 2.4 million neonatal deaths in 2019. Neonatal mortality declining, but slower than under-five deaths. Almost half of under-five deaths were during the neonatal period in 2019.

# Preventing Stillbirths, 2000-2019

Stillbirth rate by country, 2019

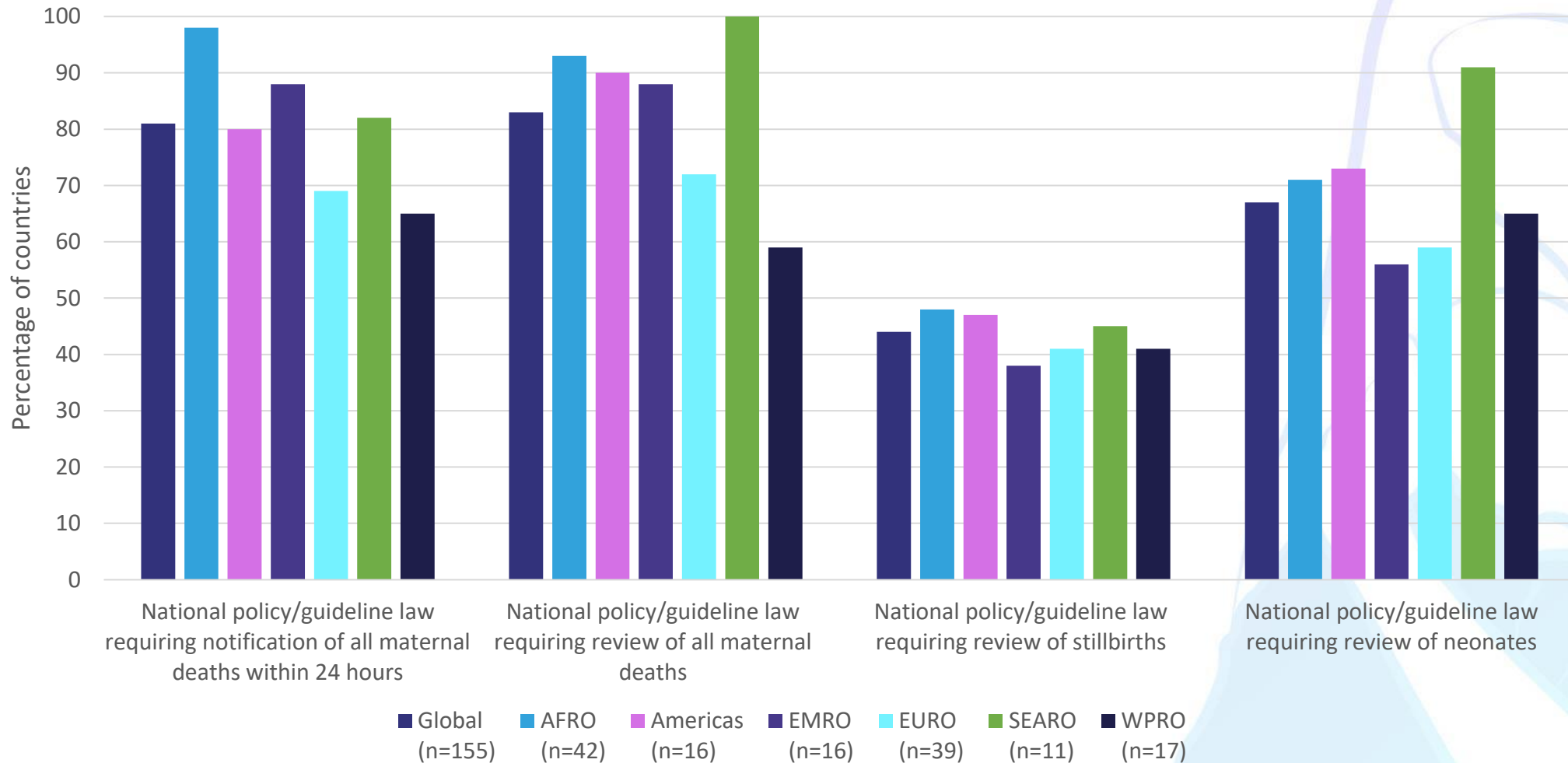


Stillbirths are an increasingly important global health problem, with an estimated 2 million stillbirths in 2019

Many stillbirths are invisible.

Note: Map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

# National MPDSR policies and guidelines, 2018/2019





## Maternal and Perinatal Death Surveillance and Response (MPDSR)

is a continuous action-cycle of identification, notification review, and analysis of maternal and perinatal deaths followed by response to prevent future deaths.

A complex intervention including maternal death audit and review, as well as development of local leadership and training, led to a **35% reduction** in inpatient maternal mortality in district hospitals of low-income countries <sup>1</sup>

Source

2. Merlin L Willcox et al. Death audits and reviews for reducing maternal, perinatal and child mortality. Cochrane Library, March 2020.

# History of MPDSR resources



# THE NEW MPDSR MATERIALS TO SUPPORT IMPLEMENTATION

This document is a practical step by step guidance, relevant to establish a framework to assess the burden of maternal deaths, stillbirths and neonatal deaths, including trends in numbers and causes of death and on how to link maternal and perinatal death reviews.

## MPDSR

Can improve the quality of maternal and perinatal care, which is an essential to achieve Universal Health Coverage.



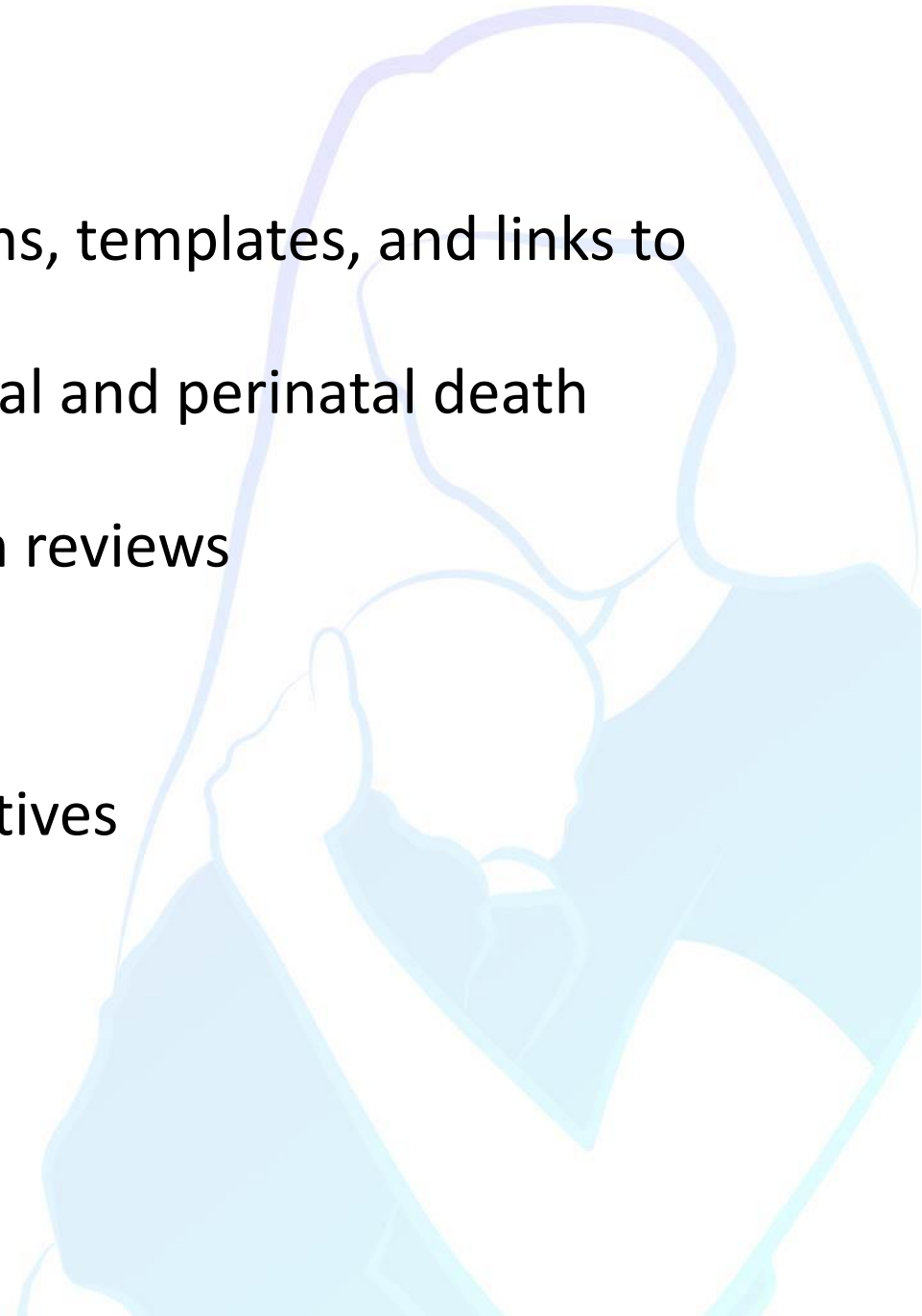
LINK TO THE RESOURCE:

<https://www.who.int/publications/i/item/9789240036666>

# What's New?

Easy to follow modular approach including instructions, templates, and links to resources

- Recommendations for how to conduct joint maternal and perinatal death reviews and develop response
- Guidance on how to select cases for perinatal death reviews
- Developing SMART recommendations
- Monitoring MPDSR implementation
- Linkages between MPDSR and Quality of Care initiatives
- MPDSR in humanitarian settings
- Overcoming the blame culture of MPDSR
- Capacity building/training materials



# The Role of **MPDSR** in delivering quality of care for **MNH**

Nigeria's experience in  
integrating **MPDSR**  
and quality of care

7 December 2021



## **Dr Samuel Oyeniya**

Deputy Director, Head Safe Motherhood Branch,  
MPDSR Desk Officer,  
Head RMNCAEH+N Planning,  
Monitoring and Evaluation Unit,  
Department of Family Health,  
Federal Ministry of Health  
Nigeria



## Presentation Outline

1. Situation analysis
2. Scope of Implementation of MPCDSR and QoC Programme
3. Rationale for Integration
4. Concept of Integration
5. Integration processes by levels of Health Care in Nigeria
6. Coordination Structure and information flow
7. Data management
8. Expected Output
9. Way forward

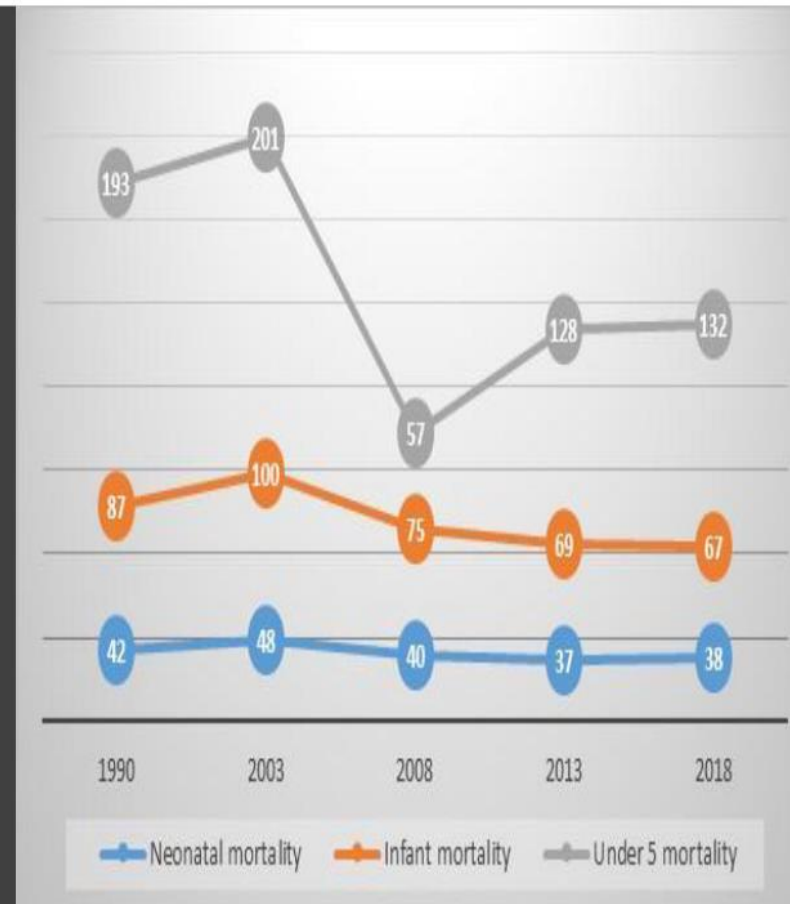
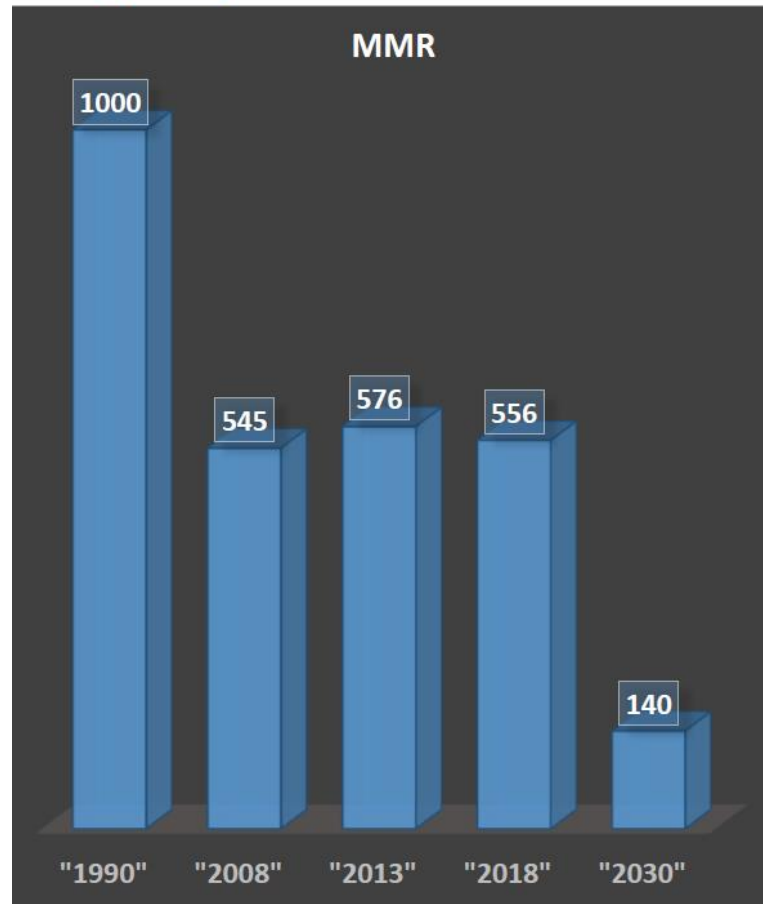


## Situation analysis



Trends with In-Country Maternal Mortality Data (NDHS)

Trends in early Child Mortality Rates (NDHS)





# Scope of implementation so far..



## Status of MPDSR Programme

- National Committee
- All 36 States +FCT covered
- All States Secondary Facilities are reporting
- 54 Federal Hospitals are conduction MPDSR
- 15 out of 37 States commenced PHC MPDSR implementation through NPHCDA and SPHCDA
- 10 out of 37 states are reporting on Community MPDSR through NPC, NPHCDA and SPHCDA
- Private Health Facilities not covered yet

## Status of QoC Programme

- 112 Learning sites
- 12 States





# Rationale for MPDSR\_QoC Integration



- a. Recommendation from MPDSR /QoC Global Network
- b. Honorable Minister has directed that all parallel programmes and data tools be harmonized
- c. Honorable Minister approved QoC be integrated with MPCDSR
- d. Same goal on MNH
- e. MPDSR is a strategic and evidence based approach to improve MNH QoC
- f. Scale up QoC Programme implementation
- g. Use of same HRH ( SOGON/PAN) for implementation which are not adequate
- h. Same target audience and impact indicators
- i. Use of one implementation plan for better outcome
- j. Effective and efficient use of time and human resources
- k. Same implementing partners
- l. Legislation on MPDSR is to ensure QoC
- m. Ensure sustainability of QoC leveraging on MPDSR Bill passed by National Assembly awaiting Presidential assent

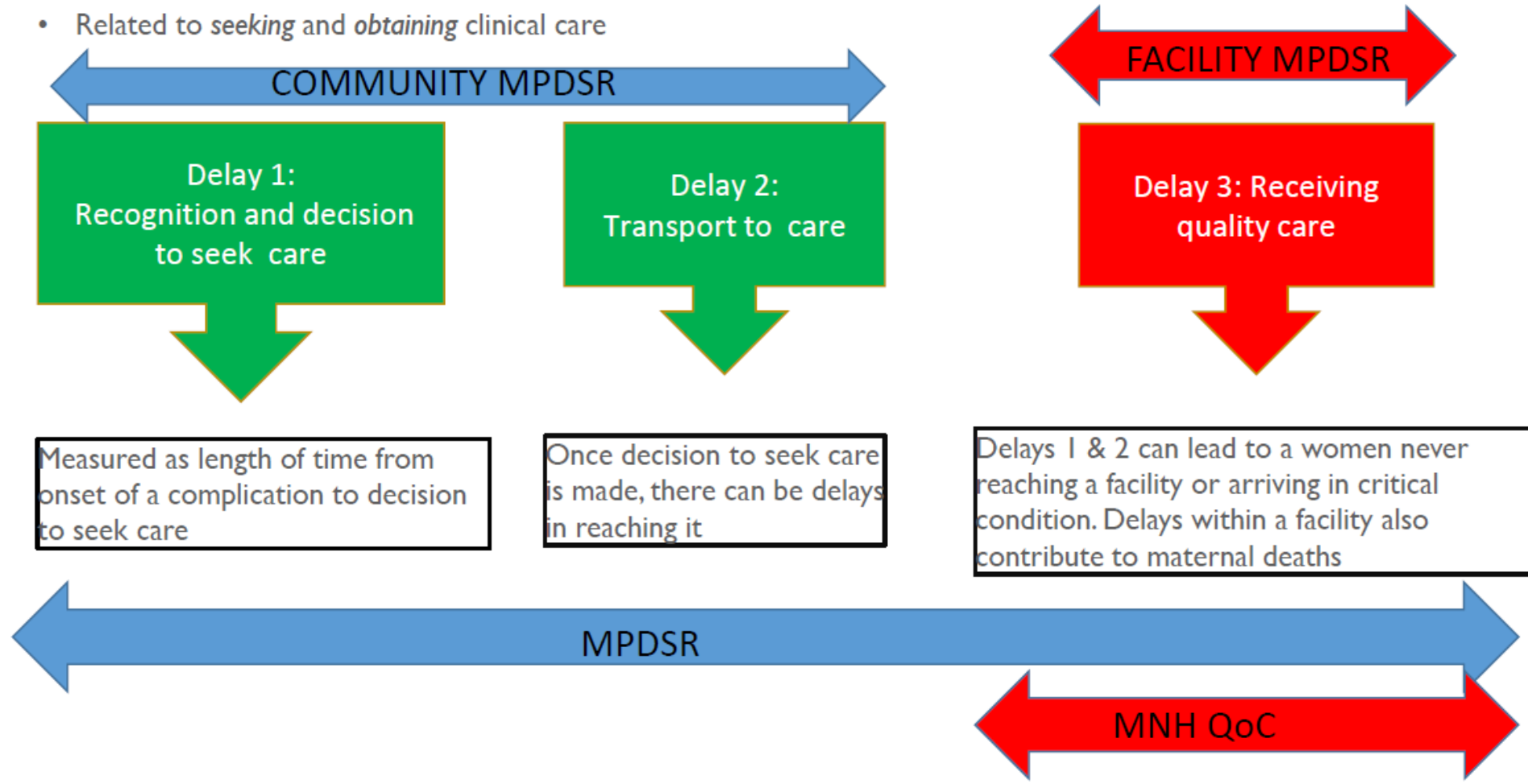


# Relationship between MPCDSR and the three delay model



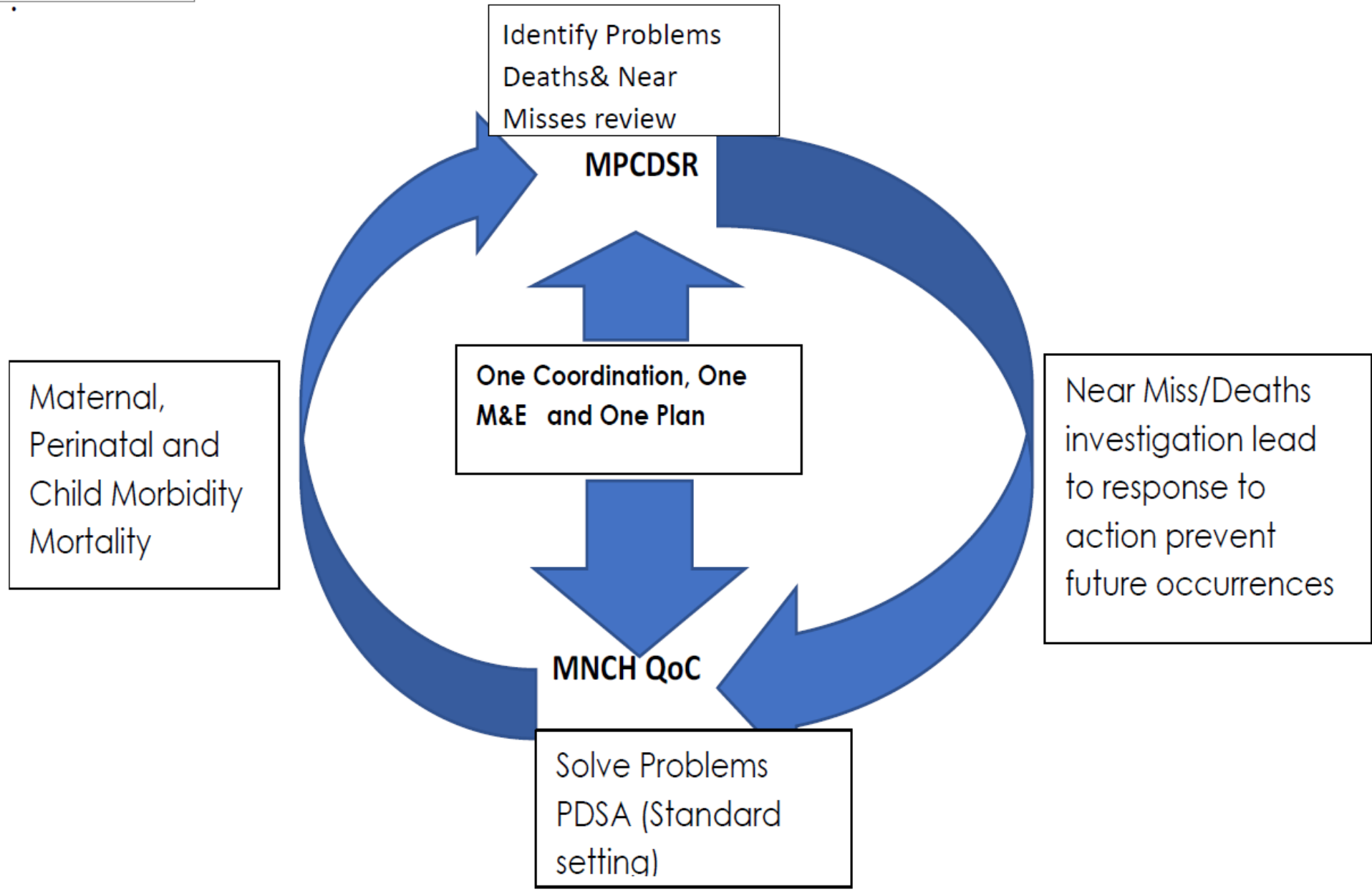
## The Three Delays Model

- Refers to events following an obstetric emergency
- Related to *seeking* and *obtaining* clinical care





# Concept of Integration





NATIONAL ASSEMBLY  
MPDSR BILL  
(LEGISLATION)

MPDSR



Surveillance

Health Information System

Quality Improvement

Routine Identification

Notification

Quantification

Reviews

Response

MPCDSR Desk Officer

Medical Record Officer

NOQA  
• CMPDSR  
• PHC  
• Secondary

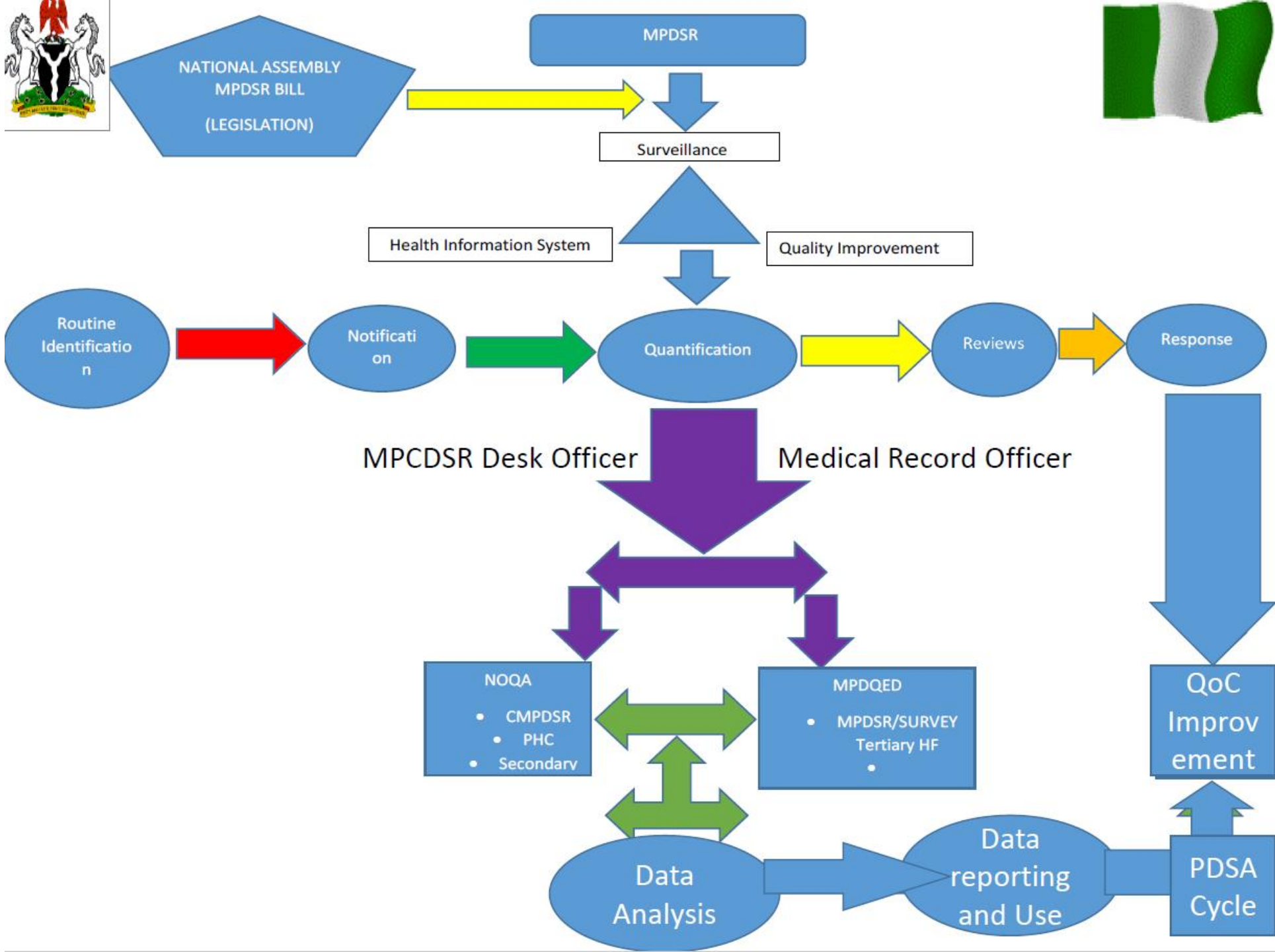
MPDQED  
• MPDSR/SURVEY  
Tertiary HF  
•

Data Analysis

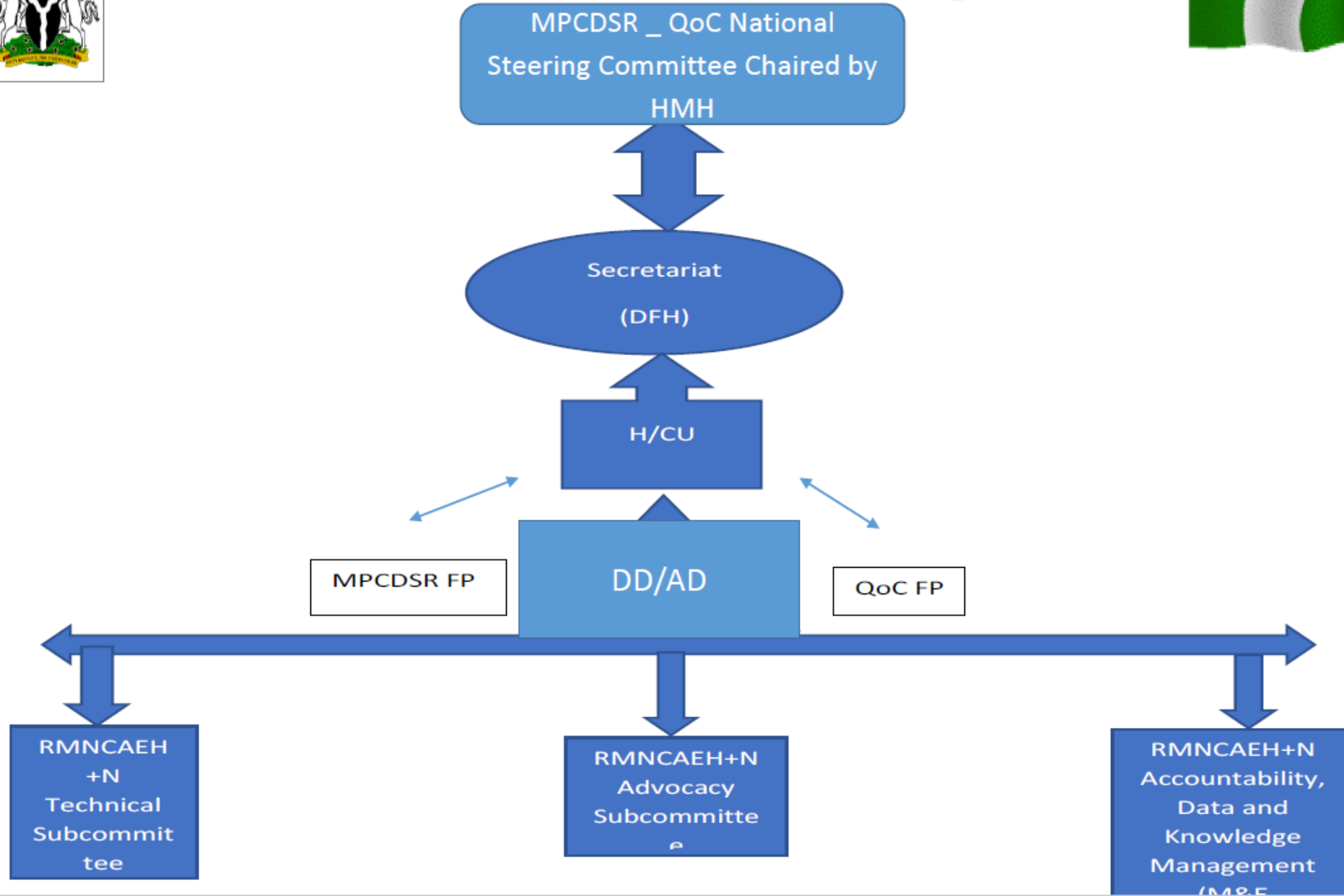
Data reporting and Use

QoC Improvement

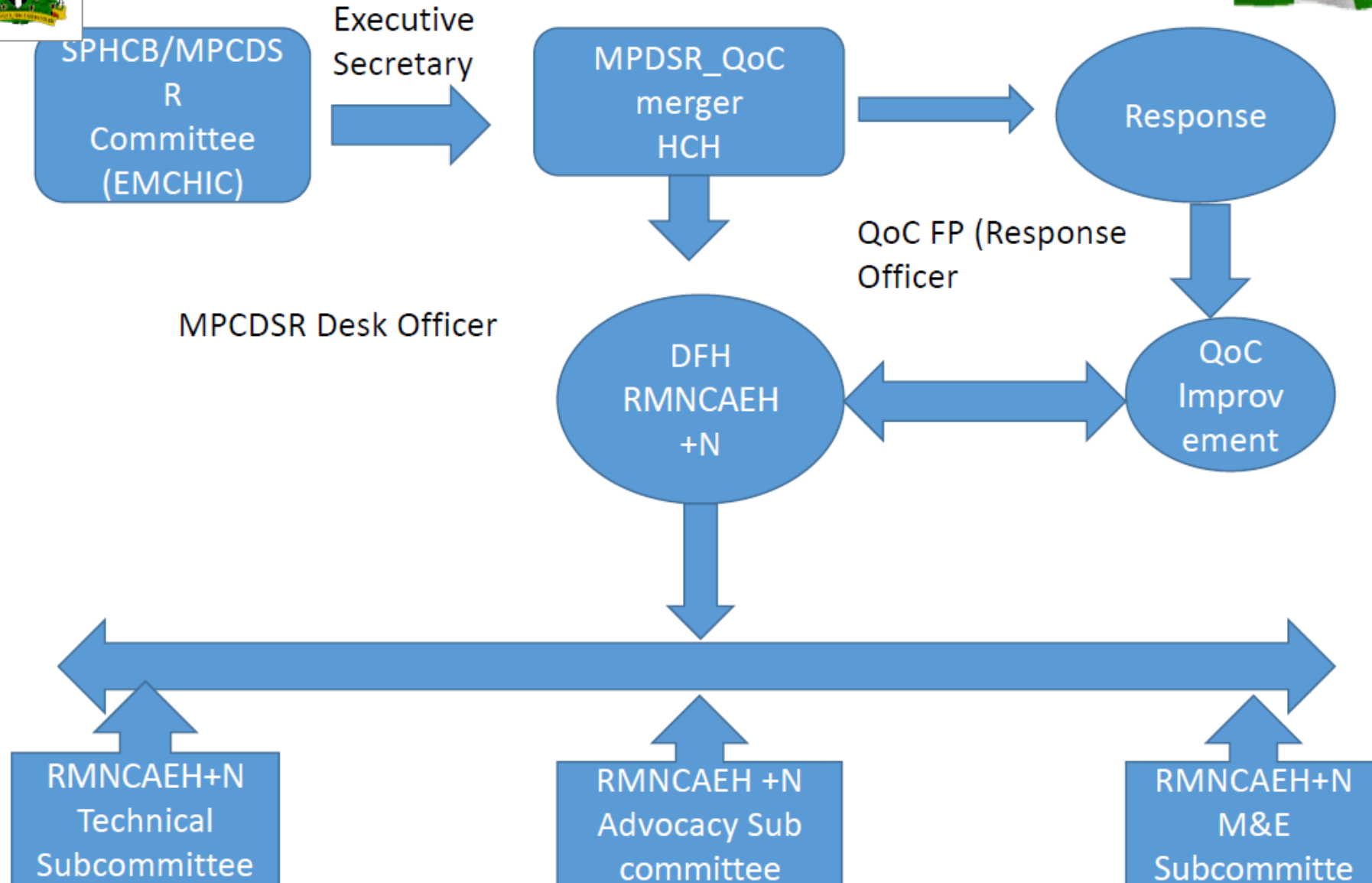
PDSA Cycle



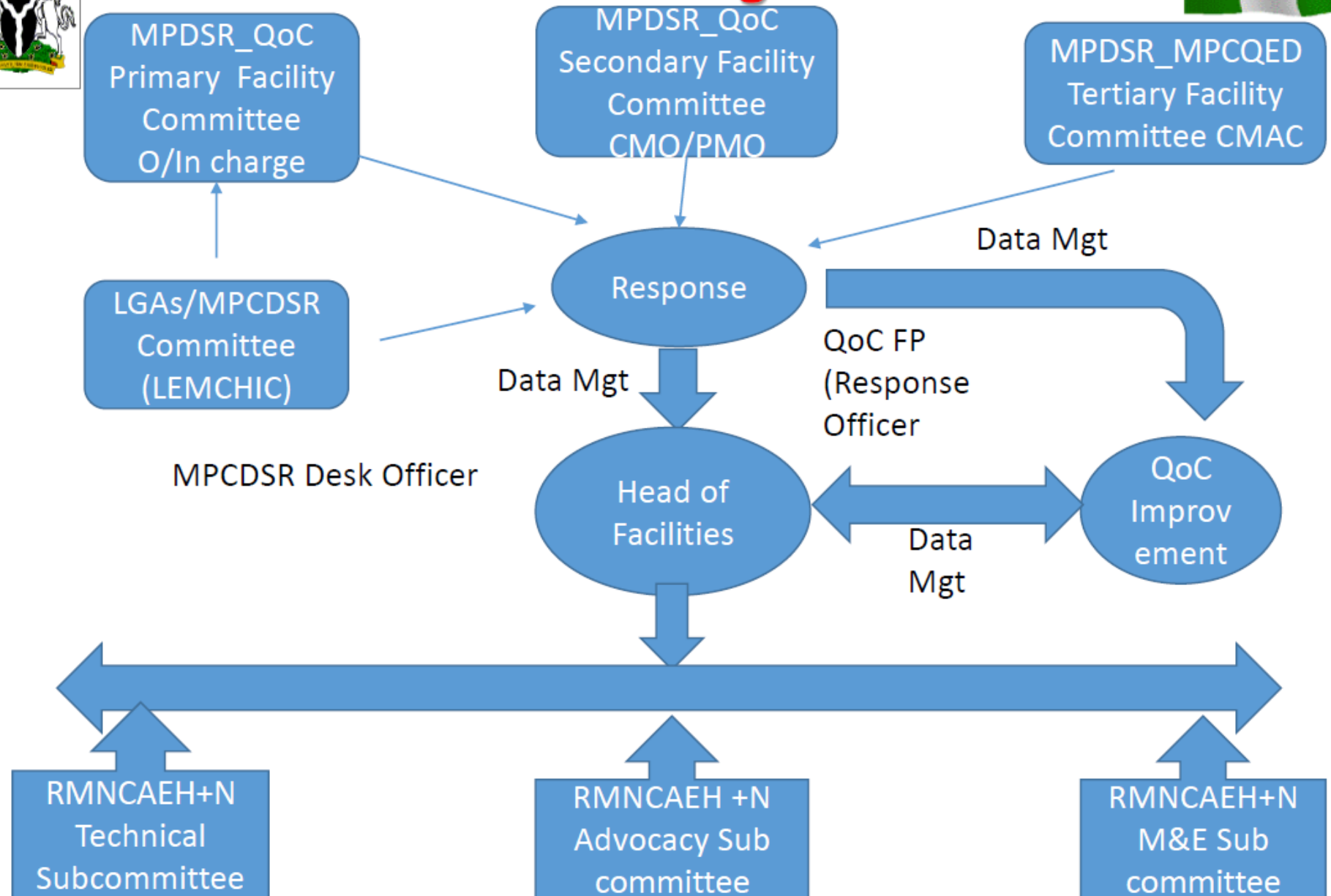
# Integration and Coordination processes @ National levels of Health Care in Nigeria



# Integration processes @ State levels of Health Care in Nigeria

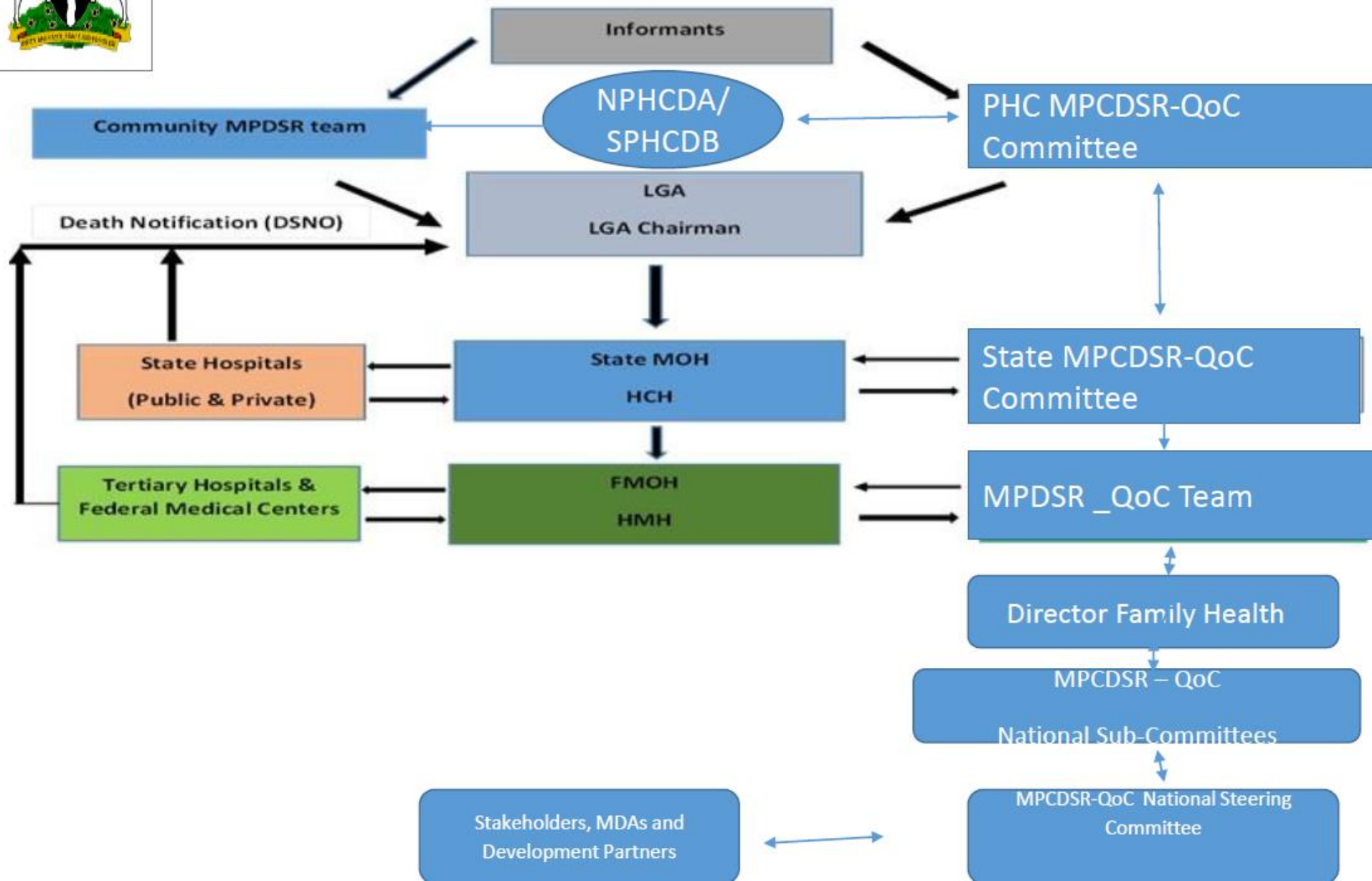


# MPCDSR\_QoC Integration processes @ Health Facility Level in Nigeria





# Coordination mechanism







# MPCDSR\_QoC Data Management



## National MPCDSR Platform

## MPDQED Platform

NOQA-Network About NOQA-Network - Login

Home Page

### NOQA-Network

NOQA-Network is a program supported by a locally hosted e-platform for obstetric quality assurance (OQA) to improve maternal child health (MCH). It is administered by the Nigerian Federal Ministry of Health (FMoH) and was developed in cooperation with the Rotary Action Group for Reproductive, Maternal and Child Health (RMCH). NOQA-Network pioneers OQA. Beyond that the program serves as a blueprint for medical quality assurance in other fields and thus significantly and sustainably strengthens the Nigerian Health Care System.


OQA covers quality of structure, process and outcome. It includes and extends the original World Health Organisation (WHO) concept for maternal death review (MDR) into maternal and perinatal death surveillance and response (MPDSR), Family planning (FP) provider training, supply of contraceptives, health of new-born infants, hospital equipment and hygiene assessments as well as public awareness through community dialogues complete the program.

NOQA-Network is built on the principles of regular documentation of salient medical data through remote mobile devices, automatic death notification, real-time report generation featuring an intuitively comprehensible portfolio of comparative tabular and graphical analyses at hospital, local government, state and national level and, last not least, shared responsibility with user specific privileges and duties. These characteristics optimally support effective intervention based upon reliable, objective and current information.


[Login](#) For more information see "About NOQA-Network"

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Nigerian Federal Ministry of Health  
 Rotary Action Group for Reproductive, Maternal and Child Health  
 With financial support from the German Federal Ministry for Economic Cooperation and Development



WHO MPD-4-QED DHIS2



World Health Organization  
 maternal and child health  
 nhp  
 Nigeria's Impact

Sign in

Login using two factor authentication

Note

You may experience some incompatibilities when using Internet Explorer. Please use



## Expected accomplishment



Integrated reduction of Maternal,  
Newborn and Child morbidity and  
mortality

2. One Coordination Steering Committee

3. One Annual Operational Plan

4. One M&E Plan

5. One Joint Annual Report

6. One Supportive supervision

7. One training program

8. Improves the professional performances of  
clinical staff.

9. Enhance provision of quality RMNCAEH+N  
services and health indices.

10. Enhances community participation,  
government and other stakeholders in health care  
delivery.



# Way Forward



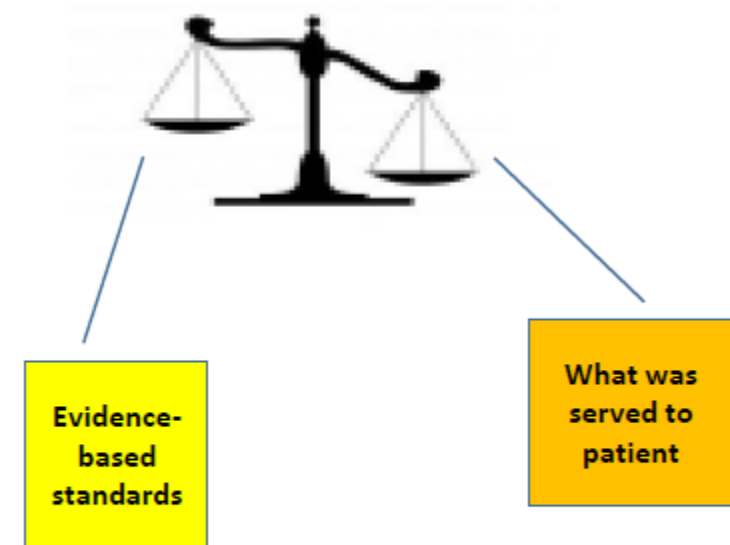
- Reconstitution of MPCDSR Steering Committee at all health care level in line with the passed MPDSR Bill and integration.
- Development and Finalization of National Quality Policy and Strategy (ongoing)
- Complete the creation of Department of Family Health and RMNCAEH+N in all the 36 states and FCT(ongoing)
- Situation Analysis of MPCDSR/QoC implementation status and baseline respectively
- National and Sub national Orientation and Capacity Building on MPCDSR\_QoC integration
- Data entering , collation, analysis and use at Top-Management Policy meeting ( National MPCDSR Platform & MPDQED Platform)
- Monitoring and Supervision



## Conclusion



MPCDSR\_QoC integration will balance and appraise the extent to which individual patients were served or not served with specified standards of care and reveal any substandard practices within the facility which when remedied, lead to improvements in quality of care and services and preserves the lives of mothers, newborns and children.





Thank you for listening.



# Questions & Answers

Facilitated by



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# The Role of MPDSR in delivering quality of care for MNH

Introduction and launch of WHO's Knowledge Brief on Implementation of MPDSR as a strategy to achieve Quality of Care for Maternal and Newborn Health: Considerations for synergy and alignment

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# Quality of Care (QoC) halves maternal and newborn deaths & stillbirths

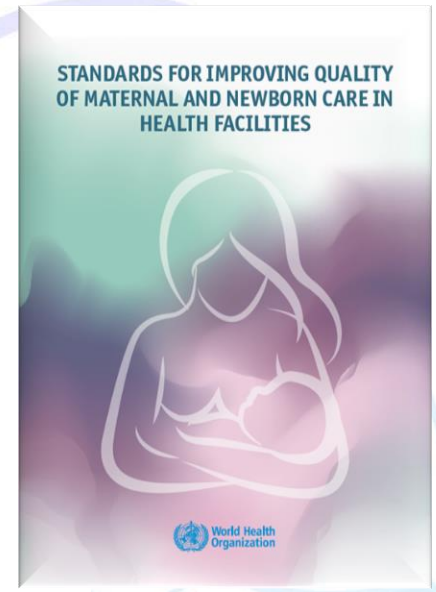
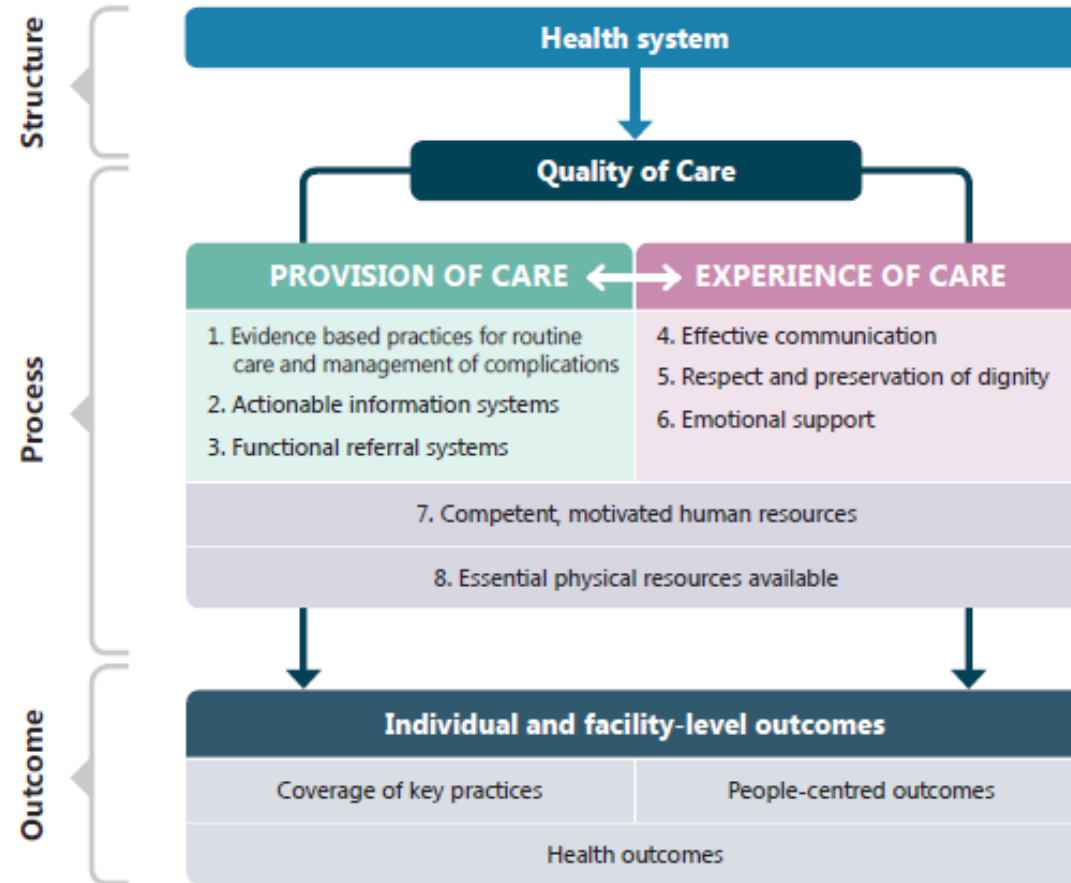
**58%**

It is estimated that about half of the maternal deaths and 58% of the newborn deaths could be averted with quality health care <sup>2</sup>

**Source:**

1. Kruk ME, Gage A, Arsenault C, Jordan K, Leslie H, Roder-DeWan S, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet Glob Health*, 2018;6(11):e1196-e1252. doi: [https://doi.org/10.1016/S2214-109X\(18\)30386-3](https://doi.org/10.1016/S2214-109X(18)30386-3).


Fig. 1. WHO framework for the quality of maternal and newborn health care





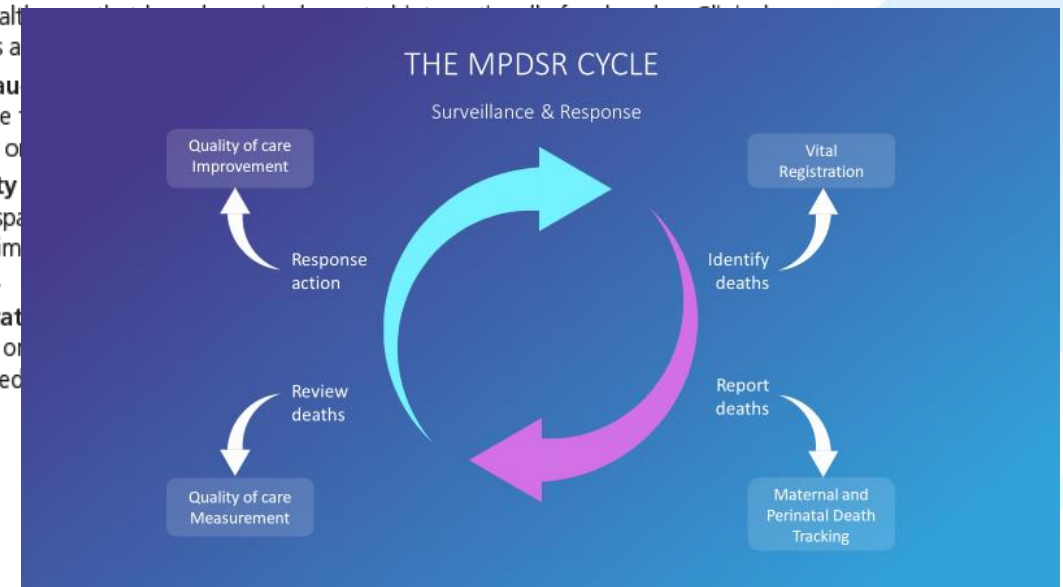
# National Quality Policy and Strategy and QoC Interventions

Delivering quality health services  
 A global imperative for universal health coverage



World Health Organization | WORLD BANK GROUP | OECD

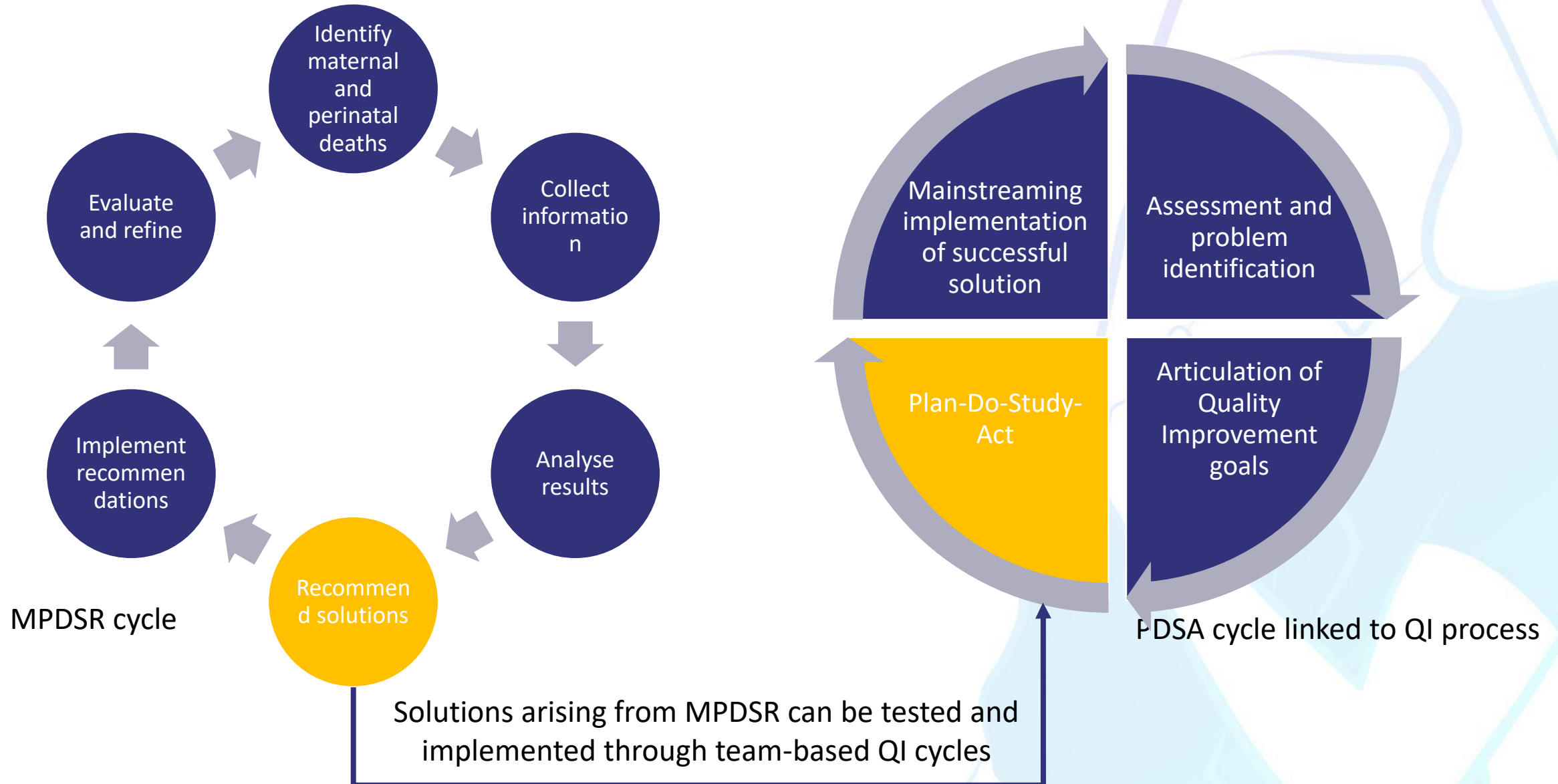
Category	Interventions
<b>System environment</b>	<ul style="list-style-type: none"> <li>• <b>Registration and licensing</b> of doctors and other health professionals, as well as health organizations, is often considered a key determinant and foundation of a well</li> </ul>
<b>Reducing harm</b>	<ul style="list-style-type: none"> <li>• <b>Inspection of institutions for minimum safety standards</b> can be used as a mechanism to ensure there is a baseline capacity and resources to maintain a safe</li> </ul>
<b>Patient, family and community engagement and empowerment</b>	<ul style="list-style-type: none"> <li>• <b>Formalized community engagement and empowerment</b> refers to the active and intentional contribution of community members to the health of a community's population and the performance of the health delivery system, and can function as an additional accountability mechanism.</li> </ul>
<b>Improvement in clinical care</b>	<ul style="list-style-type: none"> <li>• <b>Clinical decision support tools</b> provide knowledge and patient-specific information (automated or paper based) at appropriate times to enhance front-line health care delivery.</li> <li>• <b>Clinical standards, pathways and protocols</b> are tools used to guide evidence-based health pathways and</li> <li>• <b>Clinical audit</b> adherence and feedback of</li> <li>• <b>Morbidity and transparency</b> areas of improvement of blame.</li> <li>• <b>Collaborative</b> hospitals or over a fixed</li> </ul>



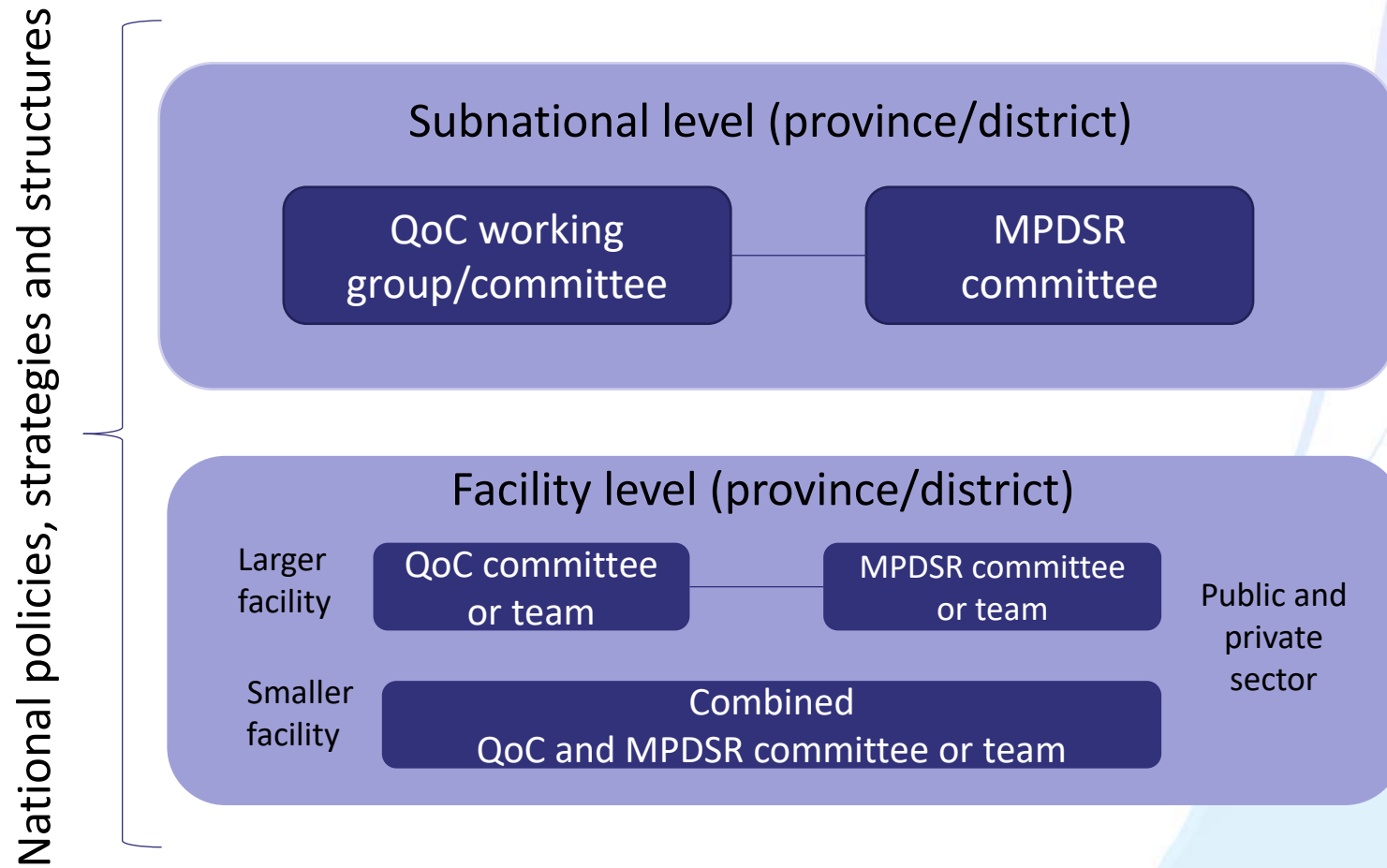
## Synergies and linkages between MPDSR implementation and the broader efforts to improve MNCH QoC

- Comprehensive MPDSR generates quality information on leading causes of maternal and perinatal deaths and important common contributors to these deaths.
- This information can advise on the prioritization of responses as part of the MPDSR process and can also help inform prioritization of improvement aims by QoC managers and teams.
- MPDSR implementation often lacks systematic use and monitoring of responses and analysis of whether responses are yielding desired effects.
- **Integrating MPDSR within broader QoC efforts for MNH have the potential to enhance follow up, implementation and monitoring of responses at facility and subnational levels.**

# Applying a PDSA approach within the MPDSR cycle at the facility level - adapted from Ethiopia example



# Aligning and integrating QoC for MNCH and MPDSR structures at the subnational level - adapted from Nigeria example



# Practical considerations for strengthening synergies and linkages between MPDSR and QoC structures and processes

- **Synergies and alignment between MPDSR and QoC processes:**
  - **Minimum:** Share information between MPDSR and MNCH QoC team members working on QoC improvement, including data, meeting action plans, reports
  - **Where feasible:** Harmonize processes, align formal structures, and monitoring and reporting mechanisms

# Emerging questions for learning and implementation

- What are the best practices for maximizing communication and harmonizing processes QoC and MPDSR processes, at the national, subnational and facility level?
- If the MPDSR “Response” functions are linked with QoC and QI processes, will responses be more reliably implemented and sustained at the subnational level?
- Is more accurate classification of cause of death via enhanced MPDSR processes associated with more accurate local monitoring of cause of death as part of routine health information and CRVS systems and/or within MNCH QoC programs?
- What are best practices in using information generated by MPDSR, HMIS and CRVS to guide analysis of local causes of death and linked prioritization of quality improvement aims?
- What are the most effective ways to engage the private sector in MPDSR and QoC, monitoring, and information sharing?



# Questions & Answers

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# What's next?

- We are working with our regions, countries, the MPDSR TWG and partners for an implementation support plan at country level
- You can access the knowledge brief and other materials on the [WHO website](#)
- Recording & slides are available at:  
<https://www.qualityofcarenetwork.org/webinars/series-7-webinar-7-maternal-and-perinatal-death-surveillance-and-response-materials>
- Please visit [Quality of Care Network website](#).
- If you are interested to implement this in your country and context, please reach out to:

**Ms Francesca Palestra,**  
Technical Officer, MCA WHO Geneva  
Email: [palestraf@who.int](mailto:palestraf@who.int)





Quality, Equity, Dignity  
A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health



World Health  
Organization

# The role of MPDSR in delivering quality care for MNCH

Country  
launched  
Briefing  
Knowledge  
and MPDSR

**Thank you!**

Tuesday, 7 December 2021 at 1pm Geneva

