



# SENATE OF THE FEDERAL REPUBLIC OF NIGERIA

## VOTES AND PROCEEDINGS

Tuesday, 30<sup>th</sup> November, 2021

1. The Senate met at 10:35 a.m. The Deputy President of the Senate read prayers.
2. **Votes and Proceedings:**  
The Senate examined the Votes and Proceedings of Wednesday, 24<sup>th</sup> November, 2021.  
*Question was put and the Votes and Proceedings were approved.*
3. **Petitions:**
  - (a) Rising on Order 41, Senator Patrick A. Akinyelure (*Ondo Central*) drew the attention of the Senate to five (5) petitions received from the Office of the President of the Senate as follows:
    - (i) Lanre Shittu on behalf of Petrostuff Nigeria Ltd. against Mobil Producing Nigeria Unlimited, over an alleged failure to pay outstanding executed contract bill amounting to \$49,985,847.47 and ₦132,080,962.12;
    - (ii) Onah I. Nuhu and 3 others on behalf of 13 Ex-Staff of Conoil, against Conoil Plc. over an alleged non-payment of final entitlement for the 13 Ex-Staff of Conoil;
    - (iii) High Chief Williams Mkpah on behalf of Ibeno LGA, Akwa-Ibom State against Tenoil Petroleum and Energy Services over alleged unethical practices;
    - (iv) V. I. Adukwulu and Associates on behalf of Geoffrey Nkolo and others, against Niger Delta Power Holding Company Ltd. over an alleged non-payment of compensation; and
    - (v) A. O. Olorei-Aje and Co. on behalf of John Isukuk and others, against the Federal Government of Nigeria, over an alleged misapplication and deviation of the Presidential Amnesty Programme extended to the Niger Delta Ex-militants.He urged the Senate to look into the matters.  
*Petitions laid and accordingly referred to the Committee on Ethics, Privileges and Public Petitions [Order 41(3)] to report within two (2) weeks.*
  - (b) Rising on Order 41, Senator Istifanus D. Gyang (*Plateau North*) drew the attention of the Senate to a petition from one of his Constituents, Cpl. Stephen Pam against the Nigerian Army over his alleged wrongful dismissal, refusal to reinstate him and pay all his outstanding emoluments in line with Court Ruling. He urged the Senate to look into the matter.

*Petition laid and accordingly referred to the Committee on Ethics, Privileges and Public Petitions [Order 41(3)] to report within two (2) weeks.*

**4. Personal Explanation:**

Rising on Order 43, Senator Betty J. Apiafi (*Rivers West*) drew the attention of the Senate to The International Day for the Elimination of Violence against Women on the 25<sup>th</sup> of November, 2021. She noted that this day is set aside yearly and followed by a 16-day activism campaign to create awareness on the plight of victims on gender based violence which stands at 5,204 as at 24<sup>th</sup> November, 2021. Senator Apiafi commended the National Assembly for the prompt passage of the Child's Rights Act in 2015 as well as the Minister of Women Affairs, State Governors, Houses of Assembly and the Governor's Wives Forum for ensuring the domestication of both the Violence Against Person's Prohibition Act (VAPP) and the Child's Rights Act 2003. She urged the Senate to mandate its Committee on Judiciary, Human Rights and Legal Matters to take up the issue of delay in the prosecution of perpetrators with the Federal Ministry of Justice.

**5. Matter of Urgent Public Importance:**

Rising on Orders 42 and 52, Senator Istifanus D. Gyang (*Plateau North*) drew the attention of the Senate to terror attacks on two communities in Plateau North and jailbreak at the Medium Security Correctional Centre, Jos. He sought and obtained the leave of the Senate to present the matter forthwith:

The Senate:

*notes* with grief the multiple terror attacks on two communities of Ta'egbe, Rigwe land and Durbi, Shere District in Bassa and Jos East Local Governments Areas respectively leading to several deaths on Sunday, 28<sup>th</sup> November, 2021;

*concerned* that the attack is a set back to the relative and much desired peace in Plateau North;

*disturbed* by the security breach and jailbreak at the Jos Medium Security Correctional Centre on Sunday, 28<sup>th</sup> November, 2021. An update from the center indicates the following:

1. 1 officer, Umar A. Mohammed, killed;
2. 9 inmates killed;
3. 1 bandit/Attacker killed;
4. 252 inmates escaped and are at large;
5. Some injured - 6 fatally injured (inmates);
6. 10 escapees rearrested;
7. 63 condemn sentence to death ;
8. Convicted 27; and
9. 181 awaiting trials.

*Aware* that the custodial center is well fortified and surrounded by major security formations;

*Further aware* that the invaders walked through a security zone and broke through to have over 200 inmates escaped from the center; and

*Equally aware* that the Warders put up a fight against the invaders but were overwhelmed leaving behind a slain warder, officer Umar Mohammed who lost his life in a gallant gun battle against the attackers.

*The Senate accordingly resolves to:*

- (i) call for the reinforcement of physical protection system and security mechanism at Correctional Centers across the nation by the Ministry of Interior to forestall further attempts at jailbreak;

- (ii) condemn the attacks on Ta'egbe and Durbi communities in Plateau North and other communities across the nation and demand more decisive and proactive measures by the Chief of Defence Staff (CDS) and the Inspector-General of Police (IGP) to secure law abiding citizens from incessant terror attacks; and
- (iii) observe a minute silence and prayers for the victims who lost their lives at Ta'egbe, Durbi and those killed at the Jos Correctional Centre.

*Debate:*

***Proposed Resolution (i):***

*Question:* That the Senate do call for the reinforcement of physical protection system and security mechanism at Correctional Centers across the nation by the Ministry of Interior to forestall further attempts at jailbreak— *Agreed to.*

***Proposed Resolution (ii):***

*Question:* That the Senate do condemn the attacks on Ta'egbe and Durbi communities in Plateau North and other communities across the nation and demand more decisive and proactive measures by the Chief of Defence Staff (CDS) and the Inspector-General of Police (IGP) to secure law abiding citizens from incessant terror attacks — *Agreed to.*

***Proposed Resolution (iii):***

*Question:* That the Senate do observe a minute silence and prayers for the victims who lost their lives at Ta'egbe, Durbi and those killed at the Jos Correctional Centre — *Agreed to.*

**Additional Proposed Resolutions:**

*Insert Additional Proposed Resolutions as follows:*

- “(i) That the Senate do urge the Federal Government to create fortified correctional centres for condemned and high profile criminals (*Senator Bulus K. Amos — Gombe South*).

*Question that the amendment be made, put and agreed to.*

- (ii) That the Senate do commend the Judiciary for the recent judgement by the Federal High court declaring all bandits and all other insurgents as terrorists, which has now empowered the Military to take appropriate actions against them (*Senator Binos D. Yaroe — Adamawa North*).

*Question that the amendment be made, put and agreed to.*

- (iii) That the Senate do mandate the Committee on Interior to invite the Minister of the Interior and the Controller-General of the Correctional Service to interrogate the spate of attacks on Correctional Service Facilities and the State of the Service and its facilities nation-wide with a view to address the attacks and the ways to mitigate them (*Senate Yahaya A. Abdullahi — Kebbi North*).

*Question that the amendment be made, put and agreed to.*

***Resolved:***

That the Senate do:

- (i) call for the reinforcement of physical protection system and security mechanism at Correctional Centers across the nation by the Ministry of Interior to forestall further attempts at jailbreak;
- (ii) condemn the attacks on Ta'egbe and Durbi communities in Plateau North and other communities across the nation and demand more decisive and proactive measures by the Chief of Defence Staff (CDS) and the Inspector-General of Police (IGP) to secure

law abiding citizens from incessant terror attacks;

- (iii) observe a minute silence and prayers for the victims who lost their lives at Ta'egbe, Durbi and those killed at the Jos Correctional Centre;
- (iv) urge the Federal Government to create fortified correctional centres for condemned and high profile criminals
- (v) commend the Judiciary for the recent judgement by the Federal High court declaring all bandits and all other insurgents as terrorists, which has now empowered the Military to take appropriate actions against them
- (vi) mandate the Committee on Interior to invite the Minister of the Interior and the Controller-General of the Correctional Service to interrogate the spate of attacks on Correctional Service Facilities and the State of the Service and its facilities nation-wide with a view to address the attacks and the ways to mitigate them (*S/Res/042/03/21*).

*One minute silence accordingly observed in honour of the deceased.*

**6. Rescission of Senate Resolution:**

Rising on order 53(6) Senator Nora L. Daduot (Plateau South) drew the attention of the Senate to the Votes and Proceedings of Wednesday, 24<sup>th</sup> November, 2021 item 6, Page 1647 which captured the Senate Resolution that referred the Request of Mr. President, Commander-in-Chief of the Armed Forces of the Federation for the confirmation of the nomination of Professor Ayo C. Omotayo for appointment as Director General of National Institute for Policy and Strategic Studies (NIPSS) to the Committee on Establishment and Public Service. She sought and obtained the leave of the Senate to amend the Resolution for the Committee on Federal Character and Inter-Governmental Affairs to be joined in the assignment but the lead Committee remains the Committee on Establishment and Public Service.

*Request accordingly referred to the Committees on Establishment and Public Service; and Federal Character and Inter-Governmental Affairs.*

**7. Presentation of Bills:**

- (i) Federal College of Education (Technical) Ago-Iwoye (Establishment) Bill, 2021 (HB.430) — *Read the First Time.*
- (ii) Federal University of Education Pankshin, Plateau State (Establishment) Bill, 2021 (HB. 686) — *Read the First Time.*
- (iii) National Institute of Allergic and Infectious Diseases (Establishment) Bill, 2021 (SB.412) — *Read the First Time.*
- (iv) Armed Forces Act Cap A20 LFN 2004 (Amendment) Bill, 2021 (SB. 696) — *Read the First Time.*
- (v) Raw Materials Research and Development Council Act 2004 (Amendment) Bill, 2021 (SB. 866) - *Read the First Reading*

- 8. Nigerian Independent Warehouse Regulatory Agency (Establishment) Bill, 2021 (SB.851):**  
*Motion made:* That a Bill for an Act to provide for the Establishment of the Nigerian Independent Warehouse Regulatory Agency and for other Related Matters, 2021 be read the Second Time (*Senator Sadiq S. Umar — Kwara North*).

*Debate:*

*Question put and agreed to.*

*Bill accordingly read the Second Time and referred to the Committees on Trade and Investment; and Industries to report within Four (4) weeks.*

**9. Federal College of Agriculture Abua/Odual, Rivers State (Establishment) Bill, 2021 (SB.503):**

*Motion made:* That a Bill for An Act to Establish the Federal College of Agriculture Abua/Odual, Rivers State to provide full- time courses in Agriculture teaching, instruction and training and carry out research, innovation, development and adaptation of teaching techniques, and for Other Related Matters, 2021 be read the Second Time (*Senator Betty J. Apiafi — Rivers West*).

*Debate:*

*Question put and agreed to.*

*Bill accordingly read the Second Time and referred to the Committee on Tertiary Institutions and TETFUND to report within Four (4) weeks.*

**10. Federal Unity Schools (Establishment) Bill, 2021 (SB. 825):**

*Motion made:* That a Bill for an Act to Establish the Federal Unity Schools and for Other Related Matters, 2021 be read the Second Time (*Senator Muhammad E. Bima — Niger South*).

*Debate:*

*Question put and agreed to.*

*Bill accordingly read the Second Time and referred to the Committee on Education (Basic and Secondary) to report within Four (4) weeks.*

**11. Federal College of Forestry Technology Ofosu-Omisere, Ondo State (Establishment) Bill, 2021 (SB. 555):**

*Motion made:* That a Bill for an Act to Establish the Federal College of Forestry Technology Ofosu-Omisere, Ondo State to provide full-time courses in forestry technology, preservation, development and other fields of studies and to make provisions for the general administration of the College and for other Related Matters Therewith, 2021 be read the Second Time (*Senator Patrick A. Akinyelure — Ondo Central*).

*Debate:*

*Question put and agreed to.*

*Bill accordingly read the Second Time and referred to the Committee on Tertiary Institutions and TETFUND to report within Four (4) weeks.*

**12. Committee on Health (Secondary & Tertiary):**

*Report on the Nursing and Midwifery (Registration, etc.) Act CAP N143 LFN (Amendment) Bill, 2021 (SB. 304):*

*Motion made:* That the Senate do receive and consider the Report of the Committee on Health (Secondary & Tertiary) on the Nursing and Midwifery (Registration, etc.) Act CAP N143 LFN (Amendment) Bill, 2021 (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question put and agreed to.*

*Report Laid and Presented.*

*Motion made:* That the Senate do resolve into Committee of the Whole to consider the Report (*Senate Leader*)

*Question put and agreed to.*

**(SENATE IN THE COMMITTEE OF THE WHOLE)**

CONSIDERATION OF A BILL FOR AN ACT TO AMEND THE NURSING AND MIDWIFERY (REGISTRATION ETC.) ACT CAP N143 LAWS OF THE FEDERATION OF NIGERIA 2004, TO REVIEW THE COMPOSITION OF THE COUNCIL, QUALIFICATION AND TENURE OF OFFICE OF THE MEMBERS OF THE COUNCIL, REVIEW PENALTY PROVISIONS AND THE COMPOSITION OF THE TRIBUNAL AND FOR RELATED MATTERS BILL, 2021.

**Clause 1: Amendment of Cap N143 Laws of the Federation of Nigeria 2004.**  
Nursing and Midwifery (Registration, Etc.) Act Cap N143 Laws of the Federation of Nigeria 2004.

***Committee's Recommendation:***

That the provision in Clause 1 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 1 do stand part of the Bill, put and agreed to.*

**Clause 2: Amendment of Section 2 of the Principal Act.**  
Section 2 of the Principal Act is amended by substituting the existing Section 2 for a new Section "2" -

- (1) The Council shall consist of —
  - (a) a Chairman who shall be a registered Nurse or Midwife, with Fifteen (15) years cognate experience;
  - (b) Director responsible for Nursing and Midwifery Services in the Federal Ministry of Health;
  - (c) six Directors responsible for Nursing and Midwifery Services of States Ministry of Health, representing six geopolitical zones, on rotational basis;
  - (d) two Heads of Faculties/ Departments of Nursing, representing Nigerian Universities offering Degree in Nursing and Midwifery, on rotational basis;
  - (e) two Heads of Nursing and Midwifery, representing Federal University Teaching Hospitals/Medical Centres on rotational basis;
  - (f) two persons who shall be one Nurse Educator and one Midwife Educator in accredited Colleges/Schools of Nursing and Midwifery institutions, on rotational basis;
  - (g) one Nurse Educator representing Nursing specialty programmes, on rotational basis;
  - (h) two Persons representing National Association of Nigeria Nurses and Midwives (NANNM) who shall be the President and the General Secretary;

- (i) two persons representing public interest;
  - (j) one Nurse representing the Armed Forces/Paramilitary on rotational basis;
  - (k) one registered medical practitioner who shall be a qualified gynaecologist and obstetrician;
  - (l) one person to represent Federal Ministry of Education, not below the rank of a Director; and
  - (m) the Registrar of the Council who shall be a Secretary to the Council.
- (2) The Chairman shall be appointed by the Minister, and shall hold office for a period of three years renewable, subject to satisfactory performance, for further term of three years and no more.
- (3) Members of the Council mentioned under sub-section 1(c), (d), (e), (f), (g), and (i) shall be appointed by the Minister and shall hold office for a period of three years.
- (4) The members of the Council shall be paid such remunerations and allowances in line with the existing Federal Government relevant policies.
- (5) A member of the Council may resign the appointment by notice in writing addressed to the Minister.
- (6) A member of the Council, may cease membership if the member —
- (a) dies or becomes of unsound mind;
  - (b) becomes bankrupt;
  - (c) is convicted of a felony or of any offence involving dishonesty;
  - (d) is guilty of serious misconduct in relation to the office;
  - (e) when recalled by the recommending authority, or when he is no longer staff of the institution he is representing;
  - (f) resigns his membership; or
  - (g) absents himself for two consecutive ordinary sessions of the Council without a leave of the Council.
- (7) A member of the Council may be removed, at any time, from office by the Minister, if the Minister is satisfied that it is not in the interest of the Council or the Public that the member should continue to hold that office.

***Committee's Recommendation:***

That the provision in Clause 2 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 2 do stand part of the Bill, put and agreed to.*

**Clause 3: Amendment of Section 3 of the Principal Act.**

Section 3(2)(b) is substituted in paragraph "(b)" by inserting new paragraphs "b", "c" and "d" as follows —

- (b) such sums as may, from time to time, be appropriated by the National Assembly;
- (c) all funds accruing to the Council by way of gifts, grants in aids, testamentary dispositions and sales of publications; and
- (d) all subscriptions, fees and charges for services rendered by the Council and all other sums that may accrue to the Council from any legitimate source.

**Committee's Recommendation:**

That the provision in Clause 3 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 3 do stand part of the Bill, put and agreed to.*

**Clause 4: Amendment of section 5 of the Principal Act.**

Section 5 of the Principal Act is amended?

- (a) in subsection (1), (2), (3) and (4) by substituting the word "Secretary-General", for the word "Registrar", and

- (b) by inserting new sub-sections "(6)" and "(7)"-

- "(6) Tenure of office of the Registrar.

The Registrar shall hold office for a period of four years and shall be eligible for re-appointment for one further period of four years and thereafter he shall no longer be eligible for reappointment.

- (7) The Council shall have power to appoint other staff of the Council in line with the Federal government Policy."

**Committee's Recommendation:**

That the provision in Clause 4 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 4 do stand part of the Bill, put and agreed to.*

**Clause 5: Amendment of section 6(6) of the Principal Act.**

Section 6(6) of the Principal Act is amended by substituting paragraphs (a) and (b) with new paragraphs as follows -

6(6) if the Registrar —

- (a) sends by post or by officially recognised electronic communication, to any registered person a registered letter addressed to him at his address on the register enquiring whether the registered particulars relating to him are correct and receives no reply to the letter within the period of one month from the date of posting it; and
- (b) upon the expiration of that period sends in like manner to the person in question a second and similar letter and receives no reply to that letter within one month from the date of posting it, the registrar may remove the particulars relating to the person in question from the relevant part of the register; but the Council may for any reason which seems to it to be sufficient, direct the Registrar to restore to the



appropriate part of the register any particulars removed there from under this subsection.

***Committee's Recommendation:***

That the provision in Clause 5 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 5 do stand part of the Bill, put and agreed to.*

**Clause 6: Registration of midwives**

- (1) An applicant for registration shall, unless otherwise precluded by this Act, be entitled to registration as a midwife if she satisfies the Council that she is of good character, and —
  - (a) is the holder of a certificate under Part 8 of the Second Schedule to this Act; or [Second Schedule.]
  - (b) is exempted from examination as the holder of a qualification granted outside Nigeria and for the time being accepted by the Council: Provided that if the Council so requires, the applicant shall satisfy the Council that she has had sufficient practical experience as a midwife.
- (2) Any person aggrieved by a decision of the Council under this section may appeal to the High Court most convenient in terms of access to her, within one month after notice is given to her of the decision of the Council.

***Committee's Recommendation:***

Leave out the provision in Clause 6 (*Senator Yahaya I. Oloriegbe — Kwara Central*).

**Clause 7: Amendment of section 10 of the Principal Act.**

Section 10 of the Principal Act is amended, by substituting the existing section 10 for a new section "10"

"10 special provisions for Nurses and Midwives trained outside Nigeria

The Council shall issue regulation for Nurses and Midwives trained outside Nigeria to provide for —

- (a) Procedure for the recognition and confirmation of the result;
- (b) Further training of the Nurses and Midwives for a specified period of time; and
- (c) Examination of the Nurses and Midwives for the purpose of registration by the Council."

***Committee's Recommendation:***

That the provision in Clause 7 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 7 do stand part of the Bill, put and agreed to.*

**Clause 8: Amendment of section 11 of the Principal Act.**

Section 11 of the Principal Act is amended as follows —

- i. the marginal note section is amended by inserting after the word "nurses" the words "and Midwives."; and
- ii. Section 11 of the Principal Act is amended by substituting the existing

section 11 for a new section "11"-

- "11. No Nurse or Midwife shall be allowed to practice or to continue in practice in any year except if such Nurse or Midwife has paid the annual fee for that year as prescribed by the Council."

**Committee's Recommendation:**

That the provision in Clause 8 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 8 do stand part of the Bill, put and agreed to.*

**Clause 9: Amendment of section 12 of the Principal Act.**

Section 12 of the Principal Act is amended as follows —

- i. Substituting the existing marginal note with the words "Power to regulate clinical training of nurses and midwives".

**Committee's Recommendation:**

That the provision in Clause 10 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 10 do stand part of the Bill, put and agreed to.*

**Clause 10: Amendment of section 13 of the Principal Act.**

Section 13 of the Principal Act is amended —

- (a) in subsection (1) by substituting the existing subsection with a new subsection as follows -  
 "(1) For the purposes of this Act, there shall be constituted by the Council, a state Nursing and Midwifery Committee in each State of the Federation, which shall operate under the general direction and control of the Council."
- (b) In "subsection (2) by substituting the word "Minister" with the word "Council".

**Committee's Recommendation:**

That the provision in Clause 10 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 10 do stand part of the Bill, put and agreed to.*

**Clause 11: Amendment of section 14 of the Principal Act.**

Section 14 of the Principal Act is amended in subsection (1) and (3) —

- (a) 14(1) by substituting the words, in lines 2 to 3, "organized by the Government of the Federation or of a State or by voluntary agencies" for the words "owned by Government or Private organisations or both as Nursing and Midwifery Educational Institutions".
- (b) 14(3) after the word "Council", by substituting the words "by the Secretary to the State Nursing and Midwifery Committee" with the words "Committee and the Council shall communicate its decision to the affected party within 90 days from the date it received the report."

**Committee's Recommendation:**

That the provision in Clause 11 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 11 do stand part of the Bill, put and agreed to.*

**Clause 12: Amendment of section 16 of the Principal Act.**

The Principal Act is amended by inserting after the existing section 16, a new section "16" as follows —

- "16.-(1) There shall be established a body to be known as the Nurses and Midwives Investigation Panel (hereafter referred to as "the Panel"), which shall be charged with the duty of —
- (a) conducting a preliminary investigation into any case where it is alleged that a registered person has committed misconduct in his capacity as a Nurse or Midwife, or should for any other reason be the subject of proceedings before the Disciplinary Tribunal;
  - (b) compelling any person by subpoena to give evidence before it;
  - (c) deciding, if satisfied that to do so is necessary for the protection of members of the public, to make an order for interim suspension from the profession in respect of the person whose case they have decided to refer for inquiry; and for the case to be given accelerated hearing by the Tribunal within three months; or
  - (d) deciding, if satisfied that to do so is necessary for the protection of members of the public or is in his interest, to make an order for interim conditional registration in respect of that person, that is to say, an order that his registration shall be conditional on his compliance, during such period not exceeding three months or as the Panel may deem fit to impose for the protection of members of the public, or in his interest.
- (2) The Panel shall be appointed by the Council and shall consist of seven members, at least four of whom shall be members of the profession."

**Committee's Recommendation:**

That the provision in Clause 12 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 12 do stand part of the Bill, put and agreed to.*

**Clause 13: Amendment of section 17 of the Principal Act.**

Section 17 of the Principal Act is amended —

- (a) in the marginal note, by deleting the word "disciplinary";
  - (b) by substituting the existing subsection (1), with new sub-clauses "(1) and (2)"-
- "17(1) There shall be established a body to be known as Nurses and Midwives Tribunal (in this Bill referred to as 'the Tribunal').
- (2) The Tribunal shall be charged with the duty of considering and determining any case referred to it by the Panel established under section 16 of this Bill; and any other case of which the Tribunal has cognizance under the following provisions of this Act.

- (b) by substituting subsection (2) with new sub-clause "(2)"-
- "(2) The Tribunal shall consist of —
- (i) The Chairman of the Council who shall be Chairman; and
  - (ii) seven other members to be appointed by the Council.
- (3) The provisions of the Third Schedule to this Act shall have effect with respect to the Tribunal."

***Committee's Recommendation:***

That the provision in Clause 13 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 13 do stand part of the Bill, put and agreed to.*

**Clause 14: Amendment of section 20 of the Principal Act.**

Section 20 of the Principal Act is amended by substituting the existing subsections (6) and (7) for a new subsection (6) and (7) —

- 20 (6) A person who violates any of the provisions of this Bill shall be liable on conviction by a court of competent jurisdiction to a fine not exceeding ₦500,000 or one year imprisonment, or both.
- (7) Where the offence is committed by the body corporate, with the knowledge or negligence of the Director, manager, Secretary, agent, or employee of the body corporate or both, the body corporate shall be liable to pay a fine not exceeding ₦5,000,000, while the Director, Manager, Secretary, Agent, or Employee of the body corporate or both shall be liable on conviction and punished under subsection (6) of this Act.

A person shall not hold an appointment or practice as a Nurse/Midwife in Nigeria unless he is registered with the Council under the provisions of this Act.

***Committee's Recommendation:***

That the provision in Clause 14 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 14 do stand part of the Bill, put and agreed to.*

**Clause 15: Amendment of section 21 of the Principal Act.**

Section 21 of the Principal Act is amended —

- (a) in line one, by substituting the word "Minister" for the word "Council" and by deleting after the word "Minister", the words "given on the recommendation of the Council";
- (b) in paragraphs (a) by substituting the figure "1000" for the figure "10,000" and substituting the figure six months to "three years".
- (c) In paragraph (b) by substituting the figure "2000" for the figure "₦10,000,000".

***Committee's Recommendation:***

That the provision in Clause 15 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 15 do stand part of the Bill, put and agreed to.*

**Clause 16: Amendment of section 23 of the Principal Act.**

Section 23(2) is substituted with a new subsection —

23.-(2) Any registered Nurse or Midwife shall be entitled to set up a private nursing home, maternity home or skilled nursing facility (SNF) if —

- (a) He has minimum of ten years working experience in a recognised health establishment as a registered nurse or midwife after registration with the Council;
- (b) He has complied with all the conditions laid down by the Ministry of Health of the State, this shall be without prejudice to Section 2 (c) of the Principal Act, and such recommendations are sent to the Nursing and Midwifery Council of Nigeria for approval of the establishment of such nursing home, maternity home or skilled nursing facility; and
- (c) He has demonstrated unequivocally that there are adequate arrangements for prompt referral to a practicing obstetrician and gynaecologist or an experienced medical practitioner or a secondary health facility for medical attention when the medical condition is beyond the scope of practice of the Nurse or Midwife.

***Committee's Recommendation:***

That the provision in Clause 16 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 16 do stand part of the Bill, put and agreed to.*

**Clause 17: Amendment of section 24 of the Principal Act.**

Section 24 of the Principal Act is amended by substituting the existing section 24 with new section "24" —

"A person who has a cause of action against the Council shall —

- (1) give the Council three months' notice, in writing, of intention to commence an action, disclosing the cause of action and served the processes to the principal office of the Council; and
- (2) commence the legal action within two years from the date the cause of action arose."

***Committee's Recommendation:***

That the provision in Clause 17 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 17 do stand part of the Bill, put and agreed to.*

**Clause 18: Amendment of section 26 of the Principal Act.**

Section 26 of the Principal Act is amended by inserting, after the interpretation of the words "nurse" or "midwife", the interpretation of the word "post"-

26. "Post" includes courier, and any other electronic means of Posting."

***Committee's Recommendation:***

That the provision in Clause 18 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 18 do stand part of the Bill, put and agreed to.*

**Clause 19: Amendment of the Short Title**

This Bill may be cited as the Nursing and Midwifery (Registration, etc.) Act, Cap N143 Laws of the Federation of Nigeria 2004 (Amendment) Bill, 2021.

**Committee's Recommendation:**

That the provision in Clause 19 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question that Clause 19 do stand part of the Bill, put and agreed to.*

## FIRST SCHEDULE

**20. Amendment of first schedule to the Principal Act.**

19. The First Schedule to the Principal Act is amended by substituting the schedule with new schedule —

- (1) The Council may appoint committees and sub-committees to carry out, on its behalf, such functions that Council shall do.
- (2) The decision of the sub-committee appointed under paragraph 2(1) shall have no effect until it is approved by the Council.
- (3) Persons who are —
  - (a) appointed, shall continue to be members of the Council while they are employed in any of the public services of Nigeria, the universities or in the nursing service of the armed forces, as the case may be;
  - (b) appointed on nomination by nursing and midwifery educational institutions on rotation, shall hold office as members of the Council for a term of three years, so however that if the school of nursing associated with a nursing or midwifery educational institution next entitled by rotation to nominate a representative agrees.
- (4) A nominated person appointed pursuant to paragraphs (d), (f) or (h) of section 2 (1) of this Act may resign his membership by notice in writing to the Council, and any person whether or not so appointed who ceases to be a member of the Council shall, in a proper case, be eligible again to become a member of the Council for one further term.
- (5) It shall not be necessary to fill any vacancy on the Council where the unexpired residue of the term of office of a member (other than by effluxion of time) does not exceed one year and the member has not been appointed on rotation.

**Miscellaneous**

- (1) The Registrar shall be the custodian of the seal of the Council.
- (2) Fixing of the common seal of the Council shall be authenticated by the signature of the Registrar of the Council or any other persons authorized to do so.
- (3) Any contract or instrument, which if made or executed by a person not being a body corporate, shall not be required to be made under seal, shall be executed on behalf of the Council by the Registrar or any other person authorized to do so.
- (4) Where the Council desires to obtain an expert opinion from a person not being

a member of the Council, the Council may co-opt such person for such period the Council may determine but the co-opted person shall not have the right to vote or to count in forming a quorum.

- (5) The validity of any proceedings of the Council or of a committee shall not be adversely affected by any vacancy in the membership of the Council or Committee or by any defect in the appointment of a member of the Council or Committee or by reason that a person not entitled to take part in the proceedings of the Council or the Committee took part in the proceedings.
- (6) Any member of the Council or of the Committee of the Council who has personal interest in any contract or arrangement entered into or proposed to be considered by the Council or a Committee, shall forthwith disclose his interest to the Council or the Committee and shall not vote on any question relating to the contract or arrangement.

#### **Proceedings of the Council**

- (1) Subject to the provisions of the Bill and other applicable laws, the Council may make standing orders regulating its proceedings.
- (2) The Chairman shall preside over the meetings of the council and in his absence; members of the council shall appoint one person among themselves to act for that meeting as the Chairman.
- (3) The quorum of the Council shall be formed by the Chairman and one third of the members.
- (4) The Council shall meet whenever summoned by the chairman, or if required to do so by 12 members of the Council and shall meet for minimum of 4 times in a year.
- (5) Where the Council desires to obtain the advice of any person on a particular matter, the Council may co-opt him as a member for such period as it thinks fit; but a person who is a member by virtue of this sub-paragraph shall not be entitled to vote at any meeting of the Council and shall not count towards a quorum.

*Question that the provision in the First schedule stand part of the Bill — Agreed to.*

#### **SECOND SCHEDULE**

#### **21. Amendment of Second Schedule to the Principal Act.**

20 (1) The Second Schedule Part 'A' and 'B' to the Principal Act is amended as follows: —

##### **Part A**

Registers to be maintained by the Council —

1. The Council shall maintain the following registers —
  - (a) A register for registration of community Midwives on completion of a two year training programme and successfully passing the Nursing and Midwifery Council of Nigeria Licensing examination.
  - (b) A register for registration of community Nurses on completion of a two year training programme and successfully passing the Nursing and Midwifery Council of Nigeria Licensing examination.

- (c) A register for registration of the persons who passed 3 years training programme from accredited institution of Nursing and Midwifery on successful completion and passing of the Nursing and Midwifery Council of Nigeria professional examinations for Nurses and Midwives leading to the award of the registered Nurse (RN) and Registered Midwives (RM) certificates.

#### **Registrable Qualifications**

- (2) A person holding the following general certificates in Nursing or Midwifery shall be entitled to registration as Nurses under this Act, that is —
- (a) Valid certificate of competency in nursing issued by the Council under this Act;
  - (b) Certificates of competency validly where issued and, in the opinion of the Council, conformable in training requirements to the standards prescribed by the Council under this Act;
  - (c) Certificates of competency in nursing, valid where issued, and subject to additional experience or examination or both, the holders of which would be deemed by the Council to have reached the standards prescribed by it under this Act;
  - (d) Persons who successfully complete training in nursing or midwifery under any scheme approved by the Council; and
  - (e) Nurses who obtain Bachelor of Nursing Sciences from the University shall be registered as Registered Nurses (RN), Registered Midwives (RM) and Registered Public Health Nurses (RPHN) if they so pass the professional examinations of the Council.

#### **Part B**

Persons holding registrable qualifications of a specialized nature.

- (1) Persons holding specialised post basic nursing qualifications in any field of nursing or midwifery as may be determined by the Council from time to time may be registrable.

—  
Persons holding Advanced registrable qualifications of a specialized nature.

- (2) Persons holding specialised nursing or midwifery qualifications as Advance Nurse Practitioner (ANP) and Clinical Nurse Specialist which includes but not limited to —
- i. Public Health Nursing Practitioner;
  - ii. Family Health Nurse Practitioner;
  - iii. Gerontology Nurse Practitioner;
  - iv. Mental Health Nursing Practitioner;
  - v. Midwife Practitioner;
  - vi. Maternal and Child Health Nursing Practitioner;
  - vii. Palliative Care Nurse Practitioner;
  - viii. Occupational/Industrial Health Nurse Practitioner;



- ix. Oral Health/Dental Nurse Practitioner;
  - x. Accident and Emergency Nursing, Anesthesia, Orthopaedics, Nephrology, Oncology, Burns and Plastic, Cardiothoracic Preoperative, and Critical Care Nursing; and
  - xi. Other Advanced Nursing Specialties as may be approved by the Council from time to time.
- (3) Persons holding the following specialized qualifications shall be entitled to registration as appropriate under this Act, that is —
- (a) Valid certificates of competency in a specialized branch of nursing or midwifery issued by the Council under this Act;
  - (b) Valid certificates of competency in a specialized branch of nursing or midwifery issued by the Nursing and Midwifery Council of Nigeria, however, designated before 1979 as amended.
  - (c) Certificates of competency in a specialized branch of nursing or midwifery; valid where issued, and in the opinion of the Council conformable in training requirements to the standards prescribed by the Council under this Act, and
  - (d) Certificates of competency in a specialized branch of nursing or midwifery valid where issued, and subject to additional experience or examination or both, the holders of which would be deemed by the Council to have reached the standards prescribed by it under this Act.

*Question that the provision in the Second schedule stand part of the Bill — Agreed to.*

#### THIRD SCHEDULE

#### 22. Amendment of Third Schedule to the Principal Act.

1. The Third Schedule to the Principal Act is amended —
- (a) by deleting after the word "the" the word "Disciplinary", in the cross heading;
  - (b) In section 1, by substituting the word "five" for the word "three";
  - (c) In Section 2 by substituting the existing subsection 2 (1), (2), (3), (4), (5), (6), (7), and (8) with a new subsection 2 (1) and (2) -
2. (1) The Chief Justice of Nigeria shall make rules as to the procedure to be followed and the rules of evidence to be observed in proceedings before the Tribunal.

For the purpose of advising the tribunal on questions of law arising in proceedings before it, there shall in all such proceedings be an assessor to the tribunal who shall be appointed by the Council on the nomination of the Chief Justice of Nigeria and shall be a legal practitioner of not less than seven years' standing.

- (2) The Chief Justice of Nigeria shall make rules as to the functions or assessors appointed under this paragraph, and in particular such rules shall contain provisions for securing.

*Question that the provision in the Third schedule stand part of the Bill — Agreed to.*

Chairman to report Bill.

**(SENATE IN PLENARY)**

The Deputy President of the Senate reported that the Senate in the Committee of the Whole considered the Report of the Committee on Health (Secondary & Tertiary) on the Nursing and Midwifery (Registration, etc.) Act CAP N143 LFN (Amendment) Bill, 2021 and approved as follows:

Clauses 1-19 — As Recommended

Schedules 1-3 — As Recommended

*Question:* That the Senate do approve the Report of the Committee of the Whole — *Resolved in the Affirmative.*

*Motion made:* That the Bill be now Read the Third Time (*Senate Leader*).

*Question put and agreed to.*

*Bill accordingly Read the Third Time and Passed.*

**13. Committee on Health (Secondary & Tertiary):**

***Report on the National Maternal and Perinatal Death Surveillance Bill, 2021 (SB. 581):***

*Motion made:* That the Senate do receive and consider the Report of the Committee on Health (Secondary & Tertiary) on the National Maternal and Perinatal Death Surveillance Bill, 2021 (*Senator Yahaya I. Oloriegbe — Kwara Central*).

*Question put and agreed to.*

*Report Laid and presented.*

*Motion Made:* That the Senate do Resolve into the Committee of the Whole to Consider the Report. —

*Question put and agreed to.*

**(SENATE IN THE COMMITTEE OF THE WHOLE)**

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

**PART 1- INTRODUCTORY**

**Clause 1: Establishment.**

- (1) There is hereby established a Committee to be known as National Maternal and Perinatal Death Surveillance and Response Steering Committee (NMPDSRSC).
- (2) The Committee shall be under the supervision of the Federal Ministry of Health.
- (3) There is also established a Scheme for Maternal and Perinatal Death Surveillance and Response (MPDSR) for the Federal Republic of Nigeria.

**Committee's Recommendation:**

That the provision in Clause 1 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— Agreed to.

*Question that Clause 1 do stand part of the Bill, put and agreed to.*

**Clause 2: Facilitation and purpose.**

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

- (1) The components of the processes of Maternal and Perinatal Deaths Surveillance and Response in 36 States in Nigeria and the Federal Capital Territory may include -
  - i. compulsory routine identification and reporting of all maternal and perinatal deaths;
  - ii. mandatory reporting of maternal and perinatal deaths as stated in Integrated Disease Surveillance Response (IDSR);
  - iii. mandatory notification of every maternal and perinatal death;
  - iv. inclusion of maternal and perinatal deaths as notifiable medical conditions that should be promptly reported to the Disease Surveillance Information Officer;
  - v. a compulsory notification of all reported maternal and perinatal deaths by Disease Surveillance and Notification Officers at all levels shall follow the approved processes of notifiable diseases on Integrated Diseases Surveillance and Response (IDSR);
  - vi. mandatory maternal and perinatal deaths review;
  - vii. review of all notified maternal and perinatal deaths by the MPDSR Steering Committee at all levels (National, State, Local Government Area, Primary Health Care, Secondary and Tertiary Health Care);
- (2) All recommendations made on each reviewed maternal and perinatal death shall receive mandatory action to improve quality of care at all levels of health care by the Quality Improvement Team.
- (3) Analysis and interpretation of data collected shall be in respect of the following -
  - i. trends in Maternal and Perinatal mortality;
  - ii. causes of death (medical) and contributory factors (quality of care issues, barriers to care, non-medical factors, health seeking behavior issues, and other related issues);
  - iii. avoidability of deaths, focusing on those factors that can be remedied;
  - iv. risk factors, groups at risk and mappings of maternal and perinatal deaths; and
  - v. demographic, socio-political and religious factors;

- (4) Use of the data to make evidence-based recommendation(s) for action to reduce maternal and perinatal mortality.
- (5) Dissemination of findings and recommendations to civil societies, health personnel and decision/policy makers to increase awareness about the magnitude, social effects and preventability of maternal and perinatal mortality.
- (6) Ensuring timely implementation by monitoring, evaluating and reporting the implementation of recommendations.
- (7) Improving Maternal and Perinatal mortality statistics and moving towards attaining complete Civil Registration and Vital Statistics records.
- (8) Guiding and prioritizing research related to maternal and perinatal mortality.
- (9) Improving Maternal and Newborn health.
- (10) Ensuring timely reporting of all Maternal and Perinatal Deaths Surveillance and Response (MPDSR) processes and activities at all levels of health care through the National MPDSR Electronic Platforms.

***Committee's Recommendation:***

That the provision in Clause 2 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— *Agreed to.*

*Question that Clause 2 do stand part of the Bill, put and agreed to.*

**Clause 3: Implementation.**

- (1) The Scheme shall be implemented by Maternal and Perinatal Death Surveillance and Response Committees (MPDSRC) and shall operate at Federal Health Facilities.
- (2) Nothing in the above subsection shall preclude a State House of Assembly from passing a law for the same purpose.

***Committee's Recommendation:***

That the provision in Clause 3 be retained (*Senator Yahayor I. Oloriegbe — Kwara Central*)  
— *Agreed to.*

*Question that Clause 3 do stand part of the Bill, put and agreed to.*

**Clause 4: Funding.**

- (1) The MPDSRC shall source its funds and resources from -
  - (i) such funds as shall, from time to time, be provided for in the budgets of Federal and other levels of health care;
  - (ii) such funds and resources in any manner as may from time to time be donated to the scheme by local and international partners or organizations for the purpose of giving effect to the provisions of this Bill.

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

***Committee's Recommendation:***

That the provision in Clause 4 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — Agreed to.

*Question that Clause 4 do stand part of the Bill, put and agreed to.*

PART II- NATIONAL MPDSR STEERING COMMITTEE

**Clause 5: Domiciliation of the National MPDSR Steering Committee.**

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

***Committee's Recommendation:***

That the provision in Clause 5 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — Agreed to.

*Question that Clause 5 do stand part of the Bill, put and agreed to.*

**Clause 6: Membership of the National Mpdsr Steering Committee and Appointment.**

The membership of the National MPDSR Committee shall be-

- a. The Minister responsible for Health who shall be the Chairman of the Committee.
- b. A Vice Chairman 1 who shall be a Consultant Obstetrician and Gynaecologist appointed by the Minister.
- c. A Vice Chairman 2 who shall be a Consultant Paediatrician/Neonatologist who shall be appointed by the Minister.
- d. The Director responsible for Family Health at the Federal Ministry of Health who shall be the Secretary to the Committee.
- e. One representative from Ministries, Departments and Agencies (MDAs) to be nominated by the Heads and Authorities of Government MDAs and Development Partners of:
  - i. Department of Family Health, FMOH;
  - ii. Department of Health Planning Research and Statistics, FMOH;
  - iii. Department of Hospital Services, FMOH;
  - iv. Department of Public Health, FMOH;
  - v. National Primary Health Care Development Agency;
  - vi. National Health Insurance Scheme;
  - vii. National Population Commission;
  - viii. Ministry of Women Affairs;

- ix. National Bureau of Statistics;
- x. Development Partners on Health;
- f. One representative each of the National Professional Associations to be nominated by the Associations -
  - i. Nigeria Medical Association;
  - ii. Association of General and Private Medical Practitioners of Nigeria;
  - iii. Pathologist Association of Nigeria;
  - iv. National Association of Nigerian Nurses and Midwives;
  - v. Association of Public Health Physicians of Nigerian; and
  - vi. One representative of a CSO active in Maternal and Perinatal health.

***Committee's Recommendation:***

That the provision in Clause 6 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— *Agreed to.*

*Question that Clause 6 do stand part of the Bill, put and agreed to.*

**Clause 7: Tenure and Terms for the Members.**

The tenure of the Committee shall be as follows -

- (1) The Chairman shall hold office for the period he performs as Minister responsible for Health.
- (2) The Vice Chairman 1 and Vice Chairman 2 of the Committee shall hold office for a period of four years renewable once.
- (3) Other members of the Committee shall serve for a term of three years renewable for one term only.

***Committee's Recommendation:***

That the provision in Clause 7 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— *Agreed-to.*

*Question that Clause 7 do stand part of the Bill, put and agreed to.*

**Clause 8: Functions of the National MPDSR Committee.**

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

- e. collate reports on all maternal and perinatal deaths; ensure consistency of reporting and follow-up;
- f. implement the recommendations;
- g. issue annual report on key findings and recommendations;
- h. organise trainings and awareness workshops;
- i. develop guidelines, tools and other materials needed which shall serve as the Standard Operating Procedures for carrying out MPDSR processes and implementation in Nigeria based on its revised version as approved by designated authority;
- j. anticipate future expansion and development implementation plans;
- k. produce quarterly reports to the Minister through the Permanent Secretary for stakeholders; and
- l. give support to the State MPDSR Steering Committee in the implementation of MPDSR plans and processes.

***Committee's Recommendation:***

That the provision in Clause 8 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— *Agreed to.*

*Question that Clause 8 do stand part of the Bill, put and agreed to.*

**Clause 9: Meetings of the National MPDSR Committee.**

- (1) The meetings of the National MPDSR Steering Committee shall be convened by the Chairman or his representative subject to his approval and shall hold quarterly.
- (2) The Chairman may convene an emergency meeting whenever the need arises.
- (3) The meetings shall be held at such a place and time as the Chairman may determine.
- (4) The Chairman shall preside over all meetings of the National Committee and in his/her absence, any other member nominated for that purpose by the Chairman may preside.
- (5) The quorum for meetings shall be one half of the members of the Committee.
- (6) The Committee shall have the power to regulate its own proceedings, subject to the provisions of this Bill.

***Committee's Recommendation:***

That the provision in Clause 2 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— *Agreed to.*

*Question that Clause 2 do stand part of the Bill, put and agreed to.*

**Clause 10: Technical Sub-Committee.**

- (1) There shall be Technical Sub-Committees constituted by the MPDSR National Steering Committee.
- (2) The Reproductive Maternal Neonatal Child Adolescent and Elderly Health plus Nutrition (RMNCAEH +N) Technical and Quality Delivery Sub-committee shall be the Technical Sub-Committees of National MPDSR Steering Committee and representative of other stakeholders as approved by the MPDSR Steering Committee.
- (3) The Technical Sub-Committee shall hold meetings regularly as the Chairman may determine.

Provided that it shall hold a meeting one week prior to the quarterly meeting of the National MPDSR Steering Committee.

***Committee's Recommendation:***

That the provision in Clause 10 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— *Agreed to.*

*Question that Clause 10 do stand part of the Bill, put and agreed to.*

**Clause 11: Responsibilities of the Technical Sub-Committee.**

- (1) 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;
- (2) The Technical Sub-Committee —
  - a. shall meet before every National MPDSR Committee quarterly meeting to analyze MPDSR reports assembled from states/MPDSR facilities;
  - b. may co-opt other members within or outside the steering committee as it deems fit.

***Committee's Recommendation:***

That the provision in Clause 11 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— *Agreed to.*



*Question that Clause 11 do stand part of the Bill, put and agreed to.*

**Clause 12: M & E Sub-Committee.**

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

***Committee's Recommendation:***

That the provision in Clause 12 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — Agreed to.

*Question that Clause 12 do stand part of the Bill, put and agreed to.*

**Clause 13: Responsibilities of M & E Sub-Committee.**

Responsibilities of the M & E Sub-Committee shall include -

- a. periodic examination of the recent surveys and assessment of their accuracy, quality assurance procedures, content and data analysis and dissemination procedures;
- b. working closely with donors and implementing partners to develop specific and practical plans and protocols that would provide results for robust MPDSR at all levels;
- c. producing periodic summary of key data and recommendations in comprehensive reports to be used by managers and policy makers for improved quality care;
- d. assessing capacities of key Monitoring and Evaluation institutions for undertaking MPDSR at all levels;
- e. proposing key M & E systems strengthening required to report credible and verifiable data;
- f. suggesting how MPDSR linkage to NHMIS and the DHIS can be strengthened;
- g. advocating liaison between MPDSR National Steering Committee and relevant agencies and organizations;
- h. ensuring timely reporting of all MPDSR activities through the National MPDSR Electronic Platform;
- i. producing periodic summary of key data and recommendations in comprehensive reports in very simple terms for the understanding of the community gate keepers and laymen; and
- j. facilitating the development and dissemination of annual report on MPDSR implementation at all levels of health care in Nigeria.

***Committee's Recommendation:***

That the provision in Clause 13 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — Agreed to.

*Question that Clause 13 do stand part of the Bill, put and agreed to.*

**Clause 14: Advocacy Sub-Committee.**

There shall be a Reproductive Maternal Neonatal Child Adolescent and

Elderly Health plus Nutrition (RMNCAEH +N) Resource and Advocacy Mobilization Sub-Committee which shall serve as MPDSR Advocacy Sub-committee.

***Committee's Recommendation:***

That the provision in Clause 14 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — *Agreed to.*

*Question that Clause 14 do stand part of the Bill, put and agreed to.*

**Clause 15: Responsibilities of the Advocacy Sub-Committee.**

The responsibilities of the Advocacy Sub-Committee include -

- a. establishing a sustainable MPDSR implementation by constantly ensuring political will at all levels of governance through advocacy;
- b. increasing access to quality maternal and child health in Nigeria;
- c. working with the States' MPDSR advocacy sub-committees to facilitate establishment and sustainability of State MPDSR;
- d. rapidly scaling up implementation of MPDSR at the State level through advocacy in collaboration with the State MPDSR advocacy sub-committee;
- e. protecting the implementation of MPDSR through effective awareness creation and support for proper legislation; and
- f. facilitating the implementation of the recommendations of the National Steering Committee.

***Committee's Recommendation:***

That the provision in Clause 15 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — *Agreed to.*

*Question that Clause 15 do stand part of the Bill, put and agreed to.*

PART III — STATES MPDSR STEERING COMMITTEE

**Clause 16: Domiciliation.**

The House of Assembly of a State may legislate to provide for the establishment of State MPDSR Steering Committee.

***Committee's Recommendation:***

That the provision in Clause 16 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — *Agreed to.*

*Question that Clause 16 do stand part of the Bill, put and agreed to.*

PART IV — FACILITY LEVEL MPDRS COMMITTEE

**Clause 17: Establishment of the Facility Level MPDSR Committee.**

- (1) There shall be for every Public and Private Health Facility an MPDSR Committee which shall be domiciled in the office of the Head of the Facility.
- (2) The roles of the Head of Facility include -

- a. provision of overall leadership for MPDSR in the facility;
- b. provision of all necessary resources for the smooth running of MPDSR in the facility;
- c. ensure that all recommendations emanating from MPDSR activities are implemented;
- d. ensure Facility MPDSR Committee conducts review meetings at least monthly or as emergency when required according to MPDSR National Guidelines;
- e. ensure that prepared MPDSR forms and Committee Session reports are sent to the State and National MPDSR Committees within 72 hours of completion of Committee meeting; and
- f. compulsorily develop and disseminate annual report on MPDSR implementation in the Facility.

***Committee's Recommendation:***

That the provision in Clause 17 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— *Agreed to.*

*Question that Clause 17 do stand part of the Bill, put and agreed to.*

**A - PUBLIC MPDSR TERTIARY HEALTH FACILITY COMMITTEE**

**Clause 18: Membership of the Public Facility Level MPDSR Committee.**

MPDSR implementation Process will be carried out by Maternal and Perinatal Deaths Quality, Equity and Dignity (MPD-QED) in the Tertiary Health Facility.

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

- a. Chairman: Chairman Medical Advisory Committee/ Director of Clinical Services;
- b. Secretary I: Coordinator MPD4QED Department of Obstetrics, Gynaecology for Tertiary Health Facilities;
- c. Secretary II: Coordinator MPD4QED Department of Paediatrics for Tertiary Health Facilities;
- d. Head/Representative of the following departments as may be available -
  - i. Nursing/midwifery
  - ii. Pathology
  - iii. Preventive/ community medicine
  - iv. Anaesthesia
  - v. Haematology & Blood Bank
  - vi. Laboratory/ maternity ward

- vii. Neonatal ward
- viii. Medical records
- ix. Medical social welfare
- x. Pharmacy
- xi. MPDSR Officer I -Obstetrics and Gynaecology
- xii. MPDSR Officer II- Paediatrics
- xiii. Member of a local Women`s Group.
- xiv Department of Family Health.

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

***Committee's Recommendation:***

That the provision in Clause 18 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— *Agreed to.*

*Question that Clause 18 do stand part of the Bill, put and agreed to.*

**Clause 19: Functions of the Public Facility Level MPDSR Committee.**

The Public MPDSR Tertiary Health Facility Committee shall perform the following functions -

1. Identify all Maternal and Perinatal deaths in the facility and promptly dispatch notifications to the Disease Surveillance Information Officer at the Local Government Health Department and State Ministry of Health.
- 2. Ensure Facility based MPDSR forms are completed accurately and timely.
3. Retrieve case notes as soon as possible and keep them safe.
4. Hold regular MPDSR meetings within 2 to 4 weeks interval at which case(s) will be discussed/ reviewed and report and recommendations compiled.
5. Prepare MPDSR forms and Committee Session report which are sent to the State and National Steering Committees within 72 hours.
6. Follow up committee local recommendations to ensure their implementation.

***Committee's Recommendation:***

That the provision in Clause 19 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— *Agreed to.*

*Question that Clause 19 do stand part of the Bill, put and agreed to.*

## B - PRIVATE MPDSR FACILITY COMMITTEE IN FCT

**Clause 20: Membership of the Private MPDSR Facility Level Committee.**  
Membership of the Private MPDSR Facility Committee shall include the following;

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

***Committee's Recommendation:***

That the provision in Clause 20 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— *Agreed to.*

*Question that Clause 20 do stand part of the Bill, put and agreed to.*

## PART V - COMMUNITY BASED MPDSR COMMITTEE

**Clause 21: Establishment of the National Sub-Committee on PHC MPDSR.**

- (1) There shall be a National Sub-committee on PHC MPDSR as a sub-committee of the National Emergency Maternal and Child Health Intervention Centre (NEMCHIC) of NPHCDA.
- (2) The Sub-Committee shall be responsible for providing oversight on the implementation of MPDSR at the Primary Health Care (PHC) Centres and at the Community levels in all states and the FCT.
- (3) The House of Assembly of a State may legislate for the establishment of Sub-Committees of State Emergency Maternal and Child Health Intervention Centre (SEMCHIC) and the Local Government Emergency Maternal and Child Health Intervention Centre (LEMCHIC) and the Ward Development Committee respectively.

**Committee's Recommendation:**

That the provision in Clause 21 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— Agreed to.

*Question that Clause 21 do stand part of the Bill, put and agreed to.*

**Clause 22: Membership of the MPDSR Community Based Committee.**

The Executive Director/Chief Executive (ED/CEO) Officer -NPHCDA shall appoint a Chair for the National Sub-committee on PHC MPDSR. Other members of the committee shall include -

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

**Committee's Recommendation:**

That the provision in Clause 22 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— Agreed to.

*Question that Clause 22 do stand part of the Bill, put and agreed to.*

**Clause 23: Responsibilities of the National Sub-Committee on PHC-MPDSR.**

- (1) The Committee shall meet quarterly and shall perform the following functions -
  - i. Provide leadership and coordination for the implementation of PHC-MPDSR and ensure accountability at all levels of implementation.

- ii. Provide technical and programmatic support for the implementation of PHC-MPDSR at PHC and Community levels.
  - iii. Intervene in the resolution of specific problems requiring high level support and review progress on agreed activities.
  - iv. Make specific and practical recommendations for strengthening PHC-MPDSR to the national steering committee on MPDSR.
  - v. Ensure political will at all levels of governance for the implementation of PHC-MPDSR.
  - vi. Engage with different MDAs and development partners for their support, including technical assistance for implementation of PHC-MPDSR.
  - vii. Facilitate the implementation of the recommendations of the National Steering Committee regarding PHC-MPDSR.
- (2) Other Tasks may include -
- i. Rapidly scale up of the establishment and implementation of PHC-MPDSR through advocacy.
  - ii. Periodically assess the accuracy, content and quality of surveillance reports, and make recommendations for use by health managers and policy makers to improve the quality of maternal and child Care at the PHC and community level.
  - iii. Develop a comprehensive M & E plan and make recommendations on M&E systems strengthening required to support credible and verifiable PHC-MPDSR data provision and dissemination.
  - iv. Make appropriate recommendations on required capacity building for Officers to implement PHC-MPDSR.
  - v. Conduct trainings and workshops to build capacity on PHC-MPDSR.
  - vi. Develop guidelines, tools, training documents and other materials needed for PHC-MPDSR.
- (3) The meetings of the PHC-MPDSR shall align with the mode of operations of NEMCHIC and provide regular progress updates on PHC -MPDSR implementation to the National Steering Committee on MPDSR.
- (4) The Committee and members of the PHC-MPDSR shall hold office for the duration of the service.

***Committee's Recommendation:***

That the provision in Clause 23 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— Agreed to.

*Question that Clause 23 do stand part of the Bill, put and agreed to.*

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

**Clause 24: Death Notification.**

- (1) The process for death notification and conducting death reviews as documented in the National Guidelines for MPDSR and the developed National Tools as contained in the Schedules to this bill shall be adopted and used.
- (2) Where a Maternal or Perinatal death occurs within a health facility, it is mandatory that it is reported as may be prescribed by the Steering Committee.
- (3) Where a Maternal and Perinatal death occurs outside a health facility, it is mandatory that the relative and birth attendance where it occurs in such place shall within three days of such death report the case to closest health facility or responsible person representing a community MPDSR committee who shall ensure the death is reviewed compulsorily and documented.
- (4) Any person who fails to report within the stipulated time or aide in the concealment of any maternal and / or perinatal deaths and any related information shall be guilty of an offence which shall upon conviction be punishable with imprisonment for a term of one year or a fine not exceeding ₦500,000.00 (five hundred thousand naira and shall be held to account by the statutory administrative authority.
- (5) Where a facility failed to notify the Local Government Disease Surveillance and Notification Officer within a stipulated time in the National MPDSR Guidelines, the Head of the facility shall be guilty of a misdemeanor and is liable on a fine of three hundred thousand naira and subject also to disciplinary action by the constituted authority.
- (6) The identity of the deceased, the health worker and persons who volunteer any information which may be useful in MPDSR shall be protected and such information shall be treated as confidential.
- (7) Any member of the MPDSR committee who breaches confidentiality shall be guilty of an offence and is liable to a fine of a maximum of three hundred thousand naira, striped of membership of the committee and held to account by constituted authority within the jurisdiction.
- (8) Any person who willfully obstruct the Committee or any authorize officer or person in the exercise of any powers or functions conferred on the committee or person under this bill shall be guilty of an offence and is liable on conviction to a fine of a maximum of three hundred thousand naira.
- (9) Any person or authority who breaches no name no blame culture in the MPDSR processes shall be guilty of an offence and is liable on conviction to compensate as a fine of three hundred thousand naira in case of an individual and five hundred thousand for agencies to the victim of blame.



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

***Committee's Recommendation:***

That the provision in Clause 24 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*)  
— *Agreed to.*

*Question that Clause 24 do stand part of the Bill, put and agreed to.*

**Clause 25: Interpretation.**

In this Bill -

"Care providers" include health workers.

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

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

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

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

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

"Minister" means Minister in charge of Health.

"Ministry" means Ministry of Health.

"Perinatal Period" means the period commencing at twenty-eight completed weeks of gestation and 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.

***Committee's Recommendation:***

That the provision in Clause 25 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — *Agreed to.*

*Question that Clause 25 do stand part of the Bill, put and agreed to.*

**Clause 26: Short Title**

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

***Committee's Recommendation:***

That the provision in Clause 26 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — *Agreed to.*

*Question that Clause 26 do stand part of the Bill, put and agreed to.*

SCHEDULE 1

Response Component of Implementing

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

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

Effectiveness - avoiding overuse and misuse of care;

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

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

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

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

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

*Question that the Provision in the Schedule stand part of the Bill — Agreed to.*

Chairman to report Bill.

**(SENATE IN PLENARY)**

The Deputy President of the Senate reported that the Senate in the Committee of the Whole considered Report of the Committee on Health (Secondary & Tertiary) on the National Maternal and Perinatal Death Surveillance Bill, 2021 and approved as follows:

Clauses 1-26 — As Recommended

Schedule — As Recommended

*Question:* That the Senate do approve the Report of the Committee of the Whole — *Resolved in the Affirmative.*

*Motion made:* That the Bill be now Read the Third Time (*Senate Leader*).

*Question put and agreed to.*

*Bill accordingly Read the Third Time and Passed.*

**14. Motion:**

***Need to prioritize sustainable youth-oriented, Human Capital Development for Long-Term Socio-Economic Growth:***

*Motion made:* That the Senate notes that Nigeria's current economic growth patterns are not providing adequate employment and quality of life, especially for young persons who lack necessary skills and training;

*observes* that by Q4 of 2020, Nigeria's unemployment rate increased to 33.3% from 27% in Q2 and Nigeria now ranks 2nd highest on the unemployment global list. 1 in 3 of Nigeria's 69.7 work force are unemployed, consisting of predominantly young persons aged 25-44;

*aware* that food inflation has accelerated at its highest pace in 15 years, worsening the economic conditions of millions of Nigerian youths, of which more than 55 million now live in extreme poverty;

*saddened* that in the wake of the one-year anniversary of the #Endsars protests, many of our youth still feel despondent as statistics show that poverty, unemployment and insecurity are on a steady rise;

*aware* that countries like China prioritized large-scale investments in physical and human capital during the 1960s and 1970s, focusing on areas such as education, technology and industrial job creation. Today, China has almost eliminated illiteracy among its 1.3 billion population. In contrast, Nigeria's 2022 budget only proposes 5.4% and 3.42% for education and healthcare sectors respectively, posing implementation challenges to lift 100 million Nigerians out of poverty by 2030; and

*recognizes* that government needs to target the youth population as a unique resource and economic force for high-income growth and development, by providing youth-oriented economic interventions, technological adaptability; foster entrepreneurship and job-creation in agriculture and manufacturing sectors in budgetary allocations.

*Accordingly resolves to:*

- (i) mandate the Committee on Sports and Youth Development to evaluate current provisions of youth-oriented policies and government interventions, in order to ensure sustainability; human capital development and youth empowerment;
- (ii) urge the Federal Ministry of Sports and Youth Development to prioritize youth development initiatives in its development plan; and
- (iii) mandate the Committee on Appropriations to ensure budgetary allocations that are strategically focused on projects that sufficiently empower the youth (*Senator Gershom H. Bassey — Cross River South*)

*Debate:*

***Proposed Resolution (i):***

*Question:* That the Senate do mandate the Committee on Sports and Youth Development to evaluate current provisions of youth-oriented policies and government interventions, in order to ensure sustainability; human capital development and youth empowerment — *Agreed to.*

***Proposed Resolution (ii):***

*Question:* That the Senate do urge the Federal Ministry of Sports and Youth Development to prioritize youth development initiatives in its development plan — *Agreed to.*

***Proposed Resolution (iii):***

*Question:* That the Senate do mandate the Committee on Appropriations to ensure budgetary allocations that are strategically focused on projects that sufficiently empower the youth — *Agreed to.*

*Resolved:*

That the Senate do:

- (i) mandate the Committee on Sports and Youth Development to evaluate current provisions of youth-oriented policies and government interventions, in order to ensure sustainability; human capital development and youth empowerment;
- (ii) urge the Federal Ministry of Sports and Youth Development to prioritize youth development initiatives in its development plan; and
- (iii) mandate the Committee on Appropriations to ensure budgetary allocations that are strategically focused on projects that sufficiently empower the youth (*S/Res/043/03/21*).

**15. Adjournment:**

*Motion made:* That the Senate do now adjourn till Wednesday, 1<sup>st</sup> December, 2021 at 10:00 a.m. (*Senate Leader*).

*Question put and agreed to.*

*Adjourned accordingly at 1:58 p.m.*

**Ovie Augustine Omo-Agege**  
*Deputy President,*  
*Senate of the Federal Republic of Nigeria*