



## MPDSR gaps and opportunities in four sub-Saharan African countries: Moving from the global to the Local

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## Learning Objectives

1. Identify facilitators and barriers to successful implementation of maternal and perinatal death surveillance and response (MPDSR)
2. Formulate recommendations for strengthening implementation of maternal and perinatal death surveillance and response (MPDSR)
3. Demonstrate familiarity with the maternal death surveillance and response (MDSR) module of the global, integrated capacity-building MPDSR materials

# Presentation Overview

- Four-country assessment of MPDSR implementation in sub-Saharan Africa (implemented by MCSP)
  - Background
  - Methods
  - Key findings and recommendations
- Global MPDSR capacity building package (under development)
  - Objectives and purpose
  - Key features



# MPDSR Assessment: Background



Photo: Karen Kasmauski/MCSP

**Four Countries:** Nigeria, Rwanda, Tanzania, Zimbabwe

**Time frame:** August 2016-May 2017

## **Objectives:**

- Assess implementation status of MPDSR processes at sub-national and facility levels
- Describe facilitators and barriers to sustainable sub-national MPDSR practices

*\*\* Assessment led by the USAID Maternal Child Survival Program (MCSP)*

# MPDSR Assessment: Methods

## Methods

- Desk review of country MPDSR policies, guidelines, tools
- National and Subnational stakeholder interviews - 41
- Facility Visits – 55 (41 Hospitals and 14 Health Centres)
  - Semi-structured interviews with facility health workers
  - Review of facility MPDSR documents
  - Assignment of facility MPDSR implementation progress score (0-30)

*\*Assessment did not examine **community-level death audits***

*\*\*Assessment did not examine **quality** of MPDSR processes*

# MPDSR Policy and Practice Evolution - Assessment Countries

**Nigeria**

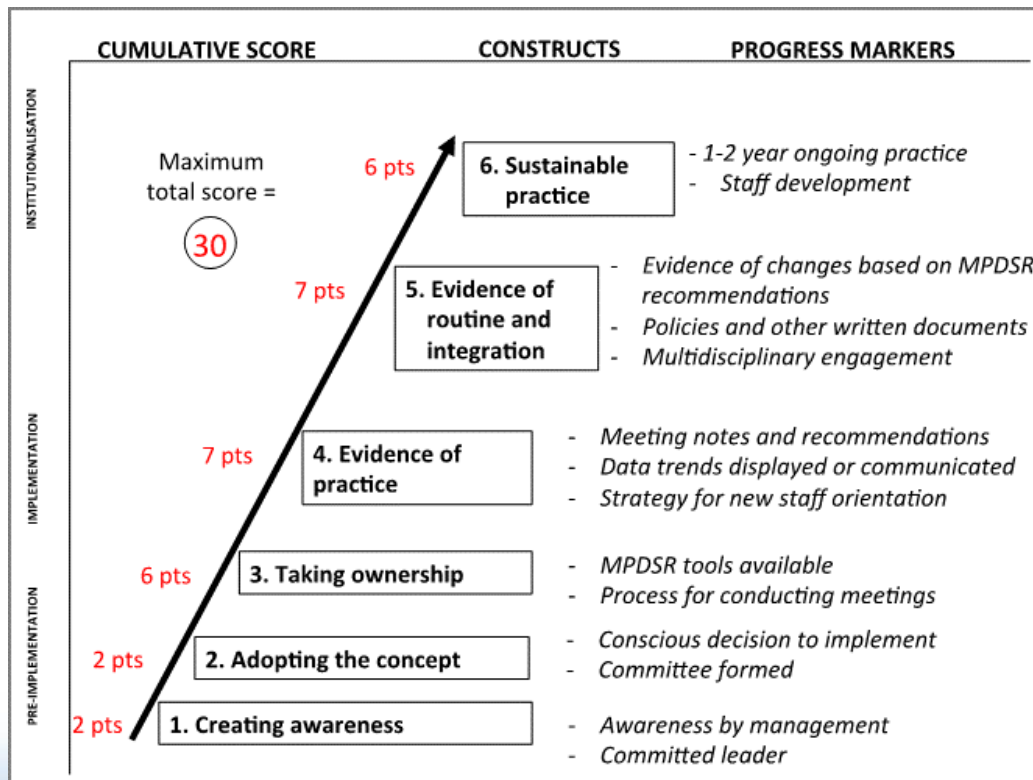
**Rwanda**

**Zimbabwe**

**Tanzania**

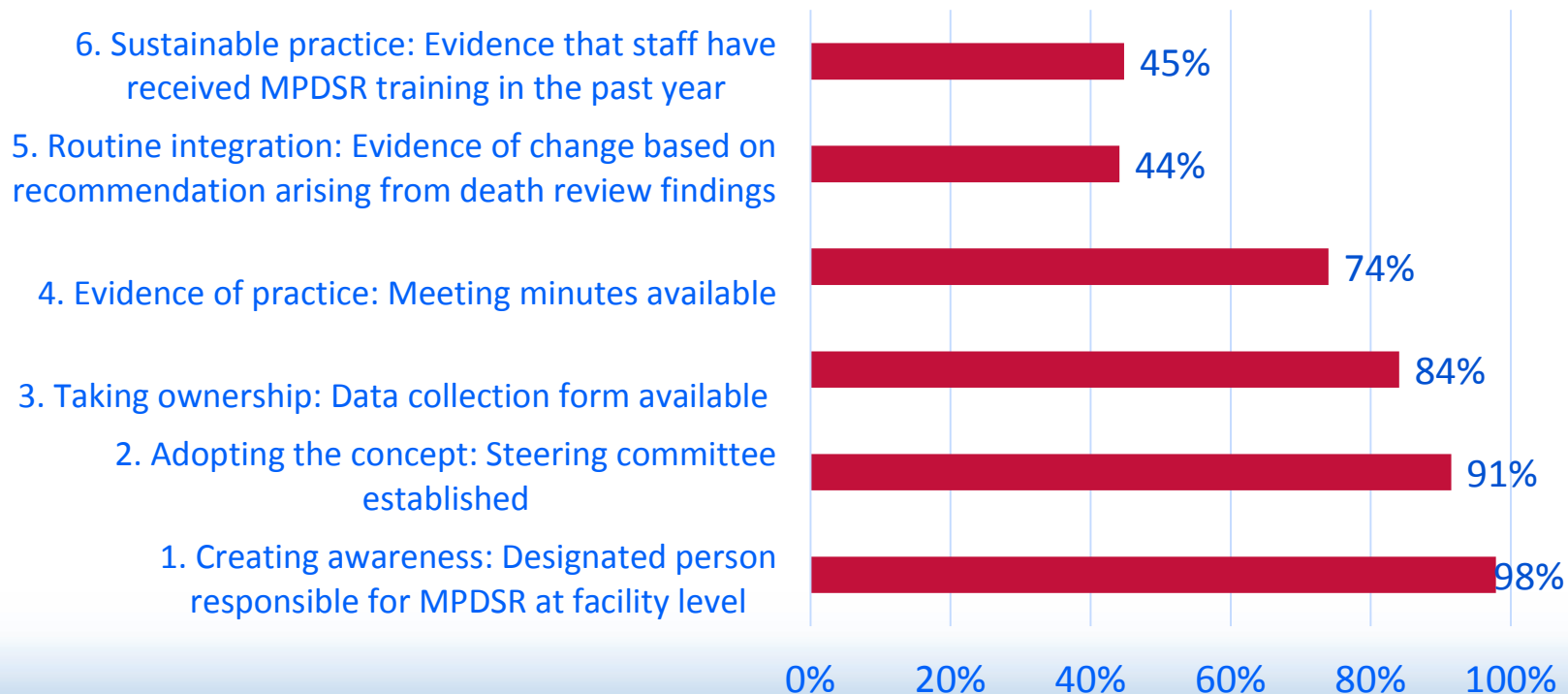


# MPDSR Implementation Progress Scoring Scheme – Pre-implementation to Institutionalization





# Tracer indicator results by implementation progress phase – average indicator result (47 sites in 4 countries)



# Findings

- Most informants aware of importance of collecting, notifying and analyzing mortality data
- Documentation of deaths often incomplete or inaccurate, especially for cause of death
- On average one quarter of 47 facilities (4 countries) reported a connection between “professional disciplinary action” and MPDSR (range 8 - 38%)



# Findings Cont.

- No managers or facilities reported standardized processes for following up audit recommendations
- Less than half of facilities could show evidence of changes after audits (although many cited examples.)

*“During a meeting about a maternal death, we identified that the reason was not enough light in the ward. So we got a generator to prevent deaths in the future”*  
- Facility interview, Tanzania



*“Now that the perinatal death is audited they have started resuscitation of babies who are not crying or breathing. - Facility interview, Tanzania*



# Findings Cont.: Key Enablers and Barriers

## Enablers

- Support from national and/or sub-national levels
- Leadership by individual(s) in promoting death reviews
- Availability and use of MPDSR guidelines and tools
- Interdisciplinary teamwork
- Evidence of MPDSR process leading to change or having improved health services

## Barriers

- Health worker shortage and capacity issues
- Limited accountability for follow up actions
- Demotivation due to recommendations at various levels not being implemented
- Limited plans for training health workers on the MPDSR process

# Recommendations

- **Policy and guidelines**
  - Ensure availability of MPDSR guidelines, forms and use of standardized classification systems for cause of death
- **Implementation practice**
  - Strengthen capacity of subnational managers and health care workers to support effective MPDSR processes at subnational level
  - Adopt a meeting code of conduct
  - Monitor trends in deaths, audit findings and follow up of recommendations
- **Additional research needed**
  - Assess quality of MPDSR processes, examine effective capacity-building and implementation approaches, etc.

# Strengthening Capacity of District Managers and Facility Staff



- **Global, integrated capacity-building MPDSR package (under development)**
  - MDSR module being developed by MCSP and WHO
  - PDSR module being developed by WHO and UNICEF
- Responds to identified capacity-building needs
  - MCSP MPDSR assessment
  - Review of existing global and country capacity-building resources

Photo: Kate Brickson/MCSP



# Competency-based MDSR Module – Key Skills Targeted

## Day 1

- **Understanding Pathways to Maternal Death**
- **Six-Step Mortality Audit Cycle**
- **Identifying Maternal Deaths**

## Day 2

- **Creating or Strengthening MPDSR Committees**
- **Using MPDSR Forms**
- **Cause Assignment Using the ICD-MM**

## Day 3

- **Identifying Contributing Factors and Creating and Implementing an MPDSR Action Plan**
- **Monitoring and Analyzing Trends in Maternal Deaths, causes of death and Audit Findings to Inform Priority Actions**

# Illustrative Job Aid: Cause of Death Assignment (ICD 10 MM)

## Definitions of deaths

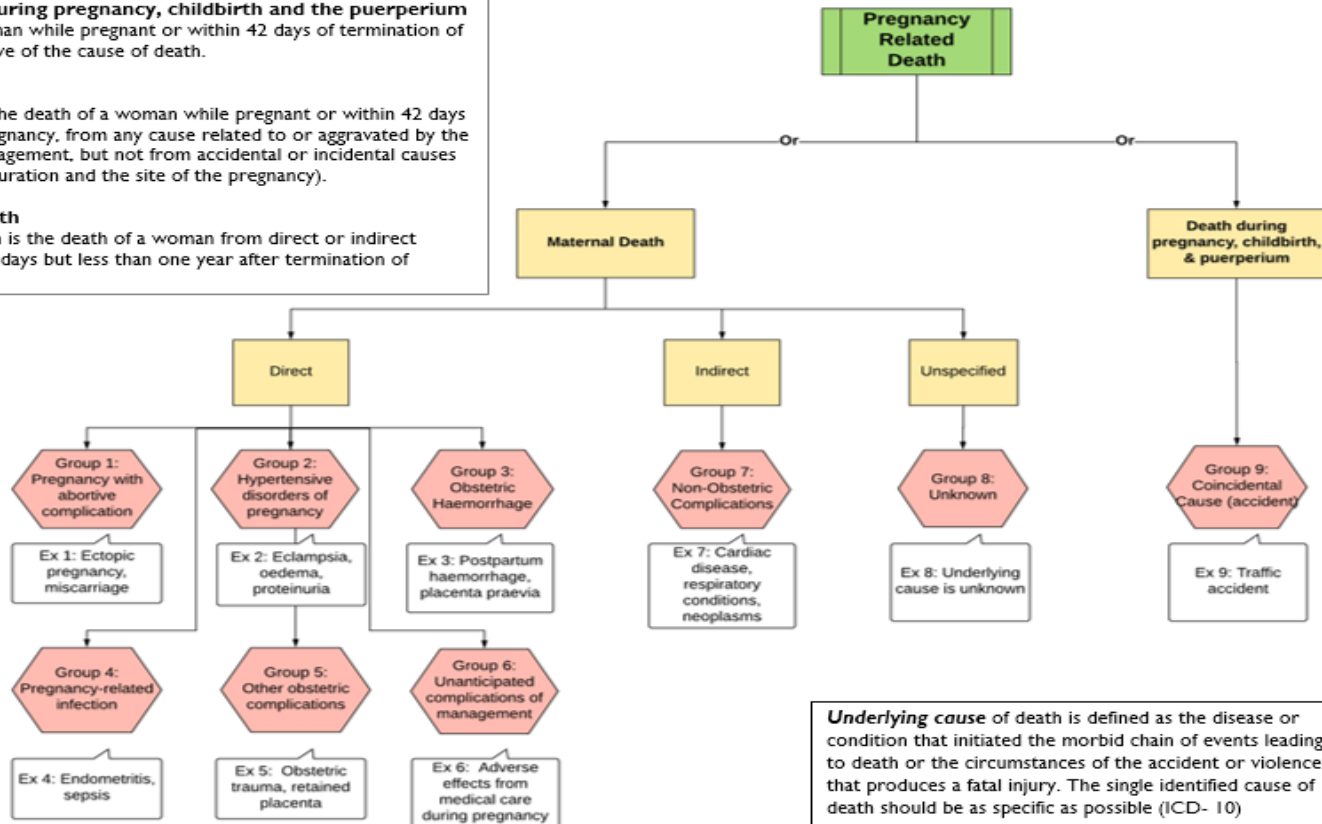
**Death occurring during pregnancy, childbirth and the puerperium** is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death.

### Maternal death

A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (irrespective of the duration and the site of the pregnancy).

### Late maternal death

A late maternal death is the death of a woman from direct or indirect causes more than 42 days but less than one year after termination of pregnancy.



**Underlying cause** of death is defined as the disease or condition that initiated the morbid chain of events leading to death or the circumstances of the accident or violence that produces a fatal injury. The single identified cause of death should be as specific as possible (ICD- 10)

# Key messages

- Structures and processes for implementing MPDSR exist in all four assessment countries (to varying degrees)
- The assessment demonstrated the need to go beyond policy to strengthen implementation of MPDSR at subnational and facility levels
- Building confidence and skills of district managers and facility staff to implement MPDSR is essential - and was identified as a gap in the 4-country assessment
- Regular monitoring of death trends, MPDSR findings and follow-up can strengthen MPDSR implementation and enhance alignment with broader QI interventions to reduce preventable mortality

*“We may think it’s too much to review every death, but each one death is crucial to someone. It might be a statistic to me, but every death matters.”*

*- Facility interview, Zimbabwe*

# Acknowledgements

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For more information, please visit  
**[www.mcspprogram.org](http://www.mcspprogram.org)**

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