



Official Flag Off by the First Lady, Hajia Turai Yar'adua

Signing of the Memorandum of Understanding

The scheme was conceived as a collaborative effort between the three tiers of government based on shared roles and responsibilities formalized by signing a Memorandum of Understanding (MOU) between the Federal, State and Local Governments. Two set of the Memorandum of Understanding (MOU) were designed to be signed by the Honourable Minister of Health and the State Governors; and between the Executive Director of the National Primary Health Care Development Agency and the State Commissioners for Health/Commissioners for Local Government and Chieftaincy Affairs.

So far all the 36 States and the FCT have signed the MOU (Appendix 2).



Governor of Niger State and Chairman Northern Governor's Forum, Dr. Babangida Aliyu signing MOU

DEPLOYMENT AND ORIENTATION OF MIDWIVES Deployment and Retention

The Agency has successfully deployed, oriented and called up 2,488 midwives. A total of 2323 midwives have been retained to date in the 652 frontline facilities in rural areas.



Midwives under the Scheme at a call up in a State

Remuneration/Allowances

The federal allowances due to the midwives from October 2009 to April 2010 have been disbursed to those found eligible based on time of resumption and availability at duty post.

COMMUNITY INSTITUTIONALISATION/ PARTICIPATION

Directory of the Ward Development Committees

The Agency has successfully established/reactivated Ward Development Committees around all the 652 primary health care facilities to engender community involvement, participation, ownership and sustainability. The committees have continued to provide support to the midwives, mobilize communities for MCH actions/uptake and are also being used to monitor the presence of the midwives in the communities.



Meeting of the Principals of Schools of Midwifery



Donation of Anti-shock Garments by Pathfinder International



Donation of Family Planning Training Materials/Posters by UNFPA

A key deliverable was the Directory of the Ward Development Committee.

BASELINE SURVEY

A baseline survey capturing information on maternal, child and neonatal health (MNCH) indicators and services in the target areas was completed in January 2009. Finalization of the report is in progress and the indicators will be the basis for monitoring progress of the scheme towards the achievement of its objectives.

CAPACITY BUILDING FOR QUALITY OF CARE

All the 2,323 midwives deployed under the scheme have been trained on Life Saving Skills and Integrated Management of Childhood Illnesses in 35 selected Schools of Midwifery/Clinical sites in 35 the states and FCT. The training was competency based and was aimed at improving the skills and proficiency of the midwives in the provision of quality maternal and child health service. Training in Borno state was stepped down due to late signing of the MOU by the Executive Governor.

LINKAGES WITH OTHER PARTNERS / STAKEHOLDERS **Training Institutions**

The Agency has successfully linked the scheme with the training institutions. The scheme worked closely with the principals of the 37 schools of midwifery to ensure that the training on LSS and IMCI were implemented successfully at the State level. The process provided the opportunity for the scheme to support the schools with ICT equipment and training aids. Pathfinder International donated 36 anti-shock garments to the schools to support the LSS training in all the schools.

UNFPA supported the MSS PHCs and schools with Family Planning posters.

The Ambulance Programme of the FMWA/SD

The Midwives Service scheme has collaborated with the Ministry of Women Affairs and Social Development (FMWA/SD) and the MDG Office on the Ambulance Project. The project involves the deployment of 49 Ambulances to 18 States. The ambulances will be stationed in some of the MSS designated hospitals in these States and used for referrals from MSS PHCs within the General hospital clusters. Two MSS midwives are being deployed to each of the ambulance project.

STRENGTHENING OF PHC FACILITIES

Apart from the Human Resource approach, the Agency strived to strengthen the PHC system by supplying light equipments such as BP apparatus, stethoscopes, weighing scales, midwifery kits; malaria kits, essential drugs and consumables, facility/community registers, Monitoring and evaluation tools, Personal Health records, service guidelines and protocols to 652 primary health care facilities.

ICT STRATEGY/CONNECTIVITY

Under the ICT Strategy, the Agency has provided connectivity comprising of voice, data, internet and video-conferencing services to its headquarters, the 6 zonal offices at Bauchi, Benin, Enugu, Ibadan, Minna and Kano, the Central Store at Airport road, Abuja and 40 General Hospitals. Similarly, connectivity to establish voice, data and internet services to 160 primary health care facilities has been effected.

The connectivity would facilitate provision of dedicated Voice Communication System to connect the midwives and other health workers to support centres, timely transmission of service statistics through a web portal and hoisting of such on the Agency's website, dissemination of technical checklists, guidance/protocols, notes and reminders and notification of complications and referral from first to second level provider etc

Mobile phones are being deployed to all the 652 MSS designated facilities to enable the Facilities Managers (Officers in Charge) provide monthly information on MNCH via the text messages to the NPHCDA headquarters.

PROGRAMME COMMUNICATIONS

The communication activities for the Midwives Service Scheme are being invigorated. So far, relevant programmes have been commissioned to be aired in the print and electronic media. In addition, Posters, Banners, Bill Boards, Pin up buttons, T-Shirts and Caps, Mugs, Wrappers to raise awareness of the scheme and promote service uptake among various communities, stakeholders are being designed for production. A newsletter called "MSS Series" has been inaugurated and will be produced quarterly to update all Stakeholders including the midwives of the progress of the scheme.

Chapter Seven

NEXT STEPS AND CHALLENGES

NEXT STEPS

MENTORING, MONITORING AND SUPPORTIVE SUPERVISION

Mentoring and Technical/clinical supervision is being planned to be carried out in April by joint teams from the Federal Ministry of Health, NPHCDA, NMCN, Schools of Midwifery, State Ministry of Health, LSS/IMCI Facilitators, Professional bodies, collaborating Partners and other stakeholders.

A supervisory team will be set up in each state consisting of mentors and monitors based in the State. Each Team will consist of 2 persons per cluster. Each participant will be given a Log book for record keeping and job evaluation. This implies that:

North East (NE) and North West (NW) Zones with 6 clusters in each State have a team of 12 people in each State.

South South (SS) and North Central (NC) Zones with 4 Clusters in each State have a team of 8 people in each State.

South West (SW) and South East (SE) Zones with 3 Clusters in each State have a team of 6 people in each State.

The supervisory visits is being planned to be carried out every quarter to ensure the presence of the midwives and initiate the mentoring process whilst fulfilling other objectives highlighted earlier. A monitoring checklist for the monitoring of PHC activities at the

health facility level will be used/applied during the supportive supervision and mentoring of the MSS programme.

The Ward Development Committees (WDCs) at the wards will be fully involved in the conduction of supervisory activities at their wards. The ZTOs from each State will also be involved to ensure that reports from each cluster on supervision is produced and submitted in time.

The mentoring and supportive supervision is planned to last for 4 days. The following tools are used;

- Supervision Schedule/Plan (supervision Matrix)
- Supervision Checklist
- Supervision Reports at the end of the exercise.

The Teams will be required to provide on the spot feedback to the MSS midwives and facility staff and write a supervision report. Where possible appropriate solutions should be found for some of the challenges presented.

Supervision, monitoring plan/schedule and necessary tools will be adopted to ensure uniformity in the process and applied uniformly in all the clusters. Independent monitoring by stakeholders and sharing of their reports are also be encouraged. Where possible the Partners are being encouraged to adopt the clusters for continuous supervision and monitoring.

Review and Debriefing meeting will be conducted immediately after the exercise and feedback provided to both the Midwives and other stakeholders including the communities.

IMPACT EVALUATION

The World Bank is supporting the Agency in its plan to carry out an Impact Evaluation of the Midwives Service Scheme. In view of this the baseline survey carried out in January 2010 has two arms – the

Treatment arm which has been completed in the 652 MSS facilities and the *Control arm* which will soon be conducted in none MSS PHC facilities that are matched with the MSS facilities. The primary research questions focus on MSS impact on mid term and long term average outcomes, whether MSS reduced inequalities in maternal and infant health outcomes, incentives required for sufficient recruitment, deployment and retention of midwives in the deprived areas and incentives that contribute to sustained increase in public demand for maternal and obstetric care. The impact evaluation is planned to be conducted in the last quarter of 2010.

CHALLENGES

IMPLEMENTATION OF THE MEMORANDUM OF UNDERSTANDING

Though the scheme was conceived as a collaborative effort between the three tiers of government based on shared roles and responsibilities formalized by signing a Memorandum of Understanding between the Federal, State and Local Governments, feedback from the field indicate that a lot of advocacy is required to ensure that the States and the LGAs effectively play their roles. Identified problem areas in some states are in the provision of supplementary allowances and accommodation to the midwives.

AVAILABILITY OF QUALIFIED MIDWIVES

The scheme is predicated on availability of qualified midwives for deployment to the frontline facilities. Under the 2009 project, Two Thousand Five Hundred (2,500) midwives were targeted. This number is yet to be attained resulting in gaps in meeting the target of 4 midwives in some facilities particularly in the places of most need, the North West and North East. The possibility of meeting the target of recruiting another set of 1000 midwives under the 2010 budget is seen as a major challenge.

RETENTION OF MIDWIVES

The scheme currently relies on unemployed, retired but able midwives and newly qualified midwives called "Basic midwives" who complete their compulsory one year community service in MSS facilities. A significant proportion of the midwives in the scheme are young, single or newly married and this cohort is a mobile group particularly due to marriage or having babies etc. The scheme is therefore developing various strategies of retaining midwives and also attracting new ones to the scheme. These could be in the form of incentives for those serving in very rural hard to reach areas and those who have moved very far from their state of residence to work in other rural areas. Other strategies include exploring the training and use of other members of the PHC team to carry out MNCH activities.

CAPACITY BUILDING OF MIDWIVES

Current training of midwives have focused on Life Saving Skills (LSS) and Integrated Management of Childhood Illnesses (IMCI). The midwives would need to be trained on other aspects of maternal and child health care such as PMTCT, HIV/AIDS, Essential Newborn Care, Family Planning and basic ICT skills. The scheme will also need to plan capacity building of the wider Primary Health Care Team beyond the midwives to support the sustainability of the programme.

PROGRAMME COMMUNICATION

The current programme communication will need to be stepped up to increase demand for the MNCH services in these rural areas. Information on "Information, Education and Communication (IEC), Behaviour Change Communication (BCC) will need to be developed and capacity building of PHC staff and the WDCs carried out to support the creation of demand for MSS services.

Information targeted at various communities through radio jingles, TV Ads, Drama/African Magic television channel, the women

groups in various communities will need to be developed and sustained to further support the demand side of the scheme.

SUSTAINANCE OF COMMUNITY LINKAGES

The sustainability of the programme will need to be achieved through the building capacity of LGA and State officers of Ministry of Health. This will ensure that they are familiar with the aim and objectives of the programme, its benefits to their communities and the way the programme is run. Support will also need to be provided to them in developing a plan to take on the implementation of the programme at the end of the 2 year period.

The WDCs are now in place and are very key to monitoring the midwives and supporting the efficient and smooth running of the scheme in their wards. They will need to be incentivised to ensure that these linkages are sustained between the committees and the communities.

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Appendix One

LIST OF MIDWIVES SERVICE SCHEME HEALTH FACILITIES

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	South West	Ogun	Ijebu	GH Ijebu	Yekuwa/Imodo PHC
2					Lepin Health Health Centre
3					Tolu Health Centre
4					Orisa Ijebu Health Centre
5			Osogbo	GH Osogbo	Osogbo Health Centre
6					Ibeju Health Centre
7					Mohabatun Health Centre
8					Osun-Owa Health Centre
9			Oshana Owoode	GH Owoode	Owoode Health Centre
10					Akolede Health Centre
11					Mokolabi Health Centre
12					Olofin Health Centre

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	South West	Lagos	Ikoroju	GH Ikoroju	Agbode HC
2					Imota PHC
3					Ibeju PHC
4					Oke Epe PHC
5			Ajeroju/Ojo	GH AJEROJU	Agbaja PHC
6					Akere PHC
7					Festac PHC
8					Laymi PHC
9			Ibeju Lekki	GH IBEJU LAKKI	Awoyaya PHC
10					Ibejodo PHC
11					Lekki PHC
12					Apaki PHC

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	South West	Oyo	Akinyele	GH Muniya	Ajibode PHC
2					Alabuta PHC
3					Injico 1 PHC
4					PHC Ikereku
5			Ibompa East	GH Ereruwa	Terridire PHC
6					Ijesa Model PHC
7					PHC Maya
8					Alapa PHC
9			Adubo	GH Ago Are	Tede PHC
10					Ofiki PHC
11					Irunso Ile PHC
12					Agunroge PHC

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	South West	Oyo	Ila	GH Ila	PHC Adiranle
2					PHC Obajoko
3					PHC Oke-Ide
4					PHC Ajaba
5			Ejigbo	GH Ejigbo	PHC Popo
6					PHC Ile Odan
7					PHC Ilaro
8					PHC Oja
9			Ile East	State Hospital	PHC Iselodun
10					PHC Ondo rd Odowara
11					PHC Ajigboze Ilorina
12					PHC Gbodo/Ile Oluhade

S/N	ZONE	STATE	LGA	General Hospital	PHCS	
1	South West	Oyo	Ibadan	GHT Oba Iba	Basic Health Centre Akoka/Obi	
2					Comprehensive Health Centre Angba	
3					Basic Health Centre Isanwo	
4						Basic Health Centre Ibadan
5				Osin Oba	GHT Boloboloban	Comprehensive Health Centre Epe
6						BHC Kofelewa
7						BHC Ibadan
8						Basic Health Centre Aremoye
9				Oke	GHT Ido Awo	Basic Health Centre Oke
10		BHC Iremoye/Oremoye				
11				Comprehensive Health Centre Ido		
12				BHC Iremoye/Aremoye		

S/N	ZONE	STATE	LGA	General Hospital	PHCS	
1	South West	Oyo	Ibadan	GHT Oba Iba	Myocardial	
2			Oyo		Comprehensive H.C. Ido	
3			Ibeju		Oyo Comprehensive H.C. Oke	
4					Oyo Comprehensive H.C. Ido	
5				GHT Ibadan	GHT Ibadan	Comprehensive Health Centre
6						Oyo Comprehensive H.C. Ararinko
7						Enochan
8						Comprehensive H.C. Epe
9				Igodo/Ibadan		Igodo Basic Health Centre, Awo, Igodo
10						Also Comprehensive H.C. Ido Oke
11					State specialist hospital	Oke Oke
12						Comprehensive H.C. Akin Ibadan
				Oke Ibadan		
				Comprehensive H.C. Ibadan		
				Ibadan		
				Oke Oke		
				Comprehensive H.C. Ido		

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	South East	Anba	Umuahia North	GH Anuachara	Nkwogwu HCF (Obumak)
2			Ikpeazu		Ababa PHC
3			Umuahia South		Apurum Umakala PHC
4			Ikwunono		Oboro Maccrop Ikwunono
5			Chingona	GH Opatata	Oborize HC
6			Ukwa West		Obotia HC
7			Aba South		Amachura HC
8			Izula Ngwa South		African HC
9			Bende		Igbere PHC Uma
10			Obafia	Izuma Health centre	
11			Bende	Etu Obafia	
12			Bende	Bende Maternity	
13			Umunnoch	Lara HC	

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	South East	Anambra	Ekwusigo	GH Ekwulobia	PHC Ichi
2			Aguta		PHC Aguta
3			Ekwusigo		PHC Egbema
4			Naewi South		PHC Anichi
5			Idemili	GH Enugu-Ukwu	PHC Ideani
6			Njikoka		PHC Abagana
7			Ukwa South		PHC Nifo
8			Idemili North		PHC Ezirwala
9			Oyi	GH Umueri	PHC Nofe
10			Agumeri		PHC Awkum
11			Anambra East		PHC Omoe
12			Ekwusigo		Model PHC Nwagbe

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	South East	Rivers	Okoorosa	GH Okporo	Agu Ugwu Umunagu Health Centre
2					Okorosa PHCS
3					Okporo Health Centre (Umakoma Health Centre)
4					
5			Ikwerre	GH Igboke-Ikwerre	Fryghobere Health Centre
6					Aguloru Health Centre
7			Ikwerre South		Ndika Aguloru
8			Ikwerre Central		Ikwerre
9			Ikwerre East	GH Ikwerre	Mwazanyi Health Centre
10					Izoko Health Centre
11					Nwofe Health Centre
12					Eze-Ola Health

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	South East	Enugu	Awgu	GH Osiopol	Agu Ugwu Umunagu Health Centre
2					Nkwere Health Centre
3					Mpigi Health Centre
4					Mimako Health Centre
5			Udi	District Hospital, Udi	Amoli Health Centre
6					Umuaka Health Centre
7					Obinagu Health Centre
8			Eze Agwu		Abebe Health Centre
9			Udemu	District Hospital, Enugu Erika	Agwu Osa Health Centre
10			Igboeze South		Imolika Uno Health Centre
11			Igboeze North		Unachi Health Centre
12			Udemu		Eze Health Centre

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	South East	Imo	Oru Iruo	GHI Orlu	Owelle Health Centre
2			Okeja		Arum Health Centre
3			Ibia Mbano		Ora Health Centre Umuelimat
4			Etche Mbano	GHI Owerri	Umuogile
5			Owerri West		Obiso Health Centre
6			Owerri North		Naze Health Centre
7			Abok Mbairo		Nkwogwu Health Centre
8			Ndumu	Etama Health Centre	
9			Oru East	GHI Awo Osuanna	Ezike Health Centre
10			Oru West		MCII Mgbidi
11			Ogbora		Akabo Health Centre
12			Oru East		Amaga PHC

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	South South	Cross River	Ben	GHI Ogoja	Ojuoni Health Centre
2			Ogoja		PHC Ekomak
3			Bekwara		Isiok Health Centre
4			Okofo	GHI Benuewa	Abudochie Health Centre
5					GH Kpaha
6					Ufanga Health Centre
7					Bayama ng Health Centre
8				GHI Uyo	Bendi Health Centre
9			Aho		Umuokong Health Centre
10			Ikono		Esri Primary Health Care Center
11				St. Joseph Hosp. Abu-Eba	Mpiani Primary Health Care PHC Udom
12					Akingaja Health Centre
13			Akingaja		Hot Offing Akmal Health Centre
14			Akpana		Hot Nkanda Health Centre
15		Esri Ilang Health Centre			
16	Bakasi				
17					

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	South South	Rivers	Okrika	GH Okrika	Island Maternity
2					Oyoloma Health Centre
3					George Ama Health Centre
4					Koko Health Centre
5			Ikwerre	GH Isikpe	Igwute Health Centre
6					Uvwie Health Centre
7					Ita Health Centre
8			Asari Toro	GH Buguma	Omagwa Health Centre
9					MCH Buguma
10					PHC Abaloma
11					PHC Ido
12			Khana	GH Beer	PHC Tama
13					Okwena Health Centre
14					Gwara Health Centre
15					Kwara Health Centre
16			Beerli Health Centre		

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	South South	Edo	Orhionwan	GH Orhiongan	Oza PHC
2					Ebueghae PHC
3					Igo PHC
4					Ebuesi
5			Esan South East	GH Ubiaja	Ilushi PHC
6					Ewatto PHC
7					Ugbaha PHC
8					Dhordua PHC
9			Etsako Central	GH Foga	Iraokhor PHC
10					Azokhale PHC
11					Ugbekpe PHC
12					Anagbette PHC
13			Ovia south West	GH Iguobazuwa	Sikio PHC
14					Okha PHC
15					Ugbogu PHC
16					Igutaokpa

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	South South	Delta	Bomadi	GH Bomadi	Iyotama PHC
2					Bomadi PHC
3					Syama PHC
4					Akugbene PHC
5			Warri South	GH Warri	PHC Fetau
6					PHC Ugbungwi
7					PHC Esurede
8					PHC Igbudu
9			Sapele	GH Sapele	PHC Ugborhen
10					PHC Amukpa
11					Adagbrasa PHC
12					Modai PHC Aghalokpe
13			Ika South	GH Agbor	PHC Alama
14					PHC Agbor Odi
15					PHC Abano
16	PHC Odi-Ayime				

S/N	ZONE	STATE	LGA	General Hospital	PHCS		
1	South South	Bayelsa	Brass	GH Brass	Health Centre Bekehi		
2					Health Centre Twoon Brass		
3					Health Centre Odoma		
4					Health Centre Egwama		
5					Kolokuma/Polokuma	GH Odi	Health Centre Odi
6							Health Centre Kaniama
7							Health Centre Opokuma South
8							Health Centre Okolobe
9					Ogbe	GH Kolo	HC Opama
10			HC Otusse				
11			Health Centre Erimayal				
12					Health Centre Ayakoro		
13			Southern Ijaw	GH Amassoma	Health Centre Opinoma		
14					Health Centre Otwan		
15					Health Angama		
16					Health Centre Skowe		

S/N	ZONE	STATE	LGA	General Hospital	PHCS	
1	South South	Akwa Ibom	Ikot	St. Luke Hospital	Model Health Centre	
2			Uyo		Health Centre Uyo	
3			Ikono Ikono		Health Centre Ikot Eba	
4			Asaba		Health Centre Ikot Abasi	
5					PHC Hong-Olori	
6			Obo Akpa (not Ekene)		St. Idris Ekpenye	Model PHC Ikot Uba
7						Health Centre Amayam
8			Etinan Udon			Health Centre Adilom
9			Ikot		St. Emmanuel	PHC Effo
10			Obo			Health Centre Obo
11			Ikot Okon			Health (not) Amang
12			Obo			Health Centre Ikot
13						PHC Udon
14					St. Luke Obo	Ikot Akpa Ekene
15			Obo	Health Centre		
16			Obo	Model PHC Ekene		
17			Obo	Udon		
18			Obo	PHC Akpa Ekene		

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	North Central	FCT	Kwali	GH Kwali	Quda Primary Health Care
2					Tangoli Primary Health Care
3					Korukwa PHC
4					Dabi Bako PHC
5			ABEP	GH Abaji	Nyika H Clinic
6					Nasaradi Model Primary Health Centre
7					Ajawa Health Clinic
8					Abbaor Health Clinic
9					Yimi Health Clinic
10			Gwagwalada	Teaching Hosp. Gwagwalada	Kumaku Clinic
11					Ibura Clinic
12					Owoko PHC
13			Bwari	GH Bwari	Dutta Makarama Clinic
14					Igu PHC Clinic
15					Ughafa
16					Kuchiboyi PHC

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	North Central	Niger	Lapai	Rural Hosp. Lapai	Eboh MCH
2					Moya
3					Gulu MCH
4					Saminaka
5					Yakka
6			Kagari	GH Kagari	Tegina MCH
7					Kusheriki
8					Maifaka
9					
10			Kangara	GH Kangara	Gulbin Beta
11					Ibeta MCH
12					Sahorami MCH
13					Tapanin bobi
14			Mokwa	GH Mokwa	Iba MCH
15					Daji Modal Primary Health Centre
16					Kodu MCH
17					Bokari MCH

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	North Central	Kogi	Okochi	GH Okungode	Okoko PHC
2					Ikishi PHC
3					Basic Health Clinic
4					Irakovi Eka
5					Marampa Obeba
6			Ibad	GH Ibad	Family Health Centre
7					Ibad
8					Ajasegona Health Centre
9					Ikere
10			Ankpa	GH Ankpa	Ikere Health Facility
11					PHC Oyoko
12					PHC Ogodo
13					PHC Engema
14			Kabba Bamu	GH Kabba	Comprehensive Obago
15					PHC Ajoda Ikuru
16					MCH Egboda
17					PHC Ikuru
18					PHC Odo Ape

S/N	ZONE	STATE	LGA	General Hospital	PHCs
1	North Central	Kwara	Ibaji West	Cottage Hosp. Adirwebe	PHC Ode-Ohan
2					PHC Ogberibe
3					PHC Sigebe
4					PHC Ode Aramu
5					PHC Odepa
6			Ife	GH Lafagi	Comprehensive PHC Odele
7					PHC Ganganje
8					DHS Lafagi
9					Primary Health Care Ilorin
10			Ilorin	Special Hosp. Ode Ode	PHC Dabigun
11					PHC Ode-Masagbe
12					PHC Iremokan-Akase
13					MPHC Agosin
14			Bosaso	GH Oyo	Primary Health Care Gwama
15					PHC Gwa
16					PHC Ibari
17	PHC Alamu				

S/N	ZONE	STATE	LGA	General Hospital	PHCs
1	North Central	Kwara	O'ju	Cottage Hosp. Kwalla	Primary Health Care Carer-Nera
2					PHC Kwada
3					PHC Hwall
4					PHC Kusa
5			Wase	Cottage Hosp. Wase	Primary Health Care Centre Bimbar
6					PHC Kadarko
7					PHC Mawa
8			Bokkos	Cottage Hosp. Bokkos	PHC Odebi
9					PHC Riba
10					PHC Teri-Baliba
11					PHC Mangura
12			Bassa	Cottage Hosp. Bassa	PHC Magon
13					Primary Health Care Centre Jafun
14					PHC Zabo
15					PHC Mungu
16					PHC Burein

S/N	ZONE	STATE	LGA	General Hospital	PHCS		
1	North Central	Nasarawa		GH Daura	PHC Gado		
2					PHC Barabaran		
3					PHC Babaji		
4					PHC Boco		
5					GH Oki	PHC Oki	
6						PHC Agwanu	
7						PHC Anyi	
8					Alwanga GH	PHC Alaru	
9						PHC Kwarra	
10						PHC Andaba	
11						PHC Kokoza PHC Woyon	
12					Nasarawa Egin	PHC L'gira	
13					Toto	PHC Loko	
14					Nasarawa	GH Nasarawa	PHC Laminga
15					Nasarawa		PHC Gadohwa
16					Toto		PHC Gado

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	North Central	Benue	Guma	GH Obajimba	PHC Chiriz Alomai
2					FSP Daudu
3					Model PHC Waku
4					PHC Agaba
5			Vandiyi	GH Vandiyi	Model PHC Yau
6					FSP C Idjer Mbakanga
7					PHC Inougbrun
8					PHC Clinic Kishi
9			Oja	GH Oja	PHC Ochoin
10					PHC Obaa
11					PHC Melle
12			Lige		PHC Alwada
13					PHC Ayilamo
14					NKST Hosp. Asylim
15					PHC Abada
16					PHC Gondrus
17	PHC Uga Township				

S/N	ZONE	STATE	LGA	General Hospital	PHCS	
1	North West	Katsina	Zango	GH Daura	Model PHC Zango	
2					PHC Ragogo	
3					Comprehensive Health Centre Maidun	
4				Kora	GH Kankia	Model PHC Kora
5			Bindawa	Primary Health Centre Bindawa		
6				Daro PHC		
7			Kankia	Gyaza PHC		
8						Rimaye PHC
9				Kata	GH Katsina	Yankali Primary Health Centre
10			Bangarawa	Batagarawa PHC		
11			Jibia	Daddara PHC		
12			Kata	MDG clinic Grita		
13				Kankia	GH Dutsinma	Primary Health Centre Gyaza
14			Dau Misa	Yantunaki PHC		
15			Kurfi	Rawayan PHC		
16			Dutsinma	CHC Dutsin-ma		
17			Kafar	PHC Raraya		
18				Kankian	GH Malamfashi	Ketset PHC
19			Kafar	Model PHC Masari		
20			Malamfashi	MCNC Dayi		
21				Faskari	GH Fama	CH Centre Faskari
22			Bakori	PHC Tiga		
23			Daura	CHC Daura		
24			Sabawa	Comprehensive Sabawa		

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	North West	Kano	Wazawa	GH Daura	Wazawa PHC
2			Wudil		Lajuna PHC
3					Isdabo PHC
4			Ajingi		Trombe Health Facility
5			Bichi	GH Kankia	Sayo PHC
6			Kunchi		Kunchi PHC
7			Tsuruwa		Garam PHC
8			Kunchi		Shewaci PHC
9			Bebeji	GH Katsina	Rahama Clinic
10					Gwarmai PHC
11					Dalatsulle PHC
12			Rano		Rurun PHC
13			Karaye	GH Dutse/Dutsin	Karaye PHC
14			Gwarzo		Getso PHC
15			Shanono		Shanono PHC
16			Kabo		Gano PHC
17			Bankuru		Bankuru PHC
18			Tudun Wada	GH Malandaji	Burum-Burum PHC
19			Kibiya		Kibiya PHC
20			Bunkure		Kamarya PHC
21			Misjibir	GH Funtua	Kunya PHC
22			Dambata		Goron Maje PHC
23			Makoda		Makoda PHC
24					Kayama PHC

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	North West	Sokoto	Gada	GH Daura	Primary Health Care Dekamaje
2					PHC Kadanka
3					PHC Wauri
4					PHC Kyndwa
5			Bichi	Rabah	Primary Health Care Rana
6			Kunchi		PHC Gendi
7			Tanyiwa		PHC Yama-kusa
8			Kunchi		PHC Gawaruke
9			Bebeji	Yabo	PHC Kigori
10					PHC Binja Maza
11					PHC Fakka
12			Rano		PHC Dugawa
13			Karaye	Tambawal	Primary Health Care Alasin
14			Gwarzo		PHC Saoyima
15			Shanono		PHC Yabo
16			Kabo		Raman Lintan
17			Bokuru	Wamako	Gwa/Wamako clinic
18			Tudun Wada		Upgraded Dispensary
19			Kibiya		PHC Arkila
20			Barkare		PHC Bisi Community Health Post
21			Migbir	S/North	Primary Health Care Kofa/Kade
22			Dambata		PHC Rumbukawa
23			Makoda		PHC Helele
24					Rinji Sambo

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	North West	Jigawa	Birni Kudu	GH Birni Kudu	Sundamina PHC
2			Gwarzani		Basirka PHC
3					Galambi PHC
4			Buji	GH Dutse	Sagu PHC
5			Kiyawa		Kiyawa PHC
6			Jahun		Aupera PHC
7			Miga		Miga PHC
8			Kiyawa	GH Kazare	Katanga PHC
9			Babura		Karya PHC
10			Roni		Roni PHC
11			Yankwashi		Karkama PHC
12			Gadwa	GH Gumel	Gwada Model PHC
13			Maigatari		Maigatari PHC
14			Taura		Taura PHC
15			Garki		Garki PHC
16			Gagarawa	GH Hadeja	Gagarawa PHC
17			Birniwa		Kasura Model PHC
18			K/Kasamma		K/Kasamma PHC
19			Guri		Guri Model PHC
20			M/Madori	GH Kafin Hausa	M/Madori PHC
21			K/Hausa		Bolangu Cottage Hospital
22			Auyo		Auyo Model PHC
23			Kaugama		Kaugama PHC
24			Kafin Hausa		Iabo MPHC

S/N	ZONE	STATE	LGA	General Hospital	PHCS	
1	North West	Kaduna	Kaura	GH Kaura	PHC Fada Kagoro	
2					PHC Manchoh	
3					PHC Garaje	
4					PHC Turaki bugri	
5			Lere	GH Sammaka	PHC Garin Kutama	
6			Kaura		PHC Yarkasawa	
7			Kubau		PHC Damalatsawa	
8			Lere		PHC Kajarda	
9			Birni Gwari	Jibril Mai Gwari GR, Birni Gwari	PHC Birni Gwari	
10					PHC Randaji	
11			Chikun		PHC Udawa	
12			Birni Gwari		PHC Dogon Dawa	
13			Chikun	Dr. Gwamna Awamgh Gen. Hosp.	PHC Gwagwada	
14			Kaduna South		PHC Kujama	
15			Ikara		PHC Kurmi Mashi	
16			Ikara		PHC Haja Asama Barnawa	
17			Ikara	GH Ikara	PHC Gubsohi	
18			Ikara		PHC Anchara	
19			Kagariko		PHC Auchar	
20			Chikun		K/Kogi PHC Ikara	
21			Birni Gwari		GH Kagariko	PHC Kubacha
22						PHC Shadalafiya
23						PHC Kurmin Jibrin
24						PHC Lere

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	North West	Kebbi	Augie	GH Argungu	MPHC Augie
2			Argungu		MPHC Felande
3			Arwa		MPHC Kare
4			Argungu		PHC Gulma
5			B/Kebbi	Sir Yahaya Memorial GH	PHC Makera
6					PHC Ambarsa
7			Gwandu		PHC Gwandu
8			Bunza		MPHC Raha
9			Zuru	Bamayi GH, Zuru	PHC Tadungo
10			D/Wasagu		MCH Riba
11			Zuru		Town Health Clinic Zuru
12			Faka		MPHC Mahuta
13			Yauri	GH Yauri	MPHC Zamare
14			Shanga		PHC Gebbo
15					PHC Shanga
16			Ngaski		MPHC Lbata
17			Dandi	GH Kamba	PHC Fara
18					PHC Dole-kaina
19			Bagodo		PHC Lolo
20			Suru		MPHC Ajannere
21			Sakaba	GH Wasagu	PHC Dirin Daji
22					PHC Mikoko
23			D/Wasagu		Health clinic Ayu
24			Sakaba		PHC sakaba

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	North West	Zamfara	Tafe	GH Tafe	Keta Primary Health Centre
2					Ebba PHC
3					Kunwarin Daji
4					Chediya Primary Health Centre
5			Zumi	GH Zumi	MPHC Mayisa
6					PHC Dauran
7					PHC Kwashabawa
8			I/Namoda	GH Kaure namoda	Tsuru
9					PHC Yankaba
10					PHC Kasoada
11					Kyusa PHC
12			Bungudu	GH Bungudu	MPHC Gabawa
13					Nabura PHC
14					PHC Bungudu
15					Dan Marika Health Clinic
16			Anka	GH Anka	PHC Euffat
17					Bagega Primary Health Centre
18					Boraya Zaki
19					Duhirwa Sabon binti MPH
20					Wuya Primary Health Centre
21					Tumata
22			Orphans & Leto Knowledge Clinic		
23			Kagara PHC		
24			Rusan Bore PHC		

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	North East	Yobe	Tarmuwa	Specialist Hospital Yobe	Comprehensive Health Centre Babbangida
2			Tarmuwa		M.C.H Jumbam
3			Damaturu		M.C.H Kuka Beta
4			Fune		M.C.H Ngelbama
5			Bursari	GH Gidanm	PHC Bayamari
6			Yusufari		Comprehensive Health Yusufari
7			Yunwari		M.C.H Tshila
8			Gilwad		M.C.H Kelluri
9			Bade	GH Buni Yadi	Comprehensive Health Centre Siguin
10			Gofa		Comprehensive Health Centre Gonin
11					Model Primary Health Care Wagi
12			Golmi		Model Primary Health Care Ngirbulwa
13			Yunwari	GH Gashua	Comprehensive Health Centre Yunwari
14			Yusufari		M.C.H Malamam
15			Bade		Comprehensive Health Centre Bade
16			Jakusko		M.C.H Jakusko
17			Nangre	GH Potitum	M.C.H Kukari
18			Eka		Model Primary Health Care Gadika
19			Fune		M.C.H Jajere
20			Eka		Comprehensive Health Centre Kukar
21				Comprehensive Health Centre Machina	
22			Federal Medical Centre Nguru	Comprehensive Health Centre Isji Maji	
23	Karasawa	Model Primary Health Care Karasawa			
24	Mguru	Model Primary Health Care Balangwae			

S/N	ZONE	STATE	LGA	General Hospital	PHCS		
1	North East	Adamawa	Gondé	GH Garbida	Goyaku Maternity Health Centre		
2					Garanda Model Health Centre		
3					Gondé B Health		
4			Hong		Genafa Maternity Centre		
5					Basa Health Centre		
6			Ménaka Futore		GH Ménaka	Karlaha Maternity Centre	
7						Koumbouho Model Health Centre	
8						Zah Maternity Health Centre	
9			Jala		GH Garve	MCH Kouala	
10			Méhoua			Tila Health Centre	
11			Garve			Yebé MCH	
12			Bozoum			Touage Maternity Centre	
13			Mali South		GH Mali	Bessé Maternity Centre	
14						Michalla Maternity Centre	
15						Malongora Maternity Centre	
16			Mala		Pakka Maternity Centre		
17			Lamzoum		GH N'Gaman	Lamzoum Maternity Centre	
18			N'Gama			N'Gama Maternity Centre	
19			Derna			Tahou M Health Centre	
20						Kpacham Primary	
21					Yola	Specialist Hospital Yola	MCH Gorong
22			Yola South				Ngouaoua Health Centre
23			Futoro				Parya Maternity Centre
24							Malahi Maternity Centre

SN	ZONE	STATE	LGA	General Hospital	PHCS
1	North East	Borno	Dikwa	GH Dikwa	Gajdo MCH
2					Zuma Kumogun
3					Gwzari MCH
4					Mafa MCH
5			Monguno	GH Monguno	Mallam Fatori MCH
6					Baga MCH
7					PHC Zuma Kumogun
8					PHC Ngurno
9			Shani	Shani General Hospital	Gazi Health Center
10					Borgu PHC
11					Shani
12					Borra
13			Mobbar	GH Damasak	MCH Damasak
14					PHC Gashigar
15					Gozamals
16			Gubio	Gubio MCH	
17			A/Uba	GH A/Uba	MCH Bomingo
18					PHC Mussa
19					Uru PHC
20					PHC Husana
21			Chibok	GH Ngala	MCH Gambozo
22			Ngala		MCH Wu'go
23			Kala-Balge		PHC Rann
24			Marte		PHC Kirekawa

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	North East	Bauchi	Shira	GH Shira	PHC Faggo
2					PHC Daina
3			Gladi		PHC Zabi
4			Jama'are		PHC Harafari
5			Zaki	GH Gamawa	PHC Borsari
6					PHC Sabwa
7			Gamawa		PHC Gadiya PHC Golob
8				PHC Masaru	
9			Ningi	GH Ningi	PHC Tiya
10			Wargi		PHC Tsangaya
11			Ningi		PHC Miya
12			Ganjuwa		PHC Dageoda
13			Dambam	GH Dambam	PHC Yiya
14			Katgum		PHC Bulkafowa
15					PHC Gwaran
16			Misau		PHC Bara
17			Kiri	GH Alkali	PHC Yawan Dugari
18			Dan Gunginba		PHC Futuk
19			Futuk		PHC Dewu
20			Dewu		PHC Rishi
21			Toro	GH Toro	PHC Nabordo
22					PHC Durr
23			Durr		PHC Rahama
24			Toro		PHC Faggo

S/N	ZONE	STATE	LGA	General Hospital	PHCS
1	North East	Taraba	Donga	GH Donga	Donga MCH
2					Gayam MCH
3					Kumbo MCH
4					Akate MCH
5			Wukari	GH Wukari	Tsukandi Model PHCC
6					Rafi Soja PHC
7					PHC Bantaje
8					Gidan-Idi PHC
9			Karim Lamido	GH Bambur	Karim CHC
10					Jen-Aridio Model PHCC
11					Andami MCH
12					Bachama MCH
13			Zing	GH Zing	Taloko MCH
14					Monkin MCH
15					Bitako MCH
16					Lamma MCH
17			Sarduana	GH Sarduana	Mayo Ndaga MCH
18					PHC Misamni
19					Ngubini BHC
20					Mahamari BHC
21			Bali	GH Bali	Garba Chede BHC
22					Dakka MCH
23					Surtali MCH
24					Takalaffya MCH

S/N	ZONE	STATE	LGA	General Hospital	PHCS	
1	North East	Gombe	Balanga	GH Kultungo	Bambam	
2			Shogom		Boh	
3			Balanga		Degri	
4			Kaltungo		Kalrin	
5			Biliri		GH Biliri	Kulgal
6						Ayaba
7						Tundun-Kwaza
8						Sansoni
9			Akko		GH Kumo	Tuma
10						Akko
11						Udda
12						Idshing
13			Yamatu		GH Deba	Hinna
14			Deba			Kwadon
15			Deba			Lano
16			Yamatu			Shinga
17			Kwami		GH Dukku	Bojode
18			Dukku			Mabala
19			Dukku			PHC Hashidu
20			Dukku			Gombe-Abba
21			Kwami		GH Bajoga	Am/Sidi
22			Funakaye			Tonga
23			Funakaye			Jalingo
24			Funakaye			Boggo

Appendix Two

MEMORANDUM OF UNDERSTANDING

FOR

MIDWIVES SERVICE SCHEME

BETWEEN

**THE FEDERAL GOVERNMENT OF NIGERIA
(BY AND THROUGH NATIONAL PRIMARY HEALTH
CARE DEVELOPMENT AGENCY),**

**STATE GOVERNMENT
(REPRESENTED BY THE HONOURABLE
COMMISSIONER FOR HEALTH OF THE STATE)**

AND

**THE LOCAL GOVERNMENT
AREAS OF THE STATE
(REPRESENTED BY THE STATE COMMISSIONER FOR
LOCAL GOVERNMENT AND CHIEFTAINCY AFFAIRS)**

MADE THE DAY OF

..... 2009

THIS MEMORANDUM OF UNDERSTANDING (MOU) for
Midwives Service Scheme is made this ___ day of _____ 2009.

BETWEEN

THE FEDERAL GOVERNMENT OF NIGERIA represented
by **NATIONAL PRIMARY HEALTH CARE DEVELOPMENT
AGENCY (FGN)** of the first part,

THE GOVERNMENT OF THE STATE represented by the
HON. COMMISSIONER FOR HEALTH OF THE STATE,
Chief/Dr/Mr.

.....
(The State) of the second part

AND

THE **LOCAL
GOVERNMENT AREAS OF THE STATE** represented in this
MOU by the **HON. COMMISSIONER FOR LOCAL
GOVERNMENT AND CHIEFTAINCY AFFAIRS OF THE
STATE** (whatever name called), Chief/Dr

.....
(The LGAs) of the third part.

WHEREAS

1. The Federal Government of Nigeria (FGN) in an effort to tackle the high maternal and child morbidity and mortality rate in the country is setting up for implementation the Midwives Service Scheme (The MSS) as a measure for improving Maternal and Child health.
2. The State Government as a stakeholder in the Health Service Delivery is desirous to team up with the FGN on the MSS to ensure

that its constitutional duty of providing health care services to the people in the State is discharged.

3. The State Executive Council having been fully briefed on the MSS by the State Governor has endorsed the programme in support of which the State Governor and the Honourable Minister of Health have signed an Abridged MOU on the MSS with mandate to the Commissioners for Health and for Local Government and Chieftaincy Affairs of the State to sign (on behalf of the State), a detailed MOU with NPHCDA (on behalf of the FGN). The two MOUs to be read together and to constitute one document on the MSS.

4. The LGAs being conscious of their responsibility to provide qualitative health care services to their communities are willing to partner with the State and the FGN on the MSS to deliver to their people improved Primary Health Care Services to meet their mandate.

5. The FGN, the State and the LGAs have agreed to co-operate with each other, contribute resources and work diligently on the implementation of the MSS to attain an appreciable reduction in the maternal and child health indices in the country.

NOW THEREFORE THIS MOU WITNESSES as follows:

1.0 OBJECTIVES OF THE MOU

1.1 To strengthen Primary Health Care Services and improve physical access to qualitative Maternal and Child Health Care Services at all levels, but most especially, at the grassroots.

1.2 To assign roles and responsibilities to stakeholders/partners such as the Federal Ministry of Health/National Primary Health Development Agency for the FGN and the State Ministry of Health/State Primary Health Care Board for the State Government.

1.3 To promote and garner support for the successful implementation of the MSS.

2.0 TERM OF THE MOU

2.1 The term of this MOU shall be two (2) years starting from the 1st day of October, 2009 being the effective date hereof and ending on the 30th day of September, 2011 unless otherwise reviewed by the FGN with the concurrence of the State and the LGAs.

3.0 APPOINTMENT, PAYMENT AND PERFORMANCE EVALUATION OF THE MIDWIVES

3.1 Appointment of the Midwives for the MSS by the FGN shall be on contract basis for a term of two (2) years at a monthly allowance of thirty thousand Naira (N30,000.00) to each Midwife for the initial period of twelve (12) months.

3.2 Re-engagement of the Midwives and payment of their allowances for the remaining twelve (12) months shall be subject to satisfactory performance evaluation report issued by the Performance Evaluation Team (PET) set up by the MSS Stakeholders to assess the performance of the MSS Midwives.

3.3 Payment of the FGN's thirty thousand Naira (N30,000.00) monthly allowance to the MSS Midwives shall be done directly by NPHCDA.

3.4 The State shall provide a counterpart monthly payments: the Rural Posting Incentive Allowance (RPIA) of not less than Twenty Thousand Naira (N20,000.00) per month to each Midwife posted to the State.

4.0 OBLIGATIONS OF THE FEDERAL GOVERNMENT

4.1 To deploy midwives to selected Primary Health Care Facilities under the Midwives Service Scheme.

4.2 To pay salaries of the midwives deployed to the Primary Health Care Facilities under the MSS for a period of 12 months in the first instance.

4.3 To provide a 2-way radio link communication facility to link

the BEOC facilities and the CEOC centre.

5.0 OBLIGATIONS OF THE STATE

5.1 To upgrade the General Hospital to the level of which it will be able to provide Comprehensive Essential/Emergency Obstetric services.

5.2 Provide some basic equipment and essential supplies for Comprehensive Obstetric care practices, including ambulances.

5.3 Provide drugs and consumables. (Will be on revolving Scheme).

5.4 Deployment of relevant health workers (MO, Nurses/Midwives/Lab/Pharmacy Technicians, etc to the Comprehensive Essential Obstetric Care Centres (BOEC) facility.

5.5 Maintenance of the Comprehensive Essential Obstetric Care Centres (COEC) in the State.

5.6 Provide basic supply of records/register/stationery.

5.7 Provision of Security for the Health Workers and equipment and other supplies to the CEOC centres.

5.8 To put process in place for the absorption of such midwives that served in the Scheme into the services of State/Local Government Areas.

5.9 Ensure the provision of potable water supply to the CEOC centres.

5.10 Ensure the provision of steady supply of electrical power to the CEOC Centres.

5.11 The State Government is to work with partners to mobilize and encourage community members to ensure that all deliveries in the State are attended to by a skilled birth attendant.

6.0 OBLIGATIONS OF LOCAL GOVERNMENT AREAS

6.1 To upgrade the Primary Health Care Centre to the level to which it will be able to provide Basic Essential Obstetric services (BOEC).

6.2 Deployment of relevant health workers (Nurses; CHOs/CHEWs/JCHEWs) to the targeted primary health care facilities in the LGA.

6.3 Maintenance of the Basic Essential Obstetric Care Centres (BOEC) in the LGA.

6.4 Provision of Security for the Health Workers and equipment and other supplies to the BEOC centres.

6.5 Provision of accommodation to Midwives deployed under the Midwives Service Scheme and payment of a supplementary allowance of not less than ten thousand Naira (N10, 000.00) per month to a midwife.

6.6 To put process in place for the re-absorption of such Midwives that served in the Scheme into the services of Local Government Area.

6.7 Ensure the provision of constant supply of potable or treated water to the BEOC centres.

6.8 Provision of functional toilet facilities/conveniences to the BEOC Centres.

6.9 Ensure the provision of steady supply of electrical power to the BEOC Centres.

6.10 The Local Government is to work with partners to effectively mobilize the communities where the proposed BEOC centre is to be sited.

6.11 Mobilize and encourage community members to ensure that all deliveries in the LGA are attended to by a skilled birth attendant.

7.0 ABSORPTION OF MSS MIDWIVES

7.1 The Parties acknowledge that for the success and continuity of the MSS, it is critical for each Party to show commitment by discharging its obligations herein. The State and the LGAs hereby agree to absorb the MSS Midwives posted to them into the LGAs Service and to do all that is necessary to promote the MSS and take ownership of the programme.

7.2 It is hereby agreed that in the event of proved or obvious neglect and/or poor treatment of the MSS Midwives or non-payment of the monthly counterpart allowances- the Rural Posting Incentive Allowance (RPIA) by the State and/or LGAs or failure to provide accommodation or housing allowance in lieu thereof by any LGA, the FGN will withdraw the MSS Midwife from the State or LGA or take action as it considers necessary to penalize the State or the LGA concerned.

8.0 GENERAL

8.1 It is the understanding of the Parties that:

a) The FGN will:

i. Fund the MSS for the first two (2) years from its inception. Subsequent funding after two (2) years will be provided by the State and LGAs for its sustainability.

ii. Constitute Performance Evaluation Team comprising representatives of FMOH, NPHCDA, MDG Office, NHIS, NMCN, WHO, UNICEF and the State to undertake periodic (quarterly) assessment of the performance of the Midwives on zonal basis and review of the MSS at the end of each year. The modalities/criteria for Performance Evaluation shall be as stipulated from time to time by the MSS Consultants engaged by the FGN.

iii. The FGN will support the State and the LGAs in the training and capacity building of the MSS Midwives.

b) The State and the LGAs will:

- i. support the MSS through provision of accommodation and transportation to the MSS Midwives and ensure their employment at the end of their two year term;
- ii. Give necessary support to institutions involved in the training of Midwives;
- iii. Provide drugs and consumables on revolving basis to ensure effective operation of the MSS and its sustainability;
- iv. Encourage community midwifery by promoting guidance and counselling within the community schools to encourage young girls to undergo midwifery training.
- v. Make budgetary provisions for the MSS to ensure availability of basic drugs and consumables, maintenance of infrastructures in the selected PHCs and effective operation of the MSS in the State and LGAs.

c) The Operational Manual detailing modalities for coordination, community ownership, time lines for MSS activities by each Party, process indicators for absorption of MSS Midwives into State/LGAs Services, roles of State, NPHCDA, list of minimum basic equipment for the selected PHCs, formats and regularity of Reports on the MSS, and such other matters as may be considered necessary for promotion of the effectiveness and sustainability of the MSS shall be drawn up by the FGN before the commencement of the MSS.

d) The Parties warrant that each of them will discharge its obligations under this MOU with all sincerity and commitment by applying its resources and facilities to ensure the success and sustainability of the MSS.

9.0 FORCE MAJEURE

9.1 Should any party to this MOU fail to comply with any of the provisions herein by reason of Force Majeure, such failure shall not be regarded as a breach of such provision(s).

9.2 The party claiming force majeure shall promptly advise the other parties of such force majeure and if the event should persist beyond one month, the parties shall consult with each other on the appropriate steps to take to achieve the purpose of this MOU.

10.0 AMENDMENT

10.1 No amendment or waiver of any provision of this MOU or consent to any departure by any of the Parties from any such provision shall be effective unless the same shall be in writing and signed by the parties hereof, and in any case, such amendment, waiver or consent shall be effective only in the specific instance and for the specific purpose for which it was given.

11.0 TERMINATION

11.1 The MOU may be terminated by any of the parties giving one (1) month notice of its intention to terminate the MOU to the others whereupon the MOU shall cease to be binding on the others on the expiration of such notice but without prejudice to accrued rights and obligations of any of the parties.

12.0 MOU DOCUMENTS

12.1 This document, the Abridged MOU on the MSS and the Annexure to this MOU: The Local Government Chairmen's Mandate Letter to the State Commissioner for Local Government and Chieftaincy Affairs (if/where necessary) to sign this MOU on their behalf shall constitute the agreement between the parties hereof on the MSS.

IN WITNESS WHEREOF the parties hereto have caused this MOU to be executed on their behalf the day and year first above written.

SIGNED BY:

DR. MUHAMMAD ALI PATE _____

EXECUTIVE DIRECTOR/CEO OF NPHCDA (For and on behalf of the Federal Government)

SIGNED BY:

DR/CHIEF/MR_____

HON. COMMISSIONER FOR HEALTH, STATE GOVERNMENT

(For and on behalf of the State Government)

SIGNED BY:

DR/CHIEF/MR_____

HON. COMMISSIONER FOR LOCAL GOVERNMENT AND CHIEFTAINCY AFFAIRS, STATE GOVERNMENT

(For and on behalf of the LGAs of the State)